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Trading Needles

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It was the standard civil disobedience defense: they did it not for themselves, but in response to a condition of grave injustice and medical crisis. And last June 25 the court agreed, finding them not guilty due to what is called "necessity justification" in New York State penal law. Who are these bold marauders, selflessly risking jail for others? Why, members of ACT–UP, of course.

On March 6, 1991, they boldly and selflessly set up a table full of syringes at the corner of Essex and Delancy on the Lower East Side of Manhattan. Boldly and selflessly, they had called the media to come and see them get arrested. Boldly and selflessly, they posed for the press outside the criminal courts building after their acquittal. Meanwhile, silently–and untouched by the police–ACT–UP has since March 6 continued to give needles to addicts in Harlem, Brooklyn, the Bronx, and on the Lower East Side.

In her ruling, Judge Laura Drager admitted that "the defendants' actions would not end the [AIDS] epidemic." That was the understatement of the week, since they hadn't given away a single syringe the day they were arrested: the entire enterprise was nothing but a media stunt. Nevertheless, the judge opined, "the harm the defendants sought to avoid was greater than the harm in violating the statute. Hundreds of thousands of lives are at stake in the AIDS epidemic." Finally, she pronounced the law against possessing hypodermic needles "of limited, if any, success in preventing illegal drug use."

But is needle–exchanging any use in preventing the spread of AIDS? On the surface, it looks easy: give addicts clean syringes, and they won't pass a needle around, which means they won't spread the virus. This assumes, of course, that junkies are careful and conscientious people (like us) who will naturally be grateful for this kindly assist in health management. However, an addict usually isn't a yuppie. An addict has three states of life: stoned, searching, and sick. A person with a moderate habit might use a personal needle if he scores in a not–too–desperate searching state. A broke, severely addicted person who's in a sick state isn't capable of caution. Say such a person is a young woman: she might have to have sex with the dealer and a couple of his buddies in order to get what she needs. (This is a frequently cited scenario in crack circles.) That's when safe sex and clean–needle programs are about as meaningful as dust.

Even though many people won't be helped by needle exchanges, some would argue the epidemic is so large and the risk so overwhelming that every possible point of attack ought to be used to try to save lives. There may be some merit in this argument, but it ignores the fact that drug addiction kills people, too. Keeping people addicted, albeit with clean needles, merely shifts the location of risk. Junkies get killed by dealers for not paying their debts; they get killed by other junkies for money or their stash; they overdose; they die of septicemia when their kidneys fail; they die of infections, seizures, and strokes; they die when they need emergency hospital care and the doctor can't find a vein for an IV or a blood transfusion. They are society's throwaway people, and they know it.

No one denies that there are not enough places in proven rehabilitation programs for all the people who are addicted. Motivated people who want to get clean have to linger for months until a slot opens. Once they're released, there is nowhere for them to go, in many cases, except to the same neighborhood and the same street corners where they spent years strung out. Furthermore, junkies are an unattractive, unstable lot. The likelihood that they would organize on their own for more and better treatment, and the likelihood that very many state officials would take them seriously if they did, is so small as to be unthinkable.

Yet addicts often have a certain clarity about their situation. Mary, a woman with a ten–year heroin habit who discovered she was HIV–positive two weeks before she was due to give birth for the third time, told me bluntly, "The day they legalize heroin, that's when we know they want us dead." Louie, a multiple–abuser who lived on the street in my Manhattan neighborhood, tried to hide his addiction from me. Finally I pointed out to him the six bags of sugar he put in his coffee. (Addicts tend to use enormous quantities of sugar in anything they can put it in; that's partly why so many have bad teeth.) He wept from shame.

These aren't romantic tales. Louie was also manipulative and mean: one time when I took him to a diner to buy him a sandwich and coffee, he tried to rob me. I laughed later when I discovered it, because instead of my wallet, he'd lifted my purse–size New Testament. Mary eventually got into rehab but only after nearly killing herself in a postpartum drug binge; only after she was clean and in a daily HIV support group could she begin to make arrangements to give her children up for adoption. One man whom I visited through a long recovery from a cardiac membrane infection, during which he detoxed, wound up DOA three weeks later from gunshot wounds. Most won't be saved, no matter what we do.

At best, needle exchange may help a handful of addicts. It won't do anything for crack addicts, and it won't stop the suburban teenagers who visit shooting galleries as a nouveau form of slumming. Like our limited rehab resources, clean needles assist only a motivated minority. Meanwhile, what's the message to the larger community?

What needle exchanges primarily do is allow the non–addicted to shrug off the need for intelligent drug enforcement and readily available detox and rehab programs. The policy of the day is a "give addicts clean needles and give teenagers all the condoms they want" plan. Why? Not because these things work (efficacy is the "big lie" of AIDS policy). Rather, the policy is promoted because it permits the privileged to imagine that they're doing something really useful for "those poor people"–whereas what they are in fact doing is helping the afflicted to stay stuck in destructive and degrading behaviors. In short, we give junkies clean needles and we give inner–city kids condoms because we really don't care about them as people. When as a matter of policy we give someone that which degrades him, we admit that we don't think he's as human or as important as we are.

And when the courts let fame junkies like ACT–UP rewrite the law to promote their own agenda and have the nerve to call it compassion, we are eyeball–to–eyeball with anarchy.

We as a nation have to care enough about the ruined humans who wander our streets in the throes of addiction to commit ourselves to fight the vultures who get rich off that misery. At the same time we have to provide plenty of opportunities for even the minimally motivated to find treatment. Finally, we have to begin to teach our children that enslavement takes many forms–drugs and sex are as cruel as the bondage slavery of centuries past. All I am saying, of course, is that it is necessary to restore serious ethical decision–making to our public discourse. Is that news? Will it bring out the press? No, but if ACT–UP had anything to do with it, I could probably get arrested for it.

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