

Needling the Long Arm of the Law

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SEVERAL HUNDRED PUBLIC HEALTH specialists from all over North America will meet in Santa Cruz this week because one local nurse watched too many drug users die of AIDS.

Four years ago, hospital nurse Richard Smith started passing out clean syringes in public places. Having treated injection drug users (IDUs) who had contracted AIDS, Smith realized that most weren't getting the word that AIDS can be spread by shared or used needles. One problem was that AIDS information was being targeted at an affluent, literate populace.

"The gay population was pretty well educated at that point," he says, "but the educational materials about AIDS were not appropriate for uneducated people or addicts."

Smith's insight and effort helped create the Santa Cruz Needle Exchange, which this Thursday through Saturday, March 3-5, hosts the North American Syringe Exchange Convention at the Dream Inn and Cocoanut Grove.

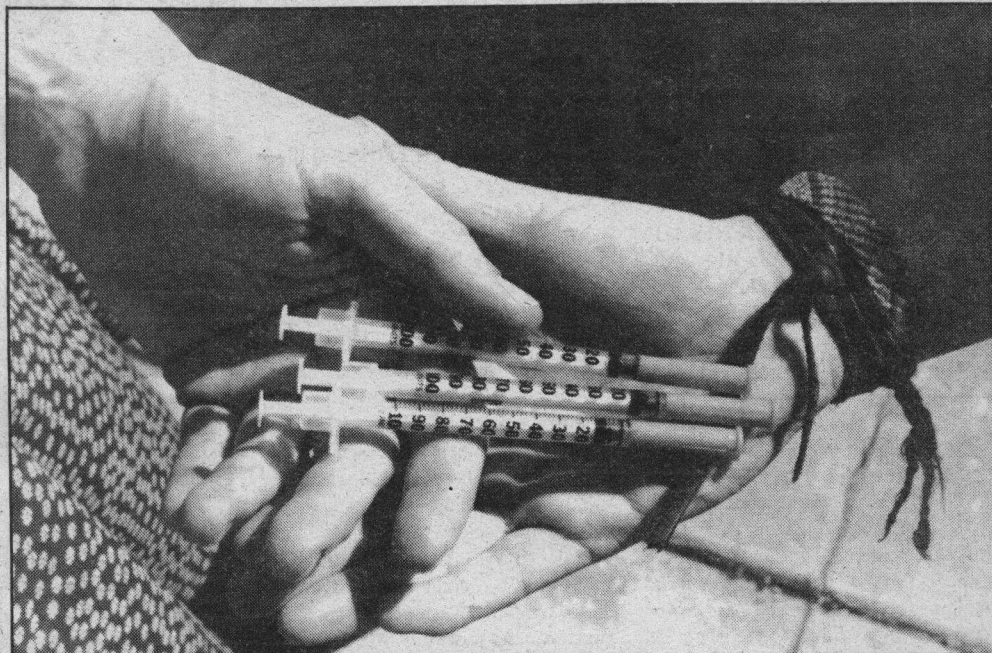
To Heather Edney, director of the local Needle Exchange since 1992, this is a major coup for the organization. "We'll be hosting 300 to 400 service providers from all over," she proudly explains. Edney has reason to boast, having recently secured a private grant that will keep Needle Exchange in clean syringes and bleach for the next three years.

Needle Exchange embodies the compassionate and realistic philosophy that guided Smith and other volunteers who started the program in 1989: Drug users will use. If they do not use clean needles, not only will they remain addicts, they will die.

As Public Health Chief Betsy McCarty points out, "drugs do people no good, but AIDS does people worse." As a county official, McCarty cannot endorse the Needle Exchange program because it violates Governor Pete Wilson's 1993 veto of Assembly Bill 260, a veto that outlawed syringe exchange programs statewide. But McCarty and others like her admit that syringe exchanges "can serve a useful purpose."

According to Edney, "even the Centers for Disease Control (CDC) have affirmed the effectiveness of needle exchange programs." The CDC estimates that in areas where exchanges take place, 30 percent of IDUs will utilize the resource. For Edney and the program's volunteers, this is more than enough.

"We exchange about 2,000 needles a week. I feel I'm saving people's lives every night," Edney says. "We get people who pull up in BMWs; on thousand-



The Santa Cruz Needle Exchange, though technically illegal, is now in its fourth year.

dollar mountain bikes. We get people who come straight out of the UCSC dorms, and we get sex workers. It's the entire scope of society."

Smith contends that "you would be astonished at how many of the people you know have a closet drug habit. In our society, there's a lot of shame connected to having an illegal drug problem, and that leads to secrecy. That's why this population is so ignored, because of the need for secrecy. We need to look at these users with more compassion and treat their disease the way we do alcoholism. If we, ourselves, are not addicted, we need to say 'there but for the grace of God go I,' and not turn our backs."

According to both Edney and Smith, contact with the Needle Exchange program often leads to recovery. "It's a positive step for themselves and a connection to a 'straight' person who cares," Smith says.

For Mark Owen, a former heroin addict who contracted the HIV virus through needle use, volunteering for the program is therapeutic. "I was real prejudiced against people who had AIDS. Then I got it. And I put that stigma onto myself." Owen received so much sup-

port from his friends and volunteers in the community, he started to feel guilty: "People treated me better than I would have treated them."

Now Owen feels an obligation to help others like himself. "I'm out there to keep people safe. I don't encourage or discourage their habits. I'm just out there to stop this virus."

As one of a handful of states that does not allow the sale of clean syringes in stores, California is hindered in its HIV prevention efforts. Counties like San Francisco and Marin have declared medical "states of emergency" that allow needle exchange programs to operate legally. So far, Santa Cruz County has yet to follow suit, but county officials say they are "following these developments with interest."

For people like Smith, Edney and Owen, prevention efforts cannot come soon enough. "I just wish they had an exchange program when I was using," Owen reflects.

To contact the Santa Cruz Needle Exchange, call 427-4557.

— Ami Chen Mills