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Needle Sharing, Shooting Galleries, And Aids Risks Among Intravenous Drug Users In San Francisco: Criminal Justice And Public Health Policy

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Abstract

This article presents descriptive data on needle sharing and shooting gallery utilization by members of a small sample of intravenous drug users (IVDUs) from the San Francisco bay area. We found that most of this sample of IVDU's experimented for many months before obtaining their own "works," and that nearly 80% shared injection equipment, mostly with spouses or close friends. Moreover, the vast majority had frequented shooting galleries, although these tended to be smaller and less formal than those reported in New York. Their reasons for sharing syringes and using shooting galleries were primarily practical, including, ironically, the need to avoid carrying illicit injection equipment for fear of arrest. The implications of these findings for both criminal justice and public health policy are discussed, including suggestions for how law enforcement might help reduce the spread of AIDS.

Introduction

Shooting galleries are probably as old as the hypodermic syringe. For most of the 20th century they have served many of the same functions for intravenous drug users that opium dens did in an earlier era. Shooting galleries may be defined as locations (typically apartments, homes, residence hotel rooms) in which a number of users may borrow or rent the equipment needed for on-premises injection of drugs. Often they are also places where drugs are sold, and sometimes there is even a "street doc" (experienced injector) present to inject users who cannot or prefer not to "hit" themselves (see Murphy and Waldorf, 1988).

Shooting galleries may be highly formalized, quasi-public places more or less open to strangers, with a staff, specified hours of operation, and where drugs are sold, needles and syringes available, and street docs present. Perhaps more frequently shooting galleries are informal—user residences known to only a few groups of drug users or a circle of associates, where drugs may not be as often sold on premises as brought there for purposes of using injection equipment.

Although shooting galleries have long been recognized as an important part of the social organization of heroin use in many U.S. cities, there has been surprisingly little research on them.

The AIDS epidemic has recently brought increased attention to shooting galleries because of the high incidence of AIDS (HIV) among intravenous drug users, especially those in New York City and other urban centers in the northeastern U.S. The sharing of syringes and needles is considered the principal means by which HIV is spread among intravenous drug users. There has been considerable informed speculation that syringe sharing is most prevalent in shooting galleries and that shooting galleries, therefore, significantly contribute to the spread of HIV (Cohen et al., 1985; Weiss et al., 1985; Biernacki and Feldman, 1986; Des Jarlais et al., 1986; Des Jarlais and Friedman, 1987; Watters, 1989). Moreover, two studies have identified the use of shooting galleries as an independent predictor of HIV infection among IV drug users in New York (Marmor et al., 1987) and in San Francisco (Chaisson et al., 1989).

Both criminal law enforcement and public health measures are currently central to efforts to stem the spread of this epidemic among drug users and others with whom they have intimate contact.

Since 1986, the "War on Drugs" has resulted in dramatic increases in funding for interdiction and other law enforcement strategies designed to reduce drug abuse. Moreover, public health and drug abuse officials in a few U.S. cities have even experimented with needle exchange programs designed to reduce sharing of HIV-contaminated injection equipment. As important as these measures are, however, neither criminal justice practitioners nor public health workers receive much training on the peculiar features of the world of IV drug use in which this epidemic is spreading.

In this paper, we present descriptive data on needle-sharing and shooting gallery utilization by members of a small sample of intravenous drug users in the San Francisco Bay Area. Our hope is to provide both criminal justice policy makers and public health officials with a sense of the social organization of IV drug use so that they will be better able to understand the obstacles to successful intervention in this social world.

An Overview Of The Literature

There has been little research specifically on needle sharing. The first and one of the best studies was conducted in the 1960s by Howard and Borges (1970). But because it was done well before the onset of AIDS, it

focused on the social and psychological functions of needle sharing in a singular drug subculture and was concerned with hepatitis rather than HIV contagion. If history is any guide, illicit drug subcultures and use practices have changed in the ensuing decades, so the relevance of this early study may now be limited.

