

The Vaults of Erowid

www.erowid.org

The Face Magazine
New York through the Eye of a Needle
by Peter McDermott
October 1992

East Third Street runs between Avenues A and B on the Lower East Side of Manhattan. Also known as Alphabet City, or Loisaida to the Hispanics whose numbers dominate the area, it lies between Little Italy, the spiritual home of the Mafia even if today all the wiseguys live out in Queens or Long Island, and the East Village, where New York beatniks gave birth to our modern global drug subculture.

The area has always been a major centre for the narcotics trade. The term 'smack' originated here in the 1930's when the area was dominated by Jewish immigrants. The term is derived from the Yiddish word "schmecker", meaning taste. In the 1970's the area was settled by Puerto Rican immigrants, a community that was exploited by Andy Warhol and Paul Morrissey in *Bad*, a film about a family of heroin dealers. By all accounts, heroin dealing was out of control in the area in 1978 when New York police mounted Operation Pressure Point. Pressure Point was aimed at closing down the area's drug markets and was hailed as a great success. Today, on East Third Street a casual passer-by would notice nothing untoward. Small groups of African Americans and Hispanic people of all ages, hang out on the stoop or outside the bodega, drinking, talking, watching the evening go by.

With closer scrutiny though, you can pick up on the barely subcutaneous activity of the street. A black man in his late forties walks around in circles, jabbering to himself. Occasionally he bends to examine a white pebble or a piece of paper. The homeboys call it 'Ghostbusting', the tendency to see pieces of crack everywhere after you've smoked up all of your own supply. As you walk along the street, Puerto Rican youths whisper offers of "Poison" and "Cash". They don't whisper it to just anyone, but if you've got that look about you, the high cheekbones and sallow skin, you can connect.

"Poison" and "Cash" are two of the brand names of the local heroin, stamped on the glassine bags that the drug comes wrapped in. New York drug dealers seem to go in for sophisticated marketing technique. No old pieces of tinfoil or wraps of cling-film here. It isn't unusual to see a crack dealer studying Donald Trump's book, "The Art of The Deal", and even the smallest amounts come packaged in a manufactured plastic vial with different coloured tops. Some people say that the different brands are an attempt to build brand loyalty. Others say that if you're caught selling crack in red capped vials or "Satisfaction" instead of "Heavy D." then you're likely to end up with a bullet in the head.

Halfway down the street, a loose line of people stand outside a house. Lookouts sit on the sidewalk opposite, watching the street. A black man with the confidence of a night-club bouncer keeps the line in order. One by one, punters disappear into the doorway, pick up a couple of dime bags of coke, and then hustle away down the street. On the corner of the street, where it meets Avenue B, a thin woman propositions customers. "Sealed works? Three dollars apiece." Syringes are on sale at most dealing locations, though sometimes they have already been used and the package resealed. You pay your money and you take your chance.

Locations like these exist all over New York, but are heavily concentrated in certain areas. Despite the recession and the war on drugs, business is booming. Police claim one local enforcer takes over \$1 million a year by leasing spots to drug dealers on a single block in Harlem. Throughout the eighties, crack increasingly dominated traditional heroin areas like Harlem and the Lower East Side, but heroin is making a comeback. Purity levels on the street are up from around 4% in the late seventies to 40% last year. DEA intelligence reports that the Colombian cartel, having saturated the market with cocaine, has begun to grow opium poppies. The Lower East Side is where the dope ends up, Manhattan's most notorious heroin location.

