

SATURDAY IN THE STAR

Winchester considers needle exchange program

By EVAN GOODENOW
The Winchester Star

MARTINSBURG, W. Va. — Angela Gray says those who believe needle-exchange programs enable addicts don't understand the stranglehold heroin has on the brain.

Gray, nursing director for Berkeley and Morgan counties in West Virginia, runs the needle exchange/harm reduction program in Berkeley County. In November, drug prevention and treatment advocates from Winchester toured the program and are considering starting a similar program in Winchester.

Winchester and Frederick County have been designated by the Virginia Department of Health as eligible to start programs

because they've been identified as at-risk for transmission of hepatitis, HIV or other blood-borne diseases, or at risk of increases in transmission. The area, which includes Clarke, Page, Shenandoah and Warren counties, has had 186 fatal drug overdoses since 2012.

Gray said most addicts are unlikely to immediately seek treatment due to the power of addiction. But with the clean needles the program provides, they are far less likely to contract or spread infectious diseases like HIV, as well as Hepatitis A, B and C. High HIV and hepatitis rates led to the program's inception, which took about two years to get started.

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EVAN GOODENOW/THE WINCHESTER STAR

Angela Gray, Berkeley-Morgan County, W.Va. nursing director, oversees Berkeley County's needle exchange/harm reduction program. The program, which began in 2017, is designed to reduce the sky-high rate of infectious diseases like HIV and Hepatitis B among intravenous heroin users. Winchester officials visited Berkeley County in November to observe the program and are considering starting one here.



Needle

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As trust between addicts and program staff is built, addicts are more likely to be steered into drug treatment. Through community education and cooperation with local government, healthcare providers and police, Gray said a program like the one being considered in Winchester can be successful through a collaborative effort.

"The us and them mentality doesn't work. Because whatever's happening in the community affects us all," Gray said. "Harm reduction programs do save lives."

The program began on April 12, 2017, and had served 565 clients through January. Last year, 64 agreed to seek drug treatment at the nearby Berkeley County Recovery Resource Center.

Through Feb. 25, the program has distributed 97,155 needles and had 97,369 returned. Gray said the extra needles were returned by clients who found them on the street. The needle return rate for clients is 87 percent. Gray said it would be 100 percent, but clients don't bring in syringes on their initial visit.

Needle exchange programs like the one in Berkeley County have been around the U.S. for some 31 years. The first legal one opened in Tacoma, Wash., in 1988. There are now about 320 nationally, including at least three in Virginia, according to the North American Syringe Exchange Network.

The programs have been endorsed by the American Medical Association, Centers for Disease Control and Prevention and National Institutes of Health. The NIH found needle exchange programs, also known as needle syringe programs or safe syringe programs, reduce the rate of HIV/AIDS among intravenous heroin users by some 30 percent.

Baltimore's program be-

gan in 1994. By 2011, it had cut the new HIV rate among injection users by 29.5 percent annually, saving the city \$12.6 million annually, according to Passages Malibu, the private company that runs the program. It costs about \$400,000 over a lifetime to treat someone with HIV.

Gray worries about a hepatitis or HIV outbreak in her county and said it could also happen in Winchester because many Winchester addicts travel to Martinsburg and vice versa. Because Berkeley County's program is just two years old and because of the proactive nature of the initiative, Gray said it's hard to quantify how much it's cut the high rates of HIV and hepatitis in West Virginia.

She said it will take at least several years to measure the impact.

"The big thing with public health education and prevention is that you don't see what we prevent," she said. "It's hard to calculate that but the programs have more than two decades of evidence that they prevent those communicable diseases."

Despite a generation of evidence to the contrary, zombie ideas — theories which have been debunked by scientific evidence but continue to be resurrected — persist about needle exchange. Dr. Colin M. Greene, Lord Fairfax Health District director, said needle exchange doesn't enable or encourage heroin use. Greene, who was among the Winchester group that visited Martinsburg in November to observe the program, emphasizes that there is no safe way to use heroin, but needle exchange makes it less dangerous.

