

North Bay Bohemian

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Photograph by Michael Amsler

Sharp: Point coordinator John Fenech and community outreach coordinator Dawn Beggs staff Marin's mobile needle exchange van.

Getting the Point

Snapshots from life on the streets. The North Bay's needle-exchange programs do more than just hand out syringes

By Patricia Lynn Henley

The first time he did it, David Van Arsdale was extremely wary. The site was an out-of-the-way corner of a Santa Rosa supermarket parking lot, next to cartons of wilted lettuce. Van Arsdale didn't say much, just did his business and got out of there. Eventually, over the years, he started chatting with the other people there. But not that first time.

"You kind of had to expose what you were doing. It was difficult at first," Van Arsdale recalls. He kept up a jittery watch in case law-enforcement types were lingering nearby.

What kept him coming back was the chance to swap his used syringes for new ones. No more rubbing a matchbook flint across the point of a well-used syringe, trying to get it sharp enough for another injection. No more using the same needle 50 or more times to inject cocaine. "When you're using a dull point, you know, you get a lot more pain," he explains matter-of-factly.

Before needle exchanges were legalized in 2000, volunteers throughout California operated them clandestinely. Sonoma and Marin counties now both have active needle exchanges, and both participate in the statewide Disease Prevention Demonstration

Project enacted in 2004 that lets addicts buy 10 syringes at a time from select pharmacies, no questions asked. If used syringes are properly housed, they are not considered as illegal drug paraphernalia. Napa County officials are studying the on-the-street exchange programs and the statewide pharmacy project, looking at what might work best there. In a bid to slow the spread of HIV and hepatitis C, both Marin and Sonoma counties are working to expand their exchange programs to reach ever more addicts.

Planting Seeds for Recovery

On a Friday night in January, a volunteer who asks to be known only as Pinky set up folding tables, bringing out boxes of syringes, piling up lunch-sized brown paper bags, and arranging cotton swabs, alcohol wipes, bio-disposal buckets and other items in an informal display in the lobby of a Santa Rosa office building. The tables also held abscess kits for cleaning infected injection wounds, and a notebook-sized book called *Getting It Right: A Safety Manual for Injection Drug Users*.

There were small containers of sterilized water for safely diluting drugs. A pot of soup simmered in a hot pot on one table. On another, Pinky arranged condoms, hotel-sized soaps, deodorants and a wide variety of wallet- and pocket-sized pamphlets on AIDS, safe sex and other health alerts for places that provide help for a wide range of problems or life situations. In a conference room nearby, a health professional was on hand to do AIDS testing if needed. Under one table was a box of clean clothes, available to anyone who needed them.

Almost every Friday for the past 10 years, Pinky has set up a needle exchange. "It's something that needs to be done," she says of her long-term commitment as a volunteer. "These people, most of the time they don't get treated with the courtesy they deserve. We're just trying to keep them safe, as far as getting sick and getting diseases."

Pinky estimates that, in slightly less than three hours on an average Friday evening, about 45 to 50 people will drop by to replace their used syringes with new ones. Some come after they get off work, others before they start the night shift. About 10 or so arrive by bicycle, but most drive. "A lot of them have nice cars. They're working and just trying to get by. Some are homeless, but I think the majority are working-class," she says.

Sonoma County's needle exchanges are run by the Sonoma County Hepatitis AIDS Risk Reduction Project (known as SHARP) under the organizational umbrella of the nonprofit Drug Abuse Alternatives Center (DAAC).

Over a year's time in Sonoma County alone, SHARP estimates that some 100,000 to 150,000 needles are exchanged by roughly 250 to 350 different people. Last year, about 60 of those addicts got into some form of treatment for substance abuse.

"That doesn't mean that person didn't use after that time or not. We don't know," explains Lynn Campanario, who oversees SHARP's exchange. The primary goal, Campanario says, is a clean needle every time an addict shoots up. Reusing a syringe can create a

barbed point at the needle's tip that can cause an abscess prone to infection. Sharing a needle means risking AIDS or hepatitis C. Addicts who need medical care rarely have health insurance; if they get ill, the community ends up paying for their care.

Another goal of the exchange, Campanario says, is to "plant seeds" so that eventually an addict might start thinking about getting out of a dangerous living situation, might leave a destructive relationship, might at least toy with the idea of rehab.

Talk Therapy

Over the years, the number of needle exchange sites in Sonoma County has waxed and waned depending on funding. Both SHARP and DAAC coordinate their efforts with Sonoma County's Department of Health Services, which also provides some financial support. The rest comes from grants and donations.

Last September, the agencies won a five-year, \$75,000-a-year state contract to expand the services offered through the needle exchange. They've subsequently added mobile exchanges in Guerneville and Monte Rio. During the first two months in Monte Rio, they took in more than 5,000 used syringes. That's 5,000 needles that won't turn up on local sidewalks, parks, garbage cans or vacant lots.