Tonight though, something is amiss. Junkies and dealers alike are hovering uneasily, looking anxious. A patrol car drives around the block, teasing the homeboys and at the end of the street, a fat white guy in a baseball jacket who even to my untrained eye is obviously a cop, hangs out on a stoop alone, scoping the place out. The scrutiny has put the dampers on trade. Later that night, I catch the T.V. News and discover that earlier that day Curtis Sliwa, pugnacious spokesman for the Guardian Angels, had been the victim of an assassination attempt on that very block. He had hailed a taxi outside his Tompkins Square apartment that morning but instead of driving across town, the taxi took a left and headed down Avenue B. Curtis realised something was amiss when an armed man popped up from the front of the cab and shot him in the stomach, thigh and groin. As the assassin steadied his aim at Curtis's

head, he managed to scramble out of the window. Sliwa's wife, Lisa was claiming that police resentment at the Guardian Angel's activities was preventing the shooting from being thoroughly investigated. Whatever the truth of the matter, New York's Finest were all over the block that night and as far as trade was concerned, it was strictly no way, Jose.

Anyway, after ten minutes waiting, Michael and David, my guides to the dealing spots of Alphabet City reluctantly decide to try to cop elsewhere. We didn't have far to walk. Two blocks south, across East Houston, right near Katz's Deli is a similar spot. Unlike Avenue B, there is no police scrutiny here, so we load up on 'Heavy D' and \$20 half-gram bags of coke from the bodega then retreat to their loft in Soho for the night.

* * *

Today, the United States has about a million injecting drug users. One quarter of them live in New York City. By the point in the mid-eighties when epidemiologists identified injecting drug use a major route for the transmission of HIV, the virus had already hit New York City hard. Today, research shows that fifty per cent of the city's intravenous drug users have been infected. The virus has since been passed on to their children, their sexual partners and their partners' partners. The vast majority of these people are black and Hispanic and most of America couldn't care less whether they live or die.

My friend Edith works as an AIDS trainer. As an ex-addict herself, she works in her chosen field out of emotional necessity Ñ the AIDS virus has claimed the lives of half of her community. Now in her mid-forties, she spent most of the sixties shooting heroin on the Lower East Side. Edith explained how the infection spread so rapidly. "New York has always had laws prohibiting the possession of syringes and needles. Junkies would travel from their own neighbourhood to the Lower East Side or Harlem to cop, because the dope was cheaper and better quality in those places. You wanted to try the drugs before parting with all your money, and you didn't want to be arrested in possession of a works. So you'd slip into a shooting gallery to test the dope. For a few dollars you could use the room, rent a works and get high." In galleries across the city, needles were passed indiscriminately from arm to arm, and along with each hit went the deadly virus.

When British health officials recognised that injecting drugs was a route for transmitting the virus, needle and syringe exchange programmes were rapidly established. Drug policy in Britain was always pragmatic, based on a medical model rather than a law-enforcement model. Drug policy in America has always been shaped by racism, politicians and the media successfully labelling drug users as the enemy within since the 1920's. As a result, meaningful AIDS prevention for injecting drug users has been virtually non-existent in many parts of the USA.

* * *

Lena has used heroin since she was seventeen. Today, at 43, she is no longer addicted to heroin. She does have AIDS. The city council are responsible for housing people who have AIDS and have taken her off the streets and found her in a room in a single occupancy hotel. A welfare hotel. A crack hotel. A place where everybody, employees and residents alike, smokes crack.

Lena is unsure how or when she contracted the disease. As we talk, she cooks up a rock of crack.

"I've always been around dope. My mom and dad both used heroin, and most of the people in my neighbourhood liked to get high, smoke a little reefer. I used to turn tricks to pay for dope. Eventually, dope got too expensive and I couldn't afford to get high anymore. Then crack showed up."

"I don't know whether I got AIDS from a needle, from a boyfriend, or from a trick. I do know that my time is nearly up. My social worker say that I shouldn't be gettin' high, because it damages the immune system. But nearly everybody in this hotel use crack. If they ain't smokin' it, they sellin' it. I don't know how long I got left, but gettin' high helps me pass the time.

Access to clean needles might have saved Lena. Aseptic injection equipment will almost certainly shorten her life, introducing bacteria into her bloodstream that her depleted immune system is unable to fight off.