"It is specifically a way to try to prevent the spread of blood-borne disease, specifically, HIV and Hepatitis C. And to a lesser extent, Hepatitis B," he said. "We're trying to keep people from getting these additional diseases while they're on their way to



EVAN GOODENOW/THE WINCHESTER STAR

Since it began in April 2017 through Feb. 25 of this year, Berkeley County's needle exchange/harm reduction program has distributed 97,155 needles and disposed of 97,369. The program gives out up to 50 needles per week to clients. Other services include STD testing, family planning and referrals to drug treatment programs.

treatment and recovery. The ultimate goal is to be in long-term recovery."

Greene said no decision has been made on whether to start a program in Winchester, and a timeline for a decision hasn't been established. He said for a program to start in Winchester, it would have to be approved by the City Council.

Greene said a successful program needs to have the buy-in from the medical community, municipal government, local and state police as well as rigorous internal oversight. Greene said successful programs, including ones in which camper vehicles set up at different locations to provide services, tend to keep a low profile.

"Both of the southwest Virginia programs opened up without a lot of fanfare," he said. "Because the people we're trying to serve don't want a lot of attention."

Lauren Cummings, Northern Shenandoah Valley Substance Abuse Coalition executive director, said discussions about needle exchange are in very early stages. If a program is cre-

ated, it would be part of a comprehensive effort that includes ongoing education, prevention and treatment efforts.

"Addiction is a chronic, relapsing brain disease," she said. "This is not a part of enabling. It's about decreasing the number of communicable diseases in our community."

Gray stresses that Berkeley County's program involves much more than needle distribution and disposal. In addition to syringes, it provides condoms to reduce sexually transmitted diseases and naloxone, the overdose reversal drug. The program also tests clients for STD and hepatitis, does immunizations and offers family planning services. And they are connected with peer recovery specialists, addicts in long-term recovery trained to serve as mentors.

The services are offered despite the program being run on a shoestring budget with a skeleton staff. Gray, who's worked in Berkeley County since 2006 and been a nurse since 1994, works with just two nurses. Two other positions have been

unfilled since December of 2017 due to the low pay for public health department nurses in West Virginia. Gray said Allegheny County in Maryland, which has a population of about 75,000, has the same amount of state public health funding as all of West Virginia.

She helped raise \$72,000 to start the program which spends \$40,000 on supplies annually. The program is paid for with federal taxpayer grant money from the Substance Abuse and Mental Health Services Administration.

Despite the low budget and short staffing, Gray has made the program work. She says it can work in Winchester too if drug recovery advocates can convince residents that the mission of needle exchange is to keep addicts as healthy as possible until they decide to enter recovery.

The public also needs to empathize, rather than demonize, addicts. That means treating them like human beings with individual needs.

Gray concedes that hasn't been easy in Berke-

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Needle Exchange

In response to the heroin epidemic, Virginia in 2017 authorized creation of needle exchange programs — officially known in Virginia as Comprehensive Harm Reduction programs — to reduce the spread of infectious diseases from intravenous drug users. Frederick County and Winchester are among the communities authorized to start programs. Among the requirements:

- A letter of support from the community's governing body such as a Board of Supervisors or Town Council

- Support of police and a needle and syringe collection and disposal plan that meets local, state and federal requirements

- A security plan approved by the Virginia Department of Health

- Distribution of condoms to reduce sexually transmitted diseases and distribution of naloxone, the overdose reversal drug

- Education about drug treatment

Source: Virginia Department of Health

ley County, where she said some residents see addiction as a moral failing rather than a medical problem and have a "let 'em die" attitude about addicts. She noted that they wouldn't deny insulin to a diabetic with bad eating habits or chemotherapy to a lung cancer patient who refused to quit smoking. Empathy means not judging addicts and understanding they have unique individual needs.

"My job is to keep people as healthy as possible during their addiction and offer a link to recovery," she said. "They're used to being treated like dirt under someone's shoe instead of a human being."

