Formative Research
HIV Behavioral Surveillance
of HIV Risk and Prevention Behaviors of
Injection Drug Users (IDUs) Initiative

HIV Prevention Community Planning
Support and Development Initiative
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October 22, 2004
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Formative Research Methodology
Background: The New Jersey Research Initiative (NJCRi) contracted with the HIV Prevention Community Planning Support and Development Initiative (CPSDI) to design and conduct the formative research component of New Jersey’s National HIV Behavioral Surveillance of HIV Risk and Prevention of Injection Drug Users (IDUs) initiative with the Centers for Disease Control (CDC). The goals of the formative research were to ensure that: (1) during behavioral surveillance an adequate number of IDUs are recruited and interviewed; (2) the sample used in the interviewing represents the broader IDU community; (3) the prevention questions included in the questionnaire are relevant to local prevention activities. The importance of the project is that collected behavioral surveillance data will be used locally and nationally to evaluate whether prevention efforts within a community are reaching important population segments as well as meeting local and national HIV prevention goals.

Geographic Locations of Study: It was determined, in conjunction with NJCRi and the New Jersey Department of Health and Senior Services (NJDHSS), that the scope of the project would be limited to the Newark Eligible Metropolitan Area (Newark EMA). The Newark EMA is comprised of Essex, Morris, Sussex, Union, and Warren counties. This area was chosen due to its high prevalence of HIV/AIDS cases reporting IDU transmission risk.

Research Goals and Objectives: The goals and objectives of the formative study were to prepare for surveillance by: (1) interviewing persons knowledgeable about the IDU community; (2) creating an ethnographic map to show possible venues for recruitment of IDUs for extensive behavioral interviews.

(1) Interviewing Persons Knowledgeable about the IDU Community

The CPSDI staff conducted a series of focus groups and key informant interviews with individuals knowledgeable about the IDU community in Newark and the surrounding counties, comprising the Newark EMA. The CPSDI staff gathered information from those interviewed including the:

- types of drugs used and injected;
- demographics of local IDUs;
- nature, types and extent of social networks among IDUs;
- use and extent of services available in the community for IDUs;
- locations of drug activities;
- information on the prevalence of sharing syringes and injection equipment;
- means of procurement of syringes by IDUs;
- language used by IDUs to describe drugs, drug paraphernalia and drug culture;
- best ways to recruit IDUs for future interviews;
- appropriate types and amounts of incentives for recruitment;
- appropriate locations and times to conduct interviews;
- criteria for determining whether a potential interviewee is a current injection drug user.

Project Manager: The CPSDI staff hired a Project Manager to develop the project and conduct key informant interviews and focus groups. The Project Manager was chosen with regard to his background in psychological counseling and his extensive experience in working with injection drug users and provision of HIV prevention services specific to this population.

Community Gatekeeper: The CPSDI staff hired a Newark Community Gatekeeper to recruit IDUs for the focus groups. The gatekeeper also made arrangements to have the focus groups held at venues that were familiar to Newark-based IDUs. The Community Gatekeeper is a member of the New Jersey HIV Prevention Community Planning Group (NJHPCPG) and is a well known and trusted member of the Newark IDU community.

Recruitment: The research design developed by CPSDI was to conduct two types of interviews, those being key informant interviews and focus groups with IDUs (those in early stages of recovery and those currently injecting).

Focus Groups: The Project Manager worked with the Community Gatekeeper to develop a strategy to recruit IDUs into focus groups. The Community Gatekeeper contacted a variety of agencies with access to IDU populations to determine their interest in hosting a focus group. Once the agency
agreed to host a focus group, the Community Gatekeeper and the Project Manager worked with the agency to recruit IDUs (clients of that particular agency and other interested IDUs) for the groups. The Community Gatekeeper also recruited IDUs that are not currently seeking any type of social service to participate in one focus group held in the Newark area.

**Key Informant Interviews:** The Project Manager contacted the following types of agencies in Newark, and the surrounding Newark EMA, to interview outreach workers and frontline workers to participate in key informant interviews:

- Agencies funded to provide HIV/AIDS prevention services to IDU communities
- Agencies funded to provide addiction treatment services to IDU communities
- Community based organizations providing services to IDU communities

The Project Manager contacted five agencies in Newark, two agencies in Union County and one agency, each, in Morris, Sussex and Warren counties to participate in the project. The Community Gatekeeper identified seven additional Newark agencies to be contacted regarding participation in the project.

**Agency Contact:** The Project Manager sent an initial letter of introduction to these agencies describing the project. The Executive Directors of each of the agencies were contacted, one week later, by the Project Manager, to further explain the project and schedule times for key informant interviews and/or focus groups of IDU consumers. (Note: It was determined that consumer groups and outreach worker groups be conducted separately to maintain the confidentiality of the focus group participants). Development of a recruitment strategy was then discussed, thus determining the inclusion of incentives appropriate to the project, resulting in the participant-compensation of one meal and one $15 gift certificate to be redeemed at a local supermarket (i.e., Pathmark or ShopRite).

**Participation in Study:** Of the 17 agencies contacted, 10 provided key informants for interviews and 13 hosted focus groups. In addition, the Project Manager obtained a key informant interview with a sergeant from the City of Newark Police Department, Narcotics Division. Key informants included executive directors, project coordinators, and frontline workers. Focus groups were comprised of 147 injection drug users. The agencies and individuals participating in the project are listed in the following table:

<table>
<thead>
<tr>
<th>Interviewee Category</th>
<th>Agency &amp; Location</th>
<th>Interviewee Description</th>
<th>Interview Type</th>
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<tbody>
<tr>
<td>Essex County</td>
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<td></td>
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</tr>
<tr>
<td>Addiction Service Providers</td>
<td>Essex Substance Abuse Treatment Center Newark, New Jersey</td>
<td>Substance Abuse Counselors &amp; Frontline Workers</td>
<td>Key Informant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IDUs in Treatment</td>
<td>Focus Group</td>
</tr>
<tr>
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<td>CURA Newark, New Jersey</td>
<td>Substance Abuse Counselors</td>
<td>Key Informant</td>
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<td>IDUs in Treatment</td>
<td>Focus Group</td>
</tr>
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<td>Newark Renaissance House Newark, New Jersey</td>
<td>Executive Director</td>
<td>Key Informant</td>
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<td></td>
<td>NJCRI: Project SOARS Newark, New Jersey</td>
<td>Project &amp; Outreach Coordinators</td>
<td>Key Informant</td>
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<td>HIV Prevention Providers</td>
<td>Salvation Army</td>
<td>IDUs</td>
<td>Focus Group</td>
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<tr>
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</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td>Positive Health Care</td>
<td>IDUs</td>
<td>Focus Group</td>
<td></td>
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<td>Newark, New Jersey</td>
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<td></td>
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<tr>
<td>El Club del Barrio</td>
<td>IDUs</td>
<td>Focus Group</td>
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<td>Focus Group</td>
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<tr>
<td>Programs participating</td>
<td>Outreach &amp; Frontline Workers</td>
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<tr>
<td>in Newark’s “Night of</td>
<td></td>
<td></td>
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<tr>
<td>Outreach”</td>
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<td>Narcotic Division Officer</td>
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<tr>
<td>Department</td>
<td>Newark, New Jersey</td>
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| Morris County |
|--------------|----------------|
| Hope House   | Administrative Staff | Key Informant |
|             | IDUs in Treatment   | Focus Group   |
|             | Dover, New Jersey   |              |

| Sussex County |
|--------------|----------------|
| Sunrise House| Project Coordinator | Key Informant |
|             | IDUs in Treatment   | Focus Group   |
|             | Lafayette, New Jersey |          |

| Union County |
|--------------|----------------|
| Essex Substance Abuse Treatment Center | Substance Abuse Counselors | Key Informant |
| Elizabeth, New Jersey | IDUs in Treatment | Focus Group |

| Organization for Recovery | Substance Abuse Counselors | Key Informant |
| Plainfield, New Jersey | IDUs in Treatment | Focus Group |

| Warren County |
|--------------|----------------|
| Hackettstown | Substance Abuse Counselors | Key Informant |
| Community Hospital: Counseling & Addiction Center | | |
| Hackettstown, New Jersey | | |
Demographics of focus group participants:

<table>
<thead>
<tr>
<th>Gender</th>
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<td>Males</td>
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<tr>
<td>Females</td>
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<td>Transgendered</td>
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<td>Caucasian</td>
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<tr>
<td>Hispanic</td>
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<td>Other</td>
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<table>
<thead>
<tr>
<th>Residence</th>
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</thead>
<tbody>
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<tr>
<td>Morris County</td>
<td>5</td>
</tr>
<tr>
<td>Sussex County</td>
<td>21</td>
</tr>
<tr>
<td>Union County</td>
<td>27</td>
</tr>
<tr>
<td>Warren County</td>
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</tr>
</tbody>
</table>

| Age Range       | 19-58 |
| Average Age     | 40.5  |

(2) Creation of an Ethnographic Map

The Project Manager developed a methodology to conduct ethnographic research using the principals outlined in LeCompte & Schensul (1999). However following the disclosure of the methodology during first set of key informant interviews in Newark (and subsequently confirmed by the Community Gatekeeper and the Newark Police Department), the Project Manager was warned against conducting extensive ethnographic data collection. During the summer months of July and August, Newark was embroiled in a series of gang warfare attacks against the Newark Police Department. It was unsafe for the Project Manager and the Community Gatekeeper to walk or drive through the neighborhoods necessary to collect data on areas where drugs are sold and used.

The secondary methodology of data collection was developed and used for the project that relied on data collected from key informant interviews and focus groups. During each of the sessions, the Project Manager asked detailed questions of the participants regarding areas where drugs are sold and used in the communities. This information was gathered and then crosschecked for accuracy with the Community Gatekeeper following the final interviews/focus groups.

For Newark, the data points were plotted on a large scale map that depicted all of Newark’s neighborhood boundaries and streets. The data on the map depicted: (1) intersections where drug activities were predominate; (2) housing projects where drugs were used and sold; (3) streets that were main thoroughfares for drug use and distribution. In addition, the areas that were most often mentioned as drug “hot spots” were prioritized and indicated as such. Information from the interviews/focus groups indicating agencies where IDUs felt that future interviews could be conducted were also plotted.

For the other counties participating in the study, very little data was provided as to the location where drugs were used and sold in the general area. Data on locations from these interviews/focus groups were listed in the chapters detailing the focus group/interview information.
Newark
Key Informant Interviews
A key informant interview was held on 8/11/04 at the Project SOARS office of NJCRI. Attending was the Project SOARS Director and the outreach coordinator.

1. What drugs are most commonly used in Newark, New Jersey?

Injectibles
- Heroin
- Cocaine with heroin as a “speedball”

Non-Injectibles
- Heroin
- Cocaine
- Crack
- Marijuana
- Extasy
- Extasy mixed with Viagra
- Opiate prescription medications
- Benzodiazepines
- PCP

Cost of Heroin
- $10 per bag

2. What are the demographics of local IDUs?

The youngest injectors seem to be in their mid teens. The majority of Newark injectors are between 35 and 50 years old. Injectors in the Newark area are African American and Hispanic, with the majority being African Americans. Caucasian IDUs are a minority in Newark. IDUs are almost equally divided between men and women.

3. Describe the network ties among injectors.

The relationship among IDUs was described as being complicated. Newark IDUs all know each other, act as a community, and are friendly with one another but at the same time they will manipulate and betray friends for drugs or money. It is not uncommon for IDUs to buy or use drugs in pairs or small groups but IDUs are rarely loyal to one specific small group for long periods of time.

4. What services are available to IDUs and are they utilized?

The number of services for IDUs is limited in Newark. An IDU can access detoxification programs but will often face difficulties due to a lack of insurance or long waiting lists. Methadone programs are available for IDUs and some offer the Patient Incentive Program (PIP).

Newark has a large number of drug free drug treatment programs but these are rarely accessed by IDUs currently using.
HIV prevention programs are available but offer limited services for IDUs. An IDU can be tested for HIV or Hepatitis and can get prevention information and education. Outreach workers provide safe sex supplies, prevention information, and referrals.

Newark has a large network of homeless shelters. The shelters are not for active drug users but as long as drugs are not used on the premises IDUs will not be turned away. If for some reason they are evicted from a homeless shelter IDUs can go to a different shelter.

5. **Best incentives and recruitment strategies**

The most effective incentives for recruiting IDUs will be cash. For safety reasons, money orders could be given in lieu of cash. The only alternative to cash/money orders would be gift certificates for local food stores (particularly Pathmark).

6. **Where should interviews be conducted?**

Interviews should not be done in the street. Not only will IDUs be unreceptive to street interviews but it will also pose a security risk for those conducting interviews.

Storefronts were thought to be impractical for two primary reasons: (1) the amount of time it would take to establish the trust needed to draw IDUs into a storefront would extend the length of the project to many months; (2) it would also be difficult to provide security in storefront locations.

Key informants believed that conducting interviews in existing programs would be the best solution. Existing programs already have a rapport with IDUs, staff can help with recruitment, and agencies already have security measures in place.
A key informant interview was held on 8/24/04 at the Blanchard Street office of Essex Substance Abuse Treatment Center. Attending was the Executive Director, a program director and frontline worker from each of the agency’s three locations (Blanchard Street, Newark; Frelinghuysen Street, Newark; and Elizabeth, New Jersey) and the outreach coordinator for the three locations.

1. What drugs are most commonly used in Newark, New Jersey?

Injectibles
- Heroin
- Cocaine
- Cocaine with heroin as a “speedball”

Non-Injectibles
- Heroin
- Cocaine
- Marijuana
- Extasy
- Benzodiazepines

Cost of Heroin
- $7 - $10 per bag in Newark
- $10 per bag in Elizabeth

2. What are the demographics of local IDUs?

The majority of injectors are between the ages of 20 and 40 years old. There are younger injectors but most of the younger heroin users are sniffing. In Elizabeth, the average age of injectors tends to be a few years younger.

Clinics in both Newark and Elizabeth have mostly African American and Hispanic IDU clients. Newark clinics have slightly more African American clients and the Elizabeth clinic have slightly more Hispanic clients.

Both clinics have more female than male injectors.

3. Describe the network ties among injectors.

There are several networks of drug users that fall into a hierarchy. IDUs are only one step above crack smokers who are at the bottom of the hierarchy. Among IDUs, there is a very strong network. IDUs share information with one another regarding: where and when to buy what drugs; who are the "Dr. Feelgoods"; who among IDUs are sick or incarcerated; and what programs are offering incentives.
4. **What services are available to IDUs and are they utilized?**

There are many services available to IDUs in Newark. Essex Substance Abuse Treatment Center offers a comprehensive program that provides: methadone detoxification, maintenance, and Patient Incentive Programs; HIV counseling and testing; prevention case management; early intervention programs; OB/GYN services; and harm reduction counseling. Additionally, there are many community based organization (CBOs) throughout Newark that provide services for IDUs.

In-patient detoxification and rehabilitation programs are available but they are difficult to access and have long waiting lists.

