

## Jersey City Independent

# Jersey City 's Needle Exchange Program Takes Flight 'On a Wing and a Prayer'

By Darren Tobia • Jul 9th, 2009

On July 1, public health activists breathed a sigh of relief as Hyacinth AIDS Foundation launched Jersey City's first-ever syringe access program, also known as needle exchange. It is the fifth of six eligible pilot programs allowed under state legislation.

With little fanfare — a flyer pinned to a bulletin board — the Puerto Rican Family Institute, at 40 Journal Square, became the first vendor. Hudson Pride Connections, as well as Hyacinth's mobile HIV testing unit, will soon follow suit.

The program, currently operating 1.5 days per week, is free and anonymous. Syringes, both intravenous and subcutaneous, ranging in barrel size, thickness and length, are available, along with containers for safe transport of injection equipment and harm reduction apparatus.

The program is sorely needed in Jersey City, which for a time in the mid-90s had the highest per capita AIDS rate in the nation, at 138.1 infected individuals per 100,000 residents. Currently, 38 percent of the city's cumulative HIV/AIDS cases are a result of intravenous drug use, more than any other method of transmission.

For several decades, research has shown that programs allowing people to access free, clean syringes — without fear of prosecution — reduce transmission of blood-borne pathogens and quell epidemics like HIV.

Jersey City's high transmission rate for injection drug use mirrors the rate across New Jersey, which is twice the national average.

"The majority of our epidemic has always been rooted in injection drug use," Axel Torres-Marrero, senior director of public policy at Hyacinth, explains.

The reason is due largely to the unique geographic landscape of New Jersey. Lacking one major metropolitan area like New York City or Philadelphia, our state proliferates in mid-sized cities. These urban centers, large enough to foster urban strife rampant in the 80s and 90s, have been devastated by dirty needles — and the subsequent HIV/AIDS infections those needles bring.

"You'd be hard pressed to find another state where you can name six or seven cities that were basically living out a plague," Torres-Marrero says.

Some may wonder how Jersey City , with chart-topping transmission rates, became the last of five cities, in the last state in the country, to implement a needle exchange program. But most activists hold that to frame the question this way is disingenuous.

Willing municipalities had no real options until syringe access legislation was passed at the state level. New Jersey was the last state in the nation to pass such legislation in December 2006 — and it was a process fraught with challenges, as a [2006 report](#) by *JCI* 's Shane Smith shows.

Since the state finally came on board, five cities have already launched programs in only 2.5 years' time — no small feat, according to Roseanne Scotti, director of the New Jersey Drug Policy Alliance.

“ Pennsylvania , our next door neighbor, has had syringe access programs since 1992,” Scotti says by way of comparison. “To this day they only have two — one in Philadelphia and one in Pittsburgh — and that's after 15 years.”

### **A Wing and a Prayer**

Identifying resources has been the main obstacle to launching the Jersey City program, and continues to be moving forward. Lacking subsidies from the state and city, and with a federal ban on funding syringe access, a scramble to find more resources leaves little time to rest on laurels.

“We are starting this program on a wing and a prayer,” Hyacinth executive director Kathy Ahearn O'Brien says. “We have some initial startup money that will last us a year, but after that, who knows?”

The current budget for the program is “piecemeal,” according to O'Brien. Each day holds pending word from this or that foundation. The program is currently operating on a single one-year grant of \$47,000 from the Drug Policy Alliance via the Irene Diamond Fund, as well as Hyacinth's in-kind donation of staff-time.

But Jersey City 's trials are not unique. “We don't have a set budget either,” Jerome King, executive director of Well of Hope, which operates Paterson 's program, says. “It all depends on how we get funds; it's been sporadic.”

In essence, the same sites in different cities are competing for the same small pool of money, according to Torres-Marrero. What's more, advocates say there's a risk that funding may not meet New Jersey 's needs in the future.

“It really doesn't [even] meet the need now as all the programs are running on shoestring budgets,” Scott says. “Our hope is that someday soon the state will step up and provide at least a little funding for the programs.”

After three years, syringe access pilots will be eligible for state funding, but even then there are no guarantees. Many states around the country continue to balk at this step; California, despite having offered services for a decade, only began funding it two years ago.

But to deny funding for harm-reduction programs like syringe access — even in light of ubiquitous state budget crises — is “pennywise but pound foolish,” in Scotti’s view.

“Syringe access programs are very cost effective,” she adds. “A clean syringe costs about ten cents. Lifetime AIDS care costs more than \$618,000 per person.”

There may also be a grain of hope at the federal level, as President Obama has pledged support for repealing the ban on funding syringe access. While he has not yet acted on that pledge, you can expect strong advocacy from Thomas Frieden, head of the Centers for Disease Control and Prevention, and Obama’s drug czar Gil Kerlikowske, who supported needle-exchange as a police chief in Seattle.