* * *

"There is a higher goal than the reduction of transmission of HIV, and that goal is the elimination of use of illegal narcotics by injection, period." NYC Health Commissioner, Woodrow Myers. WCBS Radio, 6 June 1990

"It's a wonderful goal, except that it is not going to be reached overnight. What they are saying by setting this goal exclusively is that there are a huge number of people out there who are expendable." Dr. Mathilde Krim, AMFAR. Newsday, 6 June 1990

There has been a consensus among European drug researchers for many years over the value of needle exchanges but U.S. politicians chose to ignore their recommendations. Evidence that needle exchange programmes play a vital role in limiting the spread of HIV was dismissed as not relevant to the American situation, and Federal regulations barred further research on the issue in the United States. Eventually, in 1988, under pressure from drug experts and epidemiologists who were studying the spread of AIDS, Mayor Ed Koch established a pilot needle exchange programme. Many of those who were involved with the programme believe that it was an experiment that was designed to fail.

Koch decided that no needle exchange could be located within 1000 feet of a school. This ruled out the possibility of basing the programme anywhere near a community. Eventually it was located in the Department of Health building, downtown in the business district. It faced the Tombs correctional centre where arrested drug users are brought handcuffed, to await trial. New York's District Attorney publicly threatened to arrest anybody who used the scheme for possession of drug paraphernalia. In the immediate vicinity of the building is the highest concentration of narcotics detectives in the western world. The Department of Immigration and the FBI offices are also nearby. Places in the programme were limited to 200, out of 250,000 injectors in the city and to make things worse, each client would only be able to exchange a single needle, and in order for the exchange to take place, you had to sit around while your old syringe was tested for the presence of foreign blood.

Despite these constraints, the programme was regarded as a success. So desperate for help are many of New York's drug users that the programme could attract and retain clients by offering them a route into treatment. However, overwhelming political opposition to the programme meant that it was doomed before it began. Just one month into the programme's existence, the city council's Black and Hispanic Caucus moved a motion to close the programme, a motion that was carried unanimously. Although the council decision was not binding, it sent the mayor a signal from the city's political power brokers. When David Dinkins was elected as the city's first black mayor, the following year, one of his first acts after taking office was to close down the needle exchange.

The black politicians and community leaders who opposed needle exchange claimed the programme was racist and genocidal. Senator Charles Rangel, Democratic representative for Harlem, chairs the Congressional Committee on Narcotics Abuse and Control. He believes that there should be no support for needle exchange programmes as "they encourage and support drug addiction, while black youth is mortally jeopardised by drugs." Yolanda Serrano, a Harlem resident who is the Director of ADAPT, an advocacy group for the rights of intravenous drug users, disagrees with the Congressman. "He claims that Needle Exchange is genocide. In fact, what we have now is genocide." Serrano's comments were echoed by Charles Eaton, director of the pilot needle exchange programme and now a city health official. "There is no evidence from any syringe exchange scheme anywhere in the world suggesting that they encourage people to inject. Our critics argued that we should be putting resources into rehabilitation programmes, but the places aren't available. We had to continually try to remind them that you can't rehabilitate a dead addict."

* * *

A central figure in America's struggle for clean needles is Jon Parker, a 37 year old ex-addict from Boston. While studying for a Master's Degree in Public Health at Yale, Parker heard the director of an English Needle Exchange scheme speak in Boston. Fired with enthusiasm, Parker took it upon himself to get needles out onto the streets. In August 1988, he was arrested for possessing illegal drug paraphernalia - syringes. Parker fully expected to go to jail for his actions, but in January 1990, in the case of the Commonwealth of Massachusetts versus Jon Parker, he was acquitted. The judge found that though he had violated the law, Jon Parker's illegal action was justified by the severity of the AIDS epidemic. The Drug Policy Foundation, a Washington pressure group, awarded Parker \$100,000 for risking imprisonment in his act of civil disobedience. Though the federal government still regards them as criminals, some Americans view the guerilla needle exchanges as modern-day heroes.

