

Disease Prevention: What Matters is What Works

Recently, President Clinton had an opportunity to make federal funds available to support needle exchange programs for intravenous drug users. He chose not to, and a ban on the use of federal funds for such programs remains in effect. The decision by the President was doubtless a calculated one; he chose to let the ban remain in effect because there is a lack of public support for its reversal.

There are obvious reasons why people, myself included, might be uncomfortable with the notion of needle exchange programs. The intervention appears to condone, and possibly perpetuate, an undesirable, and illicit activity. Making the use of IV drugs easier seems inappropriate. And the officially sanctioned support of such program seems to be self-contradictory; use of IV drugs is illegal, but if you do it anyway, we'll help you.

Similar resistance has been expressed to condom distribution in high schools. The concern there, of course, is that the distribution of condoms to minors will encourage and promote sexual activity at an early age. On the basis of moral convictions, there is resistance to condom distribution. On the basis of similar moral convictions, there is resistance to needle exchange. And on the basis of public opinion, the

President decided that needle exchange is unworthy of federal support.

The facts in the situation are these. Condom distribution to high school students does not promote, and may discourage sexual activity. The evidence is consistent and compelling. Such programs do increase condom use among those students already sexually active, and thereby reduce the threat of unintended pregnancy and sexually transmitted disease. Similarly, needle exchange programs do not encourage IV drug use. If anything, they appear to increase the chances that an addict will access the health care system and enter a rehabilitation program. The programs reduce the use of shared needles, decrease the transmission of HIV, prevent AIDS, and prevent death. I'll repeat that last bit: unequivocally, needle exchange programs save lives.

I very much wish that there were no such thing as IV drug use in this country. While I'm on the subject, I wish that poverty and violence and child abuse didn't exist, but they do. The practice of medicine is increasingly predicated on the evidence from high quality research studies. In fact, medicine not practiced on the basis of the best available evidence is considered substandard in 1998. The evidence is that



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by disseminating needle exchange programs, we could save lives. Personally, I don't think waiting for the world to change justifies inaction in the world as it is.

If the morality of this view seems questionable to you, consider the following. Christian scientists do not believe in any medical interventions. Yet, if a child in such a family has a dangerous condition amenable to conventional medical therapy, that therapy is imposed. The religious and moral beliefs of the parents are violated on the basis of sound clinical evidence. Similarly, transfusion can be imposed when blood loss threatens the life of a Jehovah's Witness child. Once again, the rationale for violating the belief system of a family is the cold, hard weight of medical evidence.

Is it fair or right to throw that weight around arbitrarily? Is it reasonable to subjugate morality to medical evidence, provided the morality in question isn't our own?

I am a parent, and so condom distribution in school makes me a bit uneasy. But I strongly support it because it works. I have treated many IV drug users over the years, and seeing the ravages of that lifestyle, the thought of doing anything to condone it makes me uneasy. But I strongly support needle exchange programs because they, too, work.

When the world is cured of all its ills, then perhaps individuals will not need to be. In the meantime, the prevention of disease and death in vulnerable individuals may be the best we can do. Effective health care, and compassion, are themselves the foundation of high moral ground.

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Preventive Medicine Column

