Focusing on the front line

Personal communication from a needle exchange worker

As a needle and syringe exchange program (NSEP) worker at St George Hospital’s AIDS prevention unit, I feel somewhat cloistered from the broader issues of drug law reform. It is a very immediate and personal transaction that we engage in as NSEP workers.

Recently I was discussing with a colleague a government proposal to make methadone clients sign a contract stating they won’t loiter around the clinics. It would be a shame if the right to stand around and have a chat was removed. There’s a methadone clinic next door to the needle exchange at St George. I like this because it means people get a chance to congregate and socialise – it’s nice.

I like sitting and watching the people outside when I’m not making up fit-packs to give out to them. One lonely Sunday there was a mob of biker types hanging around – rowdy, burly blokes with scary haircuts and tattoos everywhere. One man came in and surprised me by being so polite and nice. I think he just wanted to have a look around, see what we’re all about, and say G’day. I gave him one syringe as a memento of his visit.

Obviously the main purpose of the needle exchange is harm reduction. However, it seems to me that the small social element that the exchange and the clinic provide is equally important to the injecting drug users in the area. This social contact is meaningful in a city where words such as ‘loneliness’ and ‘depression’ seem to be ever-increasing parts of our vocabulary.

In wider society an injecting drug user doesn’t get treated with much respect and they have to be cautious. When people come in to the exchange they are safe for a few moments, as ironic as that might sound, considering what they’re about to go off and do. I generally like to make small talk with the clients. Occasionally I’ll give out information and listen to their stories, maybe recommend them to other services. I have a great deal of affection for 95% of my clients, perhaps more for those who are halfway out the door before I’ve had a chance to say hello.

Sometimes at the end of the day I get a bid sad. Sad for the middle class mum who parks awkwardly in her four-wheel drive, frantically asking where the methadone clinic is and explaining that she had to pay the bill for her son’s treatment. I also worry about the ‘surfie’ type who came in every day, excited about the surf and the occasional shark attack at Cronulla. I haven’t seen him for weeks – I wonder, is he clean at last, or dead?

Sometimes I feel like I’m watching a movie. My screen is the doorway I look through, the frame of the door hiding the action off camera. A strong looking man in bare feet, talking loudly, gesticulating to someone. He comes back into focus, carrying a baby, and I never see those out of shot.

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I’ve noticed a lot of cars, too. About half of the clients come to my exchange in their cars. A surprising amount of these are tradesmen. I watch clients get back into their car, ducking their heads to the side, starting up the engine, shifting gears and pulling away. They seem more dignified and unselfconscious in this moment, before they disappear into the distance and out of shot.

Today I saw a car I didn’t like so much, a convertible with two clean-shaven men. One asked me for 21 gauge needles and 3 ml barrels – I knew they were steroid users, not your average IDU. ‘You can tell we’re not junkies ‘cause we’re such big boys’, they laughed, trying to disassociate from the implications of visiting a needle exchange. I could tell them that we see all types in here.

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