There are no Newark programs that serve only active drug users. However, some CBOs are considered to have harm reduction programs because they offer safe sex supplies, bleach kits, referrals and information to active drug users.

All of the Newark programs seem to be well utilized by IDUs. The exceptions are IDUs that do not have identification. Most programs now require identification for admission. Adding to the problem, identification is needed to obtain state or other official identification. This cycle often leaves IDUs without identification and no way of getting identification.

5. **Best incentives and recruitment strategies**

Incentives will be necessary to recruit IDUs. Cash will be the most effective incentive. If it is not feasible to offer cash, then gift certificates should be offered. There were several suggestions of what type of gift certificate should be offered but the consensus was local food stores. The appropriate amount for cash or gift certificate should be $25 - $30. A good incentive may yield so many IDUs willing to participate that "You'll have to turn people away." The incentives need to be available immediately after the interview and there should be "no strings attached" other than to participate in the interview.

The best way to recruit IDUs for interviews would be to utilize the strong networks among IDUs. Once a small number of IDUs are aware that incentives are available for sitting in an interview, than most other IDUs will know about the interview within 24 – 48 hours.

6. **Where should interviews be conducted?**

Street interviews will be very difficult to complete. Many IDUs will be willing to start an interview but will have a difficult time concentrating or paying attention for any length or time. An alternative to street interviews would be to go inside a fast food restaurant and provide food during the interview.

Storefronts were thought to be an old concept that would not be effective. Any advertisement of the storefront would serve to keep IDUs away because of the stigma associated with being an IDU.
Existing programs that already serve IDUs would be the best place to conduct interviews. Advantages to using existing programs include: Ease of starting the recruitment process by informing existing clients; IDUs already trust and feel safe going to these programs; and using programs in different areas of the city help to alleviate transportation issues.

It was reported that the best time to conduct interviews will be in the early morning and evening. However, it was noted that the need for security makes mornings the most appropriate time to hold interviews.
Newark Renaissance House
Key Informant Interview
9/14/04

A key informant interview was conducted with the Executive Director of Newark Renaissance House. The interview was conducted on 9/14/04 at the Newark Renaissance Office in Newark, New Jersey.

1. What drugs are most commonly used in Newark, New Jersey?

   Injectibles
   - Heroin
   - Cocaine
   - Cocaine with heroin as a “speedball”

   Non-Injectibles
   - Benzodiazepines
   - Cocaine
   - Heroin
   - Marijuana

   Cost of Heroin
   - $10 per bag in Newark

2. What are the demographics of local IDUs?

   The youngest injectors seem to be in their mid teens. The majority of Newark injectors are between 35 and 50 years old. Injectors in the Newark area are mixed between African American and Hispanic, with the majority being African Americans. Caucasian IDUs are a minority in Newark. IDUs are almost equally divided between males and females.

3. Describe the network ties among injectors.

   Newark IDUs are a network in that they all know each other and act as a community. However, IDUs are selfish and will betray one another when it is in their best interest. It is not uncommon for IDUs to buy or use drugs in pairs or small groups.

4. What services are available to IDUs and are they utilized?

   The number of services for IDUs is limited in Newark. An IDU can access detoxification programs but will often face difficulties due to lack of insurance or long waiting lists. Methadone programs are available and offer the Patient Incentive Program (PIP).

   Newark has a large number of drug free drug treatment programs. These are accessed by a limited number of IDUs.

   HIV prevention programs are available for IDUs. An IDU can be tested for HIV or Hepatitis and can also get prevention information and education. Outreach workers provide safe sex supplies, prevention information, and referrals to IDUs.
Newark has a large network of churches and homeless shelters. These programs are not necessarily for active drug users but they are also not usually turned away.

5. **Best incentives and recruitment strategies**

Incentives will be necessary to recruit IDUs. Cash should not be used because it may enable drug use behavior. Gift certificates are an appropriate alternative. The appropriate amount for a gift certificate is $25.

Recruitment of IDUs can be done by community gatekeepers and those familiar with Newark IDUs. These people will easily be able to access IDUs in parks, housing projects, or those “living under a bridge.” Gatekeepers will be trusted by IDUs and that helps IDUs consider participation. Gatekeepers can be found at Newark programs serving IDUs, local churches, and 12-step meetings.

6. **Where Should interviews be conducted?**

Street interviews will be very difficult to complete. Many IDUs will not want to speak with an interviewer on the street for more than a few minutes.

Existing programs that already serve IDUs would be the best place to conduct interviews. IDUs already have access to these locations and program staff will be able to help with recruitment.
A key informant interview was held on 9/15/04 at the office of CURA in Newark, New Jersey. Attending were 6 substance abuse counselors.

1. **What drugs are most commonly used in Newark, New Jersey?**

   **Injectibles**
   - Heroin
   - Cocaine
   - Cocaine with heroin as a “speedball”

   **Non-Injectibles**
   - Heroin
   - Cocaine
   - Marijuana

   **Cost of Heroin**
   - $10 per bag in Newark
   - $85 per bundle

2. **What are the demographics of local IDUs?**

   Heroin users sometimes start to experiment with injecting as early as 13 years old but most of the younger injectors are between 15 – 18 years old. The majority of IDUs are between 20 and 35 years old. The majority of IDUs in Newark are either African American or Hispanic. Males account for about 65% of Newark IDUs.

3. **Describe the network ties among injectors.**

   IDUs are described as loners who inject in pairs or small groups. IDUs will protect their best interests. This will sometimes require IDUs to work together in order to raise the money needed to buy heroin. When individual IDUs lack the money needed to buy heroin a small group or pairs of IDUs will pool money to buy heroin and share with each other.

4. **What services are available to IDUs and are they utilized?**

   **Detoxification & Rehabilitation:** Newark has both out-patient and in-patient detox and rehab programs. Programs specifically for the Hispanic population include CURA, La Casa De Pedro and Hogar Crea.

   **HIV Prevention & Treatment:** Newark has many community based HIV prevention and treatment programs that can be accessed by IDUs. Programs used by the Hispanic population include El Club del Barrio, UMDNJ HIV clinic, Peter Ho Clinic at St. Michael’s Hospital, and St. Francis Hospital. HIV prevention and treatment programs offer a great deal of outreach to the Newark community, including IDUs. Through outreach services, IDUs can be tested for HIV, as well as receive safe sex supplies, bleach kits, HIV prevention information, and referrals to other services.
Newark also has community service programs, vocational training, and housing assistance available for IDUs.

Newark programs are well utilized by drug users who are in the early stages of recovery or who have stopped using. Active IDUs do not access these programs very often. IDUs are receptive to outreach workers and the services that are offered during outreach.

5. Best incentives and recruitment strategies

Incentives will be needed to recruit IDUs. Not only will incentives attract IDUs for interviews but it will help build rapport with interviewers. Without incentives IDUs may feel used during interviews and will be less cooperative. The appropriate incentive is a gift certificate in the amount of $25 to clothing stores (note: Old Navy was named specifically).

IDUs can be recruited by posting flyers and making flyers available at the programs IDUs frequent. Methadone clinics will be the best locations to post and hand out flyers. Programs that conduct outreach should also be utilized to recruit IDUs. As IDUs begin to participate in interviews, they will use word of mouth to recruit additional IDUs.

6. Where should interviews be conducted?

Storefront: A storefront will not be a viable option for conducting interviews. IDUs, particularly Hispanic IDUs, will be fearful that entering a storefront may disclose their injector status.

Street Interviews: IDUs will be unresponsive as they are approached for a street interview. IDUs will most likely be unwilling to cooperate on the street.

Newark Programs: The best alternative is to conduct interviews at Newark programs that have an IDU client base or rapport with IDUs.
Newark Police
Narcotic Division
Key Informant Interview
10/4/04

A key informant interview was with Sergeant Velez on 10/4/04 at the City of Newark Police Headquarters.

1. **What drugs are most commonly used in Newark, New Jersey?**

   **Injectibles**
   - Heroin
   - OxyContin

2. **Perceptions of the Newark IDU community:**

   The Newark residents consider the IDU community to be a nuisance and a menace. The residents of Newark are constantly finding drug paraphernalia and drug packaging littered throughout Newark neighborhoods. Pedestrian traffic connected to drug use is overwhelming at times. Additionally, IDUs are thought of as fiends who commit crimes to raise the money needed to buy drugs.

3. **Profile of a Newark IDU:**

   Newark injectors are minorities that are either transient or from the poorer sections of Newark, are between 30 and 40 years old, and tend to be HIV positive. There are more male Newark IDUs than female IDUs. Newark IDUs primarily purchase drugs in the housing projects and inner-city areas known for drug dealing.

   IDUs that travel to Newark from the suburbs are from middle to upper-class families, are Caucasian, are equally divided between males and females, and are easily distinguishable from Newark residents or local IDUs. These IDUs purchase drugs around the borders of Newark in areas with easy access to major highways (Rt. 280, Rt. 78, Rts. 1/9).

   Drug dealing in Newark is primarily done early in the morning or in the evening. Drug trade, particularly in the housing projects and inner-city areas is gang controlled by either the Crypts or the Bloods. The rival gangs regularly compete over controlled territory.
Newark
Focus Groups
Frontline Worker Focus Group
8/23/04

A focus group was held on 8/23/04 at the NJCRI Project SOARS office. The group was comprised of approximately 25 outreach workers and frontline workers from agencies that participate in Newark’s “Night of Outreach.”

1. What drugs are most commonly used in Newark, New Jersey?

   Injectibles
   - Heroin
   - Cocaine with heroin as a “speedball”
   - Cocaine

   Non-Injectibles
   - Heroin
   - Crack
   - Cocaine
   - Marijuana
   - Marijuana with embalming fluid
   - Xanax
   - Narcotic pills

   Cost of Heroin
   - $10 per bag
   - $5 - $8 per bag when drug dealers are competing with each other
   - $70 - $80 per bundle

2. What is the age range of local IDUs?

   The age range of injectors was thought to be between 13 and 55 years old. The majority of injectors are between 25 and 35 years old. Injectors under the age of 17 were thought to be a small minority of drug users.

3. In general, do local injection drug users share their syringes?

   It was reported that IDUs share syringes and other injection equipment including cookers, cotton, and water. Bleach kits are available but under used because of the stigma attached to injection drug use as well as the fact the IDUs rarely take the time to clean syringes.

4. Where do injecting drug users get their syringes?

   Syringes are available by either traveling to New York City and accessing syringe exchange programs or purchasing “black market” syringes on the streets from diabetics. The vast majority of Newark IDUs will not travel to New York and current paraphernalia laws limit how many syringes an IDU is willing to bring back for other IDUs.
5. **Describe the network ties among injectors**

IDUs were described as being a “close knit” network of selfish people. An IDU’s first priority is to satisfy personal needs before being concerned about the well being of other IDUs. Participants spoke of the hierarchy among drug users, where IDUs are at the bottom on the system. Being placed at the bottom on the system has created a “common bond” and loose code of ethics among IDUs. The outreach workers reported that the evidence that there is a network among IDUs is that that most IDUs seem to know almost immediately if a fellow IDU becomes sick, is incarcerated or dies.

6. **What services are available to IDUs and are they utilized?**

**Detoxification & Rehabilitation:** Detoxification programs have been closing making placing IDUs in treatment more difficult as waiting lists grow longer.

Participants indicated that in-patient rehabilitation programs are more difficult to access than detoxification programs as the lack of insurance is a common barrier to enrollment. It is also difficult for individuals with dual diagnosis to obtain treatment. Additional barriers include: (1) long waiting lists; (2) the extended lag times between detoxification and rehabilitation. IDUs are often expected to stay drug free for several weeks after detoxification before starting rehabilitation. If the IDU does not remain drug free, they are denied in-patient rehabilitation and usually denied detoxification services for a period of 6 months.

**HIV Prevention & Treatment:** HIV prevention education is available through a variety of Newark based programs. The consensus of the participants was that many large “one stop shopping” programs offer ineffective HIV prevention programs. Newark programs that only offer HIV prevention services are more like to offer comprehensive prevention services including: HIV testing, HE/RR, prevention case management, and street outreach to IDUs. Outreach workers in these programs can also offer IDUs bleach kits, condoms, HIV prevention information, and referrals to other services.

The consensus of focus group participants was that there are many programs available to IDUs but they are not used as well as they could be. It is perceived that many programs may be meeting contract quotas but in reality, there is not enough outreach to provide services for IDUs. Even if outreach could be increased for this population, the participants reported that there are many obstacles that keep IDUs for being able to use services. One example given of a barrier keeping IDUs from using services is the need for identification. Many IDUs do not have the proper identification needed to access treatment and can not get a valid form of ID without producing other forms of identification.

7. **Best incentives and recruitment strategies**

**Incentives:** Participants made it very clear that incentives were needed to recruit IDUs for interviews. Incentives could either be cash or gift certificates. The group was divided on which would be more appropriate. Cash was seen as the more effective incentive but gift certificates are viewed most positively as it is perceived they do not “enable” drug use behaviors. If gift certificates are to be used, it was suggested that they come from food stores such as Pathmark. The appropriate amount for incentive (either cash or gift certificates) is $25.
Recruitment: Focus group participants also suggested collaborating with existing programs and agency outreach workers to recruit IDUs for interviews. This strategy will reach the largest number of IDUs as well as will alleviate the trust issues that will be encountered by recruiters who are unfamiliar to the IDU population.

8. Where should interviews be conducted?

Participants agreed that a storefront in the “downtown” section of Newark might be effective for drawing IDUs to an interview. However, the consensus was that an established program serving IDUs would be the best place to conduct interviews. It was also suggested that holding interviews at multiple established programs would eliminate transportation issues for those who are unwilling or unable to travel.

Participants suggested the following programs as being appropriate to conduct interviews:

- St. Bridget’s Residence
- Salvation Army
- Hyacinth
- Essex Substance Abuse Treatment. Center
- Liberation in Truth
- El Club del Barrio
- PROCEED, Inc. (Union County)

9. What are the best times for interviews?

Interviews should be conducted toward the end of the month as this is time the when IDUs will be most in need of money and most willing to participate.

Focus group participants also thought that it is important to let IDUs know the length of the interview. Providing this information will prepare IDUs for the time commitment need and will start to foster a rapport between the interviewer and the IDU.
A focus group was held on 8/26/04 at the Salvation Army (Central Avenue office). The group was recruited by the Community Gatekeeper and staff of the Salvation Army. The group was comprised of 17 IDUs from Essex County. There were 8 African American males, 8 African American females, and 1 female that did not specify a race. Ages ranged from 27 to 53.

1. **What types of drugs are injected by IDUs in Sussex County, New Jersey?**

   **Injectibles**
   - Heroin
   - Cocaine with heroin as a “speedball”
   - Cocaine

   **Non-Injectibles**
   - Marijuana
   - Xanax
   - Opiate pills
   - Methadone
   - Crack

   **Cost of Heroin**
   - $10 per bag for good heroin (often mixed with Xanax)
   - $7 per bag for average quality heroin
   - $5 per bag for “junk” or poor quality heroin

2. **What are the demographics of local IDUs?**

   The majority of IDUs are between 20 and 40 years of age. Heroin sniffers often start injecting in their early teens when they associate with “the wrong crowd” or older injectors.

