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Ignoring the solution. Jury's in: Needle exchanges slow the spread of AIDS

Critics don't want to feed a nasty habit. But junkies will shoot up clean or dirty.

AIDS was once the scourge of the gay community. Soon, it will be largely a drug addict's disease. Scientists believe that 50 percent of all new HIV infections occur among intravenous drug users, with an additional 20 percent or so occurring among junkies' sex partners. The syringe is the Typhoid Mary of the 1990s.

Yet what worked best in curtailing the spread of HIV among homosexuals – mass-education campaigns promoting safe sex – has been ineffective with drug addicts lurking in society's shadows. What does seem to work is giving drug users clean needles. Since 1986, some 100 small needle-exchange programs have sprouted up around the country, through which used syringes are traded for new, sterile ones – no questions asked. Often run by private groups with limited funds, these experiments have been the object of intense scrutiny by major universities and federal health agencies. The conclusion? The programs work. Studies have shown up to a sevenfold reduction in all blood-borne diseases, a 33 percent projected drop in HIV infections and 25 percent fewer cases of dangerous behavior, such as needle sharing.

Besides saving lives, these needle exchanges deliver a huge financial payoff. Consider the case of an HIV-positive addict who infects eight others in a one-year period (a very modest estimate). If each turns to Medicaid to pay his or her lifetime medical costs (at an average $119,000 plus), that's about a $1 million burden for taxpayers – money that could have been saved if the one addict had been in a needle-exchange program.

Critics are purists when it comes to their 'just say no' message. Purity of needles is less important.

Evidence for the effectiveness of needle exchanges is not airtight. Drug users who participate in needle exchanges may be more safety conscious and thus at less risk of contracting HIV in the first place. But studies also show that those who participate improve their own behavior over time. So evidence that needle exchanges have at least some positive effects is strong.

High-level conflict. On balance, the studies are persuasive enough that physician Scott Hitt, chairman of President Clinton's Advisory Council on HIV/AIDS, rebuked his own president for banning the use of federal AIDS funds for needle exchanges. Hitt is joined in the endorsement of needle exchanges – and the call for more federal involvement – by the National Academy of Sciences, the Centers for Disease Control and Prevention and the General Accounting Office.

The administration worries that needle exchanges might increase drug use. It's a reasonable fear but one not borne out by research, according to the CDC. Only a handful of needle-exchange studies have tracked drug use, but their conclusions jibe with anecdotal evidence and common sense: While addicts prefer clean needles, they will eagerly opt for the abundant supply of dirty ones in the face of a monstrous drug craving.

Some worry that needle exchanges are the classic "Band-Aid" – dealing with HIV infection but not the underlying drug addiction. But needle exchanges have actually worked as a bridge into real treatment. One program in Tacoma, Wash., made nearly 1,000 referrals to drug treatment programs in two years. Others worry that needle exchanges, cheap as they are, will siphon funds from zero-tolerance treatment efforts. But the real problem is that all anti-addiction programs are woefully underfunded.

It's hard to avoid the suspicion that these concerns have less to do with science or public health than with politics: specifically, a reluctance to muddy the "just say no" message.

But there's another message leaders should heed – that no one has to die needlessly. Peter Lurie, a leading University of California researcher, estimates that nearly 10,000 lives could have been saved over the past few years by an aggressive expansion of needle-exchange programs. Wasn't the war on drugs supposed to be about saving lives? ■

BY JOSHUA WOLF SHENK