

Needle exchange program sticks with addicts

By Makebra M. Anderson
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WASHINGTON (NNPA) — A large, cream-colored, 1992 Winnebago Adventurer is parked at Minnesota Avenue and Division Street, N.E., straddling one of the poorest neighborhoods in the nation's capital. The run-down liquor store is the main attraction for the 20 men standing outside. The 10 nearby buildings are dilapidated and soda bottles clutter the street, making it difficult to walk a straight path.

Most passer-bys don't seem to recognize the vehicle, but a significant number do. Those in the know have come to expect the Winnebago to lumber to the same spot every Wednesday around 2:30 p.m. That's when they can exchange what they call "works" and the uninitiated refer to as syringes and needles.

"How do you want that?" a lanky worker asks while

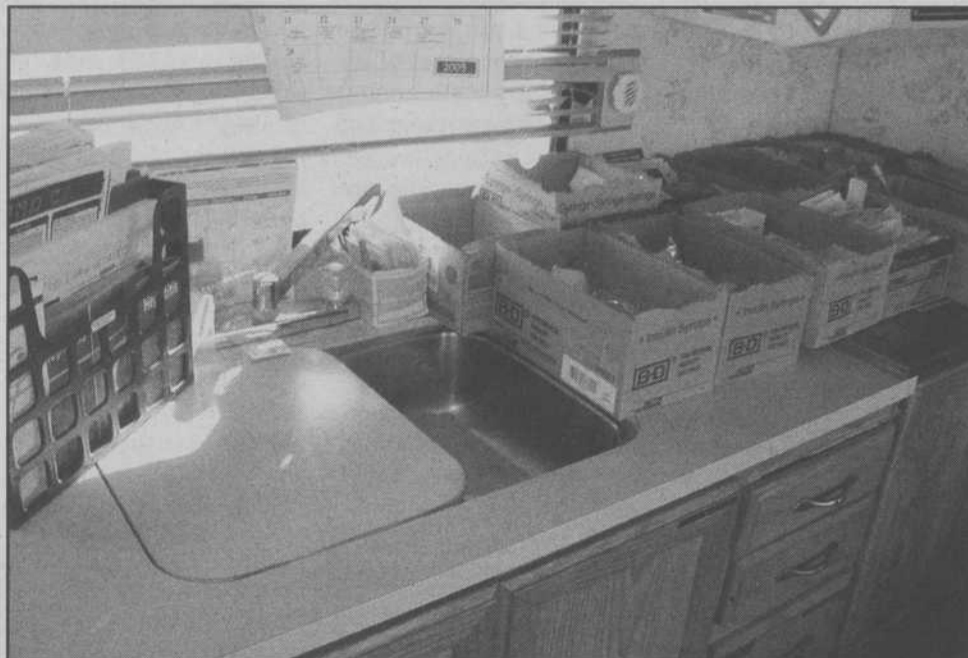
dirty syringes for clean ones. Needles are part of the tools they need to get their next high. And even in their addicted state, they know that clean needles are better for them than dirty ones.

For five years, Ron Daniels has been driving around D.C. in the Prevention Works Winnebago. He is the program manager for the only needle exchange program in the area. About 95 percent of his clients are African-Americans.

"I'm a former addict, so I know how it feels to be addicted," Daniels says while entering the next clients' data into a small, black laptop computer.

"I know how it feels to want to change and can't. I know how it feels to be hungry and homeless; I know how it feels not to have a voice, not to be heard."

Clients are able to maintain anonymity because Daniels asks only three ques-



On the countertop: Band Aids, alcohol pads, lubricant for sexual activity, condoms, dental dams, brochures and needles. The items are used in a needle exchange program for addicts.

tioning to Daniels. Prevention Works was started in D.C. in 1996 as part of a far-reaching HIV-prevention program designed to serve as a bridge between drug addiction and drug treatment.

By 2003, Prevention Works had served more than 5,500 people and had made more than 1,200 referrals to drug treatment and detox centers. Area treatment centers service more than 35,000 people a year.

"Unlike most programs, we go to the people. We don't sit and wait for them to come to us," Daniels says, pausing to make sure that the client has counted her 130 used needles. "We serve Ward 6, 7 and 8 Monday through Saturday."

The three serviced wards are mostly east of the Anacostia River, close to downtown Washington in distance, but a stark contrast to the tall buildings and national monuments. Most neighborhoods in these wards are low-income, high crime areas. The streets are drug-infested and sometimes dangerous. These are people who need Daniels and his team the most.

