Point Counterpoint

Why IV Users Deserve Clean Needles

By Maia Szalavitz

They hadn’t seen such a crowd on Delancey Street in years. Two weeks ago, ACT UP and Jon Parker’s National AIDS Brigade, incensed by the mayor’s decision to close the city’s needle exchange program, came to hand out syringes and bleach. The Guardian Angels came to stage a counterprotest. When the cops moved in, the shouting reached a feverish pitch. As the TV cameras focused on activists being handcuffed, a few addicts took advantage of the confusion, grabbed some bleach, and fled down a side street.

Opponents of safe drug-use programs have long argued that distributing needles and bleach only encourages addiction. They maintain that people who use drugs are seeking death, and won’t take steps to protect themselves from AIDS. They say that addicts like to share needles. They are wrong on all three counts.

I first shot drugs in 1986. A friend gave me my wings. I heard ringing emptiness in my head, and wanted the sensation to last forever. My friend had injected me with his own works. As I went on to shoot heroin, I continued to share—but only when there weren’t enough needles to go around.

When sociologists first saw needle sharing, they labeled it a “subcultural ritual.” The myth was that sharing was somehow part of the high—like passing a joint. But no one asked addicts why they shared. The media was all too willing to point out negative attributes of drug users, but when it came to needles we were supposedly to be generous.

In fact, I never saw needle sharing as a ritual, and never heard of anyone who has. Needles are not meant to be reused. The second user gets a duller point. When you shoot someone else’s blood, you might get a highly unpleasant reaction—called a “bonecrusher” on the street.

The only person I’ve known who was eager to share was notorious for it—because no one else liked to do it. He was the poorest of the crowd of junkies I knew. He injected other people’s blood because he thought there might be dope left in it. (He later died of a cocaine overdose, leaving behind a pregnant, HIV-positive girlfriend.)

A second myth is that addicts don’t care enough about life to protect themselves from AIDS. While I was doing heroin, I didn’t want to die. I wanted to live without pain. I told myself heroin was keeping me from suicide. AIDS did not offer such promise—only slow, painful, almost certain death.

Two months after I started shooting up, a counselor from San Francisco showed me how I could protect myself by cleaning my works. From that time until I got straight, I was never without a bottle of Clorox. I cleaned my works compulsively, just as I used them.

My experience is hardly unique. In San Francisco, before 1986, only 12 percent of drug users surveyed said they cleaned their needles. But three years later, after a massive street education campaign, the portion had jumped to almost 80 percent. Infection rates among IV users in San Francisco haven’t risen above 15 percent since the campaign got underway.

Some needle exchange opponents look at these figures and say bleach alone might do the trick. But with bleach, needle sharing still occurs, and with it the chance that HIV might be transmitted. San Francisco’s success isn’t just due to bleach: though needles are illegal there too, the city quietly tolerates an informal exchange program.

In cities where needle exchange is openly permitted—Seattle, Portland, Tacoma, Sydney, Hong Kong, Paris, London, Glasgow, Liverpool, and Amsterdam—HIV infection rates have stabilized at low levels. In Edinburgh, after a police crackdown on syringes in 1987, infection rates abruptly jumped 10 percent; six months after needle exchange was instituted, no further increase was seen.

Meanwhile, according to a 1988 New York County Lawyers Association study, in nine states where needles are illegal the rate of infected IV users is six times higher than in states where needles can be bought over the counter. The state with the highest rate of all is New York, where as many as 150,000 addicts are believed to be infected and each day risk spreading the virus to other addicts, to their spouses, to their unborn children.

Opponents of needle exchange are blinded by a third myth: that distributing needles encourages drug abuse. But there has been no increase in cities where needles are exchanged. In fact, in some of these cities, drug abuse has declined.

Some opponents, particularly in minority communities, believe that the government purposefully tolerates drug dealing, and mistakes the effort to save lives through needle distribution as a form of genocide. They believe the only way to stop AIDS among users is drug treatment. But those in the minority community who work with addicts daily, like Yo-landa Serrano of the Association for Drug Abuse, Prevention, and Treatment, are vocal advocates of needle exchange. They understand that even in the best rehab programs only a very small fraction stay clean for life.

On my last day using drugs, I weighed only 80 pounds. I had pulled out large clumps of my hair and I was an etiolated grayish-green. I was 23 and looked twice my age. I looked like an AIDS patient in the final stages. I found myself begging a friend for his heroin—pleading, groveling, humiliated. Suddenly I had a moment of clarity. I saw that I was near death.

This moment can’t be artificially induced. Being around others who are recovering helps, but the desire to quit must come up from within. And once it’s there, the sight of a needle isn’t going to remove it. That’s why the Pavlovian argument against needle exchange fails. The sight of a needle is no more likely to make a recovering addict shoot up than the sight of a spider. And needle exchange can be a bridge to treatment. When I went with Jon Parker’s brigade to the streets of Bushwick, where I used to cop dope, within minutes addicts surrounded him, as if drawn magnetically. They didn’t just take the needles and run. They listened so they could learn how to stay safe. And they asked about getting clean.

When you give addicts needles, you’re giving them the right message—that someone cares enough to want them to stay free of AIDS, even if they continue to use drugs. Dead addicts don’t recover.