

The syringe exchange sharers

Disturbing evidence that attending a syringe exchange can increase syringe sharing

The 'inconvenience factor' involved in attending syringe exchanges or pharmacies means there is a continuing demand for used injecting equipment. Syringe exchange attenders may be at the receiving end of this demand. Research in the North West shows that regular exchange attenders not in treatment pass on their injecting equipment significantly more than injectors not attending exchanges. There is a case for more rigorous monitoring of equipment returns.

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ONE CONTINUING concern about needle exchanges is the possible risk of their sustaining – perhaps even encouraging – injecting as a method of administration.¹ Those in favour of the schemes emphasise their potential for risk reduction and look for evidence that the sharing of injecting equipment is falling among their users. This does seem to be the trend in certain populations of users in contact with drug treatment services.^{2,3,4} But it may be that sharing is declining generally among exchange scheme non-attenders as well as attenders.

A postscript to the national evaluation of injecting equipment exchange schemes⁵ has asserted that these have had some impact on the HIV-related risk behaviour of certain groups, though not those who may be most at risk. However, the contribution of syringe exchanges to risk reduction is difficult to evaluate. Behavioural change is the consequence of several factors. For example, injectors have been targeted as a 'high-risk group' – few can be unaware that they are being 'watched'. General media coverage of HIV and AIDS and specific educational messages have increased injectors' knowledge to levels that enable them to avoid infection if they so choose.

Demand for used syringes

Another key factor may be the increasing cooperation of pharmacies in providing access to injecting equipment and, in some cases, exchange facilities as well. Inevitably this has tended to dilute the educational impact of needle exchanges. Pharmacies are likely to be more widely used because they tend to be more conveniently placed and offer a greater degree of anonymity than needle exchanges. Inaccessibility is a particular problem for clinic-based rather than mobile syringe exchange schemes.

Pharmacies and needle exchanges have one feature in common: at times of high demand – in the evening and at night – they are generally closed. This 'inconvenience'

factor must limit the extent to which needle exchanges and even pharmacies can reduce sharing. Forward planning is required to ensure a supply of needles and syringes at the right time – an organisational attribute that many injecting drug users do not possess.

A respondent in our research into injecting drug users in north-west England⁶ put it this way: "When you're desperate for a fix and you're in somebody's house and there's only one needle and you're pretty sure the other guy hasn't got AIDS... well, you're not going to run 20 minutes to the chemist".

Users short of injecting equipment are likely to look for a convenient out-of-hours supplier. A partner, friend or associate may oblige, but someone known to attend a needle exchange is also a potential target. Regular attenders can become the focus of requests, sometimes from casual callers, to pass on their needles and syringes.

About a third of our interview sample of over 300 injectors regularly attended a needle exchange. Of these regular attenders, nearly 60 per cent reported passing on their injecting equipment in the previous six months, compared with 42 per cent of injectors not attending exchanges – a statistically significant difference. On the other hand, there was no significant difference between attenders and non-attenders in terms of their use of other people's equipment.

Closer analysis revealed that regular attenders not in contact with treatment services were passing on their needles and syringes significantly more than those in treatment.⁷ In the vernacular of a market economy, they were filling a gap between supply and demand. In contrast, attending a syringe exchange was not associated with increased sharing if the attender was also in long-term treatment.

Some of our respondents who were using needle exchanges tolerated the pressure to pass on their equipment, others were irritated: "Even though works are dead easy to

get hold of ... and free now... you still get people coming here, coming to the door ... no way we were going to give them the works we'd got ... told them we'd got a bucket of works people had used ... they wasn't bothered ... they took it like".

Some simply refused the requests to supply their used equipment; a few took pride in providing a 'service' to the younger, less experienced users, which they justified on the grounds that they knew themselves to be 'clean'. But sometimes 'donors' adopted a less admirable 'buyer beware' attitude, abdicating responsibility for the consequences of their actions. "It's up to them, they know the score," was a typical response.

Others agreed to pass on their equipment because they might need the favour returned in the future. Their motivations were fundamentally about mutual dependency, not lack of concern for others.

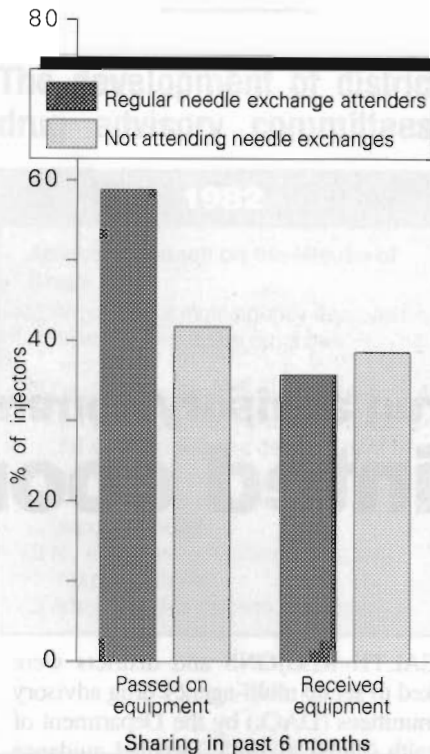
Need to monitor returns

Increased passing on of injecting equipment is an unforeseen and unwelcome outcome of needle exchanges, presumably related to the liberality of the exchange's dispensing and exchange policy. If used equipment returns are not fairly rigorously monitored, this creates an opportunity for uncontrolled 'private dispensing' that may go unnoticed.