With the advent of the AIDS epidemic more information on needle sharing has been developing (e.g., Des Jarlais and Friedman, 1987; Friedman et al., 1987; Murphy, 1987). One of the more detailed studies was by Murphy (1987), who conducted depth interviews with 40 IV drug users 20 in San Francisco and 20 in Los Angeles. She provides an analytic description of a "social economy of needle sharing" which centered on the practical problems perceived by IV users given that the required paraphernalia were illegal and scarce. She points to the irony of criminal justice policies designed to deter IV drug use which often have the unintended consequence of encouraging needle-sharing and/or shooting gallery use. In order to avoid arrest for possession of paraphernalia (needles, syringes, etc.), IV drug users tend to utilize shooting galleries and share needles, thus increasing both their risk of HIV contagion and spreading it to others. While this exploratory study shed some light on the conditions under which addicts are likely to share injection equipment, it was not designed to elicit detailed data on how often, with how many others, or with whom such sharing occurs, and it did not address shooting galleries.

In May 1987 the National Institute on Drug Abuse held a two day conference on needle sharing with more than 40 researchers attending. This conference produced three empirical studies (Feldman and Biernacki, 1988; Hopkins, 1988; Power, 1988), but they contain only limited descriptive information on specific needle sharing practices. The present authors have reported detailed information about syringe sharing among gay male prostitutes (Waldorf et al., 1990; Waldorf and Murphy, 1988). However, that sample was drawn from a unique population and may differ from other groups of IV drug users.

Even less is known about the prevalence, frequency of use, and reasons for using shooting galleries (see Waldorf et al., 1990, for a more extensive literature review). Des Jarlais and his associates (1986) have offered insightful ethnographic descriptions of formal shooting galleries in New York City in the first published article on this topic. Similar ethnographic research by Murphy and Waldorf (1988) described a small number of shooting galleries in the San Francisco Bay Area, what drugs are injected in them, what reasons IV drug users cite for frequenting them, and some preliminary data on the range of types of such galleries. Although such thick descriptions have provided a useful ethnographic introduction to what shooting galleries are like and why IV users find them functional, there remains a paucity of information on the utilization of shooting galleries and the sorts of needle sharing practices which occur in them.

Given the growing proportion of new AIDS cases that stem from needle sharing among IV drug users, the further development of general empirical knowledge on patterns of needle sharing and shooting gallery utilization appears to be crucial. More specifically, one of the enduring enigmas in the epidemiology of AIDS is the wide variation in HIV seroprevalence among IV drug users in different regions of the U.S. For example, Lange and his colleagues (1988) in the Addiction Research Center Epidemiology Collaborating Group have documented seroprevalence rates among drug treatment samples of 61% in New York City, half that in Baltimore (29%), and drastically lower rates among similar samples outside the northeast corridor (5% in Denver, 2% in San Antonio, 1.5% in Southern California, and virtually 0% in Tampa, Florida). Some researchers have argued that these marked geographic differences in HIV seroprevalence and similar variation in the number of IV drug use-attributed AIDS cases may be due to greater utilization of "large, commercial shooting galleries" in places like New York City (Watters, 1989). Thus, it would seem particularly useful to both criminal justice and public health officials to begin to develop a body of information on needle sharing and shooting galleries.

In what follows, we begin to address such needs with data on the length of time our respondents shared injection equipment before acquiring their own; the number of persons with whom such equipment was shared and their relationship to the respondents; the incidence of shooting gallery utilization; the proportion of total injections that took place in shooting galleries vs. other places; and reasons given for utilizing shooting galleries.

