

News

# Program meets opioid users where they are

*Harm reduction offers clean supplies, help, and health care to people using heroin — a strategy that is saving lives and, ultimately, offering a path to recovery*

*The AIDS Project of Southern Vermont's Syringe Services Program has mobile delivery in Windham County (802-246-7147) and Bennington County (802-440-6776 or 802-246-7729), and a free and anonymous walk-in program at 15 Grove St. in Brattleboro on Tuesdays from 10 a.m. to 2 p.m. For more information, call 802-254-8263 or visit [aidsprojectsouthernvermont.org](https://aidsprojectsouthernvermont.org).*

**By Robert F. Smith**/*The Commons*, Issue #688 (Wednesday, November 2, 2022)

BRATTLEBORO—The explosion in opioid use in this region has taken a social and cultural toll — especially the rise in the number of deaths due to overdoses, but also insidious and long-term health issues such as Hepatitis C and HIV/AIDS.

All of these consequences — exacerbated by the COVID-19 outbreak and the social isolation and reduction in services it created — have come at a high cost to families, health care workers, health and rehabilitation institutions, law enforcement, and emergency services.

Now, harm reduction programs like that of the AIDS Project of Southern Vermont are taking a new look at how to deal with this epidemic and using certain programs in Europe and Canada as models.

Providing those with Substance Use Disorder with a safe, non-judgmental place to receive supplies, help, and health care is key to the program, says Sue Conley, the AIDS Project's prevention program manager.

“It's the weakness versus sickness argument,” she said. “There are so many variables.”

Conley said that for people with substance use disorder and under the influence of opioids, “their brain has been hijacked.”

“It's not a matter of willpower. Stopping using creates a severe withdrawal. They feel like they are going to die if they don't reintroduce the opioid to their body,” she said.

## Reducing harm

Because shame and punishment have proven ineffective in curbing the use of harmful opioids, the AIDS Project has taken a different approach through its Harm Reduction Program in Bennington and Windham counties.

Instead of shaming people with Substance Use Disorder, the program uses a compassionate, harm reduction approach.

At a free and anonymous walk-in program in Brattleboro, sterile syringes, condoms, and other harm reduction supplies are available, and sharps can be disposed of safely.

Narcan is available, along with testing for and information about HIV and Hepatitis C. Individuals who are ready can access health and substance-use treatment, referrals, and prescriptions for Suboxone, a medication-assisted treatment for substance use.

A doctor is available for telehealth consultations and prescriptions, and a nurse from the Suboxone program is there.

All of this is done with care, compassion, and welcoming of those who need the services.

Conley said that the introduction by Purdue Pharma of the prescription opioid pain medication oxycontin “really created this problem.” The state attorney general’s office has negotiated more than \$100 million from civil litigation against Purdue and other companies deemed responsible for the opioid epidemic.

Conley noted that when pharmacies began to be more closely supervised as doctors over-prescribing opioids became more common, people started seeking out oxycontin. Then prescription amounts started being limited.

“That’s when people started going to the streets,” she said. “Poverty is a big factor in this.”

“When I first started here [in 2008], we were primarily dealing with heroin,” she added. “It has changed in seven years to more and more fentanyl.”

“Joe,” a person in recovery, said that he had been using the program off and on since it opened.

“Out of all the exchanges I’ve used, this is definitely one of the most caring and welcoming,” he said. “They are at the top of the list. They are trying to establish a good relationship with you, and not just treat you like a number.”

Joe explained that that is not always the case for people dealing with addictions.

“You get enough of being told you’re at the bottom of society when you use drugs,” he said. “This program is a great place. I’ve always felt welcomed, and it’s much needed.”

At one point, Joe said, you could go into local pharmacies and buy clean needles, but at some point, he noted, the pharmacies “stopped selling needles to us.”

“They’ve made it a moral issue instead of a health issue,” Joe said. “That is ridiculous.”

### ‘It’s about keeping folks alive’

Samba Diallo has worked with the program for years. Originally from West Africa, he moved to Vermont 20 years ago when his father became a professor at the School for International Training.

As a harm reduction coordinator, Diallo is a key member of the Syringe Services Program, which provides clean needles and even delivers them to clients with one of the program’s vans.

“We can’t arrest our way out of this issue,” Diallo said with regard to the longtime approach of arresting and jailing people with addictions.

“It’s about keeping folks alive,” he said. “We have the stigma of addiction, which is hard to get rid of. But you can’t just decide to stop. We need to treat this disease with compassion. We can’t force people, but we can provide a place for mental health and recovery.”

With heroin, “we have a powerful drug, and when fentanyl is added it becomes even stronger,” Conley says. “People try to reduce what they need, and then when they re-use, they overdose, because their body has lost its ability to handle the dosage.”

Conley said she would like to see more overdose prevention programs and safe-use facilities around the country, and having nurses available to help with wound treatment and provide references to a doctor.

With telehealth access, patients can see a doctor and get help and prescriptions the same day, which often makes all the difference in getting someone to commit to treatment.

Harm reduction programs are already in effect in much of Europe. They are also common in Canada where, Conley noted, not one of the facilities has had a fatality.

“We’re all in this together, and we have to help each other,” Conley said. “This creates a place for people to stay alive until they can receive treatment to get off these substances. We can keep them alive until they can make a decision to change.”

“We do this with dignity and respect and we welcome people with love,” she added. “We’re a place they can go to and not feel ashamed.”

Diallo said that the program gives clients a place where they can explore options that may work for them.

“Harm reduction services are there so that when I need it, I can go in and get my needs met with dignity,” he said. “I want to make sure that people understand that this is not an ‘us versus them’ issue. It’s a community effort.”

“If we welcome people as they are, we can make an important difference for the community,” Diallo said. “Harm reduction is listening to the people. I want everyone to embrace the idea of harm reduction.”

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