

VT CARES began the Needle Exchange Program (NEP) from the St Johnsbury office of VT CARES on August 5, 2002 after meeting with the Community Advisory Board (CAB) 10 times since October 2001.

What part of the needle exchange program is educational?

Everyone who enters the program gets the “Substance Abuse Treatment Directory”, which lists substance abuse counselors in Caledonia, Essex and Orleans counties in Vermont and nearby New Hampshire as well as Narcotics Anonymous meetings throughout the region.

Participants are offered information on harm reduction, HIV/AIDS and other Sexually Transmitted Infections (STIs).

Safe disposal kits, which hold 10 clean and 10 dirty needles are offered to participants. Participants are also taught how to dispose of needles safely, and are strongly encouraged to return all used needles to the program for safe disposal.

How do you or do they educate young adults and/or students?

Age appropriate HIV/STI prevention education is offered by VT CARES (based on American Red Cross guidelines) focusing on risk and risk reduction, including postponing and abstinence of risky behaviors/actions.

The NEP is only available to people 18 and older.

How were the programs in Brattleboro and Burlington introduced and what has been the experience of those communities in Vermont, which have needle exchange programs?

The NEP in Brattleboro, run by the Southern Vermont AIDS Project, has/had an advisory group that took about a year talking to community members and has the support of the selectboard and chief of police, prior to starting the program. There have been no problems reported in Brattleboro.

In the Burlington area, the Chittenden Harm Reduction Coalition, which consists of many area health and treatment providers and law enforcement, got together to provide information to the legislature about NEPs as well as methadone clinics. It was that group, which decided that the Howard Center for Human Services would be the lead agency in Chittenden County. There was support from downtown businesses (the NEP is near the Church Street Marketplace) and the mayor when the program started and it continues today.

St Johnsbury NEP/Selectboard Questions

What other interventions are in place or possible to stem the spread of HIV or Hep C etc?

VT CARES offers peer outreach counseling training for individuals who may be at risk of HIV/Hep C, etc or be likely to come in contact with at risk individuals.

VT CARES provides free condoms (including female condoms), dental dams, and cleaning kits for people who engage in activities that could place them at risk.

VT CARES provides prevention education to schools, non profit groups and substance use treatment facilities.

VT CARES can refer people to HIV testing sites, or conduct the new oral HIV test.

Can we have a one for one needle swap?

This is currently under evaluation. One for one exchange does happen in some metropolitan areas, however because of the rural nature of this area, it may not be feasible.

By not having one for one exchange, participants are able to give new/clean needles to friends who are unwilling/unable to get to the program (in metropolitan areas, the program is able to go to the people). Participants also can bring back more needles than they actually use – getting more dirty needles out of circulation, but potentially putting the individual at risk by collecting needles used by other people.

What written charge is there to the VT Cares Community Advisory Board?

State guidelines require that “Needle exchange programs shall develop a community advisory group to provide input and guidance to the program. VT CARES asks the CAB to ‘provide input to make the program as effective as possible with input from the community’.

15-18 people have participated in the CAB since October 2001. The CAB consists of representatives from NVRH, Department of Corrections, NEKCA, Umbrella, St Johnsbury Police, substance abuse counselors and other community members who are directly affected by HIV and/or injection drug use.

Was there one in the first place and is there one now?

Currently there is no written charge to the CAB other than what is stated in the guidelines. The Department of Health is currently revising/reviewing its recommendations for CABs.

Do we really need a program like this in the area?

Yes!

Since starting August 5, 2002 there are 9 (nine) active participants in the NEP offered through the St Johnsbury office of VT CARES. Four potential participants have been turned away since Department of Health Commissioner; Dr Jan Carney put a freeze on the enrollment of new participants on October 10, 2002.

Peer outreach workers in St. Johnsbury who work with Injection Drug Users identified a need.

State data ranks Caledonia County as the highest per capita for admission to substance abuse treatment centers for heroin use.

NEP have been identified by many sources, including the Centers for Disease Control and Prevention as an effective way to prevent the spread of HIV and other STIs.

Needle exchange is a health issue. It helps people help themselves, by making healthier decisions. People who access the NEP are **already** addicted – it is not cause and effect (Deb Lee, CADDC)

How many out of area people have used the program?

Of the nine current participants, seven are from Caledonia County, one is from Orleans County and one person lives in NH.

The four people who have not been able to access the NEP are Caledonia County residents.

Do we need to serve out of area people?

VT CARES serves 10 of the 14 counties in Vermont. VT CARES also partially fills a void in northern New Hampshire.

Part of VT CARES mission is to prevent the spread of HIV throughout this service area.

The law is designed to protect all Vermonters.

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Currently there is no residential treatment facility in St Johnsbury/Caledonia County. Treatment facilities do not discriminate against 'out of area' participants.

What do the numbers, any numbers, tell us?

In a very short time (August – October), twelve area residents have come forward to access this program.

