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COMMENTARY ON SAUNDERS' "THE GREAT LEGALIZATION DEBATE"

Preventing AIDS among injecting drug users

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The main message in the editorial 'The great legalization debate' is that the effect of changes in the legislative status of currently illegal drugs is unknown. From the perspective of those whose concern it is to prevent the spread of HIV infection among injecting drug users, and from them to other members of the community, this is an important, but often overlooked message. Although there often seems to be a belief that the provision of injectable substances such as heroin and cocaine would inevitably be accompanied by a reduction in needle sharing, there is, as Saunders suggests, no concrete evidence for this.

Inevitably, the way in which drugs were made legally available would affect the outcome. Under the so-called 'British System' (which is the most commonly espoused scenario) heroin was made available on prescription to registered addicts: this, however, has been largely replaced with the provision of oral methadone, not least because, far from reducing the black market in drugs, the legally prescribed drugs were being diverted onto the streets, although the effect of unscrupulous private doctors and lax clinic policies must not be discounted in this regard. At the other extreme is the notion that drugs are commodities like other commodities, and could be marketed like washing powder, or cough mixture. Imagining television advertisements for different brands of heroin or other drugs can be an amusing exercise, but there appears to be no serious suggestion among those who advocate legalization that that sort of model should be adopted. As Saunders points out, there are at least two possible motives for legalization: to reduce needle-sharing, or to reduce crime and the costs to the community of illicit drug use [1]. It might be possible to achieve both ends by legalizing drugs such as heroin and amphetamine, but the process would probably vary according to the desired outcome. If we want to reduce crime, for example, we might favour relatively easy access to drugs, perhaps without bringing users into contact with doctors, whereas if we want to prevent AIDS among injecting drug users, we might be more inclined to put supply into the hands of the medical profession so that users can be brought into contact with health education.

AIDS prevention demands that our first priority should be the reduction of needle-sharing, rather than overall drug use. Legalizing currently illegal drugs may not be much help in this, unless we can be sure that by making drugs more easily available, we will reduce needle-sharing. This, however, depends on the reasons why people share. Users share needles for a variety of reasons, but frequently because they don't happen to have a clean needle at the precise moment when they have the drug. In an interview for a study being run at this Centre a 35 year old male injecting drug user said:

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> When you've got plenty of dope, you may have plenty of fits—you'll always use a new fit; but when you're desperate you'll do almost anything and not worry about a new fit or cleaning well. Nothing's going to make a difference to people in that situation. If I'm really hanging out, I don't care.

To believe that the provision of legal drugs will resolve those situations of urgency and desperation is to be dangerously naive. Moreover, it is unlikely that any system other than the most libertarian model of legalization will significantly reduce a black market in drugs. Unless legalization involves the open sale of drugs, which few people advocate, experimental and recreational drug users may not benefit: yet these users, whose drug use is often unplanned and spontaneous, may be the most likely to share needles. For example, a 16 year old amphetamine user told us:

> ...there weren't enough fits and we didn't have any bleach... so we picked up 2 picks and shot Wild Turkey through them and water... I knew at the time it wasn't good enough... I was going out with a guy who could possibly have AIDS and he was there...

The criminal nature of drug use directly contributes to the reluctance displayed by some non-dependent injecting drug users in making contact with health workers. However, if personal drug use was not a criminal offence, even if not legalized, users might be more ready to take advantage of health provisions made for them, such as needle exchanges. Decriminalization, however, involves, among other things, specifying the quantity of drug that denotes possession with intent to supply, and this is difficult to determine. There would also be a need to ascertain accurately which other factors deterred some users from contact with health workers, such as the fear of being hassled, or of being encouraged into treatment against their will. The expansion of court diversion programs which minimize the imprisonment of drug users is another alternative, given the extent of prior drug use among incoming prisoners [2]. Considerable concern has been expressed about the incubation of HIV in prisons, where there are a high proportion of drug users, and condoms and sterile needles are not available [3], and actively working to keep drug users out of prisons as much as possible would seem to be a wise and humane strategy.

Saunders states that the proposed single-dose, non-reusable syringe "offers the prospect of greater control of diversion" (of prescribed drugs onto the street). These syringes have also been seen as a way of reducing needle-sharing: however, this may not be as good as it sounds. The use of such syringes is a central feature of the legalization scenario proposed by Drew and Taylor [4]. However, a feasibility study of these syringes [5] concluded that no current single-use syringe design met all the criteria considered essential for a medically effective non-reusable syringe suitable for all applications, and it was thought that it would be difficult to manufacture a practical and effective single-use syringe suitable for IDUs at a reasonable unit cost.

The Australian Intravenous League, the national drug users' collective, considered the question of single-use syringes. They were critical of the suggestion because they felt that it would encourage users to share by using half each of a prepared syringe, but would make cleaning between usages impossible, thereby possibly increasing the risk of contamination. They also felt that there was a strong likelihood that, as other types of equipment were removed from the market, old equipment would be hoarded and re-used, More serious, perhaps, was their concern that relying on a 'technological fix' such as a single-use syringe:

> obviated the need for user responsibility to learn and exercise judgement about safe practices. This 'solution' appeared to be predicated on the view that all users were 'junkies' who lacked concern for themselves and for others, and in the view of the League, this was inaccurate and demeaning. [6]

The single-use syringe feasibility study [5] concluded that it would be more effective from an AIDS-prevention perspective to expand the distribution of conventional disposable syringes, rather than make this the only available type of syringe.

While the caution expressed by Saunders [1] and others [7] about legalization may be depressing to those who believe that this radical solution is the only way to resolve a seemingly recalcitrant problem, some encouragement may be gained from the growing body of evidence suggesting that behaviour change among injecting drug users is occurring. Data collected in the Multi-Centre Australian National AIDS and Injecting Drug Use Study demonstrates that most users are concerned about the risks of sharing needles and have altered their behaviour accordingly. Figures for the supply of sterile injecting equipment to pharmacists and needle exchange schemes also show an increasing demand by users as well as return of used equipment. Perhaps we should build on the slow but steady progress we are making in this area, rather than embark on a course that is almost certainly littered with unknown hazards.

References

[1] Saunders JB. The great legalization debate. Drug Alcohol Rev 1990;9:3–5.

[2] Indermaur D, Upton K. Alcohol and drug use patterns of prisoners in Perth. Paper presented at the First National Drug Indicators Conference. Canberra:May 1988.

[3] Department of Community Services and Health. AIDS: a time to care a time to act. Towards a strategy for Australians. Canberra: Australian Government Printing Service, 1988.

[4] Drew L, Taylor VK. The second AIDS epidemic: spread via needle-sharing to the general community: a review. Canberra: Commonwealth Department of Health, 1988.

[5] Feltoe CK, Van Lith MJ, & Beech DR. Feasibility study of non-reusable syringes. Canberra: Department of Community Services and Health, 1988.

[6] Shipway S. Australian intravenous league update. AFAO National AIDS Bulletin 1989; February: 42.

[7] Hawks DVH. The proposal to make heroin available legally to intravenous drug abusers. Med J Aust 1988;149:455–56.