



Naloxone is one of the tools the staff and volunteers at Outside In's syringe exchange give to their clients. The drug shuts off opiate receptors, allowing breathing to resume. Training provided at the clinic enables drug users to administer naloxone on their own. Since training began last July, clients have reported 550 reversed overdoses to Outside In staff. PHOTO BY MAAVAN SIMCKES

BY EMILY GREEN
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Bridget didn't want to buy syringes at the pharmacy. It was too humiliating an ordeal for the champion gymnast turned heroin addict to go through. Not too long ago she was doing well in high school, never dreaming she would be a junkie within a few years' time. Now, nearing the bottom of her downward spiral, she says she was deeply ashamed of who she had become.

It started when she was 16. Her father kicked her out of his home, and she quickly followed in his footsteps and starting using hard drugs. First it was meth and cocaine. By the time she was 21 she had progressed to injecting heroin – a move she says took her way down, real fast. She admits she didn't really know how to inject properly – often sharing and reusing needles. Someone showed her how to shoot up one day and that was it. She took it from there.

Bridget, who requested only her first name be used, spent much of her early 20s couch surfing and living on the streets of Portland's Chinatown and Northwest neighborhoods. She was often depressed, feeling invisible and worthless. She says she often thought that if she died, no one would care, let alone notice she was gone.

And then she discovered a syringe exchange on Southwest Main Street, where she could get clean needles for free. Bridget remembers that at this exchange, operated by nonprofit health clinic Outside In, she was treated differently. The staff was kind to her. They smiled. They listened. They didn't judge her.

They told her they understood if she felt like she couldn't quit doing drugs – they simply wanted to help her use drugs in a way that would keep her alive so that if one day she wanted to quit, she could.

After a long road to recovery, Bridget was able to overcome her addiction and get off the streets. Last spring, she graduated from Portland State University with honors. Now 30, she works as a program coordinator at a community health organization – a career choice inspired by her positive experiences with the staff at the syringe exchange.

Outside In's syringe exchange program was Portland's first, and it's the product of another era. It was born out of a time when contracting HIV was a death sentence, and people throughout the nation, many of them members of the gay and injection drug using communities, were dying from the mystery illness at an alarming rate. All the while Nancy Reagan's "Just Say No" campaign was inescapable, and billboards and public service messages on television depicted eggs sizzling in frying pans, also known as "your brain on drugs." It was in this climate that Outside In Executive Director Kathy Oliver dared to declare that she wanted to save the lives of drug users – by supplying them with clean needles.

The idea came to Oliver in the mid 1980s after two pregnant women, both HIV positive, visited the clinic where she works. One of the women had contracted the virus from her partner, and the other from intravenous drug use. HIV meant neither they nor their babies would live. Oliver needed to find a way to protect her patients, and to her, the answer was easy. "Giving out

Second chances

25 years of Outside In's needle exchange program

condoms and giving out sterile syringes were the two logical things to do," she says.

Once she began the process to open a needle exchange, she was met with disapproving politicians, hostile protests and angry phone calls. One caller told her what she wanted to do was like giving a rapist a room to rape in. Through it all, Oliver fought to make her idea a reality. By November of 1989, it had taken two years to clear the way for the city's first syringe exchange. (See Kathy Oliver's guest commentary on page 12) It was the third in the nation, but some say it was Oliver's efforts that made opening a needle exchange anywhere in the U.S. a possibility.

"She's a warrior and a hero. I don't know that either of the other two (syringe exchange) programs would have been able to pull it off without Kathy's hutzpah up front," says Haven Wheelock. Today, Wheelock is the exchange's sole full-time employee, and she operates on the same belief Oliver championed all those years ago: Drug users' lives are worth saving. And because of Portland's early adoption of a syringe exchange program, Wheelock says the HIV rate among heroin users never reached the epidemic proportions experienced in other areas of the country.

This year the publically funded program turned 25, but today it operates in a changed city. With treatment, HIV is no longer an immediate death sentence and the well-documented effectiveness of syringe exchange programs has led to greater acceptance. But some things haven't changed. Oliver still runs Outside In, and the syringe exchange is still very relevant – it may be saving more lives now than ever before. It's also saving taxpayers a lot of money. While syringes cost Outside In 4 cents each, which translates to about \$146 a year for the heaviest of users, the cost of treatment for a person with AIDS is estimated to be at least \$400,000.

