

Health

WHAT YOU MUST KNOW ABOUT AIDS

Some 9 million people around the world have been infected with the virus that causes AIDS — and that number is expected to triple in the next eight years.

Worldwide, some 5,000 people are being infected daily. It's estimated that fully three-quarters of all infected adults acquired their infection heterosexually. This is particularly true in the developing regions of Africa, Asia and Latin America.

Because no cure or vaccine yet exists, public education is the only way the AIDS epidemic can be controlled. This question-and-answer guide — first published in 1987 — has been produced and updated with help from the World Health Organization.

1. **What is AIDS?** AIDS is the human immunodeficiency virus. The virus slowly destroys the body's immune system leaving the person increasingly defenseless against other infections and some cancers.

2. **How long does AIDS take to develop?** From the time a person is first infected with HIV, AIDS takes an average of 10 years to develop. Most, if not all, HIV-infected people will ultimately develop AIDS.

3. **Can HIV-infected people who do not have AIDS spread the virus?** Yes. Since HIV-infected people usually go for many years without any signs of the disease, they are often unaware of their infection — and may be unwittingly passing it to others.

4. **How is HIV transmitted?**

• **Sexual intercourse.** Since HIV is found in semen and vaginal fluids, sexual transmission can occur from man to woman, man to man, and woman to man. At highest risk are people who have many sexual partners. Those who have other sexually transmitted diseases, such as syphilis, are at greater risk of acquiring or passing on HIV infection.

• **Blood and blood products.** Transfusion of HIV-contaminated blood can infect the

recipient. However, an increasing number of countries systematically screen and reject blood containing HIV antibodies. Blood-clotting products for disorders such as hemophilia are treated to kill HIV.

• **Shared needles.** Users of illegal injected drugs are at high risk because many of them share unclean needles and syringes. But any unsterilized, skin-piercing instrument, including ear-piercing or tattooing needles — can spread HIV from one person to another.

• **Mother-to-child.** A woman infected with HIV can pass the virus to her baby during pregnancy, during birth or shortly after birth. Worldwide, HIV-infected mothers face on average a one-in-four chance of having an infected baby, and most babies born with the virus die before they are 5. If the mother is recently infected, she might also transmit the virus through breastfeeding.

5. **How is HIV not spread?** HIV is not spread through casual contact in school or at the workplace, on toilet seats, in the swimming pool or at the market. There's no proof that HIV is spread through kissing. It's not spread by handshakes, hugs, eating from the same dish, drinking from the same glass, or by food handlers in restaurants. Nor is it transmitted by mosquitoes and other insects, because this particular virus cannot survive inside their bodies.

6. **How can you protect yourself?** Abstain from sex or maintain a monogamous relationship with your uninfected partner. Avoid sex with people who have engaged in high-risk activities, such as casual sex and use of injected drugs.

If you are not absolutely certain that you and your partner are free of the virus, you must take protective measures. Either avoid all forms of intercourse or use a condom, which pre-

vents contact with semen and vaginal secretions. Used correctly, and each time, condoms greatly reduce the risk of infection. Don't share razors, needles or any other skin-piercing instruments that could be contaminated with blood.

7. **What if you are infected with HIV — or think you could be?** If you suspect you are infected or if you have been involved in any of the high-risk activities described, seek medical advice. Your doctor may suggest a blood test for the HIV antibody.

Tell your partner, and do not donate blood, sperm or body organs. Women of childbearing age who know they are HIV-infected or suspect they might be, should think carefully before having a child.

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VIEW FROM HHS

by
Louis W. Sullivan, M.D.



Real progress has been made in the war on illicit drugs in recent years. Surveys are showing a downward trend in illicit drug use. But serious problems persist.

The National Institute on Drug Abuse says 12.9 million people over age 12 used illicit drugs in 1990, down from 14.5 million in 1988. NIDA reported the number of cocaine users visiting hospital emergency rooms in 1990 dropped sharply to 79,398 from 109,672 in 1989. The equivalent figures for heroin users went down from 41,787 to 33,721. Those are encouraging numbers.

Sadly, though, this same survey showed no significant falloff in the number of current crack cocaine users in 1990.

For black Americans, NIDA's Drug Abuse Warning Network Survey estimated that 42,578 black Americans visited hospital emergency rooms for cocaine abuse—and accounted for 1,098 of the drug-related deaths reported in 1990. In addition, black citizens account for a disproportionate 27 percent of the nation's AIDS cases, and one of the major ways AIDS is transmitted is through intravenous drug use.

On the other hand, NIDA's High School Senior Survey shows that on overall use of cigarettes, alcohol and most illicit drugs, black students actually have lower prevalence rates than white students.

But no matter which statistics you look at, everyone knows how drug use is costing our nation heavily in terms of crime, health care and human misery. For fiscal year 1991 HHS spent \$1.7 billion on drug control. Overall the federal government spent \$10.5 billion on this problem.

In addition to seeing our children killed or wounded by stray bullets or other drug-related violence, babies are being born already affected because of drug-dependent mothers.

We do not have a simple solution to this problem. But we are proceeding vigorously on many fronts.

I have directed HHS agencies to increase our emphasis on doing something about those already addicted to drugs as well as preventing new victims. Working with states and cities, the goal is to build a treatment system in which an additional 200,000 addicts can be handled in 1992.

In September, HHS joined with two states in a three-year, \$68.6 million program to run two treatment "campus" programs to learn more about how best to return addicts to productive lives.

In less than two years of operation, HHS' Office for Treatment Improvement has taken substantial steps toward cutting the personal and societal costs of drug abuse, including the awarding of demonstration project grants totaling about \$79 million to serve "critical populations" nationwide. These projects, to serve as models for other communities, will include under their umbrella people in public housing, jails and detention centers.

Seventy-eight of these projects will serve black communities in 32 states, the District of Columbia and the Virgin Islands. Fifty-three of them will be for adolescents and 22 to help women during pregnancy or in the first three months after they give birth.

Because community involvement is essential, as part of the President's National Drug Control Policy, HHS' Office for Substance Abuse Prevention has awarded over the past two years Community Partnership Prevention grants totaling approximately \$134 million to local communities to help them prevent abuse of illegal drugs and to reduce drug abuse related deaths, injuries and crime.

Partners in this phase of the attack are grassroots community groups, religious institutions, business and industry, physicians, educators, media representatives and family-parent-youth groups.

Each of us must do what we can to help overcome this monstrous problem. (Dr. Sullivan is U.S. secretary of health and human services.)

If You're Dabbling In Drugs... You Could Be Dabbling With Your Life.



This is a message from the U.S. Centers for Disease Control.

Skin popping, on occasion, seems a lot safer than mainlining. Right? You ask yourself: What can happen? Well, a lot can happen. That's because there's a new game in town. It's called AIDS. So far there are no winners. If you share needles, you're at risk. All it takes is one exposure to the AIDS virus and you've just dabbled your life away.

For more information about AIDS, call 1-800-842-AIDS. Nevada AIDS Hotline



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