

Host Intro: This is 90.1, WABE, Atlanta's NPR Station. I'm Denis O' Hayer. Tonight's regularly scheduled program will not be heard, so that we may bring you a WABE news special. And a warning the subject matter of this program might not be suitable for all listeners.

WABE reporter Jim Burress has spent months researching the complex intersection of heroine use, HIV, stigma, and the section of Georgia's drug paraphernalia law that makes syringe exchange illegal. The law is designed to curb injection drug abuse, but is it effective, or is it costing lives? We present "Stuck in the Bluff: AIDS, Heroine, and the Illegal Quest to Save Lives."

Jim: **Looking at Darlene, I think to myself: *This could be my mother.***

Darlene: I'm good.

Jim: Hi. I'm Jim

We're only using her first name. The 63-year-old heroine addict just dropped in to the Westside Duplex where the Atlanta Harm Reduction Coalition, or AHRC, is based.

Darlene: Everything is legal, right?

Female: Yeah.

Darlene: (laughs). It's not like someone is going to come in here and arrest me for it. I'm not worried about it.

Jim: **Darlene is surprisingly comfortable talking about her drug use. No one will come in and arrest us, although police could. Darlene is here to exchange dirty needles for clean ones. That's illegal in Georgia.**

Darlene: (Laughs) Well, these are syringes. Um, if you shoot drugs, you have to have them, and they don't last very long. And, uh, after awhile, you need to replace them, and you also have to take care that you don't borrow them, because you can get AIDS. Very dangerous.

Jim: When you say you have to replace them, how many times would you use a single needle?

Darlene: You'd like to only use it once. Because after that it starts getting dull. But, um, you can use it, like, two or three times if you have to.

Jim: **Darlene and her husband have driven nearly four hours to get here from the East Tennessee town where they live. It's a journey they make about once a month. At any point on that trip, the small black sack Darlene clutches could get her arrested. It cradles a hundred used syringes, give or take. "Works," they're called on the street. In the courts, the term is "paraphernalia." Sometimes, Darlene will take extras back to Tennessee to give to fellow users. There's no needle exchange there.**

How long have you been using?

Darlene: (sigh) I was 40 when I started. Um, my husband started in Vietnam. Uh, he's been doing it, what, 40 years that he's been a heroin addict, but I just started when I was 40. And I began due to a medical problem. You know, that's another thing, too. The doctors will not prescribe you a decent painkillers. They give you what I call, uh, um, aspirin, really. But, um, if you have bad pain ... and have Post-Polio Syndrome, so I'm in constant pain, um, and I needed something for pain, and they wouldn't, the doctors wouldn't give it to me. And a so-called "friend" turned me on to heroin saying that it would help, and it did, you know. But the flip side of that is you end up with a habit.

Jim: **Once a day, Darlene and her husband shoot heroin -- twice if they can afford the \$40 each. Nothing about that "habit" as she calls it is good for her, and she understands that. But even with clean needles, Darlene tells me the drug's cut -- what dealers add to dilute the heroin -- That remains the bigger threat.**

How do you know when you get a bad cut?

Darlene: (laughs) Well, (coughs), you end up with holes in your arms, uh, things like that, um, you know ...

Jim: **She points to a round red lump on her skin. The concealer make up she's applied only hides so much. On close look, her arms resemble a pincushion.**

Darlene: Infections, uh, a lot of times, you know, suddenly don't feel good, and you can tell you've done something bad. Um, a lot of different things. A lot of different ways. Depending on what it is.

Jim: This happen often?

Darlene: Yeah. Unfortunately, now it does, mm-hmm (affirmative).

Jim: How many needles did you bring today?

Darlene: A hundred and five.

Female: "What's the zip code?"

Darlene: xx373.

