

*“Protecting her from a lifetime of addiction was hardly the issue”*

# NO TIME BEFORE I DIE

**Andria Efthimiou**

NEARLY TWO YEARS ago I was asked to meet an old friend in London who had been diagnosed as having developed AIDS. It was a painful meeting at which she asked me to be her counsellor/worker. As I'd had a close personal relationship with her in the past, I felt this inappropriate, but offered to help sort out any practical issues. Being the respectful and insightful woman that she was, she accepted this was reasonable.

She was a committed heroin smoker, but her treatment consisted of oral methadone prescriptions – not enough to prevent her using the illicit market to get the drugs she felt she needed. Soon after we met she asked me to investigate the chances of her being prescribed opiate reefers before she died. When we met in the hospital she was fighting a bout of tuberculosis; I thought she might die within two years – she died two months ago.

We discussed obtaining a reefer script at great length and on many occasions. Her argument was that she wanted to spend some “quality time” with her 8-year-old daughter before the virus finally debilitated her completely. Her daughter also was “angry that mummy and me can never spend any time together”.

Assessing with the individual their needs and then trying to meet them is for me the only way to work. But in this case there was more. As far as my client (and I) were concerned, in her present health and family circumstances, she had a positive right to her drug of choice before her death. What she wanted was the chance to get away from the illegal street scene; it was too distracting, and there were so many practical things to do, not least of which was to organise custody of her daughter in the event of her death.

Not long before we met the Advisory Council on the Misuse of Drugs had produced its *AIDS and Drug Misuse Part I* report calling for innovative strategies to tackle HIV among drug users. Despite this it seemed that only a few clinics in Merseyside included heroin reefers among their prescribing options. For several months I liaised with workers from London and Mersey, trying to establish whether it would be possible for my client to be referred to a doctor in London who could prescribe her reefers. Eventually I was referred to a doctor in a London clinic who, like many in the capital, was simply about ‘getting people off drugs’.

*Dying from AIDS, a prescription for smokable heroin could have allowed an addict mother devote her last months to her daughter.*

In this case it was a singularly inappropriate attitude. Everyone involved with my friend and client must have known she was dying from AIDS – it was, after all, in her interests to tell

them and it was no secret from her family and friends. Protecting her from a prescription-maintained lifetime of addiction was hardly the issue. Oral medication would not have ended her need to use the illegal drugs market. Prescribing injectables would have been a retrograde step, both in terms of her drug use and in terms of her HIV disease. Moving from smoking to repeated injecting might have hastened her death. Reefers seemed the obvious choice for the prescription to see her through to her death.

But in the event she died having spent 14 months of her last 22 fighting for her right to use her drug of choice. Continued heavy involvement in the illicit market robbed her of the chance to concentrate on her relationship with her daughter. The consequences will live beyond her – though showing great dignity and self-possession way beyond her years, her daughter will have to live with being doubly deprived – of her mother's life and of the part of it that should have been hers alone.

The impact on my client and on her daughter was enormous. It meant there wasn't even the possibility of them spending an hour a day together. Her daughter explained: “Most of mummy's day was stolen from us because she had to keep going to get her drugs. I was so sick of it and I was so scared of losing her without knowing her...”.

My friend was not alone in having unmet needs. From the murderous and insane policies of New York – where even clean syringes are denied injectors – to those for whom harm reduction is the only approach, the individual's needs get lost in the general debate. As an HIV worker I am acutely aware of the damage incurred to drug users who continue to inject. Not everybody needs a prescription of injectable heroin or of heroin reefers – but why are drug users still having to fight for these options?

WHY DID MY client not have the time to organise for the custody of her child? Why did she get given the run-a-round by the medics when she was in the last year of her life? ■

*The author is Drugs Counselling Officer at the Terrence Higgins Trust.*