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injection, he said his organization considers it a "promising intervention that we're interested in."

Lauren Gabrielle, 26, has been volunteering with PPOP since she moved to Portland four months ago. She's a former meth smoker.

She said glass pipes are safer than the common alternatives – broken light bulbs and aluminum foil – which she often used to smoke meth.

"I constantly had cuts and burns on my lips," she said. "I was putting myself at risk for blood-borne viruses. I remember I had a bleeding lip and I was sharing."

As she spoke, she fashioned paper clips into handles for "tiny frying pans" used for preparing drugs for injection. The pans are one of several sanitary supplies PPOP offers its clients for safer injection.

Toevs, who oversees Multnomah County's syringe exchange program, said that while the county supports different approaches to harm reduction, it would not consider offering meth pipes without evidence it would work better than the county's current efforts, which she thinks have the strongest impact.

"The dramatic increase in heroin use of the last few years has stretched the county and our partner syringe exchange very thin financially," she said in an email.

She said county syringe exchange clientele have not reported using needles because pipes weren't available.

"We know of no evidence that people who don't have meth pipes will turn to injecting," she said.

In Canada, major health care provider Vancouver Coastal Health launched a pilot project in 2011 to see if distributing crack pipes would be an effective means of harm reduction.

An evaluation of the pilot project showed a significant decrease in respondents who reported burns and cuts on their mouths and hands and an uptick in safer smoking habits, such as not sharing pipes and using mouth covers. Out of about 65,000 crack user visits for safer smoking kits, which were made by about 4,200 crack users, there were at least 1,280 referrals to addictions services and more than 9,000 referrals to other social services.

Vancouver Coastal Health now hands out 90,000 safer smoking kits, which include a crack stem, each year from about 25 different community health center locations across western Canada, said Sara Young, harm reduction programs coordinator.

"I continue to hear from service providers that if they don't have pipes available, people are asking for needles instead," she said. "That's what we hear around the meth pipes as well, that because we don't have meth pipes available, people ask for injection supplies instead."

She said the apparent need for meth pipe distribution is only anecdotal until her employer conducts a pilot project around meth pipes –



PHOTOS BY JOE GLODE

This spread sits on a table in the back of the Anarres Infoshop and community center in St. Johns each Saturday. Volunteers with PPOP, who are mostly former or current drug users, operate a syringe exchange. PPOP offers visitors supplies such as safe injection tools, condoms, bandages and toothbrushes.

which is under consideration.

"I know from my personal experience working with these programs," said Raymond, of the Harm Reduction Coalition in New York, "the most powerful effect of starting a syringe exchange program is that it actually becomes the engagement strategy."

He said the same could apply to meth pipes. If an organization offers a stigmatized and high-risk population something tangible, like a meth pipe, it starts a conversation, and that conversation can lead to connecting drug users with services, such as health care and addiction treatment, he said.

On their table in the back of the Anarres Infoshop on North Lombard, PPOP volunteers offer an array of pamphlets and fliers containing information about resources their clients may want to access – from skin and dental care to information about blood-borne disease. What they don't offer is information about drug treatment.

"It's not a recovery-based program," PPOP volunteer Megan Pettit said. "If people are interested in quitting, we point them to Outside In or the county syringe exchange."

So far, she said, they haven't had anyone ask about treatment.

Pettit said she's a former meth and heroin user, and she remembers it wasn't easy for her to find clean, new pipes when she was using five years ago.

In the space of about 45 minutes, about a

dozen people came into the back of the bookshop to get syringes and other items.

"Do you need any Narcan or water?" volunteer Wren Ronan asked each guest. Narcan is a brand name for overdose-reversing drug naloxone.

One visitor revealed an open, oozing, bright pink abscess on his wrist. Gabrielle pulled out a first aid kit and bandaged him up.

"A lot of people have hard time going to the hospital," Pettit said. "The treatment is inhumane, and you feel weak and powerless and alone. At least that was my experience."

She said they see about five people each day with serious skin care needs. They aren't medically trained, so they usually refer people to Bud Clark Clinic, but it's open only four days a week, and only for a few hours two of those days.

"We need someone who can come in and do abscess care," Junge said. It's one of many additions the volunteers would like to make to PPOP.

Murphy plans to come down from Seattle for the meth pipe program rollout Friday, when PPOP will take pipes, along with the syringes, naloxone and hygiene items it regularly delivers via bike to drug users along its route.

The only hurdle, Junge said, is figuring out how to transport the fragile glass pipes without breaking them.

"We might have to go to the post office and buy some padded envelopes," he said.

emily@streetroots.org

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