

Sex and Drugs and Risks

By Torsten Engelbrecht

Drugs and AIDS ■ Jacques Normand, Director AIDS Research at the US National Institute on Drug Abuse, on the so-called “New York’s super AIDS-virus”, and the role of drugs like Crystal Meth or Poppers

FREITAG: In February 2005, the “New York Post” along with other media sources around the entire world reported about a new AIDS super virus. But shortly after that, “Science” magazine read that it still has to be proven that the viral source is highly pathogenic. Wasn’t it a bit too early to warn of a “deadly super virus”?

JACQUES NORMAND: The question of whether this has to do with a super virus or not is as before still unanswered. What we know is that the one patient developed AIDS symptoms at a much quicker rate in comparison. And the viral source that he’s carrying is very resistant to most anti-retrovirus medications.

The assumption that this could be about an “AIDS super virus” was significantly derived from the fact that David Ho, the person who examined the patient, observed a definite decrease in the helper cell count to under 20 per micro liter of blood. But corresponding studies put into question the sense of even counting the so-called CD4 cells in connection to AIDS diagnostics, among these the distinguished Concord study The AIDS researcher Mario Roederer from Stanford University and Thomas Fleming even come to the conclusion that the “CD4 counts are as uninformative as a tossing a coin”.

Those who test positive and bear less than 200 helper cells per micro liter of blood are AIDS patient, according to the definition accepted and used by US epidemic agencies. The questions of how informative these criteria are and whether they always represent appropriate criteria appear to be up for discussion. But this does not change the fact that this here is about a case that most anti-retroviral therapies did not respond to. Whether it was a responsible action to sound the alarm before everything was resolved for good or not is also disputable. But I believe that David Ho is one of the most prominent immunologists and knows his stuff about AIDS.

But David Ho has already erred gravely multiple times in relation to AIDS. His vehemently proclaimed slogan “Hit HIV hard and early!” – i.e. give as early as possible as many medications as possible – is not official therapeutic policy any more, especially with symptom-free AIDS patients, because the substance is proved to be toxic. For a long time Ho also maintained that he had solved the puzzle on long-term AIDS survivors – until he finally had to admit in 2004, by this point completely frustrated, that he was wrong. Shouldn’t more care have been offered there, since above all, even experts like Robert Gallo said that the introduction of the term “super virus” was incautious and inappropriate?

Ho is director of the Aaron Diamond AIDS Research Center in New York and was very heavily engaged in the current case. He would have examined the patient very carefully. For specific immunology information about the case, for example about how the virus affected the immune system of the afflicted, Ho is surely enough the best person to contact. In regards to Gallo, he referred his statement to the health departments of New York City, whose proceedings Gallo held to be an overreaction. Now, that is Gallo’s opinion. I personally believe that it was right to draw attention to the possible dangers. If you don’t analyze the virus, you can’t determine if it is dangerous or not.

It was also reported that the 46-year-old gay patient was on a continual three-month Crystal-Meth trip. In the "Chicago Tribune" it read that the man had started doing drugs already by the age of 13. First came marijuana and alcohol, later cocaine and Crystal Meth. When he finally went to the doctor, his body was a physical wreck. Beyond the virus discussion – what is the stand of the influence of these drugs, which your authorities loudly proclaim are damaging and wreak a lot of havoc on the body?

It is not entirely clear which roll the sex drug Crystal Meth, widely spread among homosexuals, plays that the patient had consumed. A lot alludes to the fact that Crystal Meth impairs the immune system in different ways and benefited the formation of AIDS symptoms. Tests on animals appear to confirm these views, but the results are still preliminary. At the same time sex drugs like Crystal Meth or Poppers have a hand in sex with different partners in the gay scene. And this in turn raises the possibility of a viral infection.

But the most well-known and largest studies on the topic of sex and AIDS show that AIDS is not spread sexually at all. Some examples are the "Lancet" study from the group from Ronald Gray and Anatoli Kamali and the Australian study from Eleni Papadopulos. And also the team from Nancy Padian could not observe a single case of a sexually transmitted HIV infection within a time span of 10 years.

The fact that AIDS is contagious is commonly known. And the acquisition of the virus is favored in sexual behavior. Sure enough, a key factor that determines the crossover from infection to outbreak of the illness is the reaction of the immune system of each individual person. And there are people who possess a stronger immune system than others. After that the question follows of which processes were responsible for making this one patient so sick. Keep in mind that physiological processes are also a possible aspect.

Is there unambiguous proof that in this so-called super virus case drugs were not the primary factor?

There is no definite proof that drugs were the deciding factor; and no conclusive evidence that drugs were not the main reason for it exists. The question remains open.

Shouldn't that already have been pursued for a long time? In rich countries like the USA or Germany, homosexuals have always made up around 50 percent of AIDS patients – and many consume highly toxic drugs like Crystal Meth or Poppers and/or take immune suppressing anti-retroviral medications. Already in 1994, Gallo conceded at a meeting of experts at your agency that HIV could not be the primary cause of AIDS Kaposi's sarcoma – a type of cancer and "the" AIDS-defining sickness. Instead, poppers were probably the main cause.

We have many studies on the way that are at the current time in the developmental phase. As to the magnitude of drug consumption, there is no nation-wide overview. There are statistics for New York, San Francisco, and Los Angeles, where the substances are consumed in excess. And Crystal Meth abuse, alarmingly, is understood to be on the rise.

Once again about Poppers: At the meeting mentioned, combined studies were argued for in which the long-term consequences of these banned drugs, which are nevertheless widely spread in the gay scene since the mid 70s, on the immune system would be analyzed – studies that have already existed for a long time on the connection between smoking and lung cancer, for example. But all requests for financing of such analyses to date have been shot down. Do you have an explanation for this?

I cannot say anything to that since I am not familiar with all of the individual requests. Above all, our US drug agencies have financed loads of fundamental shorter works to investigate the relation of poppers – or in professional jargon "nitrate inhalants". And the consumers of the chemical highly concentrated inhaled drug poppers – which, by the way, are called that because by opening the can a popping noise is made – can count on a whole line of devastating health consequences. Among these heart failure, but also sudden cardiac death or asphyxia, also labeled as "sudden sniffing death". This "sudden sniffing death" can come

about within one sitting, that is, within minutes. This all can be found in detail on our website, by the way.

Suppose that around 50 percent of AIDS patients in industrialized countries are gay and a third are dependent upon intravenous drugs – and about seven percent are both, one can assume that almost all AIDS patients are consumers of highly immune suppressive drugs and/or other anti-retroviral medications. How many of the approximately three-dozen diseases defining AIDS could at least be caused by these behavioral patterns?

In order to answer that exactly one would have to look at the individual cases in detail. Then how the drugs as well as the medications affect the immune system depends upon different factors. For example, one question would be which kind of drugs and which medication types are consumed or in which way the relevant drugs interact with the corresponding therapies. All of this varies from drug to drug and substance to substance.

So what has to happen next?

One will try very hard to understand the details. Why and how did this virus emerge for instance or why is it so resistant? Finally one will see if the virus represents a danger and is in the position to spread in the general population.

It appears to be proven that the consumption of illegal drugs represents a risk factor for the changing of normal immune function. What do you recommend to AIDS patients?

They should reduce their risk-filled activities in relation to sex and drugs.

*Interview by Torsten Engelbrecht
www.torstenengelbrecht.com*