FEATURE

Injection Drug Users and Pharmacists: A Call for Compassion, Cooperation, and Care

A recovering injection drug user calls on pharmacists to help.

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Based on a talk delivered to a meeting co-sponsored by the American Pharmaceutical Association, the Centers for Disease Control and Prevention, and the National Association of Boards of Pharmacy on HIV Prevention and the Role of Pharmacists in the Sale of Sterile Syringes*, San Antonio, Texas, March 3–4, 1999.*

As the executive director of the largest minority-operated acquired immunodeficiency syndrome (AIDS) service organization in Michigan and a person who has wrestled with the issue of access to sterile syringes from both personal and professional perspectives, I will attempt to represent both active drug injectors and the community-based providers who work with them. In doing so, I hope to (1) provide a better understanding of what it's like to be in the grip of addiction, (2) describe what it's like for a drug injector to try to buy syringes from a pharmacist, and (3) enlist your assistance in preventing further spread of human immunodeficiency virus (HIV).

Syringe Access: A Legal Framework

Michigan law allows an individual to purchase syringes and needles (referred to hereafter as "syringes") from pharmacies without a prescription. Under Michigan law, pharmacists make the final decision about selling syringes, and often refuse to sell to persons who do not appear to have a "legitimate medical need." State law also criminalizes syringe possession and possession of "drug paraphernalia" for the injection of any illegal substance.

Each county in Michigan has the option of regulating the sale of drug paraphernalia. Some have enacted restrictions that specify that individuals cannot purchase syringes without a prescription. Others have no enforced restrictions. Since the 1960s, a local paraphernalia ordinance in Detroit, which makes drug paraphernalia possession a crime, has been rigorously enforced. This restriction on syringe access was estimated to have contributed to as many as 3,000 AIDS cases in Detroit between 1986 and 1996 (George Gaines, MPH, written communication, July 1997).

Because pharmacy syringe sales without a prescription are legal in Michigan, people often assume that drug users in the state have adequate access to sterile injection equipment. In 1997 colleagues and I surveyed pharmacy syringe sale practices in Detroit. We sought to verify information from drug injectors stating that one must convince a pharmacist that one is not an injection drug user to purchase a syringe. We randomly selected 60 Detroit pharmacies. Study staff made two attempts to purchase syringes at each pharmacy. The study staff included African American and white men and African American and white women. At each pharmacy, the study staff making the two buy attempts were either an African American man and a white woman or an African American woman and a white man. Fifty-eight percent of the attempts were successful (Peter Lurie, MD, written communication, September 1998). Our study demonstrated that, despite state law, syringes are difficult to purchase from Detroit pharmacies.

Even if users are able to purchase them in pharmacies, syringes become "drug paraphernalia" the instant they leave the store, and users can then be arrested for possessing these legally purchased syringes. Thus drug users, fearing prosecution under Michigan's paraphernalia law, often turn to easier methods of acquiring syringes—easier, but riskier from a health standpoint.

If not from pharmacies, where else do drug users get syringes? They rent them from "shooting galleries" where many users go to inject drugs. They get them from drug houses when they purchase drugs. They get them from illegal, unlicensed stores in homes located near known drug-selling areas. These stores sell syringes, pipes for smoking crack, stems, and other drug paraphernalia. Drug users may purchase them from "street sellers," often users themselves, who are able to obtain large quantities of syringes. There's no guarantee that these rented or purchased syringes are new; in fact, they have likely been used.[1]

Obtaining syringes from pharmacies is difficult because many

Detroit pharmacists—while rightfully exercising their discretion about selling syringes—require proof of illness, ask intrusive questions, require photo identification, or deny sales to persons who do not appear to have a "legitimate medical need." These barriers may appear small to the pharmacist but are significant for users and are likely to limit substantially the number of drug users who attempt to buy syringes from pharmacies.

"Drug Users Are People Like Us"

What about the drug users whose lives we are trying to save? Who are these "addicts"? What are their lives like? Why do they do what they do?

They are people like us. They're our brothers, our sisters, our mothers, our fathers, our friends, our lovers. They are people like you and people like me.

I began using drugs during the summer of 1968 as an 18-year-old tank crewman serving my country in the Republic of Vietnam. When I returned from that country a year later, I had a Purple Heart for wounds received in battle, an Army Commendation Medal for Valor, and a heroin addiction that controlled my life for the next 14 years.

Every hour, every minute, every second of every day for those 14 years I was consumed with an overpowering need to feed the monkey that was on my back. It was no longer a matter of getting "high"—it was about survival. Every ounce of me wanted to avoid the horrible pain of withdrawal. I felt like I would die if I didn't get that next fix.

In the vernacular of the street, I was a "junkie." Not an addict, not a user—a junkie. According to the code of the streets, junkies, unlike users and addicts, couldn't hold down jobs, had little or no family support, and would kill for heroin. I was a junkie. I had no job, no support, no home, nowhere to go, no hope, no future, nothing but this huge habit that had to be fed at least three times each day.

I shot dope each and every day, several times a day. Some days were better than others. On those days, I would shoot up maybe seven or eight times. The more drugs I could get my hands on, the more drugs I would shoot. Most days I would cop (purchase drugs) and then go to the shooting gallery to inject. It was on the same block where I bought my dope, so it was convenient. The needles and syringes that they rented were never new. They sat on a table in the middle of the room in a glass of pink-tinted water. They weren't in very good shape either. You had to look to find a set that wasn't clogged. The needles were always dull and, more often than not, had burrs on them from being used so many times.