Sample And Methods

Research on illicit drug users is notoriously difficult because the population parameters are unknown and thus representative sampling procedures impossible. Moreover, given the clandestine nature of criminalized behavior, it is unlikely that rigorous surveys could be conducted even if random sampling were somehow possible. Thus, drug researchers traditionally have relied upon captive samples found in jails, prisons, and treatment programs. However, such captive samples risk being skewed in various ways (e.g., those in jail may engage in disproportionately more criminal behavior, while those in treatment may be more likely to be heavy users or addicts). Under such scientifically untidy circumstances, many drug researchers have chosen convenience sampling strategies which offer the advantage of at least gaining access to different types of IV users in various natural settings.

Our sample consists of forty-eight long-term intravenous users of heroin, cocaine, and methamphetamines. We tapped a number of different IV drug using networks in the hopes of maximizing variation among subjects. Some of the initial respondents were identified during a 4-year follow-up study of methadone maintenance clients; others were located during a study of heavy cocaine users (Waldorf et al., forthcoming); and still others were found in the course of ethnographic research on crack use. These initial respondents

then led us to others (selected so as to vary age, race, neighborhood, drug of choice, etc.) by means of "snowball" or chain-referral sampling techniques (Biernacki and Waldorf, 1981; see also Watters and Biernacki, 1989). This is, then, a convenience sample of hard to reach subjects who could not be sampled by other means, and who cannot be assumed to be rigorously representative of intravenous users in the Bay Area.

Such a sampling strategy did, however, allow us to locate persons from a cross-section of communities in the Bay Area (not just San Francisco) and to maximize variation across key background characteristics. For example, our respondents ranged in age from 18 to 58 (mean = 33.7 years); half were from minority groups (50.0%), and nearly half were female (45.8%).

Interviews were conducted by the authors and three indigenous interviewers trained by them at whatever locations were most comfortable for respondents. Most often these locations were the respondents' homes, but they also included bars, shooting galleries, and our project field office in a part of the city known for IV drug use. The interview protocol included both a structured survey and an exploratory, open-ended, depth interview guide. The latter was designed to elicit data that would maximize possibilities for discovering new dimensions of shooting gallery utilization and needle sharing practices. These depth interviews were discursive; respondents were encouraged to describe in detail both the stages and trajectories of their drug using careers and the conditions under which they came to share needles and frequent shooting galleries. We also asked if shooting galleries, *per se*, existed; if so, how respondents found out about them; where they were located; who was in charge of them; who got in and how; how long people tended to stay; whether bleach or other needle-cleaning equipment was available and used; and why respondents and others found it useful to frequent such galleries. Each of the depth interviews was tape recorded and transcribed for content analysis. Surveys covered much of the same ground with structured, closed-ended questions suitable for quantification (e.g., about drug use history, the proportion of injections that take place in galleries, etc.). It is this data that we focus on here (for more qualitative flavor, see Murphy and Waldorf, 1988). Together, both parts of the interview took from one and one-half to three hours to complete.

Syringe Sharing

Our interview transcripts suggest that initial use of intravenous drugs—like beginning use of cigarettes, alcohol and marijuana—is nearly always a sociogenic phenomena. People do not usually set out to use drugs on their own but are simply offered drugs in social situations by trusted friends or associates. Very often individuals will turn down the first offer, but as they grow more accustomed to other users and the social situations of use they come to take advantage of subsequent offers. To explore the phenomena of needle and syringe sharing at the initial and early periods of use, we asked

a series of questions that explored initial injection and the periods of time to regular use and owning one's own "outfit."

The first question asked simply if the respondent used someone else's syringe when they first injected an illicit drug. All 48 IV drug users reported that they used someone else's syringe the first time they injected. According to most of the discursive accounts, the occasion of first injection was a social situation where drugs were offered by a friend who in turn injected them with his or her equipment. It is an unusual drug user who injects him or herself the first time with his or her own syringe.

We utilized two methods to estimate the time period between initial intravenous use and the point at which they obtained their own injection equipment. First, we simply asked how long they injected drugs after the first time before they got their own outfit. The responses revealed that a considerable period of time typically elapses before one's own "works" are obtained. A few respondents took to the experience immediately and went out to get their own outfit in a matter of days; 7 people (14.6%) reported obtaining their own equipment within 2 weeks. But the majority waited for well over a year (median = 1.67 years).