Jim: **After giving her zip code for tracking purposes, Darlene turns over the bag she's clutched this entire time. Those 105 used insulin syringes come rolling out to create amount of clear and orange plastic.**

AHRC Outreach Coordinator Verna Gains uses kitchen tongs wrapped in duct tape to count off the needles. Two by two, the tongs push the syringes into a red plastic tub marked "biohazard." it's the size of a dorm room refrigerator. It's nearly full. After this, Darlene has one more stop. Two blocks east, one north. Cameron Alexander and James P. Brawley could be the roughest intersection in all of Atlanta. Around here, people call it "The Bluff." Some say it's the largest open air heroin market in the U.S. Darlene will make her buy, and hope the police don't stop her. And then a few minutes AHRC will park its mobile outreach RV on that same corner.

Female: Guys, we have got to pack up to go. We have clients waiting. Okay? Alright. So, y'all are just going to follow. We're just gonna pack up the RV ...

Jim: **There's nothing fancy about the Atlanta Harm Reduction Coalition. A gutter hangs off for rear of the building. The porch light swings by its wires. Volunteers card out boxes full of Triscuits, foam cups, crack pipe holders, tiny cotton balls used to filter the cut from heroin, paper towels, condoms, cold**

Pizza Hut pizzas. ... And more than a thousand brand new, in the box, read for use syringes.

One Georgia law about to be broken 1,000 times.

(Music interlude)

Marshall: Take a look around. That one is abandoned. That one's abandoned. These two on this side are abandoned.

Jim: **Atlanta Harm Reduction Coalition staffer, Marshall Rancifer, wants me to see the neighborhood -- his neighborhood. Instead of riding in the Winnebago, we walk the three blocks.**

Marshall: This is the most blighted neighborhood in the city. They haven't been the economic development in this neighborhood since I was a child, and I'm 57 years old.

Jim: **The neighborhood itself looks abandoned. Until we approached the heart of The Bluff. What strikes me is how many people there are.**

Marshall: You have addicts in active addiction. Some of them are selling drugs. Some of them are selling sex. Some of them are just coming home from work, you know. We have a variety of folks in this neighborhood. We got one who stands in front of the barber shop, everyday, all day. And he rides a little moped, and he sells heroin like it's nobody's business, you know. You will see him when we get up her. "Hey, fellas."

Jim: **Marshall knows everyone here.**

Marshall: How you all doing?

Jim: **They trust him.**

Marshall: I feel like, when I was walking in the neighborhood, I feel like I just walked into the bar on *Cheers*, because everybody knows my name, and I mean everybody. Ain't that right, Reggie?

(Nat sound of RV driving by)

Jim: **AHRC's mobile unit passes, arriving just about when we do. Maybe 20 people are gathered on the corner, standing in front of a church that once was. It's now little more than a tall stone wall, crumbled, like a bomb blew it apart from the inside.**

As AHARC folks unload foods and chairs, plastic storage bins full of condoms, and drug-filtering kits, and foldable tables, the conversation is everyday – mundane. And people are hungry. One man reaching into the bread bin with his bare hands - it's about the extent of the day's disruptions. While the food is clearly appreciated, it is *not* why most people are here.

Claude: Give me that. Give me that.

Marshall: I have citric acid?

Claude: Give me that.

Jim: **Claude is a middle-aged African-American man wearing a white undershirt and gray sweatpants. Anything AHRC's Marshal Rancifer offers, Claude accepts. Rubber ties to plum up his veins for injection. Citric acid, which breaks down heroin into individual molecules -- apply at flame, and the process necessary to inject the drug happens quicker.**

Claude: Oh. How you doing?

Verna: Hey, there. I'm good.

Claude: Hi. How are you?

Verna: You know I'm great.

Claude: 9234.

Jim: **Claude rattles off the last four of the social security number as he boards the RV. He knows the drill. Claude plops down 15 used syringes as AHRC's Verna Gaines uses her tongs – the ones wrapped in duct tape -- to push the needles**

into a biohazard bin. She passes him 20 clean ones. Claude is in and out of the RV in 40 seconds.

