

OITM Classifieds

roommate wanted

36 Year old vegetarian, nonsmoking gay male looking for a quality roommate in my country home 35 minutes to Burlington with 8 acres, a wood-fired sauna and 2 shelties (smallish dogs). \$325, plus split utilities. Steven - 434-5653.

Non-smoking female roommate wanted for sublet, Thanksgiving through April with option of staying through the summer. On the lake, Bike path and Bus Route. No dogs. call 862 4467

housing sought

Responsible GM looking for an inexpensive living situation outside Burlington. Seeking sublet or extended house sitting arrangement. Willing to do some work in exchange. Don't smoke, don't have pets. call 865 0385

personals

Female Searching for that special someone that will be my best friend, soulmate and eventually loving partner. If you're determined, sensitive, hard working and affectionate I'm 38 and I'd like to hear from you. Soul Mate, RR1 Box 25., West Danville, VT 05873

Middlebury chick with no car seeks 20something smart as a whip, slightly emotionally distant, left-brained, chick who wears pants. I am not white, you need not be either. This notary public wants to have Huevos Rancheros and Tequila Sunrise with you at Woody's. DTG, 2 Merchant's Row, #302, Middlebury, VT 05753

21, attractive GWM student w/interests in languages, computers, fashion, organizing, and politics ISO stylish, sexy, and secure man in his 20s for occassional dating or unique friendship. If you are outgoing, independent, interesting and interested, please write. DRE, POB 64, Middlebury, VT 05753

help wanted

OITM is looking for contacts in the southern part of the state, commitment level is negotiable. volunteers can help with out reach, writing, reporting, photography and community building. Volunteers will need to be able to work with deadlines, but on the other hand will be invited to all the best parties.

Brewers assistant needed, Vermont's First woman owned microbrewery seeks individual who enjoys hard work and who is fairly persnickety, (If you don't like cooking, you wont like brewing). Small growing company will train the right person. Please reply by mail letter or resume to Tunbridge Quality Ales, PO BOX 837 South Royalton VT 05068

How would you like to be a part of Vermont's first weekly LGBT News TV show. Volunteers are needed for camera operation, audio Technician, make up artist, and technical director. Producing a TV show that represents ourselves is an important avenue to educate and dispel the myths stereotypes that continue to plague society. The show takes dedication and sincere desire to make a difference. Please don't be intimidated if you have no experience, if you are the right person we will train you! If you are interested in becoming part of the crew contact Sharon Randall at 802 849 2739, or write to Lavender Visions Productions Inc., PO Box 307, St. Albans, VT 05478.

OITM's Classified section features items for sale, housing opportunities, Personals, help wanted and the like. As a new service to our readers Individuals may place ads for free! Donations are welcome and encouraged. We reserve the right to refuse ads. Responding or placing ads is done at an individual's own risk. Ads must be received by the twentieth of the previous month. Mail ad copy and optional donation to PO Box 177, Burlington VT 05402 or email it to OITM@together.net. We must have full name, address and phone number to run ads, however information will be kept confidential.

Needle Exchange In Vermont

• Grassroots group begins needle exchange program on shoe-string budget

BY BETSY WHITE

While men who have sex with men still comprise the group at highest risk for contracting HIV in Vermont, people who inject drugs and their sexual partners now run a close second. The Vermont Department of Health AIDS Program estimates that between 35% and 50% of all new infections in the state can be attributed to needle sharing or to sex with needle sharers.

This cannot come as a surprise to anyone who has monitored the data collected by Champlain Drug and Alcohol Services (CDAS) Streetworker Program. For a number of years, Burlington's injection drug users have been surveyed by CDAS in order to learn more about practices and perceptions within the community which might affect HIV risk. The project has found that about half of those they survey continue to share needles despite increasing levels of knowledge about the dangers involved. It has also learned that each injection drug user has an average of 3.2 sexual partners each year, and that as many as half of those are unaware of their sexual partners' injection drug use. Burlington injectors appeared to be free of HIV until about three years ago, 1994, but once HIV (as well as Hepatitis B and C) became established in the community, it was only a matter of time before the virus spread.

Fortunately, we know how to prevent transmission among the people who use needles. The answer is simplicity itself: syringes, which carry the infected blood, must never be shared. Unfortunately, achieving this end is more complicated than its identification. Before people who inject drugs or hormones can adhere to this particular piece of sound public health advice, they need ready access to a regular supply of inexpensive sterile injection equipment.

Vermont, unlike a number of other of states, does not have a syringe prescription law, so in theory, anyone who wants to buy syringes can walk into Brooks Drugs and do so. As is so often the case, though, reality and theory are in this situation less than perfectly matched. Many pharmacists feel that it is incumbent upon them to sell only to individuals who will use the syringes for "legitimate medical purposes." This means that they put themselves in the position of making on-the-spot judgments about who is a diabetic and who is a junkie based on little if anything other than how their customers look. Since there is no "injector's look", some folks get 'em and some don't. So, as CDAS data confirms, a significant number of needle users are also needle sharers and the virus continues to spread.