Oliver says the number of clients at the

exchange has been "steadily increasing" since its doors opened 25 years ago. On a typical day, 200 people visit Outside In to exchange dirty syringes for clean ones. Wheelock is projecting an exchange of 800,000 needles this year – almost double the exchange 10 years ago. The old needles, which must be turned in to receive new

ones, are incinerated, and clean syringes are provided free of questions. Staff and volunteers believe in meeting the drug users where they are in life, an approach known as harm reduction. At Outside In it's believed addicts are more likely to use

the service if they don't feel like they're being judged while they're there. So at Outside In, while they have plenty of treatment information readily available, they don't lecture clients about getting clean. They simply provide tools to make them safer while they aren't.

One such tool is naloxone, also known as Narcan. The drug shuts off opiate receptors, and in the case of an overdose, it helps breathing to resume. Until recently, only medical professionals could administer the drug, but Oregon lawmakers made it more widely available last year. Three hours after it became legal to distribute, Outside In became the first agency in the state to teach people how to use it. Since then, it has trained more than 900 people while supplying visitors with free life-saving doses of the drug. This has led to 550 reversed overdoses among its clients – and that's just the number of cases reported to the Outside In staff. Multnomah County's seen a 29 percent reduction in fatal heroin overdoses since naloxone was made more available.

In addition to supplying clean syringes and naloxone, the exchange also provides free HIV and hepatitis C testing acts as a bridge to treatment for those who ask for help, and connects clients with detox, treatment and housing services. It also refers about 500 people a year to the main Outside In clinic around the corner for

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CORY NICHOLS
PREMED STUDENT AND NEEDLE EXCHANGE VOLUNTEER

Read Outside In Executive Director Kathy Oliver's commentary on the obstacles to opening the needle exchange program 25 years ago. Page 12

health care when an infection or abscess is spotted. Wheelock accomplishes all of this with the help of one part-time employee, 10 volunteers and a bare-bones budget – just \$235,700 last year. Multnomah County, which provides the bulk of the exchange's funding, also operates a syringe exchange program.

"I spend 90 percent of my day talking about drug treatment," says Wheelock. The "33-and-a-half-year-old" has been working at syringe exchanges for 13 years, and she seems more than genuine when she says she loves her clients. "They're amazing, and they're overlooked, and they're so stigmatized and so ashamed that people miss how awesome they are," she says. "All they see is drug use whereas the reality of it is they are human beings with a life."

But the job can be tough. When a client expresses the desire to quit, unless they are willing to white knuckle it – or in some cases go through withdrawal while sleeping outside – there is about a week-long wait to get into detox. Often the user changes his or her mind by the time the week is up, and it's an opportunity lost. Wheelock says the sheer lack of resources also makes her job difficult.

"I hate when I'm working with somebody who is desperate to get help, to get housing, to get a safe place to sleep, to get into treatment, and they get turned away or aren't able to get in because of their drug use," she says. "It's hard when you have people who are not wanting to get back in trouble, but wanting to get on probation so they can get into a drug treatment program."

On a Tuesday afternoon in December, a steady stream of visitors walks in and out of the exchange. Some clients are economically stable, some are homeless, some are middle-aged, and some are young – in recent years there's been an upward trend of addicts ages 19 to 24 visiting the exchange.

Volunteer Cory Nichols, a 27-year-old pre-med, student is working in the back of the clinic, handing out new needles. "It just doesn't make sense to me that other places don't have this. We save lives every day," says Nichols. Some states, such as Idaho, Florida and Texas, don't house any syringe exchange programs, due largely in part to a ban on federal funding.

For staff and volunteers at the exchange, it's rewarding work. Wheelock says she loves running into former clients who are in a better place and knowing the exchange played a part. One such former client is Bridget, who now works in health care helping people with the same harm-reduction approach she first saw practiced at Outside In.

"I have a great life today," says Bridget. "I'm a productive member of society, I did great in college, I don't have HIV, and I don't have any irreversible damage because I had to use dirty needles."