The plan is to continue to expand the program by adding sites in Petaluma and western and northern Sonoma County. The \$75,000 annual state grant will also be used to set up a training program for overdose prevention and for those known as "primary exchangers," people who turn in used needles and get new ones both for themselves and for their friends. Under the grant, primary exchanges will be offered incentives to act as peer counselors, passing on information to addicts who might otherwise have no contact with public health representatives or other officials.

A "ladies night" has already been added by SHARP on Thursdays in Santa Rosa, in partnership with Women's Health Specialists. For two hours each week, female addicts can drop by, exchange needles and hang out in a safe space.

"We talk with them about whatever they're wanting to talk about," Campanario says. "It's a very relaxed environment."

They've already offered a night of free manicures, and volunteers will provide massages one evening. Such treats are not just for relaxation. The manicure night included information on hepatitis C risk from sharing nail clippers or a toothbrush.

It can be extremely difficult to find a site to hold a needle exchange. Not every suburban enclave welcomes one in the neighborhood. Therefore, the exchanges frequently end up outside in parking lots, which is less than ideal in the winter months.

One alternative is the pharmacy program, where addicts can buy syringes over the counter. It works for some people, but not every addict is willing to walk into a pharmacy

and ask to buy syringes. Needle-exchange programs in the community are more discreet and they provide more than just fresh syringes. "One of the big things that we do is give resources on housing, food, shelter," Campanario says. "We're not just talking to them about how to deal with their drug-use stuff, because people don't use in a tunnel. They have a whole life going on."

It's vital that volunteers and staff never try to persuade anyone to do anything, Campanario says. She points out that people who feel pressured or judged are unlikely to be return clients. A slow approach usually works best.

"When you're talking to folks who come in to needle exchange, the hardest next step is to talk to them about their sex partners. So if we've built a good rapport, then that's what opens up that door. I couldn't do that the first time I talked with them."

Blasting Social Stigma

The first woman points to the smallest possible size and says she wants that one, but her friend gently dissuades her. The first woman looks middle-class, dressed casually in a running suit, while her friend is clad in a stylish leather coat and would easily look at home in a Nordstrom's or Neiman Marcus.

They could be discussing shoes or blue jeans, but they're actually eyeing various sized syringes displayed in a former delivery van in a deserted parking lot in Marin County.

"The small ones jam easily," the friend explains.

"Oh," the first woman says, deciding that she wants a slightly larger syringe. She exchanges 80; her friend swaps 110, for herself and for friends who aren't willing to come to the exchange van.

"The needle exchange is all about blasting through the social stigma," explains volunteer Julie Muskat after the two women exit the van with their fresh syringes.

Muskat started volunteering as part of an ethics class, and stayed on after she satisfied her community-service requirement. "The work here is so helpful to the community, and if I have the time, why not help out?"

Muskat's biggest eye-opener was the range of people who exchange needles in wealthy Marin. "You really don't know what to expect," she explains. "You quickly realize you can't tell an intravenous drug user from anyone else. All kinds of people come here."

The exchange is run by the Marin AIDS Project under the direction of point coordinator John Fenech. He worked in Sonoma County's program for several years, and about three years ago took the job running Marin's Project Point. In fiscal year 2006-'07, they exchanged close to 80,000 syringes in 662 separate transactions.

"People come to needle exchanges in Escalades, in \$50,000 Mercedes. You wonder, 'Is this person parking in the wrong parking lot?'" Fenech laughs.

Although Marin County has more than a dozen pharmacies participating in the statewide exchange program and Sonoma County has two, Fenech says a lot of local addicts don't want to get their syringes from a public store. "They can go to an exchange site and know they're less likely to see their neighbors," he explains.

One of the problems is that the average person has a jaundiced view of needle exchanges, believing that they perpetuate the use of drugs.

"I've been in recovery for 20 years, and I've never heard an addict say they got clean because they couldn't find a clean syringe," he says, laughing again.

"An addict will use any needle that they can find if they can't get a clean needle," Fenech asserts. "I've heard stories in recovery about people who've been with someone where the other person OD'd. Here's a syringe hanging out of [an] arm, and the guy looks at it and says, 'That must be really good stuff,' and takes the syringe out of the dead person's arm and injects himself with it."

Needle exchanges, he adds, are about dealing with people as they really are, not as the community might want them to be, and reducing potential ways they might harm themselves.

"In reality, most people don't get into recovery," Fenech says. "So this keeps them safe, 'healthy.' A person could inject themselves for the rest of their lives and not get infected if they use needle exchange."

He tells a story about his daughter, a hospital emergency room nurse. Sheriff's deputies brought in a woman for a health check before taking her to jail on drug-related charges. The woman wore an oversized flannel shirt that she kept pulled down over one hand. "My daughter talked to her for quite a while about how important it was to let them see her arm," Fenech recalls. "Finally the woman showed her arm. It was dead from her elbow down."

An injection site had abscessed and gotten infected. Some of the bone was eaten away. Most addicts, Fenech adds, won't seek treatment for an abscess because they don't want anyone to see the needle tracks or know that they shoot up drugs.

