

VIEW POINT

Supply of Needles and Syringes to Drugs Abusers

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In each issue we are presenting an open discussion on a particular topic. The aim is to have an exchange of opinions and ideas amongst you and to invite comments from experts in a particular field.

You are invited to recommend modifications, alterations and changes for the benefit of our society and to develop further our profession.

The following contributions have been received on the topic "Sale and Supply of Syringes to Drug Abusers".

SPECIAL PREVENTION EFFORTS

1. Considering the problem of the use of syringes by drug abusers, one's first reaction is bound to be to limit the supply of these syringes or to give them only against a prescription. By this restriction, one hopes to decrease the abuse by injection. In actual fact this will in no way cure addicts. If new syringes are not available, they just make use of old syringes. Moreover if the addict is getting a supply of illegal drugs on the black market, why should it be difficult for him to get syringes as well?
2. The AIDS virus constrained us to weigh the consequences more deeply. If the AIDS virus is present in the drug taking community, the problem will become an epidemic through needle sharing.
3. In the United States, the number of new cases of AIDS related to drug injection is rising more rapidly than in other risk groups: in parts of New York and New Jersey as well as in Italy, most AIDS cases are now related to drug injection⁽¹⁾. In these centres as well as in Edinburgh, over 50% of samples of drug injectors have been found to be infected with the virus⁽²⁾. One has to keep in mind that in both New York and Edinburgh sale of syringes was for a long time controlled by prescription.
4. This makes it imperative that special prevention efforts are aimed at drug injectors and their partners, designed to change both sexual habits and injecting behaviours, especially the sharing of injection equipment. However, interventions need to be based on a

good understanding of a realistic assessment of how drug injectors themselves, and others close to them, are likely to respond.

Prevention efforts must start by assessing the awareness of AIDS risks among injectors, and the possibility of these changing their behaviour. Some are of the opinion that it is unrealistic to expect significant changes in risk behaviour among injection drug users. Reasons given are that drug injectors (unlike the Gays) are not a coherent or organised community through which it is possible to disseminate and reinforce 'safe practices'. Moreover they are so self-destructive and have such a low self-esteem that they would not change their behaviour anyway. Other experiences have produced different results. 90% of two samples of New York intravenous drug users in treatment are aware that AIDS can be transmitted by sharing syringes and needles, 60% of these samples reported changing their behaviour to reduce the risk of AIDS. The most common changes were increased use of sterile needles and reduced sharing⁽³⁾.

5. Several countries have already encountered this dilemma for a number of years. It would be wise to have a glance at their reactions and conclusions and if available at their feedback.

5.1 Netherlands.

The spread of AIDS among drug addicts is increasing and the main source of this infection is the sharing of syringes and needles⁽⁴⁾. Obviously the spread is also among their sexual partners. This report boasts that this spread is slower in the Netherlands than in any other country. The reasons given are that it is their policy to make it easy for drug addicts to obtain help. Prevention policy includes information, exchange system of syringes and needles as well as supply of condoms free of charge or at cost price. This exchange system is financed by the Ministry of Welfare and is run either by the primary health care services or by organizations for the care of addicts⁽⁵⁾. The same report admits that social workers will not find it easy

to give information about this exchange, since they normally are trained to provide help with the aim of putting an end to addiction.

In Amsterdam, in 1985 some 100,000 syringes and needles were provided in the exchange system. The fear that this approach will encourage drug addicts to inject rather than come for treatment did not materialize. The number of IV addicts did not increase in 1985 (25-30% inject, 70-75% inhale heroin). Therapeutic programmes report more clients than ever. The number of addicts in Amsterdam has stabilized over the past few years at 7000-8000⁽⁶⁾.

This measure is to be viewed in the context of Amsterdam's approach to the drug problem. Because the results of drug-free treatment were disappointing and few addicts were being reached, Amsterdam adopted the principle that if it is impossible to cure a drug addict one should at least try to create a situation that greatly reduces the risk that the addict harms himself and his environment.

5.2 Great Britain.

A report by the Advisory Council on the Misuse of Drugs considers it as the first basic principle that the spread of HIV is a greater danger to individual and public health than drug misuse and therefore all available means should take precedence⁽⁷⁾. It is only later that it enunciates that prevention of drug misuse is now more important than ever before. And this in view of the fact that it will have a major effect on the spread of HIV⁽⁸⁾. This report suggests:

- 1 the setting up of syringe exchange schemes;
- 2 that community pharmacists should be encouraged to sell equipment at reasonable cost to injecting drug misusers;
- 3 that health authorities should provide pharmacists, on request and free of charge, with disposal facilities for used equipment and pharmacists should encourage customers to return equipment;
- 4 that all syringes should bear an indelible warning about the danger of sharing injecting equipment;
- 5 that local police should be consulted on and should cooperate to ensure that police activity does not discourage drug misusers

Needle Exchange 'Depots'

I agree that we should help drug addicts to avoid getting AIDS. However, I do not think that disposable syringes should be available for drug addicts through pharmacies.

I think it is non-ethical to help somebody to carry on in his/her erraneous life-style. Disposable 'Insulin' syringes should only be made available at pharmacies to 'bona-fide' diabetics.

