

## Medicine by John Grauerholz, M.D.

### Steps in the right direction

*The AIDS commission's interim report reflects a compromise, between perception of the true threat, and the official lies.*

**T**he recommendations of Adm. James D. Watkins (ret.), chairman of the Presidential Commission on the Human Immunodeficiency Virus Epidemic, are exemplary of the problem even seriously concerned individuals have in facing the full implications of the HIV epidemic. Rather than confront the thorny issue of testing, Watkins chose to recommend immediate action on intravenous drug abuse, patient care, and basic research/drug development, leaving the testing issue for the final report this June.

This column will deal with the drug abuse issue and subsequent columns with the health care and research recommendations.

This report reflects a compromise between recognition of the seriousness of the problem and the current "line" on the epidemic. This "line" was put forward in a series of articles in the Feb. 5, 1988 issue of *Science* magazine. The sum and substance of these articles, is that AIDS is a serious problem which will have major impact in a few areas, such as San Francisco and New York, but is still primarily a disease of homosexuals and drug addicts with little spread into the general population, and that primarily through the drug addict population. Therefore, widespread testing is not indicated, since spread among homosexuals is being controlled by "safe sex," and we should focus on giving clean needles to drug addicts and condoms to minority groups, while protecting the civil liberties of the virus.

The strongest part of Watkins's recommendations concerns intrave-

nous drug abuse, "because it is this group that poses the greatest long-term potential for spreading the AIDS virus." He proposes "a ten-year comprehensive strategy to address IV drug abuse." The centerpiece of this effort is a massive upgrading of personnel, facilities, and research in the prevention and treatment of drug abuse, based on the concept of "treatment on demand."

What is good about Watkins's approach, is that he views drug addiction as something to be defeated, not to be adjusted to by supplying clean needles. Exemplary of his view is the following statement. "In addition to focusing on the demand side of the drug abuse equation, we must not slacken in our efforts to address the supply side by including illicit domestic and international drug trafficking in our policy decisions. Although the recommendations made in this interim report deal solely with the demand side of drug abuse, the international section of our final report will include a discussion of the supply side, drug trafficking."

Among the specific recommendations proposed is the addition of 32,000 drug abuse treatment specialists and construction of 3,300 new drug abuse treatment facilities, with voluntary HIV testing offered to IV drug abuse treatment clients, their sexual partners, and at-risk children in conjunction with counseling. Other recommendations concern model demonstration programs for community-based organizations, and research into the problem of IV cocaine abuse.

Watkins identifies the problem of

addicts, who, when counseled on risk reduction, ask for treatment of their addiction and are unable to obtain such treatment. He also identifies the necessity of a drug-free environment in the local community, if a significant impact is to be made in reducing the problem of drug abuse in general, and the recruitment of new addicts from the youth population. In fact, the sum total of his recommendations represent a serious approach to a "War on Drugs," including certain judicial measures.

One such proposal is to place drug-using criminal offenders into drug treatment programs as an alternative to other forms of non-jail probation, with the proviso that failure to adhere to the treatment program would result in serving out their sentences in prison.

There is little doubt that these proposals, if implemented, would have a substantial impact on the drug abuse problem in general and would significantly slow the spread of AIDS in this particular group. Implementation, however, will require a substantial expenditure of funds and a radical change in current administration economic policy. Perhaps the additional 32,000 drug abuse treatment specialists will be hired from among the 33,000 troops scheduled to be cut from the U.S. military this year under the strictures of Gramm-Rudman.

In addition to the direct costs of this program, if it were successful, it would substantially affect the revenues of the drug traffic, causing significant damage to the "informal economy" of which President Reagan is so fond. The reaction of the administration to these particular proposals will be an extremely interesting litmus test of the sincerity of the commitment to a "War on Drugs" which recently reappeared on the President's cue cards.