## **City Politics**

Even though it took Jersey City a few years to get the program rolling, it turns out that city politics was the least of all hurdles. The city has a long history of supporting syringe access that precedes the passing of state legislation, with a number of public health-minded city lawmakers leading the charge.

Assemblyman L. Harvey Smith, a city council member from 1993-2005 and a former drug and alcohol counselor, joined forces with current council president Mariano Vega to push local legislation.

Vega, who holds a graduate degree in human services, credits his days working at the University of Medicine and Dentistry of New Jersey for shaping his views 24 years ago.

“The best medical minds were recommending this action in Newark,” Vega says. “I remember thinking that if I ever was in a policy position, I would support this effort.”

In 1999, urged by a resolution by the Hudson County HIV/AIDS Planning Council, the City Council unanimously passed a resolution to pressure the state government to act. It was only the second resolution of its kind in the state.

The city then was forced to wait seven years for the Bloodborne Disease Harm Reduction Act to pass. Some advocates credit local gay rights’ activists for keeping the issue out front during this time and holding politicians’ feet to the fire.

During the 2004 special municipal election, just as the gay community began branding itself as a voting bloc, Jersey City Lesbian and Gay Outreach (JCLGO) held the first Lesbian, Gay, Bisexual and Transgender Candidates Forum and made sure to include a question on needle-exchange.

“HIV/AIDS has so disparately affected the LGBT community, so we have historically taken leadership on this issue,” says Walt Boraczek, who was JCLGO’s director at the time and now heads the Hudson Diversity Action Council. “But our City Council was very progressive.”

The city ordinance to bring one of the state’s pilot programs to Jersey City passed unanimously in 2007 with little sustained opposition. But bungled deadlines and ham-fisted mayoral remarks still cast a lone shroud over that bold action.

Opposition to having city taxpayers foot the bill for syringe access (ill-conceived, as private sources were ultimately used) and to a state-sanctioned drug treatment mobile unit (Mayor Jerramiah Healy, despite his general support for needle exchange, compared the mobile unit to an ice cream truck for drug users in 2007) caused city government to flounder as the state’s application deadline passed.

### **Hindsight is 20/20**

In November 2007, Atlantic City launched the first New Jersey syringe access pilot. Camden followed suit months later, with Newark and Paterson shortly in tow. Jersey City should benefit from the hindsight of watching its predecessors.

By and large, the communities that have syringe access pilots reported very little community opposition. But Jersey City’s advocates, like Hyacinth’s Veronica King, are armed and resolute.

“As long as people try to make this a non-public health issue, we will have to keep fighting,” King says. “We can prevent infection, save lives and save money for the state — we need to stay focused on that.”

Existing programs are also more or less pleased by how things have played out in the media. Only Atlantic City took the brunt of what that city health commissioner Ron Cash calls a “bogus” report in the Atlantic City *Press* that criticized the program for not linking participants into drug treatment facilities.

“The addiction service side is a wonderful part of it,” Cash says, “but our priority is stopping the spread of infection.”

Cash also recommends that program administrators work closely with law enforcement. “Start that early and quick and often,” he says, “so there won’t be any miscommunications about what their expectations are.”

Although registration cards are issued to identify participants to police officers, reports still linger of drug paraphernalia charges being issued — a potential barrier to successful programs.

Hyacinth has already met with Jersey City police chief Tom Comey, a strategy recommended by the New Jersey Drug Policy Alliance. But broader outreach would merit greater gains, as the paraphernalia charges rarely occur within host cities, but in outlying municipalities.

Genny Fulco, who manages the syringe access program at the Camden Area Health Education Center, says other cities’ officers just might not understand the particulars of the law.

“[They] may not know about the program, or not read the card carefully, or misunderstand that this a statewide law that allows people to carry syringes,” she says, “not just a local law that allows them to carry them in the city where the program is operating.”

### **A Bittersweet Victory**

Despite the challenges before and beyond, each new syringe access pilot launched is a bittersweet victory that, in its own way, honors activists late and living, at-large and local, who paved the way.

Some may pause to honor the late state Sen. Wynona Lipman, who introduced the first syringe access bill in 1991-1992.

Or Riki Jacobs of Hyacinth AIDS Foundation, who barely missed seeing her fifteen years of advocacy bear fruit in Jersey City, passing away four months ago.

Or grassroots heroes like Diana McCague, who was arrested in 1998 for operating an underground needle exchange in New Brunswick.

Or state Sen. Nia Gill, who held up judicial appointments in her district to push the state bill. Or Assembly Speaker Joe Roberts, or state Sen. Joe Vitale, or Gov. Jon Corzine and countless others.

But not least to be honored are the 15,000 people needlessly lost to injection-related HIV in New Jersey and the 15,000 who are living with HIV/AIDS contracted from dirty needles.