Like Parker, America's gay activists have long been critical of US AIDS policy, arguing the disease has received insufficient priority because it was "only" killing gay men. Eventually, some of those activists began to take a wider perspective. If the lives of gay men are undervalued, how about the lives of homeless black and Hispanic people who shoot up drugs? In February 1990, Rod Sorge and some other members of ACT UP got together with Jon Parker and occupied the intersection of Essex and Delancey, another copping block on the Lower East Side. Over on the opposite corner, the Guardian Angels staged a counter demonstration. As ACT UP distributed needles, bleach and AIDS education materials, the Angels stood chanting "No drugs, no needles!" Eventually, ten members of the group were arrested. In May 1991, Judge Laura Drager handed down her decision in the ACT UP case. Once again,

the court found that the AIDS epidemic was such a grave medical emergency that the defendants were justified in their actions.

* * *

I went to New York to find out what makes people risk imprisonment to supply syringes and needles to a group of people that the dominant society sees as worthless and undeserving. Joyce is a Puerto Rican woman in her late twenties. Joyce understands discrimination. Her extraordinarily beautiful eyes move rapidly from a smile to betray her anger about the impact of racism in the melting pot of New York City, racism that affects her both as an individual, and as a member of a minority community. At university, Joyce was made aware that of her fellow students view: that she was only there because she was a minority woman, not because she had ability. She believes she suffers from the same discrimination in her job as a researcher. Like many of the key players in this drama, Joyce is not her real name. She must remain anonymous because the organization that she works for receives money from both the state and federal government. If they got wind of her activities, then either Joyce would lose her job or the agency would lose its funding.

Like many of those involved in needle exchange, Joyce views heroin addiction somewhat differently to most people employed in the drugs field. Once again, her perspective has been shaped by her personal experience of drugs rather than government and media drug war ideology.

"I don't use drugs myself, but I grew up in the South Bronx where heroin use was all around me. Both of my parents were addicts, so I get so angry when I see the way that drug users are portrayed by the media and by drugs researchers. All of their lives are reduced to their drug use. In fact, drugs are just a minor part of their lives. First, addicts are people Ñ workers, housewives, mothers, fathers, brothers, sisters, members of a community."

"Though I don't live there any more, I still regard the South Bronx as my community and I want to try to give something back. In fact, I do very little, I was a catalyst but the community is really doing it for themselves. My needle exchange operates on a dealing street. It couldn't happen without the permission of the dealer, but he too is a member of that community and he cares what happens there. He sees that this thing is in everybody's interests and gives me protection. Today, the exchange is run by the clients. When I arrive on Saturday morning, the people are all there, waiting to help me set up the table, making up kits, giving out leaflets."

This trend towards getting the local community involved in syringe exchange is evident in all of the five voluntary syringe exchanges that are currently operating. Organised by a combination of activists and health care workers, many of those who are involved, like Joyce, have personal experience of drug use that provides them with a motivation that goes far beyond some abstract sense of solidarity with the underclass. However, this experience of drug use is often the only point of contact between the predominantly white, middle class volunteers, and the lumpenproletariat that that constitutes the clientele.

* * *

Saturday morning, 10.00 am. I have arranged to visit the syringe exchange scheme that operates on the Lower East Side. Volunteers meet at a street corner that is publicised by leaflets that circulate surreptitiously among injectors. Half of the volunteers occupy a static site, while the other half will tour the neighbourhood. I decide to take the grand tour. At 10.30 we take off and as soon as we walk down the street, we are recognised by a handsome Latino man and his girlfriend. They come over and ask us for works. In their late twenties and smartly dressed, nobody would suspect that they are both injectors. They tell us that they only do dope occasionally, a factor that potentially puts them at greater risk. Confirmed junkies have their own works, but impulse users can get caught short and may use someone else's. We give them syringes and bleach to clean them with, but they don't want condoms. Getting the safe sex message across is difficult; the machismo culture of Latin American men makes it almost impossible.