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JEFF TAYLOR/THE WINCHESTER STAR

J. Leocadia Conlon (left), director of clinical services at the Sinclair Health Clinic, listens as Veronica Salazar Stickley, community health worker, talks about working with patients with Hepatitis C.

High Hep-C rates tied to heroin use

By EVAN GOODENOW
The Winchester Star

WINCHESTER — Fatal overdoses are the most obvious local symptom of the national heroin epidemic, but it's also having a less visible effect: high Hepatitis C rates.

The Hepatitis C virus is a blood-borne infectious disease that attacks the liver. HCV-related diseases killed nearly 20,000 people nationally in 2014, a record-high, according to the Centers for Disease Control and Prevention. HCV rates nearly tripled nationally between 2010-15, and the outbreak has been felt locally and statewide.

In Winchester, the rate for people between 18-30, the age range when people are most likely to become infected, was nearly seven times higher than the state rate in 2017, according to Dr. Colin M. Greene, Lord Fairfax Health District director. The 18-30 rate for the Northern Shenandoah Valley — defined as Winchester as well as Clarke, Frederick, Page, Shenandoah and Warren counties — is more than three times higher than the state rate.

The 53 new cases involving people between 18-30 in Winchester were among 185 new cases in the city. In Frederick County, the numbers were 37 and 144. The numbers are from the Virginia Department of

MORE INFO

HEPATITIS C OUTBREAK

As the heroin epidemic continues, the Winchester Hepatitis C virus rate for people between the ages of 18-30 in 2017 was nearly seven times higher than the state rate per 100,000 people. The amount of new HCV diagnoses, both acute and chronic, increased 47 percent between 2014 and last year. Many of the infected are intravenous drug users. The 18-30 age range is when most people are likely to become infected.

- In **Winchester**, 53 people between 18 and 30 were diagnosed. They were among 185 overall new cases in 2017, about 1.6 percent of the 11,547 new diagnoses in Virginia.
- In **Clarke County**, there were two diagnoses among 20 overall new cases, about 0.17 percent of state cases.
- In **Frederick County**, there were 37 diagnoses among 144 new cases, about 1.2 percent of state cases.
- For the **Northern Shenandoah Valley** — Winchester as well as Clarke, Frederick, Page, Shenandoah and Warren counties — there were 176 diagnoses among 591 new cases, about 5.1 percent of state cases.

Sources: Lord Fairfax Health District, Virginia Department of Health

Health. Statewide, new HCV diagnoses increased from 7,012 in 2014 to 10,353 last year, a 47% spike.

According to the CDC, the national increase in cases is related to increasing

intravenous drug use. Like the national rate, area heroin use has skyrocketed in recent years, with about 200 people fatally

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Hepatitis

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overdosing since 2012.

"Not all of these cases of Hepatitis C are attributable to drug use and needle sharing, but it is likely that at least some are," Greene said. "These are two things happening at the same time with a plausible connection between them."

The virus can go undetected for decades, increasing liver damage, so local clinics and health departments urge people to get tested. AIDS Response Effort is one of the groups that does tests, which take about 30 minutes. Of the 492 tests the group did last year, 158 people tested positive, according to Laura Arellano, ARE education and outreach coordinator.

In addition to the ARE office at 124 W. Piccadilly St., testing is done during health fairs at the Handley Library, as well as at methadone clinics and the Northwestern Regional Adult Detention Center. The idea is to reach out to at-risk people who may be reluctant to visit ARE due to the stigma about HIV/AIDS and Hep C.

"They're not going to want to come into our agency, so we go to where we can meet them at," said Quintara Lane, an ARE testing specialist. "We want to meet the people where they're at and be able to provide for the needs that they have."

For those infected, there is good news. Chronic Hepatitis C can be cured with an anti-viral pill taken daily for two to four months. The bad news is that cured people can get re-infected and the medication is expensive, an average of about \$90,000 for full treatment.