Using a second set of items, we confirmed that most respondents did not immediately commence regular use and seek their own equipment. We asked them to estimate their age at first injection, at onset of regular use, and at the point when they first obtained their own works. As shown in Table 1, the median time between first injection and regular use was 14 months, and slightly less than a year (10 months) between regular use and owning one's own needle and syringe.

It would appear that at initial use, during early irregular use, and even for some months after regular injection began, there was considerable sharing of equipment by a large majority of our respondents. This is the period during which most intravenous users appear to learn how to procure, prepare, and inject drugs. Our depth interviews suggest that for most, a pattern of needle and syringe sharing is established during these periods when they used other people's injection equipment, and that this practice may be carried over into subsequent stages of their drug injecting careers. It is also possible, however, that some users do not obtain their own equipment during this period because they are injecting infrequently.

Table 1
Syringe Sharing At And After Initial Injection, And Age At Onset
Of Regular Use And At First Ownership Of Syringe

"Tell me about the very first time you injected any drug. Did you use someone else's outfit?"	% "Yes"
	100% (48)

"How long did you inject drugs before you got your own outfit?"

Range 4 days to 4 years
Median time 1.67 years

(Table 1 cont.)

Median age at first injection of any drug 19.7 years
Median age when regular injection began 20.8 years
Median age when first owned works 21.7 year

With Whom Do They Share Syringes?

In order to explore both the extent of syringe sharing and the people with whom sharing occurred, we asked the following question about the previous week: "Think about last week now. Who were the persons you shared needles with?" Responses revealed that 38 of the 48 (79.2%) had shared injection equipment in the previous week. Two of the 10 who did not share had not injected any drugs during that week, while the remaining 8 (16.7%) said that they had injected drugs but had not shared equipment with anyone.

Of the 79.2% (38) who reported sharing syringes in the previous week, the number of different persons with whom they had shared ranged from one to seven, with a mean of 2.71 persons. In all there were 103 different people with whom these 38 respondents shared syringes (see Table 2). "Friends" were the most frequently mentioned of the six different categories of relationship we asked about. This was followed by "spouse and/or lovers" and then "running partners." Only seven of the total of 103 persons with whom needles were shared were reported to have been "strangers."

Table 2
Self Reports Of Whom Respondents Shared Syringes With In The Previous Week (N = 38)

Relationship	Number of Mentions	Rank Order
Friends	40	1
Spouse and/or Lover	23	2
Running Partner	13	3
Relative	12	4
Stranger	7	5
Acquaintance	5	6
Other	3	7
Total	103	
Mean	2.71	

Syringe Sharing In Shooting Galleries

Our previous research in both the New York and San Francisco area heroin scenes had lead us to believe that there were fewer shooting galleries in San Francisco. Addict lore in New York often gives the impression that shooting galleries are very common and quite often formal businesses, while Bay Area IV drug users are far less likely to mention formal galleries. In fact, it is often argued that this is one major reason why HIV seroprevalence rates among IV drug users are so much higher in New York City than in San Francisco.

While New York City may have a higher number of and/or more formal shooting galleries, our data offer no support for the notion that shooting galleries are either scarce or infrequently used in the Bay Area. Of the 48 people we interviewed all but 2 told us that they had used shooting galleries recently. We recorded accounts of 40 different galleries, although most were described as informal rather than the large commercial arrangements said to exist in New York.

Our respondents reported using a wide range of drugs in shooting galleries. The most frequently used illicit drugs were marijuana, heroin, powdered cocaine and crack. In galleries located in the Tenderloin area, methamphetamine injection was also common. Although some galleries were predominantly for heroin shooters, most respondents reported that habitues of shooting galleries use a variety of drugs by a variety of methods. Cocaine, for example, is both injected and smoked.