Is there anything else that can be done? Of course there is. Condom use did not become widespread until condoms were made easily accessible and often-times free. We understand that education without access rarely changes behavior, so prevention of sexual transmission of HIV has of necessity attended proactively to

both. Similarly, an array of programs to provide both information and clean needles to those who inject are currently being employed and studied around the world. The strategy which has received the greatest measure of scientific scrutiny as well as the lion's share of publicity is needle exchange.

Needle exchange programs, which tend to offer much more than just sterile injection equipment, have been found in study after study to reduce needle sharing and thus, the spread of HIV and other blood-borne disease. Needle exchange programs, because they give injectors something tangible which they need (syringes) and something intangible but equally essential to well being (respect), often become a strong link between needle users and other services in their community. In fact, some needle exchanges find that they become primary sources of referrals to drug treatment in their area.

Needle exchange is supported by a large number and a strikingly broad range of professional organizations and associations. A small sampling of endorsers includes the American Medical Association, the Centers For Disease Control and Prevention, the American Academy of Pediatrics, the National Association of State Alcohol and Drug Directors, the National Institutes of Health, the US Conference of Mayors, the Kaiser Foundation, the National Black Caucus of State Legislators and the World Health Organization.

In spite of such widespread support and consistently demonstrated efficiency, measured again and again in scores of studies (including seven funded by Washington), the federal government continues to make needle exchange almost impossible to implement. Since Jesse Helms attached a prohibition to a 1988 appropriations bill, the use of any federal funds for needle exchange has been illegal. The funding ban was to have been lifted when and if it could be shown that needle exchange decreases the spread of HIV and does not increase drug use. Both conditions have been met many times over and yet the administration, charged with lifting the ban, has declined to do so.

This means that needle exchange became a project of the individual state (New Hampshire, Massachusetts, Rhode Island, Connecticut, and Maine have addressed the issue on a statewide basis) or it is left to grassroots activists and/or progressive social service organizations to institute this extremely cost-effective life-saving program.

Vermont is without needle exchange. There is one effort, close to realization but not yet operational, called Burlington Needle Exchange (BANE). Although BANE is currently poised and ready to begin exchanging syringes in Chittenden County. Reliability of the service is dependant upon a strong, committed volunteer base which is still needed before BANE can confidently offer an ongoing exchange program to Burlington's injection drug users.

BANE has evolved thus far through the efforts of a small group of activists who decided in early spring of this year that the stakes were high enough to warrant moving ahead with a syringe program even if it meant doing so

without official sanction. (As an aside: no imprimature has been received from on high, but off-the-record responses from public officials have been overwhelmingly positive.) With an estimated 600-800 injection drug users in the Burlington area, many of whom are already infected with HIV or hepatitis and half of whom share from time to time, it seemed clear that time lost providing clean needles would translate fairly directly into lives lost.

Confidentiality is hard to come by in a small city like Burlington, yet it is of paramount importance to most people who inject. For that reason above all others, BANE has chosen to operate a home delivery model of syringe exchange rather than one that runs out of a fixed site. People who want to participate will call and arrange a time and place for their exchange. In most cases, BANE volunteers will meet participants in the privacy of their own home where used needles will be exchanged for new ones, and condoms, harm reduction materials and a slew of other great stuff (e.g., a regular supply of some very fine bread and baked goods) can be shared. For those who want more or need other services, volunteers will help to make the needed connections. All of BANE's services will be completely anonymous, available to Vermonters statewide, free of charge and free of judgment.

BANE has developed a viable program, trained a small core of volunteer exchangers, and raised enough money to operate (on a shoestring) for nearly half a year. But it cannot in good conscience begin something which it is unsure of its ability to maintain. If you are concerned about the lack of prevention for injection drug users in our state, your help is needed and needed now. Unfortunately, the government (state, federal, or local) is not going to save the day. The non-profit sector, no matter how interested, will not step into the void. If Vermont's injection drug users are to have access to both the sterile injection equipment and the information they need to protect themselves and their sexual partners, it will be because people like you made the extra effort to make it happen.

As a community, we can be very proud of the outpouring of support, both financial and practical, which has been the genesis and remains the lifeblood of most AIDS service organizations. We have demonstrated beyond a doubt that we are here for one another in the face of life-threatening crisis. But there has been a tendency to view the issue of HIV in the people who are not identified as part of our community as not particularly relevant to our lives. It becomes daily more essential that we reject the false distinctions which lie behind that attitude. Some people who inject illegal drugs are also gay men, some are bisexuals, some lesbians, some transgendered people and some are those who are questioning. Some of us use steroids, and some of us regularly inject hormones. There is no line which we can safely rely upon to divide those whom we might consider "family" and those who are not.

Please contact Karen Starr at 864-7898 if you are willing to help make needle exchange a reality in Vermont or if you would like more information about BANE.