Claude: Thank y'all. Y'all have a blessed day.

Jim: **I stop him on the sidewalk just as he steps out.**

Claude: I get my works, my needles and stuff. I get my cotton balls, my alcohol pads. Whatever I need to do what I need to do.

Jim: And, uh, what would you do if they weren't here?

Claude: Uh, I normally would have to go find somebody and buy them off of them, off the street.

Jim: How much, uh, on the street would, uh, a works cost?

Clause: \$15. In some places. You can normally get em for \$5, but some people charge \$15. Especially if it's late at night and don't nobody else have any.

Jim: If you're in a situation like that, I mean ...

Clause: Yeah.

Jim: ... you pay the \$15?

Clause: Yeah, you pay \$15. Yeah. They're the only choice you have , but to pay.

Jim: If you don't mind asking, uh, what, what drugs you use?

Clause: Heroine, cocaine, speed ball.

Jim: ... pretty easy to get out here?

Claude: Yeah. Mm-hmm (affirmative). Easy. Real easy. Every corner. Woman? Even a man? It don't matter.

Jim: Now, for the first few minutes, Claude tells me his story from the perspective of a heroin user. I look into his eyes, which look like floating marbles. He is functional, but it is clear he is under the influence.

Claude is also an opportunist.

Claude: As long as you keep them, don't throw them away, You can sell them. But sometimes I need money to get me some heroin, so I sell them. You know what I'm saying? I sell these one pack and I keep a pack. Always keep a pack to bring in. I know I can bring in 10 works and get two packs back.

Jim: \$5 each, or you are a \$15 man ...

Claude: No. No. No. I've got to help them to help me.

Jim: **Claude is selective in those he helps. If I wanted him to help me score some "boy," -- call it heroin, and you're instantly suspect -- Well, then I'm suddenly a business opportunity. He's gonna help himself.**

Claude: Well, you'll come through like you don't know. You're white, so you come through and say, "Well, I got \$50." I sell you dime bag for \$50. You would take it because you don't know. What will I do? I'll tell you that's a quarter. So you buying you a quarter and you're buying me a quarter. That's \$50. While I just gained \$40, you gained \$10. Because you don't know.

Jim: You'd smile if you see me coming?

Claude: Yeah. Mm-hmm (affirmative). It happen every day, every day, every day.

Jim: What about the police?

Claude: Hmmm ... Very seldom. They'll ride through and keep on going. As long as you ain't bothering them, they ain't bothering you.

Jim: **Over the course of several hours, I do see a few Atlanta Police patrol cars drive by. They do not stop, and the activity seems to go on as if they weren't there. Claude tells me there's enough business here for everyone. Generally,**

everyone get along. If there is friction, he says it's between old and young, or from outsiders passing through who end up staying.

Claude: The Bluff will suck you in. You come through here, you might be riding through, I meet my partner, see my partner one time and say, "Hey, man. Come on. We can start getting high." Next thing I know I'm selling everything I got. I'm pawning my car. I'm pawning my jewelry. I'm pawning my watches. Next thing you know, there I am. I got no more money. What am I gonna do? I'm stuck in The Bluff. I ain't got no way out.

Jim: **IV drug use, heroin, The Bluff. A person you're about to meet is going to ask you to put aside those problems, because they're not *the* problem.**

(music interlude)

Jim: 16 dash, 13 dash 32, sub-section C.

Female: It shall be a unlawful for any person or a corporation, and other ...

Male: other than a licensed pharmacist, or pharmacy intern, or pharmacy extern ...

Female: as defined in code section 26 dash four, dash five ...

Male: ... or a practitioner licensed to dispense dangerous drugs to sell, lend

Female: Rent.

Male: Give.

Male: Exchange, or otherwise distribute ...

Male: Between any person a hypodermic syringe or needle designed ...

Male: ... the needle designed or marketed primarily for human use ...

