



Impact of the September 11th Attacks in New York City on Drug Users: a Preliminary Assessment

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ABSTRACT *An exploratory assessment of the impact of the September 11th attacks in New York City on drug users, including their perceptions of changes in drug use, drug availability, police activities, and access to services, was undertaken. Methods included focus groups with drug users and acquired immunodeficiency syndrome (AIDS) outreach worker supervisors and surveys of service providers. Results indicated that, while there was some immediate concern about the potential impact on drug availability, there was no perceived scarcity, although some drug users did report a decrease in drug purity. Responses included increased use of drugs and increased demand for drug treatment. The wide range of responses indicates that continued monitoring of the impact may be needed to assess long-term effects.*

INTRODUCTION

The impact of the September 11th terrorist attacks in New York City will continue to reverberate in a diverse range of communities, those immediately affected as well as internationally. Reports of the psychological impact on residents of New York City, in terms of an increase in symptoms of depression and posttraumatic stress disorder (PTSD), have appeared in the literature,¹ suggesting that further assessment of the short- and longer-term sequelae is needed. Approximately 2–3 months after September 11th, an assessment of the impact of the attacks on communities of drug users in New York City was undertaken by staff of the National Development and Research Institutes, Incorporated (NDRI), using multiple methods to examine the perceptions of drug users regarding the impact on drug use, drug availability, police activities, and access to social and health services. NDRI has carried out research in New York City drug-using populations since the 1960s, and current projects include studies of drug users living throughout the New York City area. The purpose of this preliminary exploratory study was to assess the perceptions of acquired immunodeficiency syndrome (AIDS) outreach staff, service providers, and drug users regarding the immediate and short-term impacts of this event on drug users and to identify issues that may require further research.

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The central offices of NDRI were located at Two World Trade Center and were destroyed on September 11th. All staff members survived the devastating events and are now located in their new offices.

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METHODS

A three-part study was developed using convenience samples of AIDS outreach staff, service providers, and drug users. The first part was a focus group with five supervisors of a large AIDS outreach program targeting drug users in the four major boroughs (Manhattan, the Bronx, Brooklyn, and Queens). This program, the NDRI Center for AIDS Outreach and Prevention (AOP), has been conducting human immunodeficiency virus (HIV) prevention in these locations since the early 1980s and is thoroughly familiar with the locations and activities of drug users. Prior to participating in the focus groups, AOP borough supervisors were asked to engage users in discussions regarding the impact of the disaster on issues relating to drug availability, drug use, and police presence. The supervisors were also asked to debrief their field staff ($n = 19$) regarding these same issues prior to the focus group. The focus group was conducted by the Deputy Director of the AOP (Tom Hamilton) in mid-October 2001, and the Deputy Director prepared a summary of the discussion of the areas of interest.

Second, a survey of 126 service providers attending HIV-related training provided by the NDRI Training Institute was carried out in November and December 2001. A one-page survey was collected at the end of the training. Participants worked in social service, drug treatment, and harm reduction programs in the New York metropolitan area, serving clients residing in lower Manhattan (one third), other parts of Manhattan (one third), and the other boroughs (one third). The survey asked about perceived changes in their clients and communities after the attacks and focused on drug and services availability. A summary of survey results was prepared by Dr. Hagan.

Third, focus groups (3) with active drug users were conducted during November and December 2001 in three communities with NDRI field research sites: Bushwick, Brooklyn; Lower East Side, Manhattan; and East Harlem, Manhattan. Participants were recruited by staff of ongoing NDRI projects in these communities; these staff have established a presence in the community and are familiar with drug users. A total of 26 individuals participated, primarily heroin and cocaine users. The topics discussed in these groups included how these individuals experienced the attacks and perceived changes in drug supply and availability, police presence, and services (including drug treatment). The focus groups were conducted by Dr. Shedlin (a medical anthropologist), who coded transcripts of the groups to provide insight into the meaning of the behaviors and events and to establish a range of beliefs and attitudes, including points of disagreement, and a group (normative) reaction to the topics covered. Coding related to the research domains and accommodated the exploratory nature of the questions.