We asked our respondents about their frequency of syringe sharing at shooting galleries over four time periods: last week, last month, last year, and over their entire careers of intravenous drug use. Responses revealed that shooting galleries had been utilized by the majority of our respondents and that they continue to be used even in this era of AIDS (see Table 3). Only 2 people (4.2%) reported that they had never shared syringes in a shooting gallery. Half (25 or 52.1%) said that they had shared syringes in a shooting gallery at least once in the previous month, and over one in three (18 or 37.5%) reported having done so six or more times in the past month.

Table 3
Syringe Sharing At Shooting Galleries, For Four Time Periods [Self Reports]

	Time Periods			
	Ever	Last Year	Last Month	Last Week
Never	(2) 4.2%	(10) 20.8%	(23) 47.9%	(28) 58.3%
Once	—	—	(1) 2.1	—
2-5 Times	(1) 2.1	(7) 14.6	(6) 12.5	(10) 20.8
6-25 Times	(8) 16.7	(11) 22.9	(11) 22.9	(7) 14.6
26-100 Times	(13) 27.1	(11) 22.9	(5) 10.4	—

(Table 3 cont.)

100 Times	(24) 50.0	(9) 18.8	(2) 4.2	—
Total	(48)	(48)	(48)	(47)

We also asked our respondents what percentage of their total injections (in the last week, last 3 months, and last year) took place in shooting galleries. Only three respondents reported that all (100%) or nearly all (99%) of their injections occurred in shooting galleries. For the previous week, a mean of nearly one in six (16.1%) of all our respondents' injections had taken place in some form of shooting gallery (see Table 4). Interestingly, the mean estimated percentages of the total injections occurring in galleries increased as our questions moved back in time 21.9% for the last 3 months and 37.5% during the last year. These figures suggest that our respondents may be using shooting galleries proportionately less often now than in the recent past.

Table 4
Mean Percent Of Total Injections Occurring In Shooting Galleries,
For Three Time Periods [self Reports]

Time Periods	Mean Percent of Time
During the last week	16.1%
During the last 3 months	21.9%
During the last year	37.5%

Finally, respondents were asked to estimate the number of other people who "fixed" in the last shooting gallery that they had visited. The responses ranged widely, from four friends who got together regularly at the home of one and excluded outsiders, to the reported five hundred clientele of a gallery that was described as a well-known, formal commercial organization. The median estimate of the number of different people who injected in the last shooting gallery visited was 35.

These estimates exceed the approximately 20 people per day reported by Biernacki and Feldman (1986) for the shooting galleries in the Tenderloin and Mission Districts in San Francisco with which they made contact. This may be because we asked only for an estimate of the number of different people who used a gallery, regardless of frequency, whereas Biernacki and Feldman estimated the number of different people per day. It should be noted, however, that both these estimates are considerably smaller than those of 100 or more clients a day for New York City shooting galleries (Watters, 1989). This lends support to the impressions of ethnographic drug researchers that Bay Area galleries exist but tend to be small and informal.

Reasons To Use Shooting Galleries

The reasons why people use shooting galleries are by no means simple. Our depth interview transcripts suggest that shooting galleries are generally

geographically convenient to local connections for the user, and that they offer outfits (syringe, cooker, matches and cotton) for the convenient preparation and injection of drugs. Both of these practical or convenience reasons were mentioned by more than 9 out of 10 of our respondents (see Table 5). According to their accounts, convenience is an important consideration because users, particularly heroin users, may be experiencing withdrawal and thus want to inject as soon as possible after "scoring."

There are, of course, other considerations for the intravenous injector. As in most states, California law makes it a criminal act merely to possess syringes that are not prescribed by a physician. And as most law enforcement personnel know, many arrests of IV drug users are made on the basis of such paraphernalia laws alone. Subject drug users to arrest and imprisonment if they are found carrying injection equipment. Thus, if mere possession of a syringe can mean arrest and imprisonment, shooting galleries where this equipment is available, ironically, tend to be perceived by many IV users as offering a modicum of safety which is not possible when one carries one's own "works."