Female: It's all be an affirmative ...

Male: defense.

Male: Affirmative defense that the hypodermic syringe...

Female: ... syringe or needle was marketed for a legitimate medical purpose.

Mona: I am staking my personal freedom, my lively hood, AHARC's very existence....

Jim: **Mona Bennett is the executive director of the Atlanta Harm Reduction Coalition.**

Mona: ... on trying to stop the spread of HIV, Viral Hepatitis, especially, uh, Hepatitis B, Hepatitis C, any other blood borne pathogen. I feel like that is legitimate, medical, and purposeful.

Jim: **For our interview, she wears a black baseball cap covered in political statements, buttons that read "Action equals life," "Got condoms?" (which is a take on the popular milk ad campaign). She's also attached to that hat actual condoms. When it comes to HIV, Mona Bennett is not shy, and she's never been.**

Mona: We'll gonna get in the time machine, and go back in the day to oh, early '90s. Um, I was a member of Act Up Atlanta: AIDS Coalition to Unleash Power, a direct action AIDS advocacy group. We were, uh, making sure that people living with HIV and AIDS were being treated with dignity and respect, and also helping to get the latest HIV medications into people's bodies that much quicker.

Jim : **Much of that action took place in Midtown where drugs were prevalent, and syringes littered the streets. By this time, science had proven blood as a means of transmitting the virus. Mona saw the writing on the sidewalk.**

Mona : Uh, we knew what that meant. We knew that people where, uh, using, improperly disposing of syringes, and quite possibly sharing syringes. We knew something had to be done, and no one seemed to be wanting to do anything.

Jim : **At least when it came to needle exchange, AIDS as a public health crisis *was* something the state understood. Mona says there was a group working on the frontlines: STARR.**

Mona: Street Team for AIDS Risk Reduction. They were a state group, and they were state employees who were former drug users. They were going out to their old playmates and playgrounds, uh, distributing bleach, distributing condoms, distributing information on how to clean syringes.

Jim: **Members of the state-funded group could tell people how to clean a needle, but because of Georgia's paraphernalia law, they couldn't actually hand-out new ones.**

Mona: So, they were happy to make our acquaintance. They taught us how to do street outreach, and away we went.

Jim : **Like a child sets up a front yard lemonade stand, AHRC setup a needle exchange table in Little Five Points. Two people showed up. Apparently, police had busted a huge drug operation in the neighborhood just a few weeks prior. People told them the trade had moved west. Bennett and the others followed, eventually finding themselves in the English Avenue Corridor. The Bluff. Bennett says it was just her alongside a bunch of white women from the Emory University Rollins School of Public Health.**

Mona: Quite frankly, we puzzled the police. We were in this, mm, high intensity drug trafficking area. Yet we were neither buying, nor selling anything.

Jim: **But they were breaking the law. They *are* breaking the law. The day I tagged along with AHRC, I saw a two APD Patrol cars passed by the mobile exchange. Maybe two dozen people stood on the sidewalk, many clutching a cache of used needles in plain sight. Police said nothing, although one officer waved. Lt. Rick Mason commands APD's narcotics unit. I asked him what he would do if he saw AHRC's needle exchange in action. His answer was a question to me.**

Rick: What actually makes them exchanging needles for fresh ones illegal?

Jim: You have to be a licensed pharmacist under the law.

Rick: To provide needles or exchange needles? Okay. Um, I was not aware of that. Uh, would we enforce that law? If there was probable cause to affect an arrest, we may arrest.

Jim: **Lt. Mason says street officers could use the law to help identify drug dealers and users. But for him, as a narcotics officer, he says the needle exchange provision doesn't provide much benefit from an enforcement standpoint.**

Rick: We don't enforce this because we have so many other felony charges, that it's almost like stacking charges to put a small misdemeanor mixed in with all of our felony cases, and send it off to the complaint room.