   The majority of IDUs are African American or Hispanic. Males account for about 70% of Newark injectors.

3. **In general, do local injection drug users share their syringes?**

   IDUs continue to share syringes and other injection equipment. IDU’s “don’t care” about the consequences of using contaminated injection equipment if they are feeling withdrawal pain and/or want to use heroin immediately. It was also indicated that the demise of shooting galleries has cut down on the sharing of syringes.

4. **Where do injection drug users get their syringes?**

   IDUs primarily obtain syringes by purchasing them from diabetics. There are also heroin dealers that will sell syringes. The price of a new syringe on the street is about $5.
5. **Describe the network ties among injectors**

There is a strong network among all drug users in Newark, particularly among IDUs. IDUs will socialize with one another, will try to be available to help each another and will share information regarding good quality or well priced heroin. However, as an IDU begins to experience withdrawal symptoms, the network becomes less important and the focus is on relieving withdrawal symptoms. IDUs must be careful of one another because they will deceive and manipulate other IDUs when necessary.

6. **What services are available to IDUs and are they utilized?**

**Detoxification & Rehabilitation:** IDUs are aware that both drug free and methadone detoxification and rehabilitation programs are available throughout Newark. Participants knew of several methadone clinics but did detoxification units and drug free rehabilitation centers. These services were thought to be all that was available to IDUs who were not HIV positive.

**HIV Services:** For those who are HIV positive there are health clinics, prevention programs, support groups, food pantries, and housing assistance. It was noted that if an IDU is HIV positive, they will have an easier time accessing detoxification, rehabilitation, and methadone programs.

Participants indicated that all of the Newark programs are highly utilized, to the point that the services are described as being abused. It was suggested that some IDUs were using these services to receive incentives but not taking advantage of the resources available through the program while other IDUs are denied access to services completely because of continued drug use.

7. **Best incentives and recruitment strategies**

**Incentives:** The consensus of the participants was that an incentive would be needed to recruit IDUs for interviews and that $25 incentives would be sufficient to recruit most IDUs. Some participants believe that if IDUs trust the interviewer and believe that the interview may improve the drug/HIV situation in the community, IDUs may be willing to participate without an incentive. It was also suggested that the incentive money be provided to local agencies (versus interviewees) to improve services.

**Recruitment:** It was suggested that recruitment be done by the IDUs themselves. IDUs could quickly spread the word to inform one another about the available incentives for participating.

8. **Where should interviews be conducted?**

**Street Interviews:** Street interviews are not a viable option. IDUs will not trust interviewers who approach them on the street. Additionally IDUs may feel inconvenienced when approached on the street that will result in less cooperation and participation. The safety of interviewers may also be in jeopardy while recruiting for or conducting street interviews.

**Existing Agencies:** The only viable option is to conduct interviews at existing agencies where IDUs will feel comfortable going. This will alleviate trust and confidentiality issues. Conducting interviews at multiple agencies will also alleviate transportation issues.
Participants reported the following locations to be programs where IDUs will feel comfortable:

- St. Bridget’s Residence
- Salvation Army
- Hyacinth
- Essex Substance Abuse Treatment Center
- Liberation in Truth
- Community health centers

9. What are the best times for interviews?

No specific time was thought to be the “best.” However, to show respect for an IDUs time, interview times should be scheduled by appointment.
A focus group was held on 9/9/04 at the Frelinghuysen office of Essex Substance Abuse Treatment Center. Center staff members recruited the group. The group was comprised of 17 IDUs (10 females and 7 males). Fifteen of the participants were African American, one Caucasian, and one Hispanic. Sixteen of the IDUs were from Essex County and one from Union County. Ages ranged from 31 to 55.

1. **What drugs are most commonly used in Newark, New Jersey?**

   **Injectibles**
   - Heroin
   - Cocaine with heroin as a “speedball”
   - Cocaine
   - OxyContin
   - Xanax

   **Non-Injectibles**
   - Marijuana
   - Heroin
   - Crack

   **Cost of Heroin**
   - $6 - $10 per bag

2. **What are the demographics of local IDUs?**

   Participants reported that the age range of IDUs ranges as young as 12 or 13 years old to as “old as one can survive as an injector.” The majority of injectors are African Americans followed by Hispanics. Caucasian injectors are usually recognized as “outsiders” or those from other towns.

3. **In general, do local injection drug users share their syringes?**

   Focus group participants reported that it is common for injection equipment to be shared among Newark IDUs.

4. **Where do injection drug users get their syringes?**

   Newark IDUs knew of syringe exchange programs in New York City but these programs are not used unless an IDU is in New York to buy drugs. Newark IDUs primarily buy syringes from diabetics.
5. Describe the network ties among injectors?

The network of drug users was described as “dog eat dog” in that an IDU will “do a lot of things” if heroin is needed. IDUs tend to know each other and will socialize but they don’t trust one another when it comes to buying or using drugs. Participants stated that there are a few situations where IDUs will find it to be mutually beneficial to help one another. However in an instance where IDUs help each other, they are IDUs will be careful and guarded from one another.

6. What services are available to IDUs and are they utilized?

Focus group participants knew that there are many services that are “technically” available to IDUs including medical care, drug treatment and HIV prevention programs. However, participants were frustrated because they typically have a hard time accessing these programs due to transportation barriers and long waiting lists (specifically for detoxification and rehabilitation programs). Participants seemed to know the programs by where they were located but seldom knew the names of the programs. The only program named specifically was NJCRI.

7. Best incentives and recruitment strategies

**Incentives:** Incentives will be important to recruit IDUs. Incentives can be cash, gift certificates, or services (detoxification, medical services, or case management). Focus group participants debated the merits of providing either cash or gift certificates as incentives. It was noted that gift certificates create more work for those who would rather have the cash. However, it was suggested that many individuals would appreciate receiving a food gift certificate as a gesture that the interviewer is concerned about the well being of those being interviewed.

**Recruitment:** Participants indicated that the best recruitment strategy is to recruit IDUs in the drug spots using flyers and outreach strategies. When conducting outreach it was noted that it will be important to send the “right” people into the drug spots. The “right” people are those who don’t look like police or who are already trusted by IDUs. The participants identified that the most effective recruiters will be other IDUs because they are known by the community and can spread the word quickly. Participants commented on the ineffectiveness of using established outreach workers in that most drug activity stops as soon as an “outsider” is in the area. Participants also suggested that IDUs can be identified from local methadone program to serve as recruiters.

8. Where should interviews be conducted?

Focus group participants stated that IDUs would feel most comfortable participating in interviews at local agencies. Participants did not like the idea of IDUs being interviewed in storefronts, mobile vans, or on the street.
Participants suggested the following locations are appropriate for conducting interviews:

- Essex Substance Abuse Treatment Center
- Suburban Methadone Clinics
- St. Bridget’s Residence
- Salvation Army
- NJCRI

9. What are the best times for interviews?

Participants suggested conducting interviews both in the morning and towards the end of the month. These are the times when IDUs are most likely to be looking for money and will be most likely to participate.

Participants also discussed the short attention span of IDUs, particularly those who are feeling “ill.” It was suggested to try to limit the interviews to between 30 – 45 minutes in length.

10. Criteria for determining if someone is an IDU

The suggestion given by participants for verifying someone as an IDU was to check for track marks. However, some participants were insulted that an interviewer would not trust the word of those being interviewed.
A focus group was held on 9/18/04 at the office of the Positive Health Project. The group was recruited by the Community Gatekeeper and the staff of the Positive Health Group. The group was comprised of 10 male African American IDUs from Essex County. Ages ranged from 41 to 55.

1. **What drugs are most commonly used in Newark, New Jersey?**

   **Injectibles**
   - Heroin
   - Cocaine with heroin as a “speedball”
   - Cocaine
   - Speed and Methamphetamines (rare)

   **Non-Injectibles**
   - Heroin
   - Crack
   - Marijuana
   - Narcotic pills

   **Cost of Heroin**
   - $10 per bag (good quality)
   - $5 - $8 per bag (lesser quality or locations with competition among dealers)

2. **What are the demographics of local IDUs?**

   Younger injectors are between the ages of 15 – 18. The term “Old timers” was used to describe injectors between the ages of 40 and 60. The average age of IDUs was thought to be about 25.

   Most injectors are African American or Hispanic, however North Newark was identified as having a larger concentration of Hispanic IDUs. Caucasian IDUs tend to be younger, travel from the suburbs to buy drugs, and “look out of place” among other Newark drug users. Approximately 60% of IDUs are male.

3. **In general, do local injection drug users share their syringes?**

   IDUs often share syringes and other injection equipment. It was reported that there have only been minimal decreases in sharing syringes and works due to the provision of HIV information in the area. It was noted that IDUs rarely care about health consequences of sharing syringes when they are experiencing withdrawal symptoms.

4. **Where do injection drug users get their syringes?**

   IDUs are aware that they can receive sterile syringes for free in New York City but they will rarely travel to use syringe exchange services. Most often IDUs will get their syringes by purchasing them from diabetics. The street value of a syringe is $3 - $5.
5. Describe the network ties among injectors

IDUs know and have relationships or a rapport with most other IDUs. It was noted that there is an “honor among thieves” mentality within the network and IDUs will help each other in difficult situations. However, it was also noted that “When push comes to shove, you’re out there for yourself.” IDUs will hustle together in small groups or pairs when things are good but when they are “sick”, IDUs will manipulate “whomever” to obtain the heroin they need to get well. Focus group participants indicated that networks among female IDUs tend to be less “cut throat.” It was suggested that many female IDUs are also sexworkers so they try to look out for one another.

6. What services are available to IDUs and are they utilized?

Detoxification and Rehabilitation: The most well known detox and rehab services are the area methadone clinics, particularly Essex Substance Abuse Treatment Center. IDUs are aware of the methadone Patient Incentive Programs (PIP) that are offered to IDUs. IDUs also know to go to local hospitals for detoxification. The hospitals most frequently used were Irvington General and East Orange General.

HIV Prevention and Treatment: IDUs are aware that there are many HIV prevention programs throughout Newark. Focus group participants specifically mentioned St. Bridget’s Residence, Catholic Community Services, Special Audiences, Positively Speaking, and Project Fire (El Club del Barrio). It was indicated that HIV treatment can be obtained at clinics including Unit 6 of UMDNJ and the Peter Ho Clinic at St. Michael’s Hospital. However it was noted that these services are not as well utilized by IDUs as IDUs are often denied access to services or are only offered limited services while they continue drug use. IDUs are told to come back for services when they are no longer using.

It was also indicated that IDUs are aware of New York syringe exchange programs but rarely accessed these programs.

7. Best incentives and recruitment strategies

Incentives: Incentives will be necessary to recruit IDUs for interviews. Incentives can be “anything of value.” This includes cash, gift certificates, and bus tickets. Focus group participants indicated that cash is the best incentive as any other incentive requires the IDU to engage in a “double hustle.” If cash can not be used as an incentive, gift certificates to a local food store would be the best alternative. The minimum amount of cash or gift certificates for this program would be $15. It was suggested that while $15 is the minimum, $25 will be enough to recruit many of the IDUs and $50 will recruit most if not all IDUs.

In addition, some local food stores will allow individuals to receive “change back” from their purchases with gift certificates under $10. In this case, two $10 gift certificates may be more valuable as an incentive than one $25 gift certificate. This would allow IDUs to buy a small item (cigarettes or gum) and receive the remainder of the gift certificate in cash.

Recruitment: It was recommended that recruitment for the interviewers should be a two stage process. The first stage would be to inform IDUs that are already clients of Newark based programs that incentives are available for interviews. The second
stage of the process would be that these IDUs will recruit additional IDUs via word of mouth thus completing a “snow ball” sampling methodology

8. **Where should interviews be conducted?**

**Street Interviews:** Most IDUs will not want to participate in a street interview. It was also noted that conducting street interviews may be dangerous to both interviewers and IDUs.

**Mobile Van Interviews:** Focus group participants felt that using mobile vans is a viable option. IDUs will feel comfortable being interviewed inside a mobile van. The vans will also alleviate any transportation problems that IDUs may encounter in trying to attend interviews. Mobile vans should also be parked near housing projects and “hot” drug spots rather than in housing projects or drug spots.

**Storefront Interviews:** Storefront locations may hamper recruitment efforts because IDUs may not want to visit these locations. It was reported that IDUs will have a distrust of storefront locations. It may also be difficult to provide adequate security during the interviews at storefront locations. If storefronts are to be used, they should be located in the center of the City of Newark, near Newark Emergency Services. Other location options include Clinton Avenue, Washington Street, and West Kinney Street.

**Newark Programs:** The best alternative is to conduct interviews at Newark programs that have an IDU client base or a rapport with IDUs. Programs mentioned specifically include: Essex Substance Abuse Treatment Center; St. Bridget’s Residence; UMDNJ’s HIV clinic; St. Michael’s HIV clinic; Urban Renewal; Mt. Carmel Guild; St. Rocco’s homeless shelter; and the Fulton Street shelter.

9. **What are the best times for interviews?**

The best time of the day to conduct interviews will be early in the morning. The best time of the month to conduct interviews is towards the end of the month.

10. **Criteria for determining if someone is an IDU**

Asking to view track marks was thought to be the only criterion to determine if someone is an IDU. The limitations of using track marks is that: (1) not all IDUs have track marks; (2) not all IDUs will be willing to show their marks; and (3) some IDUs inject in their groin or other “private” areas that will not be visible to other individuals. No other suggestions for criteria or specific questions were offered.
A focus group was held on 9/21/04 at the office of CURA. The group was recruited by the staff of CURA. The group was comprised of 13 Hispanic IDUs (11 males and 2 females). Six of the IDUs were from Essex County and were eight from counties outside of the Newark EMA. Ages ranged from 30 to 49.

1. What drugs are most commonly used in Newark, New Jersey?

Injectibles
- Heroin
- Cocaine with heroin as a “speedball”
- Cocaine
- Narcotic pill (primarily OxyContin and Percocet)
- Benzodiazepines

Non-Injectibles
- Heroin
- Crack
- Marijuana
- Extasy
- Narcotic pills
- Crack and Marijuana mixed (Diablo, The Devil, Oolies)
- Alcohol

Cost of Heroin
- $10 per bag (good quality)
- $5 - $7 per bag (lesser quality)

2. What are the demographics of local IDUs?

Focus group participants reported that the average age of injectors is getting younger. Focus group participants indicated that they had all seen injectors as young as 13. The majority of young injectors are reported to be between 15 and 18 years old. (Note: Two of the focus group members disclosed that they had started injecting in their early teens.) According to focus group participants, the majority of IDUs are between 20 and 40 years of age. IDUs between 40-65 years old are considered to be “old timers.”

IDUs in Newark were reported to be mainly Hispanic or African American. Males account for about 70% of Newark injectors.

3. In general, do local injection drug users share their syringes?

IDUs often share injecting equipment (syringes, cookers, and cotton). Focus group participants reported that the amount of sharing is directly proportional to how “dope sick” an IDU is. An IDU in withdrawal will be more likely to share syringes and injecting equipment. It was also reported that IDUs are aware of bleach techniques but rarely take the time to bleach injection equipment.
4. Where do injection drug users get their syringes?

