St. J Needle Exchange May Proceed With Restrictions

BY LYNN McNicol

six-month-old needle exchange program that's been on hold since October has been given the go-ahead by the state – provided that Vermont CARES, which runs the program, meets a set of conditions drawn up by local officials and endorsed by Health Commissioner Dr. Jan Carney. The program aims to reduce the incidence of HIV infection among drug users who contract the virus by sharing dirty needles.

Carney announced in late January she will allow additional clients to be served by the program opened by Vermont CARES last August. From August until early February, only 9 existing clients were allowed to participate in the program. Six people seeking treatment had since been turned away, said Kendall Farrell, executive director of Vermont CARES. The program could now be open to new participants.

While Farrell said she's pleased with Carney's decision to allow the program to move forward, as of press time, Farrell had decided to voluntarily continue the program freeze at the request of the St. Johnsbury Select Board until the conditions imposed by the state are clarified.

Carney ordered the restriction of services to existing clients last fall when town Select Board members objected to the program. Vermont CARES organized or participated in several public forums that followed.

Rod Copeland, director of the HIV/AIDS Program for the Vermont Department of Health, also worked with officials and citizens to keep the program alive

"I attended three community meetings in St. Johnsbury," he said, estimating that perhaps 60 or 70 percent of those attending favored the program. He said some people who opposed the needle exchange program feared St. Johnsbury would become "some sort of magnet for those who use drugs."

Two similar programs in the state have been operating with little or no opposition, Copeland said. Brattleboro started a needle exchange program two and a half years ago, and Burlington's Green Mountain Needle Co-op has been in effect about one and a half years.

Carney agreed to roughly the

distributed at one time; it must establish a one-for-one needle exchange; it must draw up a formal agreement with Tri-County Substance Abuse Services for client referrals; and Vermont CARES must create a system for evaluating the effectiveness of the program.

Farrell said the peer outreach component will help to break down the barriers to use of HIV prevention tools. "The inclusion of a Peer Outreach component to the needle exchange program allows Vermont CARES to recruit and

responsible for the program itself. "I have some questions about that," she said.

Farrell also has questions about the requirement of a one-for-one needle exchange. "We are committed to getting as many needles off the street as we can while not putting the community, program participants, and Vermont CARES staff at further risk," Farrell said. "To date Vermont CARES has collected more needles than we have distributed. We are seriously concerned

Copeland said. "England has done this for years," Copeland explained, and studies show that the incidence of HIV does go down as a result of needle exchange programs there. He pointed out that studies in Europe, Canada and the U.S. also show that the rate of illegal drug use does not increase as a result of needle exchange programs.

Brattleboro's needle exchange program now serves more than 30 people and has "a very good record" of getting people into substance-abuse treatment programs – as high as 70 percent, Copeland reported. Local officials and police have endorsed the program from the start, he said. "They really haven't had formal opposition. It's all been positive."

Burlington's program serves about 40 people, and Copeland said roughly 40 percent of them have sought treatment. He said he's heard of no negative reactions to Burlington's needle exchange program.

Unlike Brattleboro and Burlington, however, St. Johnsbury's program will have to go through changes to gain local approval.

"At first there was tremendous resistance ... it took a lot of time and a lot of hard work to come to this point," Copeland said. "It seems like a very realistic compromise," he said of the required modifications to the St. Johnsbury program.

Farrell said she looks forward to working with the Department of Health in negotiating the changes that must be made.

"I am optimistic that we will clarify these conditions and ultimately develop a program that above all provides vital HIV prevention tools for people who are at risk of HIV in the North East Kingdom," she said.

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same conditions requested by St.
Johnsbury's Health Committee and the
Select Board in issuing her decision, the
Caledonian Record reported. The committee, headed by Northeastern Vermont
Regional Hospital CEO Paul Bengtson,
was formed in response to the needle
exchange program and to examine other
local drug abuse issues. It includes
healthcare workers and other members,
and some members also sit on the
Community Advisory Board created by
Vermont CARES to give direction to the
needle exchange program.

The program must meet six conditions to go forward, as reported in several news media. The Community Advisory Board must change its membership to be independent from Vermont CARES while working with Vermont CARES to shape the future direction of the program; the program must train outreach workers to deliver needles to clients; it must create written policies regarding the number of needles to be

train volunteers in the North East Kingdom to distribute clean syringes and other HIV prevention tools to people who are at increased risk of HIV through sharing needles," Farrell said in a formal statement. Clients must now travel to the program's office to exchange needles.

At press time, Farrell said she was seeking clarification from the health department regarding the change in membership of the Community Advisory Board. She said people "come and go" from the board, which has included up to 15 or 20 individuals. Members have included St. Johnsbury's town manager, alcohol and drug treatment workers, the chief of police, representatives from the state police and the schools, and parents and other citizens.

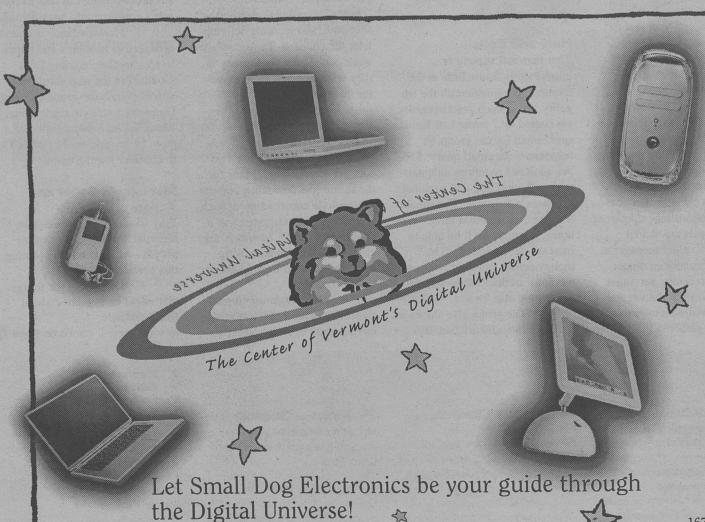
Regarding the pending changes to the Community Advisory Board, Farrell said she wants to know how it will work for Vermont CARES to be "fiscally and legally responsible" for the needle exchange program, but not be

about requiring program participants to amass potentially infected needles, increasing the likelihood of needle

Farrell explained that, while there is little research regarding one-forone needle exchange, she has heard that people sometimes hoard needles to have enough to bring, and that compromises their safety. "I don't want people going through trash cans" to meet the requirement, she said.

Illegal drug users as a group currently have the highest increase in the rate of HIV infection, Copeland said. Intravenous drug users – primarily users of heroin – also risk contracting Hepatitis C through needle sharing, and that in combination with HIV is "very deadly," Copeland said. Hepatitis C, which causes liver failure, is "totally debilitating over time," and there is no cure for it, he said.

Meanwhile, ongoing needle exchange programs are showing success,



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