

VIEW POINT

AIDS and drug abuse

Mary Anne Ciappara, B.Pharm.

Community pharmacy practice is becoming increasingly more patient orientated than product orientated. The pharmacist is becoming more involved in counselling and in health education. In the past some pharmacists may have been reluctant to deal with drug addicts as they felt it was not one of their professional responsibilities. It is essential, however, that the profession as a whole is seen not to shrink from its collective duty to help combat drug abuse and AIDS.

What are the ethical issues?

Dr. Paolo Cattorini, a member of the Italian Commission of the Ministry of Health on AIDS said that "non si puo pensare che l'approccio al l'AIDS, dal punto di vista sanitario generale ed etico, debba avere un originalita' assoluta. Allo stesso modo i richiami deontologici, relativi, cioe al modo in cui i professionisti, esempio i sanitari, debbono comportarsi, non sarranno nuovi in assoluto..."⁽¹⁾.

The health of the individual is of utmost importance, and every decision made by the pharmacist must reflect the respect for the dignity of that individual. Pharmacists are bound to help all those in need of assistance and to avoid making superficial judgement of their behaviour.

Drug addicts are sick persons and the pharmacist must respect them as human beings and do all they can to motivate and advise them to seek help to come off drugs altogether. By refusing to sell them syringes the pharmacist will not be helping them to stop taking drugs. The patient has a fundamental right to privacy. This is of particular importance in pharmacy, when disclosure of personal information may have personal legal repercussions. What assurance can a pharmacist give to a patient who is under 18 years of age? What should he do when a 16 year old asks for a syringe?

Intravenous Drug Abusers

The prevalence of the AIDS virus is high in the needle sharing community of Drug Addicts. In Edinburgh 51% of intravenous drug abusers were found to be antibody positive in 1986⁽²⁾. AIDS can be transmitted by even a single injection with an infected needle. Any misuse of

drugs that involve sharing needles and syringes is hazardous. Jonathan Mann, Director of WHO special programme for AIDS, said that the major spread of AIDS in Italy is drug abuse. Drug addicts where using infected needles⁽³⁾.

In view of this a number of Pharmaceutical Societies have changed their advice to pharmacists. In February 1988, the Pharmaceutical Society of Great Britain, permitted Pharmacists to sell syringes and needles, subject to their professional discretion⁽⁴⁾. Due to a change in law in May 1988, it is now legal for pharmacists in New Zealand to sell injecting apparatus⁽⁵⁾.

Health Education and Counselling

But giving drug addicts syringes is not enough. A dispensing machine could do that. What the pharmacist must offer is health education and counselling. Emphasis must be made on the containment of AIDS. Preventing drug abuse and reducing the number of users who inject drugs are key issues in preventing the spread of AIDS.

When a drug addict comes into the pharmacy for a sterile syringe, health education is directed at him at the point of contact. The pharmacist should advice where he can receive help to come off drugs altogether, but in the meantime, warn him to avoid injecting drugs and that he must never share syringes and needles in view of contacting AIDS.

It would be desirable to have all syringes carrying a clearly legible warning on the dangers of sharing syringes/needles and to provide contact telephone numbers on where to find help. This can be further reinforced by having leaflets on 'AIDS AND DRUG ABUSE', which can be picked up from the pharmacy or else packed with the syringe. The Health Education Unit certainly does not seem to have included pharmacies among the sites where information booklets on AIDS are available to the general public.

Disposable Facilities

Schemes are being introduced in a number of countries to provide drug addicts with syringes in exchange of their used ones and to provide facilities for the safe disposal of used syringes,

(Cont. on page 17)

to reduce harming themselves and the environment. Pharmacy's Anti Aids Programmes has been set up by the members of the Pharmacy Guild of Australia (New South Wales) in December 1986, and has been distributing needles for intravenous drug abusers and the general public.

An Exchange programme is currently being piloted and has experienced favourable response from drug addicts. Whereas in other countries there has been an increase, due to this needle distribution and exchange programme there has been a plateauing of HIV infection among IV drug abusers in New South Wales⁽⁶⁾.

It might be wise to set up a similar Pilot scheme in Malta, where disposable facilities can be made available to those pharmacists who volunteer to participate. Drug abusers will be encouraged to return used syringes by being offered a discount on future syringes and place them in a specially sealed safety box. When full this box will be collected for destruction. In this

way the pharmacist does not handle any contaminated material.

Conclusion

The distribution of syringes reassures those at risk, and creates a barrier against contacting AIDS. It is a short term intervention and does not change their behaviour. Preventing Drug Abuse and the number of abusers who inject drugs are the key issues in preventing the spread of AIDS. This is where the pharmacist can and must play an essential part.

-
- (1) Cattorini, J., AIDS, La punta di un Iceberg (Aspetti Medici, etici e Preventivi) Istituto Scientifico di San Raffaele (Milano), Editrice I.S.L. Audiovisivi 1988, p. 71.
 - (2) Maddock, D.M., Drug Abuse, A Guide for Pharmacists, London, 1987, p. 14.
 - (3) Vella, C.L., AIDS, La punta di un Iceberg (Aspetti medici, etici e preventivi) Editrice I.S.L. Audiovisivi 1988, p. 93.
 - (4) Maddock, D.M., Drug Abuse, A Guide for Pharmacists, London 1987 p. 8.
 - (5) Commonwealth Pharmaceutical Association, Newsletter, No. 12, Aug. 1988, p. 4.
 - (6) Bickle, M., F.I.P. Newsletter, Section for Community Pharmacists, Aug. 1988, p. 8.