Galleries are also places where drugs are often available or where there are people who know where to purchase drugs. Nearly 4 out of 5 (79.2%) reported that they used shooting galleries in part because drugs were available there, and more than two-thirds (68.8%) mentioned gallery habitues' knowledge of where to purchase drugs as a reason.

Although less important, our respondents also mentioned social reasons for their use of shooting galleries because their friends/associates (77.1%) and their "running partners" (74.5%) go to them. Often shooting galleries are seen as good places to hang out and socialize with friends and are used in much the same way as coffee and wine drinkers use cafes and taverns. Similarly, our depth interviews suggested that information pertinent to drug users' lives is readily available at shooting galleries (e.g., who is "holding" the best drugs, who was recently "busted," who are "snitches," etc.).

Table 5
Reasons For The Use Of Shooting Galleries [self Reports]

"Here are some reasons why people might use shooting galleries. From your experience tell me if any apply to you?"

	% Reporting "Yes"	Rank Order
Geographic Convenience:		
It is close to my connection	(45) 93.8%	1
It is near where I live	(18) 37.5	10
Equipment/Supply Convenience:		
Outfits are available there	(44) 91.7	2
Drugs are available there	(38) 79.2	3
People there know where to buy		

(Table 5 cont.)

good drugs	(33) 68.8	6
Social/Personal Associations:		
My friends /associates go there	(37) 77.1	4
My running partner goes there	(35) 74.5	5
My girl friend/boy friend goes there	(27) 56.3	8.5
My relatives go there	(9) 18.7*	11
Other Qualities of the Shooting Gallery:		
There's a person there who can help me fix	(27) 56.3*	8.5
It is a good place to get high	(31) 64.6	7

[* Two respondents (4.2%) did not answer these questions.]

Other Places To Inject Illicit Drugs

We have focused on shooting galleries in this paper because it is in such places that syringe sharing is perhaps most endemic. Thus, they are of prime interest in the fight against the spread of AIDS among the IV drug user population. But such galleries are not the only places where people inject drugs. We asked a series of questions designed to identify other locales where drugs had been injected in the past three months.

We learned that injections take place not only at users' homes, but also in cars, public toilets, hotel rooms, alley ways, and even jails. More than three in four of our respondents reported that they had injected in cars (83.7%) and public toilets (77.1%). And nearly a third (31.3%) reported that they had injected in a jail or prison (see Table 6).

The range of responses to these survey questions as well as our qualitative accounts suggest that drug injection is a "catch as catch can" phenomena. That is, IV drug use will take place in whatever locales users find convenient and comfortable relative to the intensity of their desire to inject and the risks of discovery. This obviously includes but is not limited to shooting galleries. One question deserving of further research is the extent to which various locales aside from shooting galleries increase or decrease the frequency of needle and syringe sharing.

**TABLE 6
OTHER LOCATIONS (ASIDE FROM SHOOTING GALLERIES)
IN WHICH DRUGS WERE INJECTED, PAST 3 MONTHS [SELF
REPORTS]**

"Have you injected drugs in any of the following places in the last three months?"

Specific Locations:	% reporting "yes"
At Home?	(44) 91.7%

(Table 6 cont.)

In a car?	(40) 83.3
In a public toilet?	(37) 77.1
In a hotel room?	(35) 72.9
In an alley way?	(24) 50.0
In jail or prison?	(15) 31.3
On a roof top?	(9) 18.7

Other People's Accommodations:

Friend's or associate's house?	(40) 83.3
Running partner's house?	(35) 72.9
Boy/girl friend's house?	(24) 50.0
Dealer's house?	(23) 47.9
Trick's house or room?	(16) 34.0

(One respondent had not injected drugs in the last 3 months.)

