

Needle Exchange in Vermont

BY MARK MELCHIOR

A couple of years ago, Vermont lawmakers passed legislation opening the door to needle exchange in our state. The decision couldn't have come too soon. The demographics of HIV and AIDS have shown consistently that injection drug users (IDUs) are at high risk for contracting and spreading HIV through shared needles, syringes and other injection supplies. Despite this knowledge and the success of needle exchange elsewhere, Vermont has been slow to enact such prevention measures.

Nevertheless, after overcoming other regulatory hurdles, two needle exchange sites have opened recently, one in Burlington and a second in Brattleboro. OITM wanted to find out how things are going with these fledgling programs. We decided to check in with Tom Dalton, coordinator of the Green Mountain Needle Coop for the Howard Center for Human Services in Burlington, and Lynn Martin, a prevention specialist who oversees the Brattleboro site for the AIDS Project of Southern Vermont [APSV]. We caught up with Tom and Lynn on a cloudless summer afternoon in Barre, at the recently renovated Alrich Public Library.

Getting Connected

OITM: Let's start with your program, Tom, since it has been in place a little longer. If I needed to get clean needles, how would I do that in Burlington?

Tom Dalton: You'd probably begin by calling us. We have an outgoing message for our site with the time and place of the next exchange. We do print this information in our newsletter and other

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hand-out materials, but we've tried to be low-key about publicity. If you haven't seen any of our literature, you should call and listen to our message. We are what is called a mobile, multi-site needle exchange and that means that the time and place varies week to week.

OITM: So let's say I've called the number, gotten the information, and now am walking in the door at the exchange site, what can I expect?

TD: Well, it's very informal, very low key. There are no lines to wait in. There are usually only one or two people exchanging at any one time. Usually, two staff people are on hand to welcome you. We ask you, first, if you have any needles, or other supplies to dispose of. If you do, you dispose of them first, in the sharps container next to the door.

If you are new to the site, we explain to you that your identity is kept confidential and anonymous. Then we ask you about what you need. Some people come just to pick up literature, or get information from us. If you come to exchange needles, we take time to answer any questions you might have about them or other supplies, and explain how to become a member of the needle exchange.

OITM: What's involved in becoming a member?

TD: If you choose to become a member of the needle exchange, and pretty much everyone does, you get an I.D. card with a unique identifier. That card protects you against violating the paraphernalia law.

After people get their cards, they usually want to look around at the supplies we have, and ask questions.

OITM: It sounds as if you

have a wide range of injection supplies?

TD: Yes, we do. And you know, many people don't really know how to use them correctly. They may know not to share a syringe, but they don't know that sharing a cooker, for example, puts them at risk, too. Heroin use in Vermont has grown so rapidly over the last couple of years that a lot of new users are not necessarily learning from experienced users.

As a consequence, there is a lot of misinformation and ignorance out there. Some users don't know that when they stop using, they will experience withdrawal.

OITM: Lynn, let's talk about what happens at the Brattleboro site.

LM: Well, it actually is very similar to what Tom described except that the Brattleboro site is open two evenings a week at a fixed site. It is very informal, anonymous and confidential. You come in, dispose of anything you may have brought to exchange in our sharps container at the front door. We ask you how we can help, and then enroll you as a member, if you agree, and issue your card. As Tom said, almost everyone wants to become a member, and it's truly in your best interest to have the card.