The most frequent means of obtaining injecting equipment is through people who are diabetic or who know diabetics. Focus group participants reported that IDUs would like to access syringe exchange programs in New Jersey. It was noted that Newark IDUs rarely access New York City syringe exchange programs and do so only when they are in New York City to buy drugs. The street value of a syringe is about $5.

5. Describe the network ties among injectors?

IDUs “hang” in clicks. IDUs will run, hustle, and cop together. Once the drugs have been purchased, IDUs will usually use alone. IDUs will however work in teams to raise money for drugs and when “dope sick”, will pool money to share a bag. Focus group participants indicated that IDUs feel as though they know all of the other IDUs, even those from out of town.

6. What services are available to IDUs and are they utilized?

Detoxification & Rehabilitation: Focus group participants reported that IDUs know that detox programs are available at the Bergen Pines Regional Medical Center and at local hospitals. IDUs have a difficult time waiting for available treatment slots but “Sometimes you get lucky with a bed the next day.” IDUs are often required to call the treatment center everyday in order to remain on a waiting list for available treatment slots. It is more difficult in winter to access treatment because more IDUs are vying for available slots to get off of the streets.

IDUs also know that rehab programs are available. Specific rehab programs were not named but IDUs know to have the detox programs arrange for a rehab slot for them. The biggest complaint from IDUs was that the two programs (detox and rehab) are often not run consecutively. IDUs are sometimes required to wait as long as a month between detox and rehab, putting them at risk for relapse which then disqualifies them for access to rehab. Participants reported that methadone programs are available for both detox and maintenance and the most well known programs are Essex Substance Abuse Treatment Center’s two Newark locations.

HIV Prevention & Treatment: IDUs are aware that HIV prevention and treatment programs exist but often have trouble naming specific programs.

Programs for active drug users: There are no services for active drug users.

Participants stated that they thought services were well utilized by IDUs, however not by any of the focus group members. It was also reported that the stigma of HIV and injection drug use within the Hispanic community often deters Hispanics from accessing available services.

7. Best incentives and recruitment strategies

Incentives: IDUs stated that they were being “honest” when they said that IDUs will want to get high after completing the interview and will be more cooperative with interviewers when provided incentives that they will use to buy drugs.

Participants stated that cash would be the most effective incentive but gift certificates or anything that “could be sold quickly will work.” Participants noted
however that gift certificates create a “double hustle” for IDUs. The IDU will first need to participate in the interview for the gift certificate and then they will need to “hustle” to sell it on the street. In addition, a $25 gift certificate is equivalent to $10 - $15 on the street. Gift certificates from any store that creates a “street value” will work, including food stores, clothing stores, and discount stores such as Walmart.

Focus group participants also reported that, while all participants may not use it, that a good incentive for some would be to provide participants with an immediate methadone detoxification program slot. It was also suggested that snacks and beverages should be served during interviews to help draw IDUs.

Recruitment: Participants indicated that flyers will be the best way to start informing IDUs of the upcoming interviews. Flyers could be made available or posted at local detoxification programs, methadone clinics, liquor stores, and check cashing stores as well as being distributed by outreach workers. Participants expressed a general comfort level with local outreach workers recruiting for the interviews but could not specifically indicated which agency’s outreach workers they were describing.

Focus group participants thought that the best recruitment would come from the IDUs themselves. Once a few IDUs have been interviewed and received incentives, it was reported that they would start spreading the word to other IDUs and within no time “You’d have a line around the block.”

8. Where should interviews be conducted?

Street Interviews: IDUs will not be willing to participate in an interview on the street.

Mobile Van Interviews: Mobil vans would work when parked near drug spots. IDUs strongly recommended that vans not be parked directly in “hot” drug spots, as this would be dangerous to both interviewers and interviewees because dealers will want to protect their turf.

Newark Programs: It was stated that interviews should not be done in programs that are specifically for HIV treatment or HIV prevention. Hispanic IDUs tend to avoid those programs because they don’t want to be associated with the stigma of having HIV. The perception is that HIV prevention programs are primarily “prevention for positive” programs serving mostly HIV clients. Participants felt that IDUs will go to methadone clinics for interviews, specifically citing the Essex Substance Abuse Treatment Centers on Blanchard Street or Frelinghuysen Avenue.

Additional suggestions related to conducting the interviews included having a counselor and case manager available during the interviews for those who want to get into a detoxification or rehabilitation program. It was also suggested that while conducting the interviews that participants would be assured confidentiality by not requiring that names be given.

Participants also reported that most IDUs would “travel from one end of Newark to the other” for a good incentive. However, it was also noted that the use of mobile vans and multiple interview sites would alleviate travel problems and increase participation.
9. What are the best times for interviews?

Interviews should be conducted early in the morning, when “dope sick” IDUs are looking for money to buy drugs. Interviews should also be conducted on days when the weather is bad, as these days often make “hustling” for money more difficult.

It was also noted that the time needed to complete an interview be limited as much as possible. Because IDUs will most likely be feeling “sick”, it was suggested that 30-45 minutes will be the maximum length of the time an interview could be conducted.

10. Criteria for determining if someone is an IDU

IDUs suggest that interviewer look for or ask to see track marks to determine if an individual is an IDU. However, using track marks as a criterion for determining injector status has limitations. Not all IDUs have track marks and some IDUs inject in places that might be hard to check, particularly groin areas, upper thighs, and women’s breasts. Participants also thought that some IDUs would be offended if asked to show their track marks to prove their injector status.

Participants indicated that the following questions might be useful to ask IDUs to verify they are injectors including:

Q. What does a “missed shot” of cocaine feel like?
A. It burns.

Q. What feelings are involved?
A. Tingling feeling, particularly on head, ears ringing, hair stands on the back of your throat, pins and syringes in head and ears popping.

Q. What tastes are involved?
A. Cocaine taste in back of throat or mint candy aftertaste
IDUs Outside of the Newark Service System
IDU Focus Group
9/22/04

A focus group was held on 9/22/04 in an apartment building chosen by the Community Gatekeeper. The Community Gatekeeper also recruited the participants for the focus group. The group was comprised of 6 African American IDUs from Essex County. Two of the participants were males, 3 females, and 1 transgendered. Ages ranged from 31 to 46. (The maximum number of participants for this focus group was 6 due to location constraints).

1. **What drugs are most commonly used in Newark, New Jersey?**

   **Injectibles**
   - Heroin
   - Cocaine with heroin as a “speedball”
   - Cocaine

   **Non-Injectibles**
   - Heroin
   - Crack
   - Marijuana
   - Alcohol

   **Cost of Heroin**
   - $10 per bag

2. **What is the age range of local IDUs**

   It was reported that age of injectors ranged between 15 and 65 years old. Newark IDUs are primarily African Americans. There are more male injectors in Newark.

3. **In general, do local injection drug users share their syringes?**

   Participants thought that sharing of injection equipment was primarily happening between couples and close friends, and note with people they do not know. It was noted however that the current drug paraphernalia laws make it difficult for IDUs to obtain clean syringes. Many IDUs will not carry syringes with them for fear of being searched by the police.

4. **Where do injection drug users get their syringes?**

   Newark IDUs are able to buy syringes on the street from diabetics for $2 to $5.

5. **Describe the network ties among injectors?**

   The focus group participants spoke of IDUs as a stigmatized and shunned group due to the method of drug use (injection) or because they are assumed to be HIV positive. IDUs are stigmatized as being “junkies” and assumed that they will steal, rob, and lie whenever they get the chance. This leads to camaraderie and a stronger network between IDUs. Participants reported that younger injectors tend use alone
or with IDUs that are the same age because they want to avoid the stigma associated with injection drug use. It was thought that older injectors are less concerned with the stigma and are more open about their drug use.

It was reported that IDUs are social and they “hang out” with each other. They will also “hustle” together when it is mutually beneficial. Friends will often use in small groups and rarely in very large groups. Participants spoke of how they rely on these networks to spread the word about where to find the best quality or best priced drugs. They will also share information with other IDUs regarding where to obtain clean syringes, where to make money, and what services are being offered to IDUs.

6. **What services are available to IDUs and are they utilized?**

**Detoxification & Rehabilitation**: Detoxification programs were known to exist in some of the local hospitals. These are not well utilized because: (1) there are fewer detoxification units due to programs closing down and (2) IDUs often don’t have the insurance needed to get into a program (and there are few charity care beds available). Rehabilitation programs were known to exist in Newark but it was perceived as difficult to access these programs.

**HIV Prevention & Treatment**: Participants reported that HIV Prevention is only available for those involved in a rehabilitation program.

Newark programs are thought to be well utilized but not necessarily by Newark IDUs. It was reported that services, particularly detoxification and rehabilitation programs, are too often used by those who lived outside the Newark area.

7. **Best incentives and recruitment strategies**

**Incentives**: Participants thought that the best incentive (and recruitment strategy) would be cash. The amount of the cash incentive offered would determine both how many IDUs would participate and how long their attention span would be. Participants reported that $20 was an appropriate amount for a cash incentive.

**Recruitment**: Participants reported that word of mouth among IDUs would attract most of the local IDUs to participate in interviews. (Note: The participants used this focus group as an example as six active IDUs were recruited in less than an hour as a result of one IDU being aware of the opportunity and the incentive). They suggested that recruiters first mention the incentive to IDUs and then discuss with them then what is required to receive the incentive. (i.e., “Such and such is offering $20 cash, here’s what you gotta do to get it . . .”).

Focus group participants did not think that using outreach workers from established programs would be a good recruitment strategy. One group member stated “I’ve never seen a outreach worker in my life! And I wouldn’t trust them.”

8. **Where should interviews be conducted?**

**Street Interviews**: Many IDUs will avoid being interviewed on the street.

**Storefront Interviews**: Storefronts could be used for interviews as long as the storefronts are “inconspicuous.” IDUs will want to feel assured that walking into a
storefront will not reveal their identity as an IDU. Specific locations suggested for a storefront include:

- Near the intersection of Broad & Market Streets
- Near Lincoln Park
- Downtown section of Newark near Newark Emergency Services or Symphony Hall.

**Mobil Van Interviews**: Mobile vans are a good option if they are parked near “hot” drug spots. Participants refused to divulge any specific “hot” spots nor would they suggest where to park a van. The participants did not want to “snitch” or disrupt the areas where they purchase drugs.

**Newark Programs**: Participants reported that churches with food pantries that are available to IDUs would be comfortable locations to conduct interviews.

Participants suggested that interviewers avoid any and all obstacles to participation, including having IDUs travel long distance to interviews. It was suggested that while IDUs may want to participate they will not take a bus or travel more than a few blocks for the interview.

9. **What are the best times for interviews?**

The best times for interviews are early in the morning. Additionally, interviews should be held as close to the end of the month as possible (anytime after the 20th).

10. **Criteria for determining if someone is an IDU**

Participants reported that one criterion to determine if an individual is an IDU is to look for or ask to see track marks or abscesses. Participants did not think that this would be intrusive. It was also suggested that interviewers ask questions about injection drug use. Participants indicated that question could include:

Q. *How much water do you put on a bag of dope?*
Q. *What happens when you miss a shot?*

It was noted that the participants believed that the interviewer needed to listen for appropriate slang and the gauge the individual’s comfort level in answering the question as a determining factor.
A focus group was held on 9/23/04 at the office of El Club del Barrio. The group was recruited by the staff of El Club del Barrio. The group was comprised of 9 Hispanic and 8 African American IDUs. Thirteen of the participants were males and 4 were females. All focus group participants were from Essex County. Ages ranged from 33 to 54.

1. What drugs are most commonly used in Newark, New Jersey?

   Injectibles
   • Heroin
   • Cocaine with heroin as a “speedball”
   • Cocaine
   • Methamphetamines
   • OxyContin

   Non-Injectibles
   • Cocaine
   • Crack
   • Marijuana
   • Alcohol
   • Extasy
   • Benzodiazepines
   • Opiate pills

   Cost of Heroin
   • $6 - $10 per bag
   • $10 is the most common price for a bag of heroin

2. What are the demographics of local IDUs?

   Participants indicated that new” injectors are as young as 12 or 13 years old. Some participants indicated that this is a new trend, while other participants disagreed as they may have started injecting as early teenagers. It was noted that older injectors tend not to get past their early to mid 60’s. The average age of IDUs is estimated to be between 18 and 35 years old.

   The majority of interjectors are Hispanic or African American. Participants stated that female injectors were more common because they were able to engage in sex work to “hustle” money for drugs.

3. In general, do local injection drug users share their syringes?

   Syringe sharing is common among Newark IDUs. IDUs prefer to only use clean syringes but “when push comes to shove” an IDU will use whatever is available. It was noted that some (but not many) IDUs will bleach syringes.
4. **Where do injection drug users get their syringes?**

Newark IDUs are able to buy syringes on the street for $2 to $5 but when IDUs are “dope sick” and have limited money they will not buy new syringes choosing instead to buy more heroin.

5. **Describe the network ties among injectors**

IDUs share a network amongst themselves but not with other drug users. IDUs described a “class” system or hierarchy among drug users where IDUs are often considered to be at the bottom of the system.

IDU networks are seen as a mix between being a close knit group and being “cut-throat” amongst each other. IDUs will often enjoy using in small groups with friends. However, if an IDU does not have much money and limited access to drugs they will be more inclined to buy and use alone so that they do not have to share. IDUs using in small group try to surround themselves with people they trust as a means to avoid theft, arguments, and violence.

IDUs are confident that local drug users know all or most of the other local drug users. For the most part, IDUs are friendly with one another and “gossip” on the street keeps everyone informed about what is going on.

6. **What services are available to IDUs and are they utilized?**

**Detoxification & Rehabilitation:** IDUs are aware that detox programs are available. IDUs go to local hospitals to access detox including Bergen Pines Regional Medical Center and Beth Israel Hospital.

Rehabilitation programs are readily available as IDUs can go to local churches if they want to access a rehabilitation program. Specific rehab programs mentioned included Turning Point, Straight and Narrow, Bergen Pines, St. James Hospital, and St. Michael’s Hospital.

**HIV Prevention & Treatment:** HIV prevention programs are common in the area. The most well known programs for Hispanic IDUs include CURA, Hogar Crea, El Club del Barrio, and NJCRI. IDUs know that HIV testing is available throughout the community because these programs are starting to offer incentives to those who get tested for HIV. IDUs will often access testing for the incentive but will not return for their results.

HIV treatment programs are available but it is difficult for IDUs to remain involved with the programs over time. Services and medications available to IDUs are often limited if they continue to use drugs or don’t comply with all of the rules of a program.

**Programs for active Drug Users:** Participants spoke of a syringe exchange program in the area but no one could give any detailed information or specific times or locations of operation. They also indicated that there are no other programs that are specifically for active IDUs but NJCRI, Newark Community Health Center, New Horizons, and area 12-step programs were thought to be “friendly” to active drug users.
7. **Best incentives and recruitment strategies**

**Incentives:** Participants agreed that some incentive, either cash or bags of food, was needed to recruit IDUs for interviews. Consensus in the group was that cash or gift certificates to food stores would be better than bags of food. The appropriate amount of cash or gift certificates would be $25. However as the street value of a $25 gift certificate is only $10 - $15, it will not be as effective as cash when recruiting IDUs.