And there are only a handful of area doctors providing medication including those at the Sinclair Health Clinic and Winchester Gastroenterology Associates. Lane said she's grateful to the doctors who



JEFF TAYLOR/THE WINCHESTER STAR

J. Leocadia Conlon (right) is the director of clinical services at the Sinclair Health Clinic. At left is Veronica Salazar Stickley, community health worker.

provide treatment but more are needed because of the increasing need.

People get the virus from a variety of ways. Some were infected from a piercing or tattoo that wasn't properly sterilized. Others may have gotten infected from a blood transfusion in the military before stricter protocols to prevent the virus took effect in 1999.

But many are addicts who became infected from re-using or sharing needles. Arellano and Lane said most doctors won't treat users if they aren't in recovery. Arellano said some clients promise to go to Sinclair for followup testing and treatment, but if they're using or relapse, treatment "isn't on their radar."

While the expansion of Medicaid in Virginia in January has increased health coverage, infected clients face many obstacles. If an addict is in recovery, they

often lack housing or transportation making it hard to get to doctor's appointments and get their daily regimen of pills. "If a person is more concerned about where they are going to sleep, how are they going to take their medication?" Lane asked.

Clients who test positive for the virus are sent to the Sinclair Clinic for followup testing and treatment. People in the first six months of infection have acute Hepatitis C. Those infected more than six months have chronic HCV.

Many Sinclair patients have chronic HCV because they lack health insurance and can't afford doctors visits. Many came to Sinclair for other ailments and learned they had HCV because the clinic tests all patients for the virus.

"By the time they get here, they haven't had a primary care provider in years," said

Veronica Salazar Stickley, a Sinclair community health worker who works with HCV patients. "The majority of them don't even know. They've had it for years and years and didn't know."

Most infected patients are under 40, said Dr. J. Leocadia Conlon, Sinclair director of clinical services. She said the clinic has seen a lot more infected patients since 2012 corresponding with the rise in heroin use. Patients are educated about risk factors, but not lectured.

"We do not judge them on how they got the infection," Conlon said. "It's just making sure they're not currently doing behaviors that can get them infected or re-infected."

Conlon said there have been advances in treating the virus since she worked on research and treatment while part of The Johns Hopkins Hospital's liver transplant program in 2000-01. At

the time, treatment involved shots and pills for a year and the success rate was only 30 to 40 percent. In 2012, clinical trials she worked on in Hawaii and Virginia increased the success rate to about 75 percent, but treatment involved injections and two different pills taken three times per day.

"They were very hard to take, very difficult to tolerate and patients had many side effects," Conlon said. "Now, with the pill, there's almost no side effects associated with it."

Besides greater education, other proactive measures being explored in Winchester are starting a needle exchange/harm reduction program in which addicts bring in used needles for sterilized ones to a clinic or mobile clinic. Local drug treatment advocates said in March that discussions about starting a program were in

the early stages and no decision had been made.

Needle exchange programs have been endorsed by the American Medical Association, the CDC and the National Institutes of Health as a way to reduce HIV/AIDS and the HCV. In one of the most comprehensive studies, Hepatitis C rates decreased significantly among heroin addicts who used a New York City needle exchange program between 1990 and 2001, according to the Harm Reduction Coalition which advocates for scientifically-based solutions to reducing drug addiction.

Conlon supports starting a needle exchange program to reduce the virus as well as creating more drug treatment and mental health programs. She said some patients have to be sent out of state to get treatment.

"We just don't have the resources here that they need," she said. "And I know that's not unique to Winchester. I know that's in [many] areas, but at some point we have to step up and put the funding in."

Arellano and Lane said ARE, which has a staff of 17, is seeking grant money to hire a much-needed case-worker dedicated to working with Hep C clients to ensure they get treatment and take their medicine. They encourage people to not be ashamed to get tested and educate themselves about how to avoid infection.

Despite the lack of local resources, Lane said she's hopeful the outbreak can be reduced. She said people must be willing to break the stigma about Hepatitis C and show compassion to those who are infected. "It's possible for us to reduce these numbers as long as we come together as a community," Lane said.

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Paul H. Thomson and Andrea M. Wright of Aspen Springs Recovery Consultants LLC, outside the Joint Judicial Center in Winchester, say they support starting a needle recovery program here.

Proposed needle exchange program stuck

By EVAN GOODENOW
The Winchester Star

WINCHESTER — A program to reduce the spread of the Hepatitis C virus and other infectious diseases in the Winchester area doesn't have the support of the city's police chief.

In 2017, the state Department of Health authorized Winchester — with letters of approval from City Council; Dr. Colin Greene, Lord Fairfax Health District director; and Winchester Police Chief John Piper — to start a needle exchange program due to the high Hepatitis C rate in Winchester and Frederick County.

Hepatitis C is a blood-borne infectious disease that attacks the liver, and intravenous drug users are highly susceptible to infection. In Winchester, the rate of infection for people between 18-30 — the age range when people are most likely to become infected — was nearly seven times higher than the state rate in 2017, according to the department. The infection rate for the same age group in the Northern Shenandoah Valley — defined as Winchester and Clarke, Frederick, Page, Shenandoah and Warren counties — is more than three times higher than the state rate.

To read a pdf of the report calling for needle exchange in Winchester, visit WinchesterStar.com

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EVAN GOODENOW/THE WINCHESTER STAR

In 2017, the state Department of Health authorized Winchester — with letters of approval from City Council; Dr. Colin Greene, Lord Fairfax Health District director; and Winchester Police Chief John Piper — to start a needle exchange program due to the high Hepatitis C rate in Winchester and Frederick County.

Officials in 3 Va. communities say needle exchange works

By EVAN GOODENOW
The Winchester Star

Smyth County Sheriff B.C. Chip Shuler remembers being skeptical about a needle exchange program starting in his county.

Shuler was concerned about it enabling drug use. But the community was experiencing an outbreak of the Hepatitis A and Hepatitis C viruses due to intravenous drug use tied to the opiate epidemic. Residents frequently called police about finding used needles

in the community, and Shuler's deputies were regularly finding dirty needles during searches of homes and during traffic stops.

"I first looked at it as self-preservation of my staff," he said. "And now I think it's the first step of [drug] treatment,

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B.C. Chip Shuler

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The task force believes implementing a CHR (Comprehensive Harm Reduction) program in the greater Winchester area will help reduce the public health impact of injection drug use in our area for people who inject drugs.

Harm Mitigation Task Force report

Needle

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Needle exchange programs, also known as Comprehensive Harm Reduction programs, are designed to reduce the spread of diseases like Hepatitis C. The programs have been around since 1988. There are about 320 nationally, including in Richmond and Smyth and Wise counties in Virginia, where they started last year.

Last month, a needle exchange program was authorized in Roanoke after Police Chief Tim Smith signed off on it. In November, Winchester officials toured a once-per-week needle exchange program in Martinsburg, W.Va., that began in 2017, and they have been considering whether to start a similar program here.

Numerous studies, based on a generation of needle exchange, have shown the programs reduce disease and encourage addicts to seek treatment. The programs have been endorsed by the American Medical Association, Centers for Disease Control and Prevention and National Institutes of Health. The NIH found needle exchange programs reduce the rate of HIV/AIDS among intravenous heroin users by some 30%. They are also cost effective. A 2014 study by the John Hopkins Bloomberg School of Public Health in Baltimore found that for every dollar spent expanding needle exchange, \$6 was saved in treating disease. A 1999 John Hopkins study found needle exchange was “an important bridge” to treatment for addicts.

But Piper says there needs to be a “lot more discussion, and we need to do a lot more research” before going forward with a needle exchange program in Winchester.

Although police in four Virginia communities are allowing needle exchange under current laws, Piper maintains it’s illegal in Virginia because addicts carrying used needles to an exchange are in possession of drugs because of the drug residue on the used needles. Piper says state lawmakers need to change the law from a felony to a misdemeanor before he’d be comfortable allowing needle exchange here.

“It puts law enforcement

in a precarious situation,” Piper said. “The law in Virginia needs to be changed to catch up with the intent of the program.”



John
Piper

— Andrea M. Wright, a member of the Harm Mitigation Task Force formed by the Northern Shenandoah Valley Substance Abuse Coalition to study whether to bring needle exchange to Winchester, disagrees with Piper. Wright wrote the executive summary in a March report recommending a once-per-week exchange be run in the evening at the Winchester/Frederick County Health Department at 10 Baker St.

The task force believes implementing a CHR (Comprehensive Harm Reduction) program in the greater Winchester area will help reduce the public health impact of injection drug use in our area for people who inject drugs,” the summary said. “A CHR program that includes syringe exchange and other supportive services will benefit our community.”

Listed task force members include Greene, Winchester Mayor David Smith, and Joshua T. Price, a state police special agent and Northern Virginia Drug and Gang Task Force coordinator. Smith and Price say they don’t support the needle exchange recommendation. The report said the program would cost \$100,000 to \$110,000 annually.

Lauren Cummings, coalition executive director, said the coalition’s executive committee — comprised of Cummings, Frederick/Winchester Juvenile and Domestic Relations Court Judge Elizabeth Kellas Burton, Don Butler, coalition President Steve Cluss, public defender Tim Coyne, and Deputy Police Chief Kelly Rice — rejected the proposed program. Cummings said the committee backs Piper’s call for the law to be changed before he’ll support needle exchange.

In addition to exchanging needles, addicts in the program would receive condoms to reduce the spread of HIV and other sexually-transmitted diseases. They also would receive fentanyl test strips to reduce drug overdoses. More than 200 people in the region, including at least 24 this year, have fatally overdosed on heroin, which is sometimes laced

with deadly fentanyl, since 2012.

Wright, a long-term recovering addict who has been sober since 2000, has witnessed the benefits of needle exchange firsthand. She said she volunteered at a mobile needle exchange program in Paris in 2015.

Wright said the idea that needle exchange encourages or enables drug use is false. Addicts must exchange used needles to get clean ones and exchange staff steer addicts seeking help into treatment. “You’re helping them to not spread disease and harm other people,” Wright said. “It’s actually protecting the community. It really goes back to a lack of education and understanding and treating people like they’re human.”

Paul Thomson, Winchester commonwealth’s attorney from 1986 through 2001, works as a drug recovery coach with Wright. As a former prosecutor, Thomson said he understands Piper’s reluctance and would like to see state law changed or modified. But as an addict in recovery since 2011, he’d like to see a program started for moral and pragmatic reasons.

“Dealing with the politics of it is very slow and in the interim, people are dying,” Thomson said. “If we don’t stop hepatitis, we will be overwhelmed with people who are going in and using the services of law enforcement, first responders, hospital personnel and the health community. And they largely don’t pay for their own private insurance, so it runs up these costs.”

Del. Chris Collins, R-Frederick County, said Piper’s concerns echo the concerns police expressed in 2017 when the legislature approved allowing needle exchange in areas with high Hepatitis C rates. Collins, a defense attorney and Frederick County Sheriff’s Office deputy from 1996 through 2003, said he supported approval to reduce the spread of the virus but is sympathetic to Piper’s position.

Collins said police “obviously have discretion” about whether to charge people carrying needles with drug residue to a needle exchange program, but it’s up to them whether to exercise it. He compared it to where police set up drunken driving checkpoints.

“They have boots on the

ground. They know the situation and they know where their resources are best spent,” he said. “We try not to create gray areas for them. We try to create bright-line rules for them, but they still have discretion within those bright-line rules ... I’m in favor of law enforcement having discretion, but it’s within the confines of the department’s policies and procedures.”

There is some support for needle exchange on the council. Evan Clark, council vice president, said he would welcome a public dialogue to educate residents about its benefits and clear up misrepresentations that it encourages or enables drug use. Clark used the analogy of stopping the spread of mononucleosis by giving children clean glasses to drink from rather than letting them share a glass.

“This is basically the same thing,” he said. “They turn in a needle they have used before, they get a clean needle, and that way they don’t spread the disease.”

Piper also expressed concern about needle exchange drawing in addicts from outside the region.

“It’s not a question of if they’re here or if they’re coming from other localities. They’re already here,” Clark said. “Intravenous drug users are our friends and neighbors. They’re not strange people that are coming from big cities to corrupt the kind and fair people of Winchester and Frederick County.”

While Clark was open to the council discussing needle exchange, Greene said it was pointless to bring the issue to the council if Piper isn’t on board. Greene, who emphasized he respects Piper’s decision, said he hoped there might be a way to run a needle exchange even if the law isn’t changed.

Greene said one compromise might be to have participants carry identification showing they’re affiliated with the program and clearly establish with police what hours the program is being run. The other would be to modify the law to not penalize people enrolled in needle exchange traveling to or from an established appointment with the program.

For now, Greene said the health department is considering a harm reduction program involving distribution of condoms and fentanyl strips, but no needle exchange.

“I would have liked to have seen the program work. And it may one day,” Greene said. “But this just wasn’t the time.”

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JOIN THE FIGHT FOR ALZHEIMER'S FIRST SURVIVOR.

Officials

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if the people will seek treatment."

The program, which Shuler said has about 53 clients, began in December. It is one of three programs in Virginia since the state approved needle exchange for communities with high HIV or Hepatitis C rates. Roanoke is poised to become the fourth program.

Wise County was the first program in Virginia. It began last summer and Wise County Sheriff Ronnie R.D. Oakes said it's working well. Oakes, sheriff since 1996, said incidents of used needles being found in county parks have stopped since the five-day per week program started.

Virginia law makes possession of a needle with fentanyl or heroin residue a felony, but Oakes said his deputies in the county of 38,000 people use discretion and don't arrest program participants returning needles with drug residue.

"It's been effective for us, and I think it would be effective for any jurisdiction in this commonwealth," Oakes said. "We really think it's helping with the HIV problem and other different diseases."

Besides exchanging clean needles for dirty ones, the Smyth County program includes hepatitis vaccinations and testing, distribution of the overdose antidote naloxone and a mandatory meeting with a drug recovery specialist.

Like Wise County deputies, Shuler said his deputies exercise discretion.

"We know what day they go [to the needle exchange program], so we steer away from the health department so they can take advantage of the program," he said. "We build trust, and we're not just here to lock people up."

Shuler, sheriff since 2016 and a deputy since 1983, emphasized people carrying drugs will be arrested in his county of approximately 30,000 people. A person who gets stopped on a Saturday night with a dirty needle

can't avoid arrest by saying they were on their way to exchange it at the health department. Deputies know when the program is operating and clients carry cards identifying that they are part of the program.

Shuler said the police chiefs in the three towns in Smyth County have agreed not to arrest program clients on their way to the health department to exchange needles. He said exercising discretion about the dirty needle law is a way to deal with the opiate crisis.

"I don't think we'll arrest our way out of this," he said. "We need to find ways to heal our community."

Richmond police Capt. Emmett Williams agrees. Like Shuler, he said good communication between police and the people running an exchange program is essential. Richmond's needle exchange began in September 2018. A twice-per-week program is run by the nonprofit Health Brigade at its office. The group also runs a mobile program twice a week in the city of approximately 204,000.

Williams said the dirty needle law didn't need to be changed for the program to go forward, and officers can arrest exchange participants, but choose not to.

"We use discretion," he said. "Nothing changed in our policies and procedures."

Instead of changing the law, Williams said police need to change their attitude and remember that people are dying from disease and overdoses.

"They have to unwrap their head around the fact that it's a needle exchange and paraphernalia is against the law," he said. "It's a broader picture there, where we're trying to use a comprehensive harm reduction program to stem the tide of some of the problems we've seen develop in the past 10 years with the spread of HIV, Hep C and the opiate and overdose crisis."

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Emmett Williams



Ronnie R.D. Oakes