Jim : **A year and a half ago, APD made a bust near The Bluff. 323 grams of heroin, street value, that's about 40 grand, but APD incident reports attained under the Georgia Open Records Act that show in a two-year period, there were only a handful of reports related to syringe possession in the zone that includes The Bluff. A prominent Atlanta criminal defense attorney tells me he's never seen someone prosecuted under the needle exchange portion of the statute. Two public defenders from a nearby county also said they've never seen that charge.**

The law passed in 1978. Since, there have only been two published court cases that mention the needle exchange portion of the law. And neither really have anything to do with actual needle exchange.

Given what I've learned, I wanted to ask lawmakers if it's time to re-visit the needle exchange provision. Any change would have to pass both the House and the Senate. There's a good chance the bill would land on states Senator Renee Unterman's desk. The Gwinnett County republican chairs the Senate Health and Human Services Committee. She tells me she helped found the HIV, AIDS Service Organization AID Gwinnett in the early 90s. So, this public health argument behind needle exchange resonates.

Renee: But I am aware of the program. It is very controversial. Because there's a fine line because are you promoting drug usage, or are you preventing other communicable diseases? So, it's a very fine line, and, uh, it's no different than other issues that have fine lines and gray areas, but there has not been a bill to my knowledge that's been introduced.

Jim: **And there is *no* push for such a bill. One republican lawmaker who works in the medical field told me, off-the-record, he's sympathetic. He said he might even**

support the legislation. Except it's an election year, and going out front on an issue like needle exchange is, as he put it, political suicide. But it's a question other states had faced.

In 2010, Colorado changed its paraphernalia law to allow the practice. As reporter, Maeve Conran from Denver, that change hasn't put the controversy to bed.

Maeve: **Santa Fe Boulevard is Denver's up-and-coming arts district. Visitors and residents take in galleries, theaters, and coffee shops. But weekdays, this area attracts a different crowd. Drug users show up here at the Denver Harm Reduction Center to stock up. Ruth Kanatser is this center's syringe access director.**

Ruth: Yeah. When you first walk in the door, the first thing that you see is a shelf full of all different types of, um, supplies, "accoutrement."

Maeve: **Supplies like alcohol swabs, germicidal hand wipes, and even aluminum caps to cook heroin in. Aside from the high-risk of Hepatitis C, and HIV transmission, bacterial infections can lead to multiple hospitalizations for and injection drug user. Eliminate those, and the savings to the public health system are in the hundreds of thousands of dollars for a single drug user. Center Director Lisa Ravel says it's that cost-saving argument that garnered bipartisan support for Colorado's "Exemption to Drug Paraphernalia Law."**

Lisa: It all went down to the money. For people that are living with HIV now, they live for about 25 years. That's potentially \$300,000 to \$600,000 of taxpayer money for medication, doctors visits, ER visits, that sort of thing. My needles cost a dime.

(Nat sound of archived roll call)

Maeve: **After failed attempts at similar legislation in 1997 and 1998, Colorado lawmakers passed Senate Bill 189 in 2010.**

Lisa: What was great for us is that we had physicians speaking on our behalf. We had 13 people that would testify both in the senate and the house, and we had zero opposition. So, that was really particularly powerful for us, and, uh, being able to

find the bipartisan support that, “It's good public health.” Thirty-five states in 60 countries were doing this. We were not being revolutionary. We were really just trying to hurry up and catch up with the rest of good public health.

Maeve: **But Ravel and other public health officials pushing for the law had to compromise to get republicans on-board. The original legislation exempted health workers from prosecution for distributing syringes, but still criminalized the drug users for possession of a needle -- clean or dirty.**

Lisa: One of the issues that we did have in 2010 that was when you continue to criminalize the syringe, it almost promotes improper syringe disposal. That's why it was so important to get participants exempt from the paraphernalia law.

