

Needle Exchange: 25 years later

BY KATHY OLIVER
CONTRIBUTING COLUMNIST



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I remember thinking there is so much in the world that is so dire and about which I can do nothing. In the mid 1980s HIV was one of those dire things and back then nearly always meant death. It was happening here in my city, my community, but unlike many diseases, it was preventable, and we knew exactly how to prevent it. How could we not try to do so?

I also knew most people would oppose what I wanted to do – provide drug injectors with sterile syringes. But I wasn't prepared for the complete hostility and opposition. Some days I felt everyone opposed us: Outside In caught the attention of the federal government (Centers for Disease Control was approached in 1987 to explore funding possibilities) and they instituted a federal ban on use of federal funds for needle exchange. Shamefully, it continues to this day. The Oregon State Legislature implemented a drug paraphernalia law for the first time in state history in an attempt to stop Outside In's program. I worked with legislators to insert an exemption for syringes – making this one of the oddest paraphernalia laws in the country.

I remember the director of state Alcohol/Drug Treatment Programs leaning across a table and yelling that he would never allow such a program to open in "his" state. Neighbors organizing against us, lobbying the county, asking media to publish editorials against us, threatening to sue and even calling Lincoln High School to try to get them to oppose us. I debated a New York narcotics prosecutor on a national TV show ("The Today Show") and debated local right-wing members of the Oregon Citizen's Alliance on local TV. We were even picketed briefly. But I absolutely refused to give up. I

was sure that what we wanted to do was what people needed.

I was stopped for a time by our insurance company, St Paul Fire & Marine who threatened to cancel our insurance for all agency programs including the medical malpractice for the clinic if I opened the exchange. When I finally did obtain insurance elsewhere St. Paul sent me a cancellation letter in which they expressed their disappointment of the fact I was opening a program the president of the United States, President Bush, opposed.

Once the program was open, problems were not over, and we were under constant threat of closure. Funding was a huge problem. AmFar provided initial funding for two years and funded it as a research project. Multnomah County would not support the program, but said they also would support the research and initially provided \$50,000/year – for research and evaluation, not for the program itself. After a couple of years the county abruptly cancelled funding (August 1991) after discovering a shortfall in their budget. I refused to close the program, appealed to the community, to AmFar and directly to the board of County Commissioners and received an emergency award of \$12,500 to keep the doors open.

The county continued to provide funding, but in small amounts, less than \$50,000 per year. I approached the city, which did grant \$10,000 to \$30,000 per year, but then they eliminated their funding almost every year for the next 20 years, forcing me to plead with City Council on an annual basis. In 2013 the city negotiated with the county to be the sole funder of the program and Outside In is currently funded through the Multnomah County Health Department.

There were supporters: Doctor's Don Des Jarlais and Sam Friedman, leaders in the field nationally and internationally; Dr. Gary Oxman, Multnomah County's public health director, Mayor Sam Adams who doubled the contribution from the city, many county and city commissioners and the First Unitarian Church of Portland that allowed the program to open in a building on their property. Today, 25 years later, the exchange still operates in a building owned by the church.

Why did I fight so hard to open this program? Everyone thought I was crazy to persist in view of the odds. It wasn't completely rational, but I had worked on social justice issues my whole life, for people who are marginalized and considered expendable, for animals who have no voice. Drug injectors were one of those "expendable" groups. To me, needle exchange was a simple, rational, logical thing to do. It's harm reduction, meeting people exactly where they are, giving them the means to protect themselves and then, if they're open to it, letting them know they have other options. And if they're not open to it, well, maybe they will be next week or next month or next year.

Giving them sterile syringes was helping to save their lives, but it was also giving them a message: "Here's sterile equipment that will allow you to inject safely. We think your life is worth saving."

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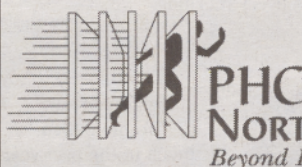
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