As we turning a corner onto Forsyth Street, a handful of people is waiting for us to arrive. Most just take the needles and go, but one lesbian woman wants some advice on safer sex. The group has a counsellor who specialises in giving such advice. As we stand talking, we notice that a patrol car has spotted us and although the officers don't approach us, they make it obvious that we are under observation.

Eventually, we leave Forsyth and head for the local needle park. Men and women of all ages are sitting around, chilling out, copping the rays. As we arrive and set up our shop, the park's occupants reveal themselves as a total bunch of stone junkies. The homeless and the housed, workers and unemployed, black, white, Latino, Jewish. Dealers and consumers. All ages. Everybody wants works.

Some want more; they want to chat about their problems Ñ their upcoming court cases, where they can get an AIDS test, how they can get into drug treatment. Almost all of them express gratitude that somebody gives enough of a shit to come out and do this thing for them.

For me, this gratitude is one of the most surprising aspects of my visit. It may be because Britain still has some semblance of a reasonable welfare provision, but here, people expect services as a right and confront British drugs workers with suspicion and resentment, rarely with gratitude. The people who were receiving needles clearly understood that they live in a country where neither the government nor the majority of the population care whether they live or die.

The patrol car arrives again and parks across the road from us. One bedraggled, beaten-up man of about forty comes over to warn us. "I'm like, the king of this park. I can tell you what goes down. The cops be over there again. Be cool. They won't do anything while you here, but as soon as you go, they'll roust us." We sit off, eyeing up the cop car carefully and handing out the works a little more surreptitiously.

I get into conversation with a black man in his fifties. Married for over thirty years, Michael is the father of five girls. He is extremely dapper, with shaved head, a Nike shell suit and a beeper, clipped to his pocket. We talk about the merits of different drugs and his aversion to methadone. "That's bad shit. I'm in a programme now, but only for a month. If you don't watch out, you can get a worse habit than the one you started with. I first had Methadone tablets, dollies, when I was in the Tombs, back in 1960. It was cool, gettin' high every day. Then, I got sentenced and went upstate to do my time. Man, to this day I've never been so sick." Michael is what used to be known as a righteous dope fiend. He always goes to work, pays the mortgage on his co-op and supports his family and his habit. The only difference between Michael and Mr. Average Joe Public, from White Bread, USA is that Michael's drug of choice is heroin rather than alcohol. Today, many thousands of men like Michael have died of AIDS. Some have infected their wives, who in turn have infected their children.

As we sit talking, I contemplate the reasons behind drug prohibition. Unlike our legal drugs, alcohol and tobacco, heroin is a fairly safe drug. It can cause death through overdose, but the number of people who die are very few. They tend to be people who have had their drug use interrupted by jail or by rehab, then they get out, get drunk, shoot up and choke on the vomit. The use of heroin alone does no organic damage, unlike alcohol, which damages the liver, or tobacco, which causes bronchitis, emphysema and lung cancer. There is a great deal of crime associated with heroin use. Acquisitive crime, as people steal to pay exorbitant black market prices, and violent crime as dealers engage in wars to defend their patch. But these are consequences of the illegal status of heroin, rather than effects that are attributable to the drug itself. So how was it that heroin got such a name, while alcohol and tobacco, proven killers, are on sale openly? Well, think about the countries where illegal drugs are produced. In the 1920's, the US government made it illegal to smoke opium, although anybody could walk into a pharmacy and buy as much heroin or morphine as they wanted. Why? Well, morphine and heroin were used by the white middle classes who could afford medical treatment, whereas only the Chinese smoked opium....