Maeve : **An amendment that exempted drug users from prosecution passed in Denver in November 2012, and statewide in May. But to avoid prosecution, drug users must be enrolled in a syringe exchange program.**

Lisa: Currently, uh, in Denver, if you are not participating in one of the two syringe access programs, um, you can catch eight to 15 days in county in jail per syringe, clean or used. We do not need to be criminalizing something that can save people's lives.

Maeve: **This syringe exchange program has been operating for less than two years, so it's too soon for public health officials to gather significant health statistics. The Harm Reduction Center has been doing a three-month follow-ups with their participants. A Ravel says, they've seen improvements in Hep C and HIV transmission rates.**

Female: We know that our folks won't test relatively low for HIV and Hepatitis C, so we want prevent and eliminate that transmission, because we're trying to make a healthier and safer Denver.

Maeve: In October, the Denver city council lifted the restriction, but kept exchanges 1,000 feet way from schools and the childcare centers. Outreach workers can now walk around the city, and exchange needles with users on the streets, something Ravel and other public health workers welcome.

Jim: **The Denver Harm Reduction Coalition operates on \$265,000 a year. \$100,000 of that goes directly to needle exchange. In 2012, the budget for the Atlanta Harm Reduction Coalition was \$320,000. Members handed out 61,000 clean needles. Last year, the budget dropped to \$120,000. This year, executive director Mona Bennett doesn't talk in terms of annual budgets. It's month to month.**

Mona: It, it still rough for us. It, it's always been a hard sell for us because we're not dealing with kittens, and puppies, and infants.

Jim: **AHRC is dealing with active drug users, and dealers, people who sell sex, the homeless, those with untreated mental conditions who act out in what Bennett calls "odd and disturbing ways." She doesn't sugarcoat any of this, and as we talk, my mind keeps going back to Claude. Remember, he's the heroin addict who also sells the drug, and he'll even sell you one of those free needles he picks up from the AHRC's exchange. At some level, in some way, isn't AHARC enabling him?**

Mona: Yes, I am an enabler. I am enabling people to live. I am enabling people to make healthier, wiser decisions. So yes, I claim that enabling. Um, people talk about "tough love" and "hitting rock bottom." All too often these days, rock bottom is at the bottom of a six-foot grave. Dead people don't 12 Step. Dead people don't get into alcohol and drug treatment centers. Let's keep people alive. Where there's breath, there's hope.

Jim: **In a place where hopelessness is often a life sentence, AHRC staffers never lose side of the person at the end of the addiction. There are success stories. Back at AHRC's Winnebago, I witnessed the potential start of one in the form of a middle-aged woman named Beverly.**

Beverly: You know, you told me when I'm ready to call you. You helped me get into treatment.

Verna: And I'll help you again. Are you ready?

Beverly: I'm ready.

Jim: Are you scared?

Beverly: No. I'm happy.

Jim: **Beverly has been here before. Three times she says she's gone into treatment, and relapsed. Maybe she'll succeed on this fourth try. Maybe it will take five or six. But if a clean needle can keep Beverly from contracting HIV until she beats the addiction for good, Mona Bennett says she'll keep supplying those syringes. At least that's the hope. AHRC has had to cut back on the number of needles it hands out from more than a thousand per outreach in October to about 600 now. Bennett says the "syringe fairy" is providing those. She says the organization has funding through March, but after that there's no guarantee they can keep the Winnebago running, or the door's open.**

Denis: WABE's Jim Burress reported and produced this documentary. Charles Edwards was the editor. The project originated from a reporting partnership with *Creative Loafing*. A big thanks to the paper's staff, including Debbie Michaud, Rodney Carmichael, Thomas Whitley, and photo journalist Joeff Davis. Davis' work is featured prominently on our website, WABE.org. Additional thanks to KGNU in Bolder, Atlanta Police Public Affairs, The Atlanta Harm Reduction Coalition, Design Within Reach, and the entire WABE news and production Staff. A special thank you to WABE's continuing members who made this project possible.