According to the 2001 Vermont Comprehensive HIV Prevention Plan, Caledonia county has the highest per capita number of heroin users (11.4/10,000) and needle users (14.8/10,000) entering substance abuse treatment, followed by Chittenden county (9.5/10,000 – 10.1/10,000).

In Brattleboro, approximately 50% of those enrolled in the NEP, have sought treatment. The program in Brattleboro is able to do outreach to new people, connecting them to the Harm Reduction Coalition and HIV testing and counseling.

Tom Dalton, of Act One/Bridge, which runs the NEP in Burlington says that many people injecting drugs do care about their health and community and are willing to take necessary steps including treatment when given realistic opportunities. Mr Dalton reports that studies show methadone and buprenorphine can be more effective than abstinence based treatment. Also, because HIV and Hep C are easily transmitted through sharing injection equipment, transmission can be prevented if people are educated and given clean equipment.

The cost of running a needle exchange program and treating one AIDS patient is roughly the same. The American Public Health Association and the American medical Association have all taken positions that needle exchange programs are necessary to reduce the number of HIV infections caused by dirty needles. There are now seven federal government funded reports concluding that NEP's can prevent transmission without increasing drug use. (From Safety Works Inc. Volume 3 Issue 3 Fall 2002)

Deborah Lee, CADAC, with Tri- County Substance Services reports that over 20 people have been through treatment for injection drug use have been HEP C positive.

*** more comments/numbers to come from Tri-County***

St Johnsbury NEP/Selectboard Questions

What about actually getting the town of origin for people accessing the needle exchange program?

Because of the small numbers of people, confidentiality is a major concern for people who need to access a NEP. Accessibility would also be an issue (where in town – leading back to confidentiality).

VT CARES, although it serves ten of the fourteen counties in Vermont has regional offices in St. Johnsbury, Montpelier and Burlington and would not be able to provide the service on a town by town basis.

Can rehab or treatment be made mandatory?

VT CARES' mission supports individuals making choices based on the harm reduction model. No VT CARES programs are mandatory.

Treatment is seldom effective when it is mandatory.

The Department of Corrections or the courts/legal system are the only ones who could mandate/monitor mandatory compliance.

What about treatment and rehab?

There is a continuum of treatment and rehab options:

Methadone treatment in Greenfield, MA. They are currently full and not accepting new participants.

Methadone treatment in Burlington, VT. They do not offer 'take home' medication, which means a participant has to go to Burlington on a daily basis for medication. The clinic will only be able to treat 100 people, which is likely less than the number of people who will be seeking treatment.

Residential treatment is available in other parts of the state (Maple Leaf Farm in Underhill, the Brattleboro Retreat), but there is no residential treatment program in the Northeast Kingdom.

Tri County Substance Abuse offers outpatient substance abuse counseling and the Intensive Outpatient Program (IOP), for people who require more than one hour per week with a counselor. Tri-County also runs the Department of

Corrections Intensive Substance Abuse Program (ISAP) for addicts under the supervision of Probation and Parole.

There are local substance abuse counselors (each NEP participant gets this list upon entering the program).

Narcotics Anonymous (NA) has meetings throughout the area.
Buprenorphine is a new medication, which can be prescribed, but it is too soon to tell how this will work locally.

Can the Department of Health tell us about their support for the program?

Rod Copeland reports that the HIV/AIDS Program and the Department of Health definitely support needle exchange. They are persuaded that the Centers for Disease Control and Prevention and the National Institutes for Health have carefully considered the pros and cons of recommending needle exchange and take seriously their recommending needle exchange as one important tool, among many, to prevent the spread of HIV and Hepatitis C. Stopping the spread of HIV and Hepatitis is a top priority of the Department of Health, so they support needle exchange.

Can't the Dept of Health run the program?

State law does not give the State the responsibility or authority to run needle exchange programs, but rather statues specifically give the Department of Health the responsibility to certify them. According to Rod Copeland of the VT Department of Health HIV/AIDS program, the only way to change that is to change state statutes. Giving the state responsibility would also, of course, have budget ramifications.

How do we get Medical Staff input?

Tonya Howard, MSN, FNP, who worked for many years with the Comprehensive Care Clinic, serving HIV positive people in the area, reports that she has seen no data that needle exchange programs don't work, that they mostly do good for the participants and the community. Ms. Howard also states that needle exchange can reduce infection rates and be a step towards getting people into recovery.

Paul Bengtson received the following written responses when he asked local physicians (at their November 14th medical staff meeting) for their thoughts about needle exchange programs, and in particular, the Vt Cares NEP program. He did not provide any educational material or talk prior to his request. Paul received 20 responses from the 26 members in attendance.

