Injecting Drug Users
Pharmacists' Perspective

Research on the attitudes and practices of pharmacists in Bucharest regarding the drug using clients.
INJECTING DRUG USERS
THE PHARMACISTS’ PERSPECTIVE

RESEARCH ON THE ATTITUDES AND PRACTICES OF PHARMACISTS IN BUCHAREST REGARDING DRUG USING CLIENTS

September 2004

Publisher: RO MEDIA
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I am annoyed by the fact that the interview started with the idea that it is impossible to obtain a syringe in a pharmacy... [...] so, the premise from the beginning of this interview has been that it is ok to give them syringes. No, I do not want to think about this and do not want to answer such questions, because as far as I am concerned I have not formed any opinion.

(Pharmacist in Bucharest)

Introduction

Why a “Pharmacists’ Perspective”?

The theory according to which drug users are a phenomenon which should be addressed only by specialized institutions (related especially to organized crime) is obsolete. The “classical” perspective (war against drugs) is being gradually replaced by a pragmatic, realistic and human perspective: “harm reduction” (HR). It is a difficult change, as this involves the replacement of the single perspective (“say no to drugs”) whose maximal and very intuitive ideological load attracts the community’s “moral panic” with a set of perspectives: economic, medical, sociological, and moral. It is obvious that these perspectives are not at all exclusive and a comprehensive approach of the phenomenon, even if expensive and difficult, must consider the elements specific to each perspective. This report aims at presenting the relationship between access to syringes and the medical perspective.

We set out on the basis of some implicit assumptions (hypotheses). No service provider alone can solve the drug problem, nor is the drug problem the responsibility of a sole provider. The success or failure of a comprehensive perspective depends on the way in which each perspective is “operationalised” in a set of pragmatic strategies. This report intends to contribute to the development of an applicable strategy regarding access of drug users in Bucharest to syringes, by describing one of the most important perspectives in the field, namely that of the pharmacists.

The pharmacists’ role in harm reduction associated with injectable drug consumption is clearly documented in specialized studies\(^1\). Furthermore, the Knowledge, Attitude, Practice and Behaviour (KAPB) study among intravenous drug users in Bucharest, carried out by the Romanian Harm Reduction Network (RHRN), points out that most participants in the study identified pharmacies as a favourite source for syringes. But we are talking here about a “role” described by HR activists and not necessarily assumed by pharmacists.

We know a great deal about what pharmacies should do and their role in reducing HIV/AIDS among drug users, but very little about what pharmacists think about this.

The difficulties of a multi-disciplinary approach arise when the representations of the same phenomenon (drug users and access to syringes) are different, and the behaviour of drug users, apparently justified to “HR militants”, and are considered to be unacceptable to those with another perspective. One example of such a situation is the violent reaction of drug users when they request insulin syringes and are refused: is this reaction justified? The present report does not intend to respond to such questions.

The author of this report tried a scientific approach, far removed from this type of “value” load, by employing a rigorous methodological technique, an objective analysis of data, and acceptance of existing limits