**Recruitment:** Participants suggested that a good recruitment strategy is to use IDUs to spread the word to recruit other IDUs for interviews. It was suggested that this strategy would be more effective if IDUs were hired to recruit for the project ($10 per recruit).

Participants thought that established outreach workers could also effectively recruit IDUs. However they warned that new or unknown outreach workers would not be trusted and probably thought to be police.

8. **Where should interviews be conducted?**

IDUs want to feel safe while participating in interviews. This includes trusting the security of the location, having their confidentiality maintained, and feeling confident that participating in the interview process will not disclose their status as an IDU.

**Street Interviews:** Not an option.

**Mobile Van Interviews:** Mobile vans are a viable option for holding interviews for some IDUs. However there is a concern that some IDUs may not trust entering a van or will suspect that police are watching the van.

**Storefront Interviews:** IDUs will not feel safe attending storefront locations for interviews. There is a suspicion that the location will have hidden cameras and they will be watched by the police.

**Newark Programs:** Established agencies where IDUs feel safe and comfortable is the best option. Agencies where IDUs feel ”safe” include: New Hope, El Club del Barrio, CURA, and La Casa de Pedro. It was suggested that most IDUs will be willing to travel anywhere in Newark for a “good incentive” but conducting interviews at many locations will reduce the need to travel long distances and will increase participation.

9. **What are the best times for interviews?**

The best time to interview IDUs is early in the morning. However the most effective strategy to reach the IDU population is to conduct interviews at all times during the day. If this was not possible, it was suggested that interviews should be conducted during the middle of the week (avoiding weekends, Mondays, and Fridays). Interviews should be held as close to the end of the month as possible (anytime after the 15th of the month).
10. Criteria for determining if someone is an IDU

Participants indicated that one way to determine whether someone is an IDU is to look for or ask to see track marks. Participants had mixed options as to how intrusive this question might be. It was noted that some IDUs will not mind showing tracks while others will not want to show their tracks, particularly those who do not shoot in their arms.
St. Bridget’s Residence
IDU Focus Group
9/28/04

A focus group was held on 9/28/04 at the office of St. Bridget’s Residence. The group was recruited by the Community Gatekeeper and staff of the St. Bridget’s Residence. The group was comprised of 15 male and one transgendered IDU. There were 13 African Americans and 3 Caucasians. Fourteen of the participants were from Essex County and 2 were from counties outside of the Newark EMA. Ages ranged from 35 to 55.

1. What drugs are most commonly used in Newark, New Jersey?
   
   **Injectibles**
   - Heroin
   - Cocaine with heroin as a “speedball”
   - Cocaine
   - Methamphetamines
   - OxyContin
   - Xanax
   
   **Non-Injectibles**
   - Crack
   - Marijuana
   - Alcohol
   - Club drugs
   - Benzodiazepines
   - Opiate pills
   
   **Cost of Heroin**
   - $5 - $10 per bag (price determined by weight and quality)

2. What is the age range of local IDUs?

Focus group participants stated that “new” injectors were as young as 12 or 13 years old. They commented that the younger injectors are getting involved due to family influence and/or peer pressure. The average age is estimated to be between 18 and 35 years old.

3. In general, do local injection drug users share their syringes?

Syringe sharing is common among Newark IDUs. It was reported that the fear of contracting HIV was not a deterrent to sharing injection equipment. IDUs will sometimes clean syringes with bleach or clean water but rarely take the time to clean them effectively.

4. Where do injection drug users get their syringes?

Newark IDUs are able to buy syringes on the street for $2 to $5. Those who sell syringes will charge $10 per syringe to IDUs from the “suburbs” when they are “distinguishable” from Newark IDUs.
5. Describe the network ties among injectors

Participants stated that IDU networks are different depending on the age of the injectors. Younger IDUs tend to have more reliable networks where the IDUs use drug in a social context and are more willing to share heroin with each other. Older injectors were characterized as being more selfish and concerned for their own well being. It was stated that older injectors rarely trust other IDUs to provide them with heroin as relief from withdrawal symptoms as “IDUs will stab you in the back.” Female injectors were seen as being more reliable within IDU networks.

Sometimes IDUs will work together to get money for drugs but more often they work alone due to trust issues. This has become increasingly more true as the penalties for drug related crimes has increased. However participants also spoke of the camaraderie among IDUs that stems from being “lumped together” at the bottom of the hierarchy among all drug users.

Participants also stated that Newark IDUs know most of the other IDUs that live in the area. However, many people into Newark from the suburbs to buy drugs and then leave to use them.

6. What services are available to IDUs and are they utilized?

Detoxification & Rehabilitation: Detoxification programs are available in any Newark city hospital as well as at Bergen Pines Regional Medical Center and the Jersey City Medical Center.

Methadone programs are also readily available. Participants mentioned that the most favored programs are the two Essex Substance Abuse Treatment Center locations (Frelinghuysen Avenue and Blanchard Street). It was reported that IDUs favor the methadone programs that they consider to be most “fair” or least likely to discharge a drug user.

Rehabilitation programs are also available but seen as difficult to access. A drug user must “know the right people” and may still be required to be on a waiting list for several weeks or months. Participants also commented that waiting lists give the impression that drug treatment programs are well utilized. However participants felt that these programs are being used by individuals who do not live in the Newark area.

HIV Prevention & Treatment: HIV Prevention programs are readily available and are located “every couple of blocks in Newark.” Participants cited several program that they thought were valuable to the community including NJCRI, St. Bridget’s Residence, Salvation Army, Liberation in Truth, Good Will, and Catholic Community Services. These programs were thought to be well utilized and accessible to active drug users.

Programs for active drug users: Participants knew of no local programs that were specifically for active IDUs. They were aware of syringe exchange programs or drop-in centers in New York City but did not use these programs.
7. Best incentives and recruitment strategies

Incentives: When asked how to recruit IDUs for interviews, the initial response was to offer an incentive or either cash or gift certificates. Food stores, retail stores such as Foot Locker, and stores that sell cigarettes were suggested as places to purchase gift certificates. It was suggested the appropriate value of the incentives was between $15 - $25 and noted that higher amounts will attract more IDUs. It was also suggested that access to detoxification programs may also work as an incentive for some IDUs.

Focus group participants thought that the ability to trust interviewers was just as or more important as the incentive offered. IDUs want interviewers to be “straight forward” and honest with interviewees regarding the purpose of the interviews. Participants warned that they “can smell shit from a mile away” and will avoid interviewers if there is no trust or if they feel judged or belittled.

Recruitment: It was suggested that recruitment for interviews be done by IDUs on the street. It was noted however that recruitment will only be effective if the incentive is appropriate and the IDUs feel that when they attend the interviews that the interviewers are culturally competent, compassionate and trustworthy. If outreach workers are used for recruitment, it will be important for them to look and act appropriate for the neighborhoods where they are conducting outreach.

8. Where should interviews be conducted?

Street Interviews: Street interviews are not a viable option.

Storefront Interviews: Participants agreed that a storefront in the “downtown” section of Newark may be effective for drawing IDUs to an interview.

Mobile Van Interviews: It was reported that a better option would the use of a mobile van. Vans should be parked in or near local drug spots. The mobility of the van would alleviate transportation issues for IDUs who are unwilling or unable to travel to participate in an interview.

Newark Programs: Participants believed that the best option for conducting interviews was at established programs where IDUs feel comfortable. Conducting interviews at multiple established programs would also eliminate transportation issues for those who are unwilling or unable to travel.

Programs participants reported where IDUs will feel comfortable include:

- St. Bridget’s Residence
- Urban Renewal
- Hyacinth
- Essex Substance Abuse Treatment Center,(I)
- Liberation in Truth
- Community Health Center on Ludlow Street
- UMDNJ HIV clinic
- St. Rocco’s homeless shelter
- St. Michael’s HIV clinic
9. **What are the best times for interviews?**

The best times for interviews are early in the morning, when “dope-sick” IDUs are looking for money. Interviews should also be held as close to the end of the month as possible. Anytime after the 3rd of the month would work but waiting until after the 15th of the month would yield much better results.

Participants also commented that interviews should not last longer than the effective attention span of an IDU (15 – 30 minutes). Snacks and beverages being available during interviews will enable interviews to be extended a little longer.

10. **Criteria for determining if someone is an IDU**

Participants suggested looking for or asking to see track marks. Participants realized that this is an unreliable criterion for determining if someone is an IDU however had no other suggestions.
Morris County
Key Informant Interview
A key informant interview was held on 9/17/04 at the office of Hope House in Dover, New Jersey. Attending was the Executive Director and a frontline worker.

1. **What types of drugs are injected by IDUs in Morris County, New Jersey?**

   **Injectibles**
   - Heroin
   - Cocaine with heroin as a “speedball”
   - Cocaine

   **Non-Injectibles**
   - Heroin
   - Crack
   - Cocaine
   - Marijuana
   - Prescription drugs: narcotics and benzodiazepines

   **Cost of Heroin**
   - $20 per bag in Morristown and Dover
   - $10 per bag for those who travel to Newark or Patterson

2. **What are the demographics of local IDUs?**

   The age range of injectors was thought to range from teenagers to those in their 30s and 40s. The majority of local IDUs are Caucasian and Hispanic. IDUs seem to be evenly divided between male and female with slightly more male IDUs.

3. **Describe the network ties among injectors.**

   All of the local IDUs know each other and will socialize with one another. However, when it comes to drug activity they tend to be “loners.” IDUs buy and use drugs alone whenever possible. The exceptions are IDUs that buy and use drugs with a spouse or a romantic partner.

4. **What services are available to IDUs and are they utilized?**

   There are two methadone programs in the area and both are at least 20 minutes away from Dover, New Jersey. Stateline Medical Services, in Phillipsburg, is the program most used by IDUs in the area.

   Detoxification and rehabilitation services are available at St. Claire’s. Morristown Memorial Hospital and Newton Hospital offer outpatient drug treatment.

   Hope House is the only comprehensive HIV prevention program in a three county area. They offer HIV testing, case management, referrals for housing, and support groups. Hope House practices harm reduction, making them the only option if an active drug user wants services.
Participants perceive that local programs are meeting quotas, giving the impression that they are well utilized. However, there is a large number of IDUs not being reached and are not receiving services.

5. **Best incentives and recruitment strategies**

Incentives will be necessary for the recruitment of IDUs for interviews. Gift certificates to local food stores, particularly ShopRite, will be well received by IDUs in the area. Gift certificates in the amount of $15 to $20 would be sufficient for recruiting IDUs. IDUs from the more rural areas, such as Morris and Sussex counties would also appreciate personal care items, warm winter clothes, and sleeping bags as incentives. It will also be helpful to offer food and beverages during the interviews.

Key informants did not have a suggestion for a specific recruitment strategy. It was suggested that IDUs can be reached by sending interviewers or outreach workers into local soup kitchens, particularly the soup kitchens at The Church of the Redeemer in Morristown and Trinity Lutheran Church in Dover. If local methadone clinics will cooperate, they also would be good places to recruit IDUs.

6. **Where should interviews be conducted?**

It was questionable whether or not a storefront would be a feasible option for interviews. The stigma attached to injection drug use may prevent IDUs from going to a storefront if it is believed that the association would disclose their status as an IDU.

Two reasons given that street interviews would not work were: (1) it would be difficult to find an area with a large congregation of IDUs; (2) IDUs are engaging in an illegal activity and will not want to remain on the street long enough to complete the interview.

Treatment facilities and HIV prevention programs might work as interview sites but it might also limit the number of IDUs that would come for interviews.

The best alternative would be the use of mobile vans. This option will allow IDUs to get off of the street where they can feel comfortable to engage in an interview. Use of the mobile van will also alleviate the transportation problems faced by IDUs as a barrier to participation.
Morris County
Focus Group
A focus group was held on 9/30/04 at the office of Hope House in Dover, New Jersey. The group was recruited by the staff of Hope House. The group was comprised of one male and two female Caucasian IDUs. Two IDUs were from Morris County and one from Sussex County. Ages ranged from 34 to 42.

1. **What types of drugs are injected by IDUs in Morris County, New Jersey?**

   **Injectibles**
   - Heroin
   - Cocaine with heroin as a “speedball”
   - OxyContin – not common, used as a last resort when “dope sick”

   **Non-Injectibles**
   - Crack
   - Benzodiazepines
   - Opiate pills

   **Cost of Heroin**
   - Local heroin averages $20 per bag
   - $8 - $10/bag is the average price if you are willing to travel to Newark

   **Local drug spots**
   - Spring Street in Newton, New Jersey
   - Boarding houses in Newton, New Jersey – mostly off of Spring Street
   - Barrister’s Bar in Newton, New Jersey
   - Church in front of Dover train station
   - Open space/Park in front of Dover train station (early am and late afternoon)

2. **What is the age range of local IDUs**

   Focus group participants characterized injectors as getting younger reporting that new injectors were as young as 16 years old. Older injectors were characterized as being between 30 and 40 years old. The average age of IDUs is estimated to be between 20 and 30 years old.

   IDUs are mostly Caucasian. Males account for about 65-70% of Morris County injectors.

3. **In general, do local injection drug users share their syringes?**

   Syringe sharing among IDUs in Morris and Sussex Counties is common. However, there is a small number of IDUs who are adamant about using new syringes or cleaning syringes with bleach.
4. Where do injection drug users get their syringes?

IDUs are able to buy syringes on the streets of Dover for $10 to $20 or can travel to Newark to purchase syringes for $3 - $5. Syringes are often stolen from hospitals. Participants also reported that there is a local doctor who prescribes syringes to IDUs. Participants stated that it is common for syringes to be used for several weeks, until they were too dull to break the skin.

5. Describe the network ties among injectors

Participants used the phrase “what can you do for me?” to describe networks among IDUs. Participants reported that even romantic relationships can become strained due to the selfish nature of heroin addiction.

Participants were confident that Morris County and Sussex IDUs knew all or most of the other IDUs from the area. IDUs were likened to an “extended family.” Participants thought that this “extended family” phenomenon was sometimes intrusive in that other IDUs and dealers knew too much about each other. It was perceived that area IDUs all seem to know when someone tries to “kick” or joins a methadone program.

Participants thought that IDUs tended to get high in pairs or small groups. IDUs rarely, if ever, use in large groups or in “shooting galleries.” Older IDUs tend to use alone or only with a significant other or spouse.

IDUs will “hustle” money to buy drugs in whatever way works best for them at any given time. Thus IDUs will sometimes work in small groups or pairs or may work alone to get enough money to by drugs.

6. What services are available to IDUs and are they utilized?

Detoxification & Rehabilitation: IDUs are aware that detox programs are available, specifically citing Bergen Pines. IDUs are frustrated at the difficulty and inconsistency of accessing detox programs. Sometimes they wait 3 or more days for a treatment slot. Rehabilitation programs are only accessed easily when attached to or affiliated with a detoxification program. Because the detox and rehab programs are usually full, the perception is that they are well utilized. However, it was reported that many of the people using these programs are only there to avoid jail time or for the “wrong reason.” Additionally, it was reported that alcoholics use many of the treatment slots.

