

HEALTH

Needle exchange worsens epidemic

By Minister

Abdul Alim Muhammad,
Special to Sentinel-Voice

I've always said that needle exchange to prevent the spread of AIDS among intravenous drug users was a bad idea.

Pressure to introduce similar programs seems to be overwhelming, thus coaxing otherwise rational people to believe that needle exchange is the cure-all.

It is merely another pathetic effort by the U.S. government and its health agencies to address the AIDS epidemic, which affects Black America most.

President Clinton finally came to his senses and killed the Needle Exchange program, flouting advice that such programs decrease the spread of AIDS among intravenous drug users. Drug Czar, Gen. Barry McCaffrey, cautioned that continuing the program would send the message to the children that's it's OK to use drugs.

Even Surgeon General, David Satcher understood quite well that America is facing two separate epidemics: one is HIV/AIDS; the other, drug use. Obviously, measures that might work in one area can exacerbate a problem in another.

After Clinton's announcement, no less a figure than non-voting District of Columbia Congressional

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Delegate Eleanor Holmes Norton immediately declared McCaffrey her enemy.

In a fierce statement voicing her disapproval of the President's decision under the influence of McCaffrey, she is quoted as saying that Clinton made a new enemy, and started a new war with Blacks who intended to fight back. She and other members of the Congressional Black Caucus seem to be convinced that needle exchange programs work and would benefit the Black community.

Critics of the President's decision not to fund the programs say scientific evidence proves needle exchange works. Strangely, these studies seem to never be made public.

I began to do a little research.

It turns out that the oldest and biggest needle exchange program in the world is in

Vancouver, Canada. This program began in 1988. Health officials pass out an estimated 2 million clean needles to drug-users annually. And, over the years, 78 percent of IV-drug users said the Vancouver needle exchange program was their primary source for needles used to feed their drug habits.

In a study entitled, "Needle Exchange Is Not Enough: Lessons from the Vancouver Injecting Drug Use Study," 1,006 intravenous drug users were enrolled, having had have used drugs within the last month. There was an HIV infection rate of 23 percent and an 88 percent infection rate for Hepatitis C virus.

About 40 percent of the users in the study said they shared needles. Sharing occurred both ways — recipients of clean needles allowed others to use their needles whether they were HIV positive or not and they also

used needles that they obtained from other IV drug users.

The 23 percent HIV infection rate compares to a two percent infection rate in the same geographic area 10 years ago. So much for the myth that clean needle exchange programs prevent an increase in AIDS infection.

The study also uncovered several factors considered to be predictors of a high probability of HIV infection. Among these were: low education, unstable housing, participation in commercial sex, borrowing needles, being an established IV drug user, injecting drugs in the company of others and participation in the needle exchange program.

The study's authors concluded that despite having the largest needle exchange program in North America, Vancouver has been experiencing an ongoing HIV epidemic.

President Clinton should get some credit for doing the right thing for the wrong reasons. And McCaffrey's position is somewhat refreshing. He does not allow the AIDS hype to interfere with his trained military judgment and is right when he says drug policy is more than a function of the narrowest possible analytical view of an event and that it has ramifications that are not only tactical, but operational and strategic.

Needle exchange is a bad idea and needs to be consigned to the dust-bins of history.

Dr. Muhammad is head of the Abundant Life Clinic in Washington, D.C.

Kid's Nutrition Q & A

Special to Sentinel-Voice

Q: How can the summer heat affect young children?

A: Kids can become dehydrated very quickly in the sweltering heat. The best thing to do is to fill their tanks with plenty of water before sending them out to play.

Sports drinks and juices will also work. However, it is best to steer clear of soft drinks that contain a lot of caffeine. Caffeine is known to increase the flow of urine, so instead of replenishing the body, it can contribute to dehydration.

Dehydration can cause a child to become dizzy or drowsy, develop headaches and a dry mouth, and in severe cases become unconscious. In infants, symptoms would include decreased urination, and sunken eyes. Parents should also be concerned if the baby's diaper is consistently dry.

It is best to always dress children in light-colored clothing and put a hat on their head and never place them in direct sunlight.

Q: I have read that breast-feeding can prevent certain illnesses in infants. Is this true?

A: Studies have shown breast-fed babies are less likely to develop allergies or serious illnesses, such as diarrhea, and bacterial meningitis. Research has also shown lower incidences of ear infections, some respiratory illnesses, and chronic diseases, such as diabetes, lymphoma, Crohn's disease, and ulcerative colitis in breast-fed infants. Other studies have shown mothers who breast-feed lower their own incidences of ovarian cancer and premenopausal breast cancer, and reduce their risk of bone fractures from osteoporosis later in life.

The American Academy of Pediatrics recommends breast-feeding an infant exclusively for the first year of life.

Q: My toddler loves cheese, yogurt, and ice cream, but refuses to drink milk. How can I be sure she is getting enough calcium?

A: Each cup of milk or yogurt of 1-1/2 ounces of natural cheese contains approximately 300 milligrams of calcium. The Recommended Dietary Intake of calcium for children ages 1 to 3 years is 500 milligrams per day, 4 to 8 years 800 milligrams per day, and 9 to 18 years is 1,300 milligrams per day.

If your child refuses to drink milk, try to incorporate it into some of the foods you cook such as soups, puddings, and made-from-scratch macaroni and cheese.

Canned fish products, such as sardines and salmon, contain substantial amounts of calcium, as do tofu and tortillas made from lime. Vegetables, like mustard greens and broccoli, contain a lot of calcium, but keep in mind vegetables contain varying amounts of calcium and may not be readily absorbed by the body.

All children go through stages where they refuse to drink milk. Here is a little tip, kids may be more apt to drink milk if they see mom and dad making it part of their diets.

First study of hydroxyurea in HIV-positive children begins

Special to Sentinel-Voice

HOUSTON — Hydroxyurea, a drug that has shown promising results in preliminary adult HIV studies, will be tested in HIV-positive children for the first time.

A phase I study enlisting 15 youth ages 1 to 16 has begun at Baylor College of Medicine and Texas Children's Hospital in Houston.

Inexpensive and easy to take, hydroxyurea will be given in combination with either ddI or d4T, two standard HIV medications.

"When this drug was tried in HIV-positive adults, the amount of virus found in the body was dramatically reduced," said Dr. Mark Kline, professor of pediatrics at Baylor, and associate director of the General Clinical Research Center at Baylor and Texas Children's.

Hydroxyurea, a drug that works by inhibiting DNA production, has been used in the treatment of leukemia and solid tumors in children and

adults. Currently, studies are also being conducted for treatment of sickle cell anemia.

"In adults hydroxyurea has shown impressive results in lowering viral load," Kline said.

"In some cases where treatment included the drug ddI, the amount of HIV was suppressed below the level of detectability. Two individuals had no detectable virus more than one year after discontinuing the study drugs."

Kline hopes to see similar results in the pediatric study.

Hydroxyurea may be a good choice for children, because it

is taken once a day, versus two to four times per day for other HIV medications.

In addition, the drug has no taste and dissolves easily in juice or other drinks. It costs only pennies per dose, according to Kline.

"Drugs such as protease inhibitors which are the accepted treatment today don't taste good. Often kids spit out the medicine or refuse it entirely," he said.

The Baylor study will confirm safe dosage levels, drug levels in the blood and the effect that hydroxyurea has on viral load and T-cell counts.

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