At around 1.00 PM we arrive at our final destination. Near the end of Canal Street is a piece of waste ground. In a city with so many homeless, little goes to waste. On a lot about 60 foot square, a shanty town has sprung up. Houses have been fashioned out of cardboard, canvas and corrugated tin. A tepee stands in the centre. One of the houses bears a hand-painted board, evidence of the fact that these dwellings, while unfit for animals, are occupied by humans. The sign read

FATHER HURT YOU WERE NEVER THERE FOR ME NEVER HONEST NEVER HELD ME NEVER KISSED ME NEVER NOTICED ME NEVER FED ME NEVER TOOK ME WITH YOU NEVER SHOWED ME ANY EMOTION WHY DO I CARE

Halfway across the site, the earth is scorched, and the remnants of dwellings bear witness to a horrendous fire. In the centre of the site, a hand-fashioned cross bears an inscription. "Mr. Yi-Po Lee. He was one of us." A small memorial garden has been planted to commemorate Mr. Lee, and a small fence erected to prevent people trampling on the flowers. According to Eric, one of the residents, some two weeks before our visit there was some dispute over drugs and one of the shacks had been torched. The fire spread rapidly, consuming many of the pathetic homes that had been erected. Over 100 people lived on the lot before the fire. Now there were only between thirty and forty. The old Chinaman had died. Though the city does provide some shelter for the homeless, conditions in the municipal shelters are so bad that many people prefer to take their chances in a cardboard shanty town.

The people that lived there weren't young. These people weren't the crusty soap dodgers that dominate London's squats. Most were in their forties or fifties, some were even older. Most had the gaunt, skeletal features associated with heavy drug use and

AIDS. A man with no legs came trundling out of his shack in a wheelchair. Everybody used drugs. As the residents brought out their used syringes and collected new ones, a neighbour of sorts, a working class black man who lived in an apartment across the street, brought a bundle of used clothing onto the lot. "If anybody can make use of those," he told one the residents, "well, they're welcome to them." As two homeless men argued and fought over an old pair of Levi's, the look on the donor's face conveyed the sense of powerless that some New Yorkers feel about the city's inability to provide even basic necessities for the sick, the old and the poor.

* * *

When Mayor Dinkins closed down the needle exchange he said "Giving out needles gives the wrong message. I think we need to go at fighting drug addiction in the first instance and I don't want to give people the paraphernalia to continue using drugs." Simplistic rhetoric that betrays a politician's lack of understanding of the complex role that drugs play in twentieth century culture. For the Soho yuppies who took me on my tour of the copping spots, drugs are just another commodity in the American dream of conspicuous consumption. For the dealers who stand on the corners of Stanton, and Forsyth and Orchard and Spring and Avenue B and the hundreds of other spots in Manhattan, Brooklyn, and the Bronx, selling drugs is one way to ensure that they don't end up in a shanty town. For the people condemned to live in shanty towns, drugs are a means of survival, a way of facing another day that holds no hope of escape from unutterable poverty, while in the midst of unfathomable wealth.

Today, there are five syringe exchanges operating in New York. They are in the process of transition, currently operating in a twilight zone between legality and illegality. At present, they are still technically illegal, but there is currently a bill before the New York state legislature seeking to change the laws relating to needle possession and distribution. Plans to transfer the management of the schemes to community organizations are almost complete and Liz Taylor's pet AIDS charity, AMFAR has set aside a small sum of money to fund them. No matter how much money AMFAR provides, it will be too little, too late. Add it up. Five needle exchange schemes, each running for a couple of hours a week. A quarter of a million injectors in the city, 125,000 of them already HIV positive. It's like offering an elastoplast to somebody who has just been disembowelled. Since the AIDS epidemic began, 20,000 children in New York City have lost one or more parents to AIDS. Drugs, racial tension, street crime and a massive urban underclass are some of the biggest problems facing the United States today, but for many right-wing politicians, AIDS isn't a problem, it's a solution. By the year 2,000, the number of AIDS orphans in New York City will exceed 100,000. Someday, those children will demand answers.

Peter McDermott July 7 1992