Participants also reported that methadone programs are available although perceived to be underutilized by IDUs. One of the reasons given that IDUs do not access these programs is that the amount of time it takes to travel to these programs is a barrier to participation.

HIV Prevention & Treatment: HIV testing, counseling, case management, and prevention education are available at Hope House and thought to be well utilized. Participants reported that Hope House offered the only HIV services in the area.

Programs for Active Drug Users: Participants knew of no programs for active IDUs.
7. **Best incentives and recruitment strategies**

    **Incentives:** Incentives will be needed to recruit IDUs in the Morris and Sussex County areas. Cash or gift certificates will work but cash will be more effective. It was suggested that $20 was an appropriate amount for the cash incentives. If gift certificates are used as incentives, they should come from stores that provide both a good retail value and a good street resale value. It was suggested that gift certificates ($20-$25) could be purchased through ShopRite food stores and Walmart.

    Participants also indicated that it would be an added incentive to have a case manager on hand during interviews. They felt that the case manager could reach out to IDUs following their interviews and connect them with needed services.

    **Recruitment:** Participants suggested that recruitment be done in two stages. Outreach could be conducted at the popular “dope spots” to inform a few IDUs about the interviews and incentives. (Participants warned however that using traditional outreach workers will not work as they will not be trusted and may be mistaken for police officers). Following individual outreach, IDUs could be used to spread the work about participation in the interviews throughout the IDU network.

8. **Where should interviews be conducted?**

    **Street Interviews:** Participant thought that street interviews were impractical in Morris and Sussex County because not enough IDUs congregate or spend much time on the streets.

    **Mobile Van Interviews:** It was reported that mobile vans are the best option. Vans should be parked near local drug spots and methadone clinics.

    **Existing Programs or Storefronts:** It was noted that a lack of trust and rapport between IDUs and existing programs will limit the number of IDUs willing to interview at these locations. In addition, there was a concern that if IDUs had to travel to locations, this would be a barrier to participation. It was reported that IDUs will travel greater distances for interviews if the incentive is much higher (at least $50).

9. **What are the best times for interviews?**

    Participants indicated that the best times for interviews are early in the morning, when “dope-sick” IDUs are looking for money. However, it was noted that participants had a concern that interviews would receive more accurate information later in the day when IDUs are “off E” and feeling well.

    Interviews should also be held as close to the end of the month as possible. The first week of the month is when IDUs are most likely to have money. IDUs have more difficulty obtaining money towards the end of the month thus they may be more willing to participate.
10. Criteria for determining if someone is an IDU

Participants suggested that interviewers can look for track marks, however the indicated that this method will exclude some IDUs. Use of questions to determine if individuals are injectors may also be unreliable as the appropriate answers for inclusion in the study would quickly spread through the social networks of non-injecting drug users.
Sussex County
Key Informant Interview
A key informant interview was conducted with the clinical supervisor of Sunrise House. The interview was held on 8/9/04 at the office of Sunrise House in Lafayette, New Jersey.

1. **What drugs are most commonly used in Newark, New Jersey?**

   **Injectibles**
   - Heroin
   - Cocaine with heroin as a “speedball”
   - OxyContin

   **Non-Injectibles**
   - Heroin
   - Alcohol

2. **What are the demographics of local IDUs?**

   Sussex County IDUs tend to be young. Injection drug use can start as early as 15 or 16 years old. Most IDUs are between the ages of 18 and 25. The majority of IDUs are Caucasian. IDUs are close to evenly split between male and female.

   Sussex County IDUs tend to come from “good” families and affluent households. Younger IDUs have reported to Sunrise House staff that they started using heroin out of boredom or a lack of activities.

3. **Describe the network ties among injectors.**

   There is not necessarily a network of IDUs in Sussex County, however IDUs seem to know each other and there is a great deal of interaction between them. When it comes to buying and using drugs, IDUs do not trust each other.

   Sussex County IDUs are young, as such, they tend to associate with their friends from the neighborhood or school. These small “cliques” of friends will use together and often share syringes and injection equipment.

4. **What services are available to IDUs and are they utilized?**

   Detoxification and rehabilitation are the only services available to IDUs in Sussex County. Some programs, such as Sunrise House, offer HIV testing, prevention messages, and information to those enrolled in services.

5. **Best incentives and recruitment strategies**

   No incentive or recruitment strategies were given. If IDUs think that the information is for a “good cause” they will be very helpful and willing to participate.
6. Where should interviews be conducted?

It was reported that Sussex County is too rural for mobile vans, storefronts, or street interviews to be effective. The only alternative would be to use an existing agency for interviews. Sunrise House would be a good location for interviewing IDUs from Sussex County. IDUs from Newton, Sparta, and Lafayette are all aware of Sunrise House and would be able to travel for interviews.
Sussex County
Focus Group
A focus group was held on 10/1/04 at the office of the Sunrise House in Lafayette, New Jersey. The group was recruited by the staff of Sunrise House. The group was comprised of 10 males and 8 females. There were 16 Caucasians and 2 African Americans. Two of the participants were from Sussex County, 3 from Morris County, 4 from Essex County, and 9 from counties outside of the Newark EMA. Ages ranged from 19 to 50.

1. **What types of drugs are injected by IDUs in Sussex County, New Jersey?**

**Injectibles**
- Heroin
- Cocaine with heroin as a “speedball”
- Cocaine
- Morphine
- OxyContin and/or Oxycodone

**Non-Injectibles**
- Marijuana
- Xanax
- Opiate pills
- Methadone
- Crack

**Cost of Heroin**
- Local heroin averages $20 per bag
- $10/bag is average price if you are willing to travel to Newark
- As much as $25 per bag further away

**Local drug spots**
- Nothing local
- Dover which is 30 minutes away
- Newark or Paterson

2. **What are the demographics of local IDUs?**

Focus group participants characterized injectors as "getting younger." Participants stated that new injectors were as young as 13 to 15 years old, but most younger injectors were 16 to 18 years old. They also noted that there were older injectors that are in their mid 50’s or early 60’s. The average age is estimated to be between 20 and 35 years old.

The majority of IDUs in Sussex and Morris Counties are Caucasian. Males account for 65-70% of IDUs.

3. **In general, do local injection drug users share their syringes?**

Participants report that syringe sharing is very common. They spoke of situations where they have witnessed an IDU being warned that a syringe was most likely
contaminated with HIV or Hep C and they IDU said “I don’t care.” Other focus group participants had witnessed IDUs picking up used syringes from the street to inject drugs. While they reported that bleaching is becoming more common, IDUs continue to share cookers, cotton, and water even when bleaching syringes.

4. Where do injection drug users get their syringes?

IDUs have limited access to syringes but will buy them from either local dealers or from diabetics. The street value of a syringe is $1 - $3. Very few IDUs will travel to New York or Philadelphia to buy syringes in pharmacies or use syringe exchange programs.

5. Describe the network ties among injectors.

Social networks exist among IDUs but “everyone must watch out for themselves.” The climate was described as “back-stabbing” and participants indicated that people would “screw their own mother over” for drugs or money to buy drugs.

IDUs will use drugs in pairs or small groups. IDUs will also work together to “hustle” money to buy drugs. IDUs from outside of metropolitan areas will make deals with one another to arrange for transportation (i.e. “If you give me a ride to buy a ‘brick’ in Newark, then I’ll give you a ‘bundle’ when we get back.”) IDUs also use their social network to inform one another of where to find the best quality or best priced heroin.

IDUs from outside of cities tend to have two social networks. They have a primary network consisting of their local friends that they socialize with, “hustle” with and use with. They also have a secondary and smaller network of IDUs and/or dealers in the city (usually Newark or Paterson) where they buy drugs. Among both networks, IDUs find that they know most of the other IDUs by name.

Participants did not think that there were any significant differences between men and women within these social networks. The biggest difference was the observation that that women often had a more difficult time finding a vein for injection thus creating more of a need to have a partner to inject with.

6. What services are available to IDUs and are they utilized?

Detoxification & Rehabilitation: Local IDUs know of methadone programs in Randolph and Philipsburg New Jersey (within a 30 and 45 minute drive). However participants reported that these programs were too far away to be considered accessible.

Participants also reported that detoxification and rehabilitation programs are very difficult to access if an IDU does not have adequate insurance coverage. Lack of or insufficient insurance leads to long waiting lists and being the likelihood of being discharged after a short period of time. Participants did not know of any programs that had case managers who could expedite the process.

While programs have long waiting lists and seem to be full the majority of the time, participants don’t think it’s because they are well utilized. The indicated that overcrowded treatment programs are do to detox and rehab programs either closing or scaling back services.
HIV Prevention & Treatment: With the exception of being able to get free HIV testing, participants were not aware of any HIV prevention programs. They did mention that HIV prevention education was discussed in rehabilitation programs and in methadone clinics.

Programs for active drug users: No known services are available to active drug users.

7. **Best incentives and recruitment strategies**

**Incentives:** An incentive will be needed to recruit IDUs for interviews and it was reported that IDUs will want either drugs or cash. The suggested amount for cash incentives was between $10 and $40 (i.e. the cost of one or two bags of heroin). Most participants thought that $30 would be sufficient for recruiting most of the local IDUs. Participants felt that vouchers or gift certificates would not be a viable option. The added work for the IDU to sell the gift certificate or trying to redeem it for cash at the store would excessively diminish the value of the incentive.

**Recruitment:** Participants reported that the best way to recruit IDUs will be through a combination of advertising and street outreach. The best advertising would consist to handing out and posting flyers in known drug spots. The biggest problem associated with using flyers would be the lack of trust among the IDUs. IDUs may suspect that the flyers were distributed by the police to “trap” IDUs. Thus advertising for interview participants would need to be supplemented by “word of mouth” recruitment among IDUs.

Focus group participants thought that the recruiting could be best done at methadone clinics. IDUs on methadone would be able to medicate themselves, would not be “dope sick” during the interview and would be in a better state of mind to answer the interviewer’s questions honestly and appropriately. In addition, participants did not think that IDUs would be willing to travel very far to participate in interviews.

Participants also cautioned interviewers about the locations that recruitment and/or interviews were conducted, particularly in Newark or other cities. It was reported that the safety of the recruiter or interviewer will be in jeopardy in many known drug areas.

8. **Where should interviews be conducted?**

Methadone clinics were thought to be the best place to conduct interviews. Interviewers would be trusted at those locations and would have easy access to IDUs. Mobil vans, storefronts, and street interviews would all be ineffective in small cities or more rural areas because IDUs would neither trust the interviewer nor want to be identified as an IDU. The participant did indicated that parking a mobile van in front of a methadone clinic would be acceptable.

9. **What are the best times for interviews?**

The best times for interviews would be early in the morning, when “dope-sick” IDUs are looking for money to “get well.” Interviews should also be held as close to the end of the month as possible. It is more difficult for IDUs to get money towards the end of the month so IDUs will be more willing to participate.
It was also suggested that interviews be limited to 30 minutes and that interviewers not mention the length of the interview to those participating. If it is perceived that the interview will take too long, it will affect participation. Focus group participants felt that most IDUs would follow through to the end of the interview once it has begun.

10. **Criteria for determining if someone is an IDU**

Participants suggested that it would be appropriate to look for or asking to see track marks, scars, puffy hands, and abscesses. Participants had no suggestions how to determine injection status for those who do not have track marks or who are unwilling to show track marks.
Union County
Key Informant Interviews
A key informant interview was held on 8/24/04 at the Blanchard Street office of Essex Substance Abuse Treatment Center. Attending was the Executive Director, a program director and frontline worker from each of the agency’s two Newark locations: Blanchard Street, Frelinghuysen Street, and the Elizabeth and the outreach coordinator for the three locations.

Due to time constraints and scheduling demands, Essex Substance Abuse Treatment Centers requested that key informants from each of their three locations be interviewed at the same time. The CPSDI staff asked Elizabeth-specific questions during the key informant interview conducted on 8/24/04. Please refer to page for information on Elizabeth.
Organization for Recovery  
Key Informant Interview  
9/8/04  

A key informant interview was held on 9/8/04 at the office of Organization for Recovery in Plainfield, New Jersey. Attending was the Executive Director and a frontline worker.

1. What types of drugs are injected by IDUs in Plainfield, New Jersey?  

Injectibles  
- Heroin  
- Cocaine  
- Cocaine with heroin as a “speedball”  

Non-Injectibles  
- Heroin  
- Cocaine  
- Marijuana  

Cost of Heroin  
- $10 per bag  

2. What are the demographics of local IDUs?  

The age of Plainfield IDUs range from 15 year olds to IDUs who are in their 60s. The majority of IDUs are between the ages of 30 and 40 years old. Plainfield IDUs are primarily African American and Caucasians. There is a small number of Hispanic IDUs. There are more male than female injectors.

3. Describe the network ties among injectors.  

Plainfield IDUs were described as “typical drug users,” meaning that the patterns and network ties among IDUs are the same in Plainfield as they are in other NJ cities. IDUs “hustle” and use in pairs and small groups but are also selfish and manipulative.

4. What services are available to IDUs and are they utilized?  

With the exception of Organization for Recovery, there are no services for IDUs in Plainfield. Organization for Recovery is a comprehensive program offering methadone detoxification and maintenance, drug free out-patient counseling, HIV testing and prevention information, and referral services.

5. Best incentives and recruitment strategies  

Plainfield IDUs are not accustomed to being given incentives. As such, providing incentives for interviews will, most likely, be an effective recruitment strategy. Gift Certificates in the amount of $10 - $15 to local food stores will be the most effective.

Recruitment of IDUs for interviews can start with staff of Organization for Recovery informing Plainfield IDUs about the interviews and incentives.
6. *Where should interviews be conducted?*

Organization for Recovery will make their location available for conducting interviews. The program has access to many IDUs in the community, most of whom will feel comfortable coming to this location.
Union County
Focus Groups
A focus group was held on 9/29/04 at the office of Organization for Recovery, Inc. in Plainfield, NJ. The group was recruited by the staff of Organization for Recovery. The group was comprised of 20 IDUs (8 males and 12 females). Thirteen of the participants were African American, 6 Caucasian, and one individual reporting they were multi-racial (African American and Caucasian). Nineteen of the IDUs were from Union County and one was from a county outside of the Newark EMA. Ages ranged from 29 to 55.

1. What drugs are injected by IDUs in Plainfield?

Injectibles
- Heroin
- Cocaine with heroin as a "speedball"
- Cocaine
- Oxycotton

Non-Injectibles
- Marijuana
- Xanax
- Opiate pills
- Crack

Cost of Heroin
- $10 per bag is average price
- 2 / $15 if you can find a deal

Local drug spots
- 4th street & Plainfield Ave.
- 2nd street
- Liberty street
- 5th street

2. What are the demographics of Plainfield IDUs?

IDUs are characterized as getting younger as the age of new injectors are 12 or 13 years old. Older injectors are characterized as being in their mid 50’s to early 60’s. The average age of IDUs is estimated to be between 30 and 40 years old.