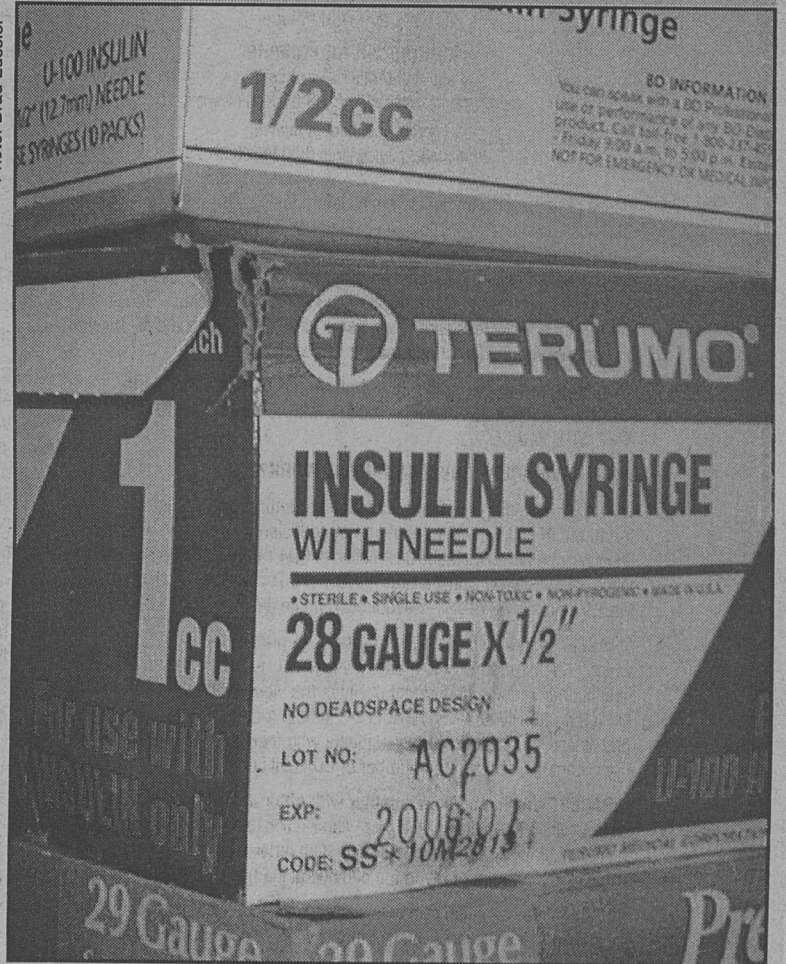
When we were just getting started, I filled a bag full of the things that we were planning to have on hand at the site, and took it to the police. I met with the assistant police chief, and dumped the bag's contents out onto his desk and said, Now if you picked me up and found this stuff on me, would you arrest me for possessing any of these things? He assured me that as long as I had the card from the needle exchange with me, that the police wouldn't.

I should also mention that the Brattleboro exchange has peer educators on hand. They tend to be able to put people at ease very quickly. These are folks who have been there and know what folks who come through the door are experiencing.

OITM: Since it's called a needle exchange, do you actually exchange needles one-for-one?

LM: We do exchange one-for-one but there is nothing in the guidelines to forbid other ways. If you are new, and

Photo: Brad Lussier



don't have anything to exchange, we will give out up to ten needles to start. We help people where they are at; it's never been about a strict one-to-one exchange. I wouldn't want the responsibility of turning someone away for not having needles.

And, of course, you don't have to exchange needles to come to the exchange. You can come and get condoms, or find out about Hepatitis, or get referrals for treatment. You may want just to talk with a peer educator about whatever is going on in your life.

Harm reduction: What does it mean, How does it work?

OITM: Let's talk a little bit about the theory behind needle exchange? The folks who brought us the 'drug wars' would say that if we give needles to users then we are encouraging people to be addicts. Obviously, you don't believe that. Tell us why.

LM: My priority is to prevent HIV. That's my job, to keep people free of this virus. We who work on prevention [at the AIDS Project of Southern Vermont] practice what is called harm reduction. It involves asking the folks we serve – and we serve a number of different kinds of people at risk for transmis-

sion, what is first step you can take toward health? What are the tools you need to make that step? And, how can we support you in that?

If they tell us that what they need is clean needles, we help them to get clean needles. From there, we hope that we can start a conversation so that they feel comfortable coming to us when they have identified other ways that they can be healthy. Basically, my job is getting people to take care of themselves so that they can live healthier lives.

TD: I agree with everything Lynn said. Harm reduction focuses on those at risk making the best choices that they can about their health, and reducing drug-related harm. This approach differs from the use of law enforcement and some abstinence-based treatment which can focus simply on stopping drug use at all costs. When your sole goal is to end someone else's drug use, you may end up putting that person, and the general public, at greater risk, because the user may not be able realistically to stop using drugs at the moment, and relapse or overdose.

OITM: So you both look at needle exchange from an HIV prevention perspective.

TD: Right. Just because someone is using injection drugs, it doesn't mean that he or she is not concerned about their health. They know that there are steps they can take toward being more healthy.



Photo: Brad Lussier