St Johnsbury NEP/Selectboard Questions

Fifteen responses expressed support (qualified support in some cases):

1. *Good idea with good intentions, but not well implemented and very poorly received by the community. Needs to have the community more educated and have them more open to idea.*
2. *Do it!*
3. *Good idea. They will do it anyway; might as well use clean needles to decrease chance of HIV. Must have a simultaneous big public push for prevention education and rehabilitation.*
4. *Basically a good idea - should reduce transmission of disease; should be in association with counseling program.*
5. *I am in favor of needle exchange program, although I wish it wasn't needle. I think drug treatment needs to be prime objective of a needle supply program.*
6. *In theory, I support the needle exchange program. Effort on intervention/education of users should be incorporated.*
7. *Needle exchange program reasonable intervention to decrease infectious disease transmission. Opportunity to offer substance abuse treatment.*
8. *I support Vt Cares needle exchange program as a harm reduction intervention. A needle exchange program is only one small part of an effective community response to the problem of IV drug use and I believe it should continue. In terms of additional services that can reduce harm I would love to see increased local access to comprehensive prevention and treatment - including residential treatment, inpatient care, outpatient and extensive family support for individuals with drug addiction. (Other specific observations were made about existing programs; these comments can be addressed administratively, and are available should people feel a need to see them.)*
9. *Needle exchange - essential for preventing spread of blood borne diseases. Very difficult to justify with general population, but do not feel needle exchange promotes addiction, nor attraction of addicts to area.*
10. *It's very depressing. I guess it's better than not offering it. I do not favor NVRH ever doing a methadone program.*

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11. *In theory I think the needle exchange program is good. However, I think that needles should be exchanged 1 for 1, i.e., we shouldn't give away 10 needles if someone turns in 2 needles. These excess needles just add to the "black market" and further co-ersion be dealers.*

12. *The needle exchange is only to prevent infectious disease. It is vocally coupled with drug counseling and in no way should be confused with encouraging illicit drug use.*

13. *Minimal effect on local care secondary to low volume. No problem with program but should not lead to local methadone program.*

14. *I think this is a need in our community, providing that counseling services, etc, are offered along with the needle exchange. Also, transport to the methadone clinic in Burlington.*

15. *Good idea. Community attitude: "not in my back yard".*

Three comments expressed opposition

1. *Needle exchange program enables/contributes to the problem and does very little to decrease drug use.*

2. *Bad idea. Poorly implemented.*

3. *I am totally against the needle exchange. It increases the number of people with these habits in our community.*

The following comments were not categorized:

1. *Does anyone have any actual evidence-based info about such programs impact on communities, Hep C/HIV rates, etc?*

2. *If needle exchange benefits drug user health and attempts to control their addiction, then why shouldn't need exchange be spread to all hospitals (e.g., emergency rooms) so as to make it more available and thereby circumvent the concern of some selected areas of becoming labeled as "drug abuse centers" with its attendant community labeling and concern?*

What impact has there been on other areas?

Lynn Martin of the Brattleboro NEP reports positive impact, in that it is a natural extension of their peer outreach programs to slow the spread of STIs.

St Johnsbury NEP/Selectboard Questions

Tom Dalton of Act One/Bridge is not aware of any negative impact. They continue to communicate with the Church Street Marketplace and the Burlington Business Association and that they have been able to expand their hours of operation because of community support.

Any successes in Vermont with quantified results?

Yes! People at high risk for STI, get tested and learn to protect themselves and others. Both Brattleboro and Burlington report over 50% of participants seeking treatment. The NEP allows people safer alternatives if they have relapses during treatment. Injection drug users can get brought into the system in a positive way. Tom Dalton reports many participants want to talk about treatment. People have changed behaviors, protecting their partners from STIs because of information gained by participating in the NEPs. Mr. Dalton also says that people become better citizens when they are able to take care of their health, making the community healthier.

Additionally, and this question came up not in the selectmen's meeting but outside the meeting: why did the State Police testify against the laws allowing for needle exchange programs?

The State Police testified against Methadone treatment, not Needle Exchange.

How difficult is it to access treatment, both in location and in waiting periods?

Greenfield, MA (methadone) is not accepting new participants.

The Burlington methadone clinic only has 100 slots and is giving priority to pregnant women and people who have been going out of state for treatment. The Burlington program will not offer 'take home' medication.

There is a lot of group work, which again, does not work for everyone. While effective for some, residential treatment programs can only offer very short term stays (often 2 weeks) and there are few "halfway house" programs to help people integrate back into the community where they live.

As reported recently in the *Caledonian Record*, Rural Community Transportation (RCT), no longer provides rides to methadone treatment centers, making access to those centers very difficult if not impossible.

According to Deb Lee, it can take ten to fourteen days for someone to access a residential treatment facility such as Maple Leaf Farm or Brattleboro Retreat.

***See also, VT CARES 'Fact Sheet About Needle Exchange' and the Vermont HIV Prevention Community Planning Group '2001 Comprehensive HIV Prevention Plan for Vermont', 'A Comprehensive Approach: Preventing Blood Bourne Infections Among Injection Drug Users'
<<http://www.healthstrategies.org/pubs/publications/aedbook.pdf>>.**