Discussion

Among this sample of IV drug users in the San Francisco Bay Area, needle and syringe sharing is extensive, the utilization of shooting galleries is common, and thus the risk of AIDS contagion is significant. Syringes were typically shared with more than one person, although this was most often with friends and least often with strangers. Neophyte injectors almost by definition do not have their own syringes, so it is not surprising that our respondents reported one to two years elapsing between initial injection and the purchase of their own "works." Accounts from depth interviews also suggest that most early-career IV use entails the sharing of injection equipment, so that by the time IV drug use becomes a regular pattern it is likely that such sharing has become an established practice.

If this turns out to be the case for larger samples of IV drug users from San Francisco and other cities (and there are few reasons for believing it won't), then it is also likely that a substantial amount of syringe sharing goes on well before IV drug users show up in treatment programs, the principal source of preventive education on AIDS for IV drug users. One public health implication of our data, then, is that AIDS prevention efforts should not be limited to treatment sites, in which clients tend to be long-term addicts; most IV users are not addicts and do not often enter treatment. Rather, prevention measures should also include outreach components such as street-based, community education and assistance programs aimed at IV users *early in their careers*. There is good evidence that the use of community health outreach workers (CHOW's), for example, can at least reduce high-risk, needle-using behaviors and increase the use of bleach and other syringe sterilization techniques (see, e.g., Watters, 1987; Watters et al., 1990).

Such public health education has not been a traditional criminal justice function. Yet, such public health "street work" can be much more effective

if supported and aided by local law enforcement personnel who often know the target areas and populations more intimately than many public health workers. In addition, clearly one key rationale for drug law enforcement is the elimination of drug use and its attendant public health problems. In the case of AIDS, such problems are increasingly serious among precisely those most likely to come into contact with the criminal justice system. Moreover, police on patrol often have extensive non-arrest contacts in the social worlds of IV drug users which might serve as important conduits for AIDS prevention information.

There is scant evidence that traditional criminal justice policies of arrest, prosecution, and imprisonment have reduced the public health threats associated with needle sharing. In fact, many of our respondents observed that fear of arrest for paraphernalia possession was an important motivation for sharing needles and/or frequenting shooting galleries in the first place.

Instead, in the deadly context of the AIDS epidemic, it might make sense for criminal justice policy to focus on reducing the harm that IV drug use can do rather than continuing to focus solely on its elimination. At the very least it would be fruitful to have a debate among criminal justice practitioners about possible roles for law enforcement personnel in such non-traditional public health strategies. If these strategies can continue to reduce the behaviors associated with AIDS, then such unorthodox roles for police seem worthwhile.

Aside from such a public health education function, the criminal justice system seems an unlikely venue for attempts to stem HIV contagion among IV drug users. First, at least in San Francisco, shooting galleries appear to be fluid and informal in character. This suggests that criminal justice policies designed to identify and shut down such galleries will confront real difficulties. The galleries described by our respondents are low-visibility, moving targets. Nothing our respondents said led us to believe that closing shooting galleries would inhibit IV drug use; it would simply be displaced to other locales according to the same logic by which IV users invented shooting galleries to begin with. As narcotics officers have long observed, illicit drug use is like a balloon: if the law squeezes it in one place, it will bulge out in another.

Second, to the extent that our respondents' reasons for sharing equipment and utilizing shooting galleries are shared by other IV users, criminal justice and public health efforts to change these behaviors will have to compete with the compelling exigencies that led them to share in the first place (e.g., withdrawal, convenience, safety from arrest). However, it is important to note that we found no evidence of any subcultural, romantic, or esthetic attachments to sharing syringes or frequenting shooting galleries, nor any reason to believe that such practices persist for other than *pragmatic* reasons.

Thus, policies and programs which provide pragmatic alternatives to needle sharing and shooting galleries, for example, needle exchange systems and referral to treatment on request, appear to hold some promise for reducing HIV risks. Neither needle exchange nor treatment programs fit neatly with

traditional law enforcement functions. Yet both hold life-saving promise in the battle against AIDS, and both would function better with the cooperation of criminal justice policy makers.

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