On a lighter note, Fenech says there's always a handy excuse. "I've never met so many people with infected spider bites in my life. Spider bites. That's what they say."

But They're Just Junkies

Why are all of these volunteer hours, thousands of dollars and professional exertions being made to care for junkies? Who cares? Timothy Maroni, the syringe-exchange-

program specialist for the Oakland office of the Harm Reduction Coalition (HRC), a national advocacy group, says that needle-exchange programs have a positive impact.

"There have been studies that have been inconclusive on different aspects, but overwhelmingly when they do a study, the evidence is clear that syringe-exchange programs save lives, save dollars, prevent infections, prevent destruction of families, keep syringes off the streets, are an excellent treatment entry point—all of those things."

Based on studies, it's estimated that only 15 percent of intravenous drug users are currently in treatment, and that syringe exchange has a two- to six-fold protective effect against HIV risk behaviors. Research also shows most people relapse several times before finally quitting. The goal of a harm-reduction approach is to keep them safe until they can get clean.

Maroni works with 39 needle-exchange programs statewide. He says such programs are one of the few places where addicts can be honest about who they are and what they do.

"Being in the closet is problematic and makes it hard to make behavior changes, to really look at yourself. And it's hard to dialogue because you can't speak," Maroni says. "When people access services, they want to bring all of themselves, not just a part. They feel they have to lie in order to get services; they have to say they're working on abstinence."

Most injection drug users are socially isolated, and have small or nonexistent social-support networks.

"Every human being does have value," Maroni stresses. "Everyone is worth saving. At [HRC], we're all about being nonjudgmental, but that's the one judgment we do have: that all human beings are complete, whole, worthy and valuable."

From the Bottom Back Up

After his initial visit to that supermarket parking lot, David Van Arsdale continued using the needle exchange. Gradually he began to relax. "They treated me with respect. Nobody was there to corner you or to try to steer you towards recovery. They just took care of business."

He started injecting cocaine back in his native Iowa, where it was legal to buy needles across a pharmacy counter, no questions asked. He relocated to California with a goal of getting away from the drug scene, but wound up in a motel his first day here, shooting up. And he quickly learned that clean syringes were a lot harder to get in California.

So he used and reused his needles. He knew friends who fashioned home-made versions out of little eyedroppers. "The value of a hypodermic needle was like gold," he recalls. "You'd take the plunger out and use earwax to get it to slide back and forth. I used a syringe so often you couldn't even read the numbers on it."

Then another addict told him about Sonoma County's needle-exchange program. For the next 15 years, he was a regular. The exchange had to move a couple of times, and he followed it wherever it went. He'd roll up on his bicycle, wearing headphones and bobbing to the music. That became his connection with Fenech, who was then working in Sonoma County.

"We started talking about music. We kind of became friends," Van Arsdale recalls. "When I came to exchange my needles, he never applied any pressure to get me into treatment. He always had time to come and sit with me. Sometimes they'd be serving food and I'd get a bowl of soup, and he'd sit down and talk."

Van Arsdale was in and out of county jail on a variety of charges. A little over six years ago, he was arrested again, and this time there was talk of state prison. "I had kind of worn out my welcome on the county level," he explains wryly.

At that point, Van Arsdale was 46 years old and out of options. He contacted the last friend who would accept calls from jail and had her get word to Fenech, asking him to visit.

Fenech came on a Saturday afternoon. "I told him, 'Man, I need to do something about this problem,'" Van Arsdale recalls. By Monday morning, a representative of a local program was meeting with Van Arsdale in jail. He was admitted to the Turning Point rehab facility.

It was the threat of prison that steered Van Arsdale toward rehab, but it was his friendship with Fenech, nurtured through the needle exchange, that helped him find his way.

Last December Van Arsdale celebrated six years clean and sober. He now works for DAAC as a counselor in the Sonoma County Drug Court program. He truly understands how hard it can be to kick a drug habit.

His advice? "If you're out there using, utilize the needle exchange. It saves money, not to mention lives."

Exchange Centers

In Sonoma County SHARP keeps its exchange sites confidential. To find out where they're held, call the recording at 707.527.5277. For more information, including names of syringe-exchange pharmacies, or to volunteer or donate, call 707.544.3295, ext. 342. The SHARP office is located at 2403 Professional Drive, Santa Rosa.

In Marin County The Project Point van visits Mill Valley on Monday from 6pm to 8pm in the Park & Ride lot at the Stinson Beach exit off Highway 101. On Thursday, it's in Novato from 6:30pm to 8:30pm on Rowland Boulevard, 0.1 mile west of Highway 101.

Exchanges are also held Tuesday from 5:30pm to 8pm at the Marin AIDS Project office, 910 Irwin St., San Rafael. Exchangers can also come by the office Monday to Friday from noon to 4pm on a drop-in basis. For more information or lists of syringe-exchange pharmacies in Marin, call 415.457.2487 or visit www.marinaidsproject.org.