

# Needed in Maryland—An Injection of Courage

As of July 31 Maryland had 3,740 diagnosed cases of AIDS. The number of HIV-infected Marylanders is now between 16,000 and 28,000, and AIDS continues to spread like wildfire through our state. We have few—if any—effective methods to stop it.

But we do know that the profile of the AIDS patient is changing. In Baltimore, for example, a Johns Hopkins study has found that 25 percent of drug addicts are now HIV-infected. The number of AIDS cases related to IV drug use has become particularly high among blacks, Hispanics and women. And in 75.6 percent of the AIDS-infected babies born in Maryland since 1981, the disease can be traced to the mother's IV drug use or her sexual contact with an IV drug user.

In response to this deadly trend, The National Commission on AIDS is recommending giving drug addicts access to the over-the-counter purchase of syringes and other injection equipment and providing substance-abuse treatment on demand. The problem is that in most states, including Maryland, the possession or distribution of syringes and other drug paraphernalia is illegal, and politicians are reluctant

to change the law. Most Maryland state and local officials are saying that needle-exchange programs, in which addicts exchange used needles for new ones, have not been shown conclusively to reduce the spread of AIDS. And many claim these programs might actually encourage drug use.

Proponents of clean-needle programs, however, point to:

- A study by Canada's Addiction Research Foundation, which found that the free distribution of clean needles to drug addicts is curbing the spread of AIDS in large Canadian cities without spawning a rise in drug use. Toronto, for example, has shown a 17 percent drop in the number of people testing HIV positive since the program was started in 1989.

- A Yale University study on a seven-month-old needle-exchange program in New Haven, Conn. There, a 33 percent reduction in the spread of AIDS has been reported. Equally important, that needle-exchange program provides drug abuse and AIDS counseling, and about a fourth of the addicts in the program have asked for help; more than 100 have been placed in treatment.

- Studies in Europe, Australia and North America that refute the contention that needle programs lure people into drug use.

- A Swedish clean-needle program that has followed more than 500 addicts for several years and has yet to find a single new AIDS infection among them.

- A needle-exchange program in Portland, Ore., which is being credited with keeping the AIDS rate among that city's 10,000 IV drug users at 4 percent as compared with 25 percent in Baltimore and 60 percent in New York City.

- The National AIDS Commission assertion that in Baltimore and other cities, programs in which addicts can get free bleach to clean their needles show "the ability of substance users to change injection practices." The commission also noted that "rather than encouraging substance use, the programs lead significant numbers of substance users to seek treatment."

In rebuttal to these studies and statistics indicating the positive effects of clean-needle programs, opponents declare that the long HIV incubation period makes

conclusive evidence impossible to come by at this time. But the real stumbling block is image—politicians are afraid that they will be perceived as condoning or giving legitimacy to drug use if they endorse clean-needle programs. The perception that endorsement of needle programs is a surrender to drug use remains a powerful factor in turning federal, state and local officialdom off to these programs.

AIDS, however, cannot be dealt with by foot-dragging and fence-sitting. The soaring AIDS numbers indicate clearly that what we are doing to combat the problem is not working.

Perhaps it is time for Maryland's elected officials to have the courage to initiate a pilot clean-needle program in Maryland, similar to the successful New Haven project. Perhaps it is time for them to rethink their strategy in dealing with this killer that knows no geographic, racial or societal bounds.

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