The majority of IDUs are African American, however it was noted that there are also many Caucasian and Hispanic IDUs. It was estimated that 50% of the IDUs are male and 50% are female.

3. In general, do Plainfield IDUs share their needles?

Participants were divided on how common it was for injection equipment to be shared. About half of the participants reported that sharing needles was a common occurrence and was more likely to occur when IDUs were "dope sick". (Note: It seemed that the participants, who were adamant the needle sharing does not occur,
were personalizing the question. All of the participants agreed that needle sharing was less common since the IDU community had received education about HIV prevention. However, participants agreed that injectors continue to share other injection equipment (cookers, cotton, and water).

4. **Where do IDUs get their needles?**

Needles are available for purchase either from drug dealers or from diabetics selling their needles. The price is estimated to be between $2 - $5 per needle.

5. **Describe the network ties among injectors.**

Plainfield IDUs do not consider their relationships with other IDUs as a social network. IDUs are described as manipulative, cut-throat, and “not to be trusted.” It is rare for IDUs to work together to “hustle” money to purchase drugs; purchase drugs together, and use with other IDUs unless they are in a situation where they are very “dope sick” and need to feel better.

Participants did state that most of the local IDUs did know most of the other IDUs and they were friendly with one another and socialized with one another.

6. **What services are available to IDUs and are they utilized?**

Participants reported that IDUs know of very few local services available to IDUs. They reported that IDUs are familiar with the local methadone clinic, Organization for Recovery, Inc. and access this program for methadone detoxification or maintenance as well as HIV testing and prevention education. This program is thought to be well utilized. IDUs also know to go to local hospitals for detoxification and/or rehabilitation programs.

It was reported that there are no services available to active drug users in the Plainfield area.

7. **Best incentives and recruitment strategies**

**Incentives:** Incentives will be needed to recruit IDUs for interviews. The best incentives reported were either drugs or cash. It was suggested that between $10 - $50 was the suggested amount for cash incentives, noting that the higher the dollar amount, the greater the participation. (Note: Participants agreed that $20 would be sufficient for most of the IDUs to participate). If a cash incentive is not an option, vouchers or gift certificates to local fast food restaurants, food stores, or clothing stores would also work. Because the street re-sale value of a gift certificate is less than its face value, the appropriate incentive amount is $25.

**Recruitment:** Participants suggested the best means of recruitment is a combination of advertising and street outreach to IDUs to let them know about the interviews. It was suggested that flyers be used as advertisements with the flyers being handed out or made available at the methadone clinic and local hospitals. It was also suggested that the flyers should be handed out in the areas where drug activity is most likely to occur. Participants noted that other forms of advertisement (in newspapers, on radio stations, and on local cable television) would be a viable option.
After the advertisement of the interviews through flyers, it was suggested that outreach workers would be used to advertise the interviews in the community. It was noted however at the current time, there are no outreach workers contacting IDUs in Plainfield so there would a trust issue between the outreach workers and IDUs during initial contacts.

Participants indicated that if an appropriate incentive was offered, IDUs could recruit other IDUs by word of mouth. However, to ensure greater participation, a smaller incentive (about $5) could be offered to local IDUs for recruiting other IDUs for the interview.

8. Where should interviews be conducted?

**Street Interviews:** IDUs will not be amenable to conducting interviews on the street or “sitting on the curb.”

**Mobile Van Interviews:** IDUs thought that mobile vans were the best alternative for recruitment. Using a van will easily facilitate the trust and rapport between IDUs and interviewers as in the van they will not be mistaken as undercover police officers.

**Existing Programs:** IDUs will not want to be interviewed in existing treatment/prevention programs or storefronts. The problem with these locations is two-fold. Local IDUs will not trust interviews in fixed locations to maintain confidentiality (avoiding disclosure as an IDU an unwanted attention from the police). In addition, the location of the interview becomes a barrier to participation if IDUs have to travel more than a couple blocks to participate.

9. What are the best times for interviews?

The best times for interviews are early in the morning, when “dope-sick” IDUs are looking for money to “get well”. Interviews should be held as close to the end of the month as possible as this is a period when it is difficult for IDUs to get money. Conducting interviews at times when IDUs are most in need of money will increase participation.

Interviews should be limited to 30 minutes and interviewers should not mention the length of the interview to those participating beforehand. If the interview is perceived as too long it will limit participation but IDUs will tend to follow through to the end of the interview once it has begun.

10. Criteria for determining if someone is an IDU

Participants indicated that the best criterion would be to look for or ask to see track marks.
A focus group was held on 9/10/04 at the Elizabeth office of Essex Substance Abuse Treatment Center. The group was recruited by the staff of Essex Substance Abuse Treatment Center. The group was comprised of 10 IDUs (5 females and 5 males). Five of the participants were African American, 3 were Caucasian, and 2 were Hispanic. Seven of the IDUs were from Union County and 3 from Essex County. Ages ranged from 34 to 48.

1. What types of drugs are injected by IDUs in Elizabeth, New Jersey?

Injectibles
   - Heroin
   - Cocaine with heroin as a “speedball”
   - Cocaine

Non-Injectibles
   - Heroin
   - Crack
   - Cocaine
   - Marijuana
   - Alcohol

Cost of Heroin
   - $10 per bag
   - Sometimes $5 - $8 per bag
   - $75 - $80 per bundle

Local drug spots
   - Pioneer Homes Project
   - Intersection of Catherine St. & Bond St.
   - Intersection of Catherine St. & Magnolia Ave.
   - Intersections of Franklin St. & 5th / 6th Avenues
   - Intersection of Elizabeth Ave. & 5th St.
   - Cherry Street between West Jersey & Westfield Avenues
   - Magnolia Avenue between Division St. & Jefferson Ave.
   - 7th Street between East Jersey St. & Trumbull St.

2. What are the demographics of local IDUs?

The age range of IDUs varies from as young as 12 or 13 years old to those who are in their mid 60’s. The average age of an injector is between the age of 20 and 30 years old.

Participants stated that IDUs the majority of IDUs are Hispanic or African American. Sixty percent of the IDUs are male.
3. **In general, do local injection drug users share their syringes?**

   It is common for injection equipment to be shared among IDUs. IDUs reported that HIV and Hepatitis education has cut down on the sharing of syringes and that IDUs will try to only use their own syringes or bleach but this is often impractical. When an IDU is feeling “sick” there is little chance that time will be taken to clean syringes. However that even if clean syringes are available, it is still common for IDUs to share cookers, cotton, and water.

4. **Where do injection drug users get their syringes?**

   IDUs are able to buy syringes on the street. These often come from diabetics who are either drug users or sell their syringes for extra money. Syringes are also available from some heroin dealers. The cost of a syringe is $3 - $5.

5. **Describe the network ties among injectors**

   There was no hesitation among participants to point out that IDUs are manipulative and not to be trusted. However, participants still feel that IDUs remain social with one another. When it comes to drug use activity, IDUs will often “run” together trying to get money to buy drugs. IDUs will only deliberately buy together when they think they need an extra person to act as a look out for the police or someone else that they don’t trust.

   The network of IDUs will also make sure that everyone is aware of where to buy the best quality or the cheapest heroin on any given day. If they have enough money to buy their own drugs, they prefer to use alone but IDUs will use in pairs or small groups when they have pooled their money to buy drugs. This is a common strategy when IDUs are lacking the money needed to buy heroin. Participants reported being confident that most IDUs know most of the other IDUs from their area.

6. **What services are available to IDUs and are they utilized?**

   **Detoxification & Rehabilitation:** Local IDUs are aware that there are detox programs available to and they knew to call or go to local hospitals for these services. The only specific detoxification program that focus group participants spoke of was Bergen Pines. They indicated being happy with this program because the program offered medication that alleviated withdrawal pain.

   IDUs know that rehabilitation programs existed but were are not sure of how to access these programs. When an IDU is ready for rehabilitation, they first go to detoxification and ask to be referred from there. Participants did not have any first hand experience with these programs.

   **HIV Prevention & Treatment:** Participants knew of only one HIV prevention program in Elizabeth, - PROCEED, Inc. They were aware that limited outreach is being conducted by this program in Elizabeth.

   **Programs for Active Drug Users:** Participants did not know of any programs that were available to active drug users.

   Participants thought that programs available to IDUs were not as well utilized as they could be. They were thought to be difficult to access and far away, which is a barrier
to accessing service. Participants thought that if an IDU was extremely motivated, they could receive needed services but there was nothing set up to “catch” an IDU who might be willing to accept services.

7. **Best incentives and recruitment strategies**

Focus group participants were insistent that incentives would be needed in order to recruit large numbers of IDUs for interviews. They suggested that interviewers use either cash or gift certificates to food stores. Cash was reported to be the more “enticing” incentive. However, gift certificates would work if they were from a store that was local and well known. Because IDUs would most likely sell their gift certificates in front of the store, the store would have to be within walking distance from the interview location. Appropriate amounts for gift certificates would be between $25 - $30 while cash incentives should be between $20 - $25. In addition to incentives, participants thought that it would be appropriate, as well as being a bigger draw, if snacks and beverages were available during the interview. (Note: Participants commented that having donuts and coffee at this focus group helped them to relax and give information more freely).

8. **Where should interviews be conducted?**

**Street Interviews:** Focus group participants initially made the assumption that interviews would only be conducted on the street. They hesitantly agreed that this would be a viable forum for interviews. However, when the interviewer asked if there were other options, they thought it would be better not to conduct interviews on the street.

**Storefront Interviews:** Focus group participants did not like the idea of going to storefronts for interviews.

**Mobile Van Interviews:** Participants were indifferent regarding mobile vans. They indicated that they would be appropriate for interviews but there was no consensus as to where to park the mobile vans.

**Existing Programs:** The best location for interviews is inside established agencies serving the IDU community. Participants were confident that IDUs would feel comfortable going to HIV prevention programs, such as PROCEED, Inc. or to the Essex Substance Abuse Treatment Centers in Elizabeth or Newark for interviews.

9. **What are the best times for interviews?**

Best times for interviews will be when IDUs are most in need of money, whether it is for drugs or just to survive (daily living expenses). The first of two times when IDUs are most in need of money is early in the morning. Morning time is when IDUs are trying to raise enough money to buy the heroin needed to alleviate early withdrawal pain. It was mentioned, however, that morning interviews are a “double edged sword.” This will be the time when IDUs are most willing to participate but because they will not be feeling well, this will also be the time when they are the least patient with interviewers.

IDUs were also reported to need money as the end of the month approaches. This can often start as early as the second week of the month but financial concerns become increasingly urgent as the month goes on.
Participants thought that the length of the interview time should be limited. Participants agreed that IDUs will be most productive during the first 20 minutes of the interview and only patient for an additional 10 minutes (bringing effective interview time to 30 minutes). IDUs will stay for as long as 60 minutes for a “good incentive” but it was suggested to limit interview time to a maximum of 45 minutes.

10. Criteria for determining if someone is an IDU

It was difficult for participants to develop criteria for determining if someone is an IDU. Some IDUs will show track marks but others will unwilling to show track marks. It was suggested that perhaps interviewers could ask questions about injection drug use. Participants indicated that how someone answered the question was important as “you can just tell if someone shoots drugs.”
Warren County
Key Informant Interview
A key informant interview was held on 9/27/04 at the Counseling and Addiction Center office of Hackettstown Community Hospital. Attending was the program director and 5 substance abuse counselors.

1. What types of drugs are injected by IDUs in Warren County, New Jersey?

Injectibles
- Heroin
- Cocaine with heroin as a “speedball”

Non-Injectibles
- Heroin
- Cocaine
- Marijuana
- Opiate prescription medications
- Extasy

Cost of Heroin
- $20 per bag in Hackettstown or Washington, New Jersey
- $10 per bag for those who travel to Newark or Patterson

Local drug spots
- Anderson, New Jersey – 9 miles away
- Washington, New Jersey – 12 miles away
- Phillipsburg, New Jersey – 28 miles away
- Patterson
- Newark

2. What are the demographics of local IDUs?

The majority of injectors are between the age of 20 and 30 years old. There are only a small number of injectors that are teenagers or who are over 30 years old. The majority of IDUs are Caucasian. Key informants thought that injectors were close to evenly divided between males and female with about 55% of injectors being male.

3. Describe the network ties among injectors.

Because Warren County is a rural community, there are no “drug spots” on the street. The closest area to buy drugs is about 9 miles away and IDUs must travel to Newark or Patterson for reasonably priced heroin. This creates a need for networks among IDUs. They use their networks to help with travel to areas where they can purchase drugs and for places where they can use drugs. IDUs work in pairs or small groups to raise money for drugs. Key informants also pointed out that injection drug use runs in families. In households where the parents inject, the children usually start injecting at a young age. As such there is not only a network among individual injectors but also within and between families of injectors.
4. What services are available to IDUs and are they utilized?

With the exception of methadone clinics there are no area services specifically for IDUs. The closest methadone clinics are in Randolph and Phillipsburg, New Jersey.

Detoxification and rehabilitation services are difficult to access for IDUs, particularly due to a lack of insurance, long waiting lists, or dual diagnosis.

Key informants know of no programs specifically for HIV prevention. They are aware of various HIV testing sites that also offer prevention information.

5. Best incentives and recruitment strategies

Key informants believed that the stigma of injection drug use and the small size of the community would make recruitment extremely difficult. It was thought that offering incentives would not help recruitment efforts much. If it is important to reach IDUs from Warren County, an interviewer would be best served by going into jails or methadone clinics.

If necessary, the best option for incentives would be $20 cash or a $25 gift certificate to a local food store.

6. Where should interviews be conducted?

Key informants did not think that there were many appropriate locations for interviews. Street interviews, store fronts, and mobile vans were thought to be ineffective. All of these locations would require an IDU to risk disclosing their status as an IDU. The suggestion was to interview IDUs who are in jail or attending methadone clinics.