Drug addicts should be able to exchange their used syringes at certain 'Depots' made available either by the Government authorities or by Caritas.

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from obtaining sterile equipment and/or returning equipment⁽⁹⁾.

5.3 Scotland.

The basic principles stated in the report of the Scottish Committee on HIV Infection and Intravenous Drug Misuse are practically identical with those of Great Britain.

In this report practitioners are informed that it may be an appropriate part of the management of individual patients, in the interests of limiting the spread of infection, to issue needles and syringes and that this should be done on a one-for-one exchange basis for a needle and syringe.

I think that it would only be fair to say that this is just one paragraph from a report that gives at least twenty recommendations that really help in the awareness and education on the problem of both AIDS and drug misuse⁽¹⁰⁾.

This report has created quite a lot of trouble. Health Minister John Mackay was reshuffled to Education because he likened issuing needles to addicts to offering prospective murderers with good weapons to murder efficiently and quickly. His successor emphasized that drug misuse must also be given a high priority. The Scottish Authorities found the troops needed to operate it reluctant to volunteer; the drug agencies not willing to supply injection equipment; the GPs reluctant to deal with misusers at all, let alone handling the AIDS complication; and pharmacists cannot offer the health education counselling needed to make a needle exchange system work⁽¹¹⁾.

5.4 New York

Public health authorities are currently considering the lifting of some of the legal restrictions on the availability of sterile needles. Since 1985, in New York City, there were two methods being used to supply drug injectors with 'free' needles⁽¹²⁾.

In the first method, needle sellers are including an extra needle with the sale of a complete syringe and needle. This extra point can be used immediately if the first needle becomes clogged when a drug user is preparing to inject. Because it is just before injecting that a drug user is most likely to be experiencing withdrawal symptoms, and is therefore most likely to use whatever needle is available, the availability of a spare needle at this particular time may be an important way of keeping a drug user from using someone else's needle.

The other method is that drug dealers are including a 'free' needle and syringe with sales of 25 dollars and 50 dollars bags of heroin. However this second method is not as widespread as the first.

5.5 Norway

Up to 1987, 42% of the seropositive tests reported are drug addicts. So far drug addicts constitute only 4% of the reported AIDS cases. Needle exchange is being carried out in one city, on an experimental basis. The pilot project will be evaluated before further implementation. Syringe dispensers are placed easily accessible for the IV drug abuser making clean syringes available round the clock. Moreover syringes are freely available through pharmacies throughout Norway.

However the Government is committed to develop residential treatment facilities of various modalities to give the drug abusing population a chance to rehabilitate and thus eliminate the risk taking behaviour.

6. Conclusions

- 1 No possible positive result can be expected from control of the sale of sterile syringes.
- 2 The method of syringe and needle ex-

change is a way of trying to deal with symptoms rather than the actual problem. The most important measure to be taken is to lessen the number of drug abusers and consequently of risk taking behaviour. Thus even drug abusers who are convinced of the necessity of precautions will at one time or another resort to injecting with used needles. Even more important than treating drug abusers is an education campaign to help prevent young people from embarking on drug addiction.

- 3 I am afraid that notwithstanding the fact that the syringe and needle exchange measure is mentioned as part of a programme together with counselling and education about the problem of AIDS transmission, what will be done in practice is only the syringe and needle exchange.
- 4 All drug addicts who call for detoxification or rehabilitation in Malta are repeatedly investigated for AIDS virus and up to date all proved to be negative. Our drug addicts are very conscious of the dangers coming from needle sharing. Since we are not as yet facing the problem, we are still in time to try to make drug abusers more aware of this danger.

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- (1) Cohn J.A. Treating and Coping with AIDS: The Experience at Bellevue Hospital. In Community Epidemiological Work Group Proceedings, Vol. 2, Rockville, Md: U.S. National Institute of Drug Abuse, 1986 p. I/1-5.
 - (2) Avico U. Drug Use in Italy. In Community Epidemiological Work Group Proceedings, Vol. 2, Rockville, Md: U.S. National Institute of Drug Abuse, 1986 p. IV/34-62.
 - (3) Friedman S.R. et alia, "AIDS and Self-Organization Among Intravenous Drug Users", Arch. Int. Med.: 1986. 145. p. 837-840.
 - (4) Ministry of Welfare, Health and Cultural Affairs: AIDS Policy in the Netherlands, January 1988, par. 3.2.3.1.
 - (5) Ibid. par. 3.2.3.2.
 - (6) Buning E.C. et alia "Preventing AIDS in Amsterdam", Druglink, 1/3 (Sept./Oct. 1986) p. 9.
 - (7) "AIDS and Drug Misuse Part 1", Department of Health and Social Security, par. 11.2. 1.
 - (8) Ibid. par. 11.2, 4.
 - (9) Ibid. par. 11.2, 18.21.
 - (10) HIV Infection in Scotland, Report on the Scottish Committee on HIV Infection and Intravenous Drug Misuse, Scottish Home and Health Department, 1986.
 - (11) "AIDS Scare Prompts Policy Re-Think in Scotland", Druglink, 1/4 (Nov./Dec. 1986) p. 6.
 - (12) Des Jarlais, C. "Free Needles Offer Attracts Custom in New York, *ibid.* p. 9.