Each of the three sets of data was summarized, and analysis across summaries focused on identifying consistencies and differences.

RESULTS

The AOP staff focus group participants reported that user networks and activities were not affected, and that their usual activities continued. Although there were no significant changes reported in drug use frequency, concern about potential changes in heroin and cocaine availability due to increasing border security checks were expressed. Although increases in police presence were noted in many of the areas where drug users conducted activities, these were ascribed to increased security in

response to the disaster and thus had little impact on drug-related activities. Staff noted increases in requests for drug treatment referrals, but attributed this to the change in season and anticipated increase in cold weather, thus related to a normal increase in demand at that time of year. No changes in access to services were reported, although the “Temporary Emergency Medicaid” access initiative set up after September 11th provided temporary ready access to medical and treatment services for some drug users. Staff also noted that many users did not “identify” with the tragedy because the event was not geographically close to where they were located and did not have an impact on their lives and daily activities.

In the Training Institute survey, the most commonly cited change was an increase in the level of security personnel (e.g., police, military) in the communities served, especially in Manhattan (51%) compared to the outer boroughs (33%). An increased demand for drugs was noted by about one third of service providers, although few reported being aware of any changes in drug purity or availability (4%) or in access to services such as drug treatment or needle exchange (12% and 11%, respectively).

The focus groups in the three communities provided information directly from the drug users. Participants in all groups reported more police presence (especially the Lower East Side group closest to the World Trade Center location), a decrease in quality of drugs, more open drug use, and no significant change in services. One location reported more open drug dealing immediately after the attack, while another reported fewer dealers on the street and less supply. A range of emotional reactions to the event was described, with many participants reporting seeking psychological support from family and friends. Users also reported a range of responses in terms of changes in personal drug use, with some seeking abstinence and drug treatment and others escalating their drug use immediately after the event. However, a sustained increase in use was not reported. Drug dealers were said to be concerned about supply and as a result were cutting drugs and lowering purity; however, drug users reported that forecasts of reduced drug supply appeared to have been greater than was actually experienced. In two of the groups, participants reported that being able to obtain needles from pharmacies provided easier access than the local needle-exchange programs (the Expanded Syringe Access Demonstration Program [ESAP], implemented in New York City in January 2001, allows pharmacy purchase of up to 10 syringes without a prescription) and thus alleviated any concerns about a potential short-term reduction in needle-exchange services.

CONCLUSIONS

This exploratory assessment of the impact of the September 11th attacks on illicit drug use in New York City suggests that there were a variety of responses and changes in conditions immediately and within 2–3 months after the attacks. Increased police presence was reported by all three groups of participants (outreach workers, service providers, and drug users), and although normally their presence would tend to inhibit drug-related activities, the shift of police attention to security and safety meant that drug use and drug selling carried on as usual or even more openly.

Members of all three participant groups reported concerns about the impact of the attacks on drug availability; none reported that drugs were more difficult to find, but some users did observe a decrease in drug purity. This raises the possibility

that some drug dealers may have manipulated purity in response to anticipated scarcity of supply.

Both service providers and drug users described increased demand for drugs and increased use, and outreach workers and drug users also reported an apparent increase in requests for drug treatment. Both of these may be expected reactions to the uncertainties that characterized the aftermath of the attacks.

Some effects appeared short-lived (e.g., more open drug use in certain locations), whereas other effects may be slower to return to pre-September 11th conditions (e.g., concerns about drug availability due to increased national security).

Interpretation and generalizability of the results of this assessment are limited by the convenience sampling of participants. Nonetheless, the variation in geographic location and perspective of the participants can be helpful in identifying the range of perceptions regarding the impact of the event. Continued monitoring of the impact of the events of September 11th and their aftermath in New York City, including assessment of geographic differences, may be needed to assess their long-term impacts.

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REFERENCE

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