Similar needle exchange programs operate in 102 cities, including New York, Philadelphia, Chicago, Los Angeles, Seattle, Atlanta, Cleveland and Minneapolis.

To participate in the D.C. exchange program, clients must bring old syringes to exchange for new ones. There are no freebies on Daniels' watch.

"Without SEPs [syringe exchange programs], we can expect higher incidence and prevalence of HIV infection in drug-using populations and their communities—through both additional sexual trans-

mission and perinatal transmission from infected IDUs [injection drug users]," explains Judith Auerbach, vice president of public policy and program development for the American Foundation for AIDS Research (amfAR), one of the nation's leading nonprofit organizations dedicated to the support of HIV/AIDS research, AIDS prevention, treatment and education.

The Centers for Disease Control reports that the sharing of contaminated syringes accounted for 24 percent of AIDS cases diagnosed in the U.S. through 2003. More than 5 million people have been infected with HIV from injecting drugs or having sex with someone who engages in that high-risk behavior.

Geno Dunnington, who fill bags on the RV, knows the consequence of such negative behavior. "I was out there, too, and I got infected [with HIV] back in the '80s, so I've been positive for a long time," he recounts. "For me, this is therapeutic. Every day I get to see

people that are doing a lot worse than I am."

The countertop that Dunnington works at is neatly organized. There are Band Aids, alcohol pads, lubricant for sexual activity, condoms, dental dams, brochures and needles.

The inside of the RV resembles a small medical clinic. There are clear plastic shelves stacked with HIV pamphlets, Hepatitis C brochures, treatment referral forms, and other information. There is also a room in the back with a television and VCR. That room is used for HIV testing and counseling.

Although the needle exchange program is legal, it hasn't been easy to garner the support of the government. Because of its unique relationship with the federal government, D.C. is the only city in the U.S. that has been barred from using local tax dollars to fund needle exchange programs. In 1998, Congress passed a law putting a ban on government funding for any group that operates an exchange pro-

gram.

"Elected politicians are wary of endorsing anything that can be construed as tolerating any illegal drug use, no matter the public health consequences," explains Auerbach, a researcher for amfAR.

According to Paola Barahona, director of Prevention Works, these programs are essential to the D.C. area.

"Prevention Works is absolutely crucial. We [D.C.] have the highest rate of new AIDS cases in the country and they are directly and indirectly related to drug use," she says.

The CDC confirms that D.C. has the highest number of new AIDS cases. The rate of HIV/AIDS is 12 times higher than the national average, and it is estimated that one in 20 adults in D.C. is infected.

Approximately 94 percent of people infected with AIDS because of injection drug use in D.C. are Black, according to the city's Department of Health. People who share syringes are at high risk for HIV and other diseases such as Hepatitis C because infected blood from dirty needles can be injected directly into the blood stream.

The CDC says the average cost to run a needle exchange program for more than 1,000 people is \$169,000. By contrast, it takes \$195,188 to provide lifetime treatment of HIV/AIDS for one person.

Barahona, of Prevention Works, says needles are an important instrument in the fight against HIV/AIDS.

"The needles are the tools of engagement," she explains. "With that tool, we are able to get people information. It starts there, but it doesn't end there."



A health worker holds a receptacle filled with used needles.

patiently waiting for the short, brown-skinned man to count his used needles.

"Forty diabetics, five blue heads, and a crack pack," the man replies. The worker fills the bag with the order by quickly grabbing 45 needles. Diabetics are small needles for those that still have good veins. Blue heads are larger, used by those who have been shooting heroin so long it's hard to see their veins. A brown paper bag is used to conceal its contents from probing eyes.

As extras, the worker throws in some alcohol pads, ointment, lubricant and a 12-pack of condoms. "Thank you. We'll see you on Wednesday," the worker says, looking outside as a line forms.

The man leaves the van smiling, exposing his missing teeth. "Thank you boss," he says before exiting.

More than 15 addicts are waiting to exchange their

tions: "What's your first name? What's your mother's first name? What's your date of birth?"

For long-time participants, simply providing the ID number given to them on the first visit is sufficient. Although the identities of clients is protected, data is collected to assess the program's effectiveness.

Daniels does more than drive the Winnebago and manage the program. In addition to discussing the number and type of needles to be exchanged, more often than not, he asks them about their family and their health.

"How is that wound on your leg?" he says to a woman whose leg was bruised from injecting her veins with heroin-filled syringes.

"Much better," she replies. "That ointment you gave me last time has really been working."

And this needle exchange program is also working, ac-

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