7. Criteria for determining if someone is an IDU.

Key informants only suggested looking for track marks. They could not think of other criteria that would distinguish an injector from someone who does not inject. Key informants believed that self disclosure would be an unreliable criterion to use.
Warren County
Focus Group
Two Warren County agencies were contacted regarding this formative research project in an effort to arrange a focus group of IDUs. The first agency reported that it would be too difficult to recruit IDUs and declined participation. The second agency, Hackettstown Community Hospital – Counseling and Addiction Center, agreed to participate. However, during a key informant interview the director and frontline workers reported that it may be an impossible task to recruit IDUs for either a focus group or an interview, regardless of incentives. Hackettstown Community Hospital – Counseling and Addiction Center made an effort to recruit Warren County IDUs for a focus group but were unable to do so.
Ethnographic Map
The foundation of the ethnographic map is a detailed illustration that depicts Newark’s neighborhood boundaries, major highways, streets, municipal buildings, parks, and other important locations and landmarks. Within the map are coded data points. Prioritized data points are indicated with a number 1 in the center of the code symbol. Data points are indicated as follows:

### Intersections where drug activities are predominate
- Martin Luther King Jr. Blvd & Bruce Street
- 2nd Avenue & Broadway
- 8th Street & Central Avenue
- 9th Street & Central Avenue
- Broad & Market
- Broadway & Abington Avenue
- Broadway & Grafton
- Clinton & Johnson
- Clinton & Stratford
- Avon & Ridgewood
- 9th Street & 14th Street

### Housing projects where drugs were used and sold
- Baxter Terrace Projects
  Nesbit & Orange
- Grafton Avenue Projects
  Grafton Avenue & McCarter Highway
- Ketchmer Homes
  Frelinghuysen Avenue & Ludlow
- Little Brick Housing Projects
  Irvine Turner Blvd. & Muhammad Ali Ave.
- Pennington Court Housing Project
  Pennington Avenue & South Street
- Riverview Projects
  Chapel & Riverview Court
- Seth Boyden Housing Project
  Dayton & Frelinghuysen Avenue
- Bradley Court Housing Project
  Mountainview & Munn Street

### Streets that are main thoroughfares for drug use and distribution
- 2nd Avenue
- 3rd Avenue
- 4th Avenue
- 6th Avenue
- 18th Avenue
- Broadway
- Astor Street
- Chancellor Avenue
- Columbia Street
- Columbia Avenue
- Frelinghuysen Avenue
- Miller Street
- Mt. Prospect Avenue
- Mt. Pleasant Avenue
- Nye Avenue
- Pennsylvania Avenue
- Prince Street
- Sherman Avenue
- Somerset Street
- Summer Avenue
- Washington
- West Kinney
- Clinton Avenue
Agencies that are amenable to IDUs for interviews

- CURA, Inc.
  - 61 Lincoln Park

- El Club del Barrio, Inc.
  - 76 Clinton Avenue

- Essex Substance Abuse Treatment Center I
  - 164 Blanchard Street

- Essex Substance Abuse Treatment Center II
  - 461 Frelinghuysen Avenue

- Hyacinth AIDS foundation
  - 155 Washington Avenue

- La Casa de Don Pedro
  - 76 Park Avenue

- Liberation in Truth
  - 11 Halsey Street

- New Hope Baptist Church
  - 106 Sussex

- Newark Community Health Center
  - 104 Ludlow Street

- North Jersey Community Research Initiative
  - 393 Central Avenue

- Salvation Army
  - 45 Washington

- St. Bridget's Residence
  - 404 University Avenue

- St. James Hospital
  - 155 Jefferson

- St. Michael's Medical Center
  - 2689 Martin Luther King Jr. Blvd.

- St. Rocco's Outreach Center
  - 712 Springfield Avenue

- University of Medicine and Dentistry of NJ
  - 185 South Orange Avenue
Summary of Results
Profile of Newark Injection Drug Users

Newark injection drug users primarily inject heroin. Other drugs that are injected include: speedballs (cocaine mixed with heroin); cocaine, prescription narcotics (OxyContin and Percocet); and prescription benzodiazepines. Less than 1% of those interviewed felt that Newark IDUs injected methamphetamines. Non-injectible drugs that are commonly used in Newark include: crack, extasy, marijuana, prescription narcotics, prescription benzodiazepines, and alcohol. Newark IDUs usually pay $10 per bag of heroin but sometimes can purchase bags at a discount if there is increased competition or if the heroin is of poor quality.

Participants in each of the focus groups reported that there are more young injectors than ever before. Many of these individuals start experimenting with drug injection while in their early teen age years. However, participants reported that the majority of Newark IDUs are between 20 - 40 years old. Injectors considered to be “Old Timers” are in their 50’s and 60’s. Injectors in Newark are predominately African American and Hispanic, with the majority of injectors being African American. Caucasian IDUs are a minority in Newark. Males account for 65% – 70% of IDUs in Newark.

Newark IDUs are conscious of the constant threat of contracting and spreading HIV and Hepatitis through sharing syringes and other injection equipment (cookers, cotton, and water). It was reported that Newark IDUs prefer to only use new and/or sterile syringes but they have difficulty obtaining them. Due to the difficulty of obtaining new and/or sterile syringes, IDUs often share syringes and other injection equipment. It was reported that the amount of syringe-sharing that occurs is directly proportional to how much pain and discomfort of withdrawal is being experienced by an injector (i.e. the more pain the injector is in, the more likely the individual is to share syringes.) Syringes are available for purchase on the streets of Newark and most often come from diabetics who have a prescription for them. The average cost of a “black market” syringe in Newark is $3-$5.

It also reported that Newark IDUs are aware of the benefits of bleaching their syringes. However, the time and complexity of the bleaching procedure make this impractical for most IDUs. In addition, the fear of stigma and marginalization often prevents Newark IDUs from accepting bleach kits from outreach workers.

Newark injectors share a strong social network that stems from the common bond of being at the bottom of an artificial “class system” or hierarchy of Newark drug users. However, camaraderie within the network is found only when IDUs have had their personal needs met. There is a complex relationship, with a loose code of ethics, that allows for manipulation and betrayal between IDUs when seeking to relieve withdrawal symptoms or meet basic survival needs. However, IDUs seem to be genuinely interested in the well-being of their peers. It was noted that IDUs will: (1) work in pairs or small groups to achieve common goals; (2) will keep each other informed of the medical or incarceration status of other IDUs; (3) will keep each other updated on where to buy the best quality heroin; (4) will spread the word regarding stipends and incentives available to IDUs.
Services Available to Newark IDUs

Detoxification Programs: Most Newark IDUs believe that detox programs are available in all or most of the city hospitals. The most commonly referred to detox programs are offered at Bergen Pines Regional Medical Center and Beth Israel Hospital. These detox programs are popular as they provide medications that ease the pain of withdrawal. Generally, it was reported that Newark IDUs are disgruntled about the lack of access to these programs. These detox may not be well utilized by Newark IDUs, primarily because many IDUs lack the necessary insurance coverage to pay for detox as well as the long waiting lists to enter programs.

Rehabilitation Programs: IDUs are aware that there are many rehab programs in the Newark area but it was reported many IDUs are no longer interested in them as they are unable to access treatment on demand. Most IDUs in rehabilitation programs have been placed there after receiving a referral to the program while they are in detox. However, the detox and rehab programs do not run consecutively and there is often a lag time for enrollment of up to 30 days. If the IDU relapses during this time period, they become ineligible for rehab and are restricted from returning to detox for up to 6 months. It was also reported that there is resentment among Newark IDUs that many of the open program slots have been filled with drug users from outside of the Newark area.

Methadone Programs: Focus group participants indicated that methadone is readily available (and well utilized) in detoxification and maintenance programs. The programs that are reported as being the most popular are the Blanchard Street and Frelinghuysen Avenue locations of Essex Substance Abuse Treatment Center. These programs are preferred because they are described as being “fair” to drug users. In addition, many Newark IDUs are aware of the Patient Incentive Programs (PIP) offered at some methadone clinics.

HIV Prevention Programs: It was reported that Newark IDUs know that HIV prevention programs are readily available throughout all of Newark. Services available to IDUs from HIV prevention programs include: HIV testing, case management, prevention education, safe sex supplies and bleach kits. Most IDUs knew the programs by where they were located but did not know the names of programs. Participants identified the following programs by name:

- El Club del Barrio, Inc.
- Liberation in Truth
- North Jersey Community Research Initiative (NJCRI)
- Positively Speaking
- Project Fire
- Salvation Army
- St. Bridget’s Residence

Programs for Active Drug Users: It was reported that there are no services for active drug users.
Recommendations for Conducting IDU Interviews

Incentives and Recruitment Strategies: Incentives will be needed to recruit Newark IDUs for interviews. Cash will be the most effective incentive for the recruitment of IDUs. The only recommended alternative is gift certificates. Gift certificates can be for any store from which gift certificates have a “street value” including: clothing stores such as Old Navy, general stores such as Walmart, fast food restaurants, and grocery stores. Gift certificates from grocery stores are preferred by for two reasons: (1) all IDUs need food or goods from grocery stores and (2) grocery store gift certificates are easily converted to cash by selling them on the street. Gift certificates, however, will not be as effective as cash for two reasons: (1) the street value of a gift certificate is significantly less than it’s face value; (2) gift certificates create extra work or a “double hustle” for IDUs who wish to convert them to cash after completing the interview (1st hustle), the gift certificate must be sold (2nd hustle).

Consensus among IDUs is that the value of the incentive should reflect that they’re being contracted to provide their professional expertise to the interviewer. As such, the appropriate amount of cash incentives is $20-$25 while gift certificates should be valued at $25-$30. In addition to monetary incentives, IDUs will appreciate snacks and beverages during the interview. It was also noted that it would be beneficial to have an agency’s case manager on hand to provide referrals to needed services.

The most effective recruitment strategy will be a two stage approach that takes advantage of the social network of Newark injectors. It is recommended that the recruitment campaign begin by informing Community Gatekeepers and well known IDUs that incentives will be offered for participating in the interviews. This can be done by posting and distributing flyers at agencies that are frequented by IDUs. The flyers should also be distributed by Newark outreach workers and hand delivered to well known Community Gatekeepers. As Newark IDUs begin to receive incentives for their participation in interviews, “word of mouth” advertising will spread through the IDU network. To augment the recruitment process, IDUs and/or Community Gatekeepers can be “employed” as recruiters by providing them with a stipend for each IDU they recruit for an interview.

Interviewers must be aware that initially they will be “tested” by the IDUs. IDUs will be testing interviewers for: (1) cultural sensitivity; (2) negative perceptions and attitudes towards drug users; (3) for what “strings” that have been attached to the incentives. Information regarding any misgivings about interviewers or the interview process will travel quickly through the IDU network and will hinder further IDU recruitment efforts.

It is recommended that IDU interviews in Newark be conducted in mobile vans and in Newark agencies that provide services to IDUs. The majority of IDUs expressed a general comfort level with being interviewed inside of a mobile van. Use of mobile vans will alleviate any transportation problems encountered by IDUs. The drawbacks to using a van for interviews include: (1) some IDUs may not feel comfortable entering an unknown van; (2) some IDUs may fear that entering the van will disclose their status as an IDU; (3) some IDUs may suspect that Newark Police are watching the van to determine who the area drug users are. It is recommended that vans be parked near drug “hot” spots rather than in “hot” spots. Vans parked in “hot” spots may be perceived as a threat to business by local drug dealers. If the dealers perceived the vans to be a threat, the safety of both interviewers and IDUs will be compromised by the drug dealers.
The majority of IDUs expressed a general comfort level with being interviewed at existing Newark agencies. It was reported that Newark IDUs will appreciate a venue that does not jeopardize their anonymity. In addition conducting interviews at multiple sites will alleviate many of the transportation problems encountered by IDUs that are barriers to participation. Programs that are amenable to IDUs for interviews include:

- CURA, Inc.
- El Club del Barrio, Inc.
- Essex Substance Abuse Treatment Centers (I & II)
- Hyacinth AIDS Foundation
- La Case de Don Pedro
- Liberation in Truth
- New Hope Baptist Church
- Newark Community Health Center
- North Jersey Community Research Initiative (NJCRI)
- Salvation Army
- St. Bridget’s Residence
- St. James Hospital
- St. Michael’s Medical Center
- St. Rocco’s Outreach Center
- University of Medicine and Dentistry of New Jersey (UMDNJ)

Many Newark IDUs will be willing to travel “from one end of Newark to the other” provided the incentive is appropriate. However, excessive travel will impede the recruitment of IDUs as some will prefer not to travel and some may be unable to travel due to health restrictions and/or financial constraints.

It is the recommendation of CPSDI that interviews be conducted within the City of Newark. IDUs from outside of Newark were less definitive regarding appropriate interview venues and reported that IDUs may feel uncomfortable being interviewed in their home communities. Additionally, lower heroin prices in Newark attract most New Jersey IDUs that are within a 45-50 mile radius.

**Interview Times:** To enhance participation, it is recommended that interviews be conducted at times when Newark IDUs are most in need of money. Generally, this is early in the morning when IDUs are starting to feel "dope sick" or withdrawal pain. IDUs use mornings to “hustle” or raise money for their “wake up” or their first daily dose of heroin. It is during this “hustle” that IDUs will be very motivated to participate in interviews for an incentive. A disadvantage to early morning interviews is that IDUs will be experiencing withdrawal pains which may affect their attention span, may cause irritability, and may hasten their responses to questions.

It is also recommended that interviews be conducted towards the end of the month. The first week of the month is when IDUs are most likely to be financially solvent and least motivated to participate. Starting with the second week of the month, IDUs will be increasingly in need of money and will want to participate for incentives.

**Criteria to Confirm Potential Interviewee is an Injector:** The focus group results did not yield many recommendations for criteria that will confirm if someone is a drug injector. The best alternative provided was to look for or ask to see track marks and abscesses. The limitation to this criterion is that all injectors do not have track marks and many hide track marks in areas that would make them inappropriate to reveal such as groin areas and women’s breasts. In addition, it was suggested that many IDUs would find this question too intrusive and thus it would serve as a barrier to participation in the interviews.
Glossary
of
Drug Terminology & Slang
**Boost:** Shoplift

**Brick:** Five bundles of heroin

**Bundle:** 10 bags of heroin

**Cookies:** Crack cocaine

**Cotton Shot:** A dose of heroin that comes from squeezing remnants of water and heroin residue from the cotton balls used for injecting. Cotton shots are usually given to IDUs that are experiencing withdrawal but do not have money or heroin to relieve their symptoms.

**Chronic:** Marijuana

**Diesel:** Heroin

**Deck:** Glassy envelope that is used as packaging for heroin. Same quantity as a “bag” of heroin.

**Dip:** Marijuana dipped in embalming fluid

**Dope:** Heroin

**Dr. Feelgood:** A medical doctor that is known to liberally write prescriptions

**Goods:** Drugs, particularly marijuana

**Guns:** Syringes

**H:** Heroin

**Haunt:** An area or neighborhood where an IDU frequents

**Hot:** (1) An area known for drug activity; (2) A drug area known to the police

**HIV Injectors:** Slang for injection drug users. This term was used repeatedly in many focus groups but when focus group participants were asked they stated that it was not slang on the street.

**Hustle:** Working to raise money for heroin, often through illegal activity

**Joke:** A small dose of heroin, about 15 cc, that has been left in a syringe. This dose is often given to IDUs who otherwise don’t have any heroin

**Junk:** Poor quality heroin

**Kick:** The process of detoxification from heroin

**Knotted Up:** Feelings of uncomfortable withdrawal pain

**[The] Monster:** Withdrawal

**Off E:** Slang for feeling well or not experiencing withdrawal symptoms. E refers to empty

**Oxies:** OxyContin or Oxycodone

**Oxycotton:** OxyContin

**Set:** Syringe

**Straight:** Feeling well, not experiencing withdrawal symptoms
**Sticks:** Xanax

**Stick Up Guys:** Groups of IDUs that raise money for heroin through muggings

**Toys:** Syringes

**Trees:** Marijuana

**Wake-Up:** A dose of heroin in the early morning to avoid or provide relief from withdrawal symptoms

**Works:** Syringes