The dilemma is whether, despite this risk, a free-handed policy is justifiable if greater watchfulness might deter clients from attending the scheme.

There are implications here for services. Injectors whose needs are urgent when services are closed, who do not wish to identify themselves as drug injectors by using needle exchanges, or who are simply not motivated to go out of their way to find them, are potential consumers of used equipment from injectors who do attend exchanges. While these demands exist, needle exchange workers should consider whether there is a need for greater vigilance in the dispensing of injecting equipment.

Persuading clients to resist demands to pass on their equipment may be difficult, so



Clients not in treatment account for the increased rate of passing on of injecting equipment among needle exchange attenders. See text for details.

a more stringent check on returns might be necessary despite the risk of some alienation. Clients not in treatment seem more likely to agree to such demands and might therefore require closer monitoring.

Risk of HIV transmission may be minimal in most cases involving the re-use of needle exchange equipment, since the time interval between use and re-use may be considerable. But there are implications beyond HIV transmission if such private dispensing is indiscriminate and extended, perhaps unwittingly, to those not yet injecting.

Supporters of exchange schemes would argue that they have value beyond the exchange and return of injecting equipment. Most offer more than a simple trading relationship with clients. A forgiving, non-judgmental ambience, companionable advice and help on health and social problems are often available. There is a potential in such interactions for considerable influence on drug users' behaviour. If the schemes attract those who would not otherwise be in touch with services, they may be of value for this reason alone.

FOR MORE INFORMATION

THE SHARING OF INJECTING EQUIPMENT AMONG DRUG USERS ATTENDING CLINICS AND THOSE USING NEEDLE EXCHANGES.

Klee H. *et al.* *British Journal of Addiction*: 1991, 86, p.217-223.

Research paper presenting the data on which this article is based.

Copies from ISDD's library on 071-430 1993, £1.61.

INJECTING EQUIPMENT EXCHANGE SCHEMES. FINAL REPORT.

Stimson G.V. *et al.* London: Monitoring Research Group, 1988.

Research report presenting findings of the government-funded evaluation of pilot syringe exchange schemes. Available from Centre for Research on Drugs and Health Behaviour, 200 Seagrave Road, London SW6 1RQ, £7.00.

AIDS AND DRUG MISUSE.

Strang J. *et al.*, eds. Routledge, 1990. Book of readings with papers from leading British and international experts. Available from ISDD on 071-430 1991, £13.75.

AIDS-RELATED INTERVENTIONS AMONG DRUG USERS IN THE NETHERLANDS.

Buning E. *The International Journal on Drug Policy*: 1990, 5(1), p.10-13.

In the Netherlands syringe exchange is integrated into an overall harm-reduction programme which has reduced needle sharing. Copies from ISDD's library on 071-430 1993, £0.92.

ISDD'S INFORMATION SERVICE IS AVAILABLE ON 071-430 1993.

"Needle exchange workers should consider whether there is a need for greater vigilance in the dispensing of equipment"

Nevertheless, at this stage in the development of needle exchanges, while policies are still variable and uncertain, it would be wise to monitor more effectively what happens to injecting equipment after it is dispensed.

Increasing access to needles and syringes is likely to have played a key role in HIV prevention – but, like any other innovation implemented with little time for evaluation and modification, there may have been unplanned and potentially damaging consequences.

ACHIEVING A consistent and enlightened policy for the dispensing of injecting equipment requires a greater investment in research into current practices and their consequences. Providing a 'user-friendly' service to attract a wider clientele may or may not be compatible with careful monitoring of the disposal of injecting equipment, but the issue needs to be addressed. While strategies that increase control over the distribution of dispensed equipment are lacking, needle exchanges will be open to fair criticism from their opponents. ■

1. Hart G. "Needle exchange in historical context: responses to the 'drugs problem'". In: Aggleton P. *et al.*, eds. *AIDS: individual, cultural and policy dimensions*. Falmer Press, 1990.

2. Klee H. *et al.* "Risk reduction among injecting drug users: changes in the sharing of injecting equipment and in condom use." *AIDS Care*: 1991, 3(1), p.63-73.

3. Power R.M. *et al.* "Drug injecting, AIDS and risk behaviour: potential for change and intervention." *British Journal of Addiction*: 1988, 83(6), p.649-654.

4. Martin G.S. *et al.* "Behavioural change in injecting drug users: evaluation of an HIV/AIDS education programme." *AIDS Care*: 1990, 2(3), p.275-279.

5. Donoghoe M.C. *et al.* "Syringe exchange: has it worked?" *Druglink*: 1991, 6(1), p.8-11.

6. Klee H. *et al.* *Intravenous drug users: their role in the sexual mediation of HIV infection*. Project funded by the Economic and Social Research Council.

7. Klee H. *et al.* "The sharing of injecting equipment among drug users attending prescribing clinics and those using needle-exchanges." *British Journal of Addiction*: 1991, 86, p.217-223.