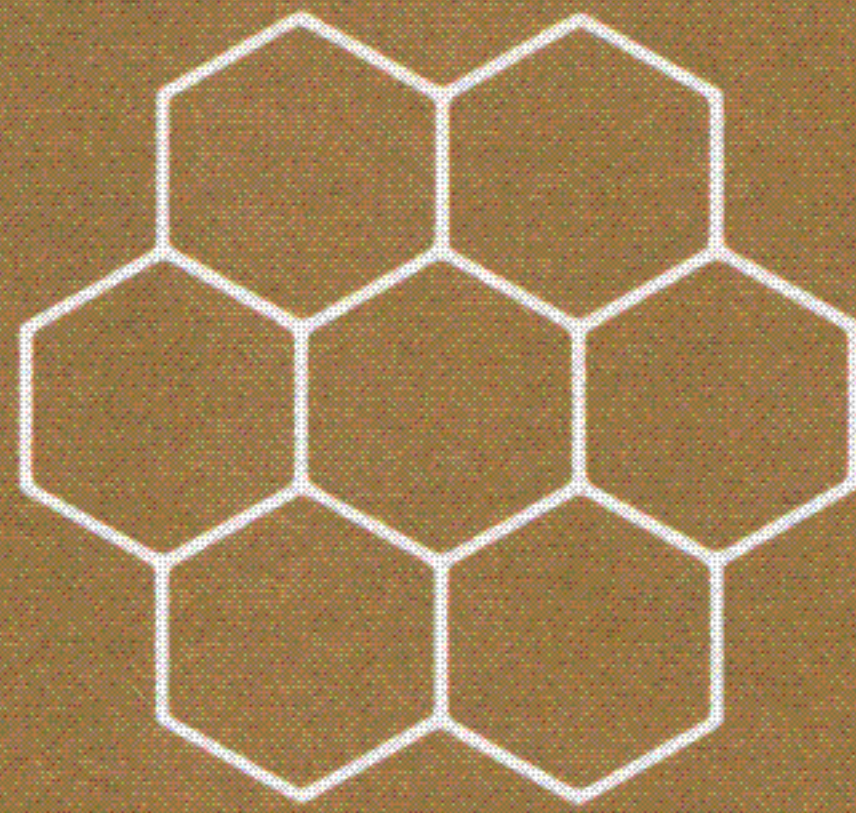


Oct '89



CONTINUUM

MORAL PROPAGANDA

In the mid-Eighties Scotland tried a novel approach to curb a sudden explosion of heroin use in the region. The experiment did nothing to lessen drug abuse but fueled the spread of AIDS, teaching a lesson that the United States continues to ignore at a horrendous cost in life. Fearing that easy access to injecting equipment might be exacerbating the drug problem, the city of Edinburgh banned pharmacies from selling syringes to anyone who walked in off the streets, as was then the custom. The addicts in Edinburgh didn't stop injecting heroin; they just started sharing needles. The rate of AIDS infection among them soared to 60 percent. Forty-five miles away in Glasgow, where the ban was never put into effect, only about 12 percent of IV drug users became infected with the virus.

As this tale of two cities spread round the globe, Australia and half a dozen European nations took steps to increase the availability of sterile syringes to addicts. But the United States, with a staggering incidence of AIDS by comparison, continues to drag its feet as inner-city areas along its main drug corridor from Boston to Miami are being decimated by the virus. Although the exact rate of infection in IV drug addicts is not known, anonymous testing of newborns gives an alarming picture of just how far the virus has spread within this community. In the most hard-hit area, New York City's South Bronx, approximately 1 in every 40 newborns tests positive for antibodies to the AIDS virus. In Newark, New Jersey, 1 in 63 babies is antibody positive. In Boston and Palm Beach County, Florida, home of the large Belle Glade ghetto, it's roughly 1 in every 86 babies.

Why, in the face of so much human suffering and death, is the United States still reluctant to protect addicts—not to mention the wider heterosexual population—through the distribution of sterile needles? Opposition comes from diverse groups, ranging from minority leaders to top-ranking officials in the Bush administration. But all are inclined to see AIDS as a secondary issue in relation to the broader drug problem. Under no circumstances, say these moral high grounders, should the nation adopt measures that might be construed as promoting drug use—without any effort to research whether needle-exchange sites do in fact increase drug abuse. Hence even pilot studies to test the approach may get nixed, as happened last year in Boston, or may be forced to operate under rules more restric-

tive than the most exclusive country clubs—a prime example being the embattled, year-old program in Manhattan. So far it has attracted only 200 of the city's 200,000 IV drug addicts because it demands, among other things, that enrollees submit to a blood test for AIDS and carry a photographed identification card on them at all times.

In fact, despite all the preaching to the contrary, the preponderance of data from a wide range of cultures shows that needle exchanges either have no impact on drug abuse or actually change it for the better. In Amsterdam, for example, the number of new recruits to IV drug use has decreased every year since the needle-exchange program was introduced in 1984. Critics, however, argue that such findings may not hold up in the United States, despite the beneficial results that have been documented at Tacoma's needle-exchange site, which is highly accessible to addicts. Since it began last year, enrollment in the city's methadone clinics has increased by 30 percent.

Far from worsening the drug crisis, as critics of needle exchanges widely fear, these programs are helping to get addicts off drugs and to prevent new initiates from starting. How can needle-exchange programs have this paradoxical effect? It's a classic case of the carrot succeeding where the whip has failed. The needles basically serve as bait to draw addicts to the attention of health professionals. This is no small feat given that addicts are part of an underground community beyond the reach of institutions that might be able to help them. Over time, participants develop trust in their counselors and often agree to drug rehabilitation. "When they have someone in their court for the first time," says Chuck Eaton, project coordinator of the New York study, "they are much more responsive to making positive changes in their life than anyone guessed."

In condemning needle-exchange programs as a matter of principle, critics are, in fact, exhibiting nothing more than prejudice. Their moral posturing is downright immoral, for it unnecessarily dooms millions, including innocent babies, to early graves. The nation's inner cities need highly accessible needle exchanges now, before there are no surviving addicts to rehabilitate. As Dave Purchase, who pioneered Tacoma's needle exchange, puts it, "You can get over being stupid. But you can't get over being dead."—KATHLEEN McAULIFFE