

New Yorkshire

In November last year Emma Roberts transferred her job as a needle exchange worker in Leeds to the streets of New York City. Six months down the line, she tells *Druglink* about life helping drug users in Harlem, Brooklyn and South Bronx.

There are so many contrasts in this city, it never ceases to amaze me. The myriad of nationalities, foods, music, accents and styles. The mania of rush hour at Penn Station, compared to the quiet corners of Central Park. Driving down the Belt-parkway highway to Coney Island, looking out to sea beyond Lady Liberty and Ellis Island to do needle exchange outreach, is an amazing experience.

My office bases are split between Madison Square Garden and the heart of uptown Harlem at 125th street, right by the famous Apollo Theatre. And yes, it's still hip to strut through Harlem with the biggest boom box on your shoulder.

A lot of my time is spent out in the field in the mobile needle exchange van. The most established and oldest site we visit is East Harlem at Lexington Avenue, also known as Spanish Harlem or El Barrio. This is a mainly Black and Hispanic area, with people hanging out all along Lexington, 'copping' (that's scoring) and getting high out in the open. It's one of the most vibrant parts of the city with the sounds of Marvin Gaye, old school hip-hop and Martin Luther King speeches merging with méringue and salsa.

Yet despite being in the richest country in the world, sometimes I feel like I'm in a developing one. Many people are homeless or in unstable housing, hungry, suffering from mental



A Bronx tale: drug worker Emma Roberts sets up shop in South Bronx, NYC.

health problems and have no or insufficient health insurance. Harlem has one of the highest HIV and hepatitis C rates in the US and co-infection with

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both is common. Recently we had to half walk, half drag a woman at risk of a potential overdose to the nearby emergency room and reassure her that this was the best thing, despite the fact that she wasn't "having no fu*king Narcan shot".

Next is the South Bronx, with equally high HIV and Hepatitis C levels and social problems. The area has come a long way since the 1980s, but it still has a fair way to go. In the morning we park at Tremont Avenue and 3rd, a new site by the park, which has a large treatment programme on the other side. Clients hang out at McDonald's, half-conscious from a heroin hit, holding onto their Big Macs and fries.

In the afternoon, we park in a quieter spot just off Southern Boulevard at Bryant Avenue, taking it in turns to walk about, give out condoms and talk to local people. The other day, approaching a timid looking older Hispanic lady, her first words to us in Spanish were to ask for needles with a desperate look in her eyes. We accompanied her back to our van to give her what she needed – she left with a bag of food and promising to return for more support.

Then there's Brooklyn, which is increasingly becoming gentrified, but the gaps between those with a lot and those with a lot less are stark. It also has some of the best brownstone houses in the city and a thriving arts

scene. We park near a run down SRO (single room occupancy), equivalent to our infamous bed and breakfast accommodation. People watch for our arrival and a host of regulars visit the van. I meet a man there in his 60s, a Vietnam veteran who first took heroin whilst fighting in the war and has been battling ever since. There are large numbers of vets in NYC who are dealing with post traumatic stress disorder, physical disabilities and heroin addiction, as a form of self-medication.

We then move on to Marcey Avenue at 5th, not far from the infamous Marcey projects, once the home of the singer Jay Z. This is our trickiest site for cops, as there's a precinct nearby and they hang out along the block, which frightens the clients. The main impact of this is that people's returns for dirty needles are reduced, as they are scared of being arrested and spending a week in Rikers Island prison – before a judge will throw it out of court because it's no longer illegal to carry needles, even used ones, as long as you carry a SEP (Syringe Exchange Program) registration card. Many officers knowingly or unknowingly do not observe this change.

In New York, you have to apply for a 'waiver' to deliver needle exchange. This stipulates you have to operate the exchange at a set place on a set day between set times. No home visits or meeting clients where they are. You cannot start any earlier or stay any later. Trying to move sites is a bureaucratic nightmare which can take months. Two of my least favourite things about New York are the high levels of bureaucracy and the large amounts of dog shit on the streets.

Our last site is Coney Island, New York's equivalent to Blackpool, and something of a ghost town since the closure of the theme park. This has a large number of Russians and Eastern Europeans and many shop signs in both languages. We see a lot of Russian sex workers, glamorous women in big cars. There's also the Spanish guy who lives by the beach and comes every week on his old red bicycle – shouting "hey mammy, how you doin". There's the old lady who's diabetic and her nurse wheels her to get free insulin syringes and dispose of her old ones. Again another difference – diabetics don't get free needles so we provide for them as well.

The federal ban on syringe exchange funding means community organisations supporting injecting drug users can only fund services using city

NYC AND NEEDLES EXCHANGE: THE LOWDOWN

- First needle exchange opens in 1988.
- 1 in 8 injecting drug users are infected with HIV.
- Nearly 200 syringe exchange programs currently operate in 38 US states, but coverage across the country remains poor and in many states it is still illegal.
- Despite the legality of needle exchange in New York it is estimated that only a quarter of those who need it are being reached.
- Over 8,000 people are newly infected with HIV every year due to syringe sharing. More than 100,000 New Yorkers are living with HIV.
- NYC has the highest AIDS case rate in the country, with more AIDS cases than Los Angeles, San Francisco, Miami, and Washington DC combined.
- HIV is the third leading cause of death below the age of 65. Eight out of ten new AIDS diagnoses and deaths are among African Americans and Hispanics.
- Black women are nine times more likely to die of AIDS than white women.
- Over 15,000 people are newly infected with hepatitis C every year due to syringe and equipment sharing.
- East Harlem has the highest numbers of hepatitis C infections in both New York and the country, closely followed by the South Bronx.

or state funding – which limits the coverage possible. The fact that different states have different penal codes relating to possession of syringes only complicates the matter.

It is legal for our clients to carry the syringes we provide as long as they carry their registration cards for our service – but if they cross the state line into Jersey they can be arrested. Even in New York State there is confusion over the penal codes, which have not been

fully changed while the public health law has.

In NYC we have to deal with the Rockefeller Laws, which are mandatory minimum sentencing laws that require judges to hand down heavy sentences to people caught with small amounts of drugs if they are repeat offenders. But recent changes to the laws have seen a return of sentencing discretion, so that judges can tailor the penalty to the facts and circumstances of each drug offence and allow a sentence of probation in treatment when appropriate.

The changes also strengthen in-prison treatment and re-entry services, expanding the use of alternatives to incarceration including community-based treatment when appropriate and allow certain eligible individuals incarcerated for low-level drug offences to have their sentence shortened. This has huge implications for services. We are preparing to position ourselves to support potentially thousands of clients released early from prison, especially as this could pose a huge overdose risk if these people relapse upon release.

Overall there is much optimism, following the election of President Obama, that all these interwoven policies and laws will be changed to offer a more pragmatic approach to drug use that will serve to better meet the needs of clients and support the communities in which they live.

Are the drug workers and the clients I work with a different breed than those in Leeds? Not really. What is different is the environment I have described above in which people here have to live and work. People here are just as grateful as clients in the UK for the services we provide, sometimes even more so as there is no free NHS medical care and the benefits system is even more complex. What is equally important across both sides of the Atlantic is the desire of people to be treated without judgement and with respect.

As I have pointed out to my colleagues, in both the US and UK, sometimes for our clients you may be the only person who smiles at them all day or gives them a kind word. Your actions can mean the difference between someone feeling good enough about themselves and choosing to be safer in their drug use, or going out on a bender and overdosing.

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