I was busted once for carrying syringes, so after that, I never carried them. The time I was busted, the police beat me pretty badly. After they stopped me, they asked if I was carrying syringes and I, of course, said "no." I was afraid to say "yes" because they would have taken me to jail. After I said "no," they searched me, found the syringes, beat me, and then took me to jail. So I stopped carrying syringes, and I got them from wherever I could: shooting galleries, another user, whatever. Most of the time the syringes I used to inject were shared with someone else or had been used before by someone else. I knew this was dangerous; I had heard about hepatitis and abscesses, but these were not high on my list of things to worry about.

Recovery from addiction was something that other people did. I wanted to kick this habit but didn't know how. My first treatment experience was in a 16-week residential program that specialized in treating alcoholism. I had to say I was an alcoholic to get in, even though I didn't think I was, because they wouldn't treat you if you were only a heroin addict. I relapsed in the 16th week and, of course, they threw me out because it was an abstinence-based program. If you couldn't abstain, you were out, period.

There were many more treatment experiences after that—methadone maintenance, outpatient, inpatient, therapeutic communities, hospitals, medical detoxification, and psych wards. You name it, I tried it. None of them worked for me—at least not then.

I entered treatment the final time on September 8, 1984, and I became the Executive Director of Community Health Awareness Group in Detroit, one of Michigan's oldest and largest HIV-prevention agencies. I led a staff of 26 people, nearly one-half of them recovering drug users themselves, and managed an annual operating budget of more than $1 million.

Curbing Blood-Borne Diseases Among Injection Drug Users

I tell you this story—my story—so that you can put a face on the suffering users we are trying to help. Although it is a face that truly only a mother could love, it is the face of drug users all over this country: users whose lives are in grave danger because they are injecting heroin or cocaine with used and possibly HIV- or hepatitis-contaminated syringes. Those are the lives that I am asking pharmacists to help save.

We must recognize and accept that the dual epidemics of HIV/AIDS and substance abuse call for an approach much broader than making absolute abstinence the only measure of success. Abstinence from drugs is a life-long commitment that is fraught with both successes and failures. Treatment seldom works the first time, and success varies from individual to individual. We must also recognize that drug addiction is a chronic, relapsing, but treatable disorder. Most drug addicts relapse or "slip" after they try to stop using drugs, start recovery, and attempt to remain abstinent for the rest of their lives. Many users will go through multiple treatment experiences and multiple relapses. Thus, access to sterile syringes will always be necessary, even if drug treatment programs are universally available, because relapses are common among drug users and because many people in drug treatment continue to inject drugs.

Particularly damaging to our efforts to curb the spread of injection-related AIDS and hepatitis B and C is the perception that providing sterile needles to active drug users undermines efforts to

prevent the use of illegal drugs in our communities. Some insist that providing sterile syringes promotes drug use, drug-related violence, gang wars, and chaos. Others suggest that funds for clean needle programs might be better spent on drug treatment, as though a choice must be made between stopping AIDS and treating addiction. These perceptions have never been supported by science: no studies have ever demonstrated that access to sterile syringes promotes the use of illegal drugs. But the fears raised by these perceptions have prevented many of us from implementing strategies that, according to exhaustive research, will save tens of thousands of lives.[2] Clearly, more funding needs to be directed to drug treatment efforts, and the availability of drug treatment needs to be expanded greatly. But the current restrictions on syringe access seriously hamper our efforts to stop the spread of HIV, and expose far too many injection drug users, their sexual partners, and their children, to AIDS.

In May 1997, the U.S. Public Health Service published the *HIV Prevention Bulletin: Medical Advice for Persons Who Inject Illicit Drugs.*[3] The bulletin, a joint effort of several federal agencies, summarized the latest information on preventing the transmission of HIV and other blood-borne infections among injection drug users. According to the bulletin, "Drug injectors who are unable or unwilling to stop or enter a drug treatment program…can reduce their risks of blood-borne transmission and other serious health problems by never reusing or 'sharing' syringes."[3] This text makes clear one very important fact: for active drug injectors, sterile syringes are indeed a legitimate medical need.

Increased access to sterile syringes is not the total solution, but rather a critical part of a comprehensive approach that includes repeal of restrictive paraphernalia laws, federal funding of harm-reduction programs, and increased access to, and expansion of, substance abuse treatment. Nonetheless, if we're going to stop the spread of these diseases, we've got to be open to new ideas and new solutions, even if they run counter to our beliefs. For active injection drug users, preventing HIV and other blood-borne pathogen transmission is a legitimate medical purpose for pharmacy sale of syringes. It is not a political issue…it is not a moral issue…it is not a criminal justice issue…it is a public health issue. I implore each of you to make a strong statement that the American Pharmaceutical Association (APhA) and pharmacists everywhere have decided to support selling syringes to drug users as a legitimate medical practice to prevent disease transmission.

Editor's note: *At its March 1999 Annual Meeting, APhA adopted the following policy:*

> APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to permit the unrestricted sale or distribution of syringes and needles by or with the knowledge of a pharmacist in an effort to decrease the transmission of blood-borne diseases.

Harry L. Simpson is a consultant in Detroit. At the time of this talk, Mr. Simpson was Executive Director, Community Health Awareness Group, Detroit. He was National Community Relations Manager, Agouron Pharmaceuticals, Inc., 2000–2002.

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POLICY STATEMENT

American Medical Association Policy on Syringe Access

That the AMA encourage the extensive application of needle and syringe exchange and distribution programs and the modification of restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles, while ensuring continued reimbursement for medically necessary needles and syringes. The need for such programs and modification of laws and regulations is urgent, considering the contribution of injection drug use to the epidemic of HIV infection.

Policy approved by the American Medical Association House of Delegates in June 1997.

Lundberg GD. New winds blowing for American drug policies [editorial]. *JAMA.* 1997;278:946–7.