

This transcript is a part of the Peer NSP Project from Coact for more details please visit: <http://co-act.info/peernsp>

Supplier Led Secondary Exchange

I want to tell you about two secondary needle exchanges run by peers in the South of England that directly involved drug suppliers.

The first was a project involving a drug supplier who mostly supplied drugs to the gay men's hard house dance scene. He sold cocaine, ketamine and a range of other party or complementary drugs. I was a customer of this supplier and I also interacted with his customers as a peer educator and drug user activist. This involved supporting some of the early GHB and ketamine dependency cases, on a peer-to-peer basis and bridging access to services where needed. The customers of this supplier had repeatedly been at the forefront of a range of new drug trends and the supplier was active in promoting harm reduction strategies and took his responsibility for his customers seriously. This included dyeing ketamine pink to reduce drug mixing, promoting the don't share tooters message and giving advice about dosing and purity. When some of this suppliers customers started injecting cocaine, they didn't know where to get needles and syringes. The needle exchanges seemed strange and alien, targeted at heroin and crack users.

Injecting remained culturally taboo on the gay scene at that time and I heard of one person being beaten up and thrown out of a club after being caught injecting in the toilet. This ensured that this group kept a low profile which made them a priority to target with a secondary NSP through the supplier. In fact I only ever met two of the group directly but through indirect contact through the supplier I was able to share harm reduction materials and advice and to answer questions and address concerns. This model worked because the relationship with the drug supplier was hidden protecting him and his customers from exposure. This form of secondary NSP with drug suppliers can be very effective at reaching sub-groups of injectors.

The second example was the North East Essex Outreach Service run by a nurse and health promotion specialist called Keith Bolton. Keith set up a volunteer programme to deliver HIV outreach services to the heroin and amphetamine injectors living in the

dispersed seaside area between Colchester and Clacton in the East of England. He was very committed to community mobilisation and saw the benefits of this strategy.

The poor transport between the small villages and towns made it difficult for people injecting drugs to access injecting equipment from the main needle exchange in the ancient town of Colchester. Keith managed to recruit members of the local suppliers network into his volunteer programme and this group soon became the backbone of an effective peer based needle exchange and peer education scheme running from Colchester to Clacton.

The effectiveness of the programme was demonstrated by a researcher called Annette Walling who tested the scheme by entering the drug scene through different contacts. She demonstrated that the programme had high level of engagement with the peer network ensuring easy access to the peer NSP. She also showed that even those peer volunteers who no longer came to volunteer meetings were still promoting harm reduction within their peer networks.

The scheme grew and the suppliers funded a drug user magazine in the area which talked about harm reduction, safer drug use and drug user rights. The wider members of this peer network formed an advocacy group called VOID (Voice of Injecting Drugusers). VOID then had peer representatives sitting on key policy committees and this created ill feeling with police, particularly when some of the representatives were suspected of being suppliers. However, these suppliers saw themselves as community leaders and most were small scaled friendship suppliers selling drugs to fund their own use.

The challenge for the programme came when Keith left his position. The management of the scheme was rearranged and a more conservative approach was taken. An undercover police operation was launched and this led to the vast majority of the suppliers being arrested with many receiving prison sentences of 5 years and over. This fractured a local supply network that had integrated and embraced harm reduction. This caused huge distrust and bad will and this type of working arrangement was never achieved again.

This example shows the huge potential of engaging a supply network as agents for harm reduction. However, it also shows the need to manage the legal environment. Unless

tolerant policing agreements can be negotiated such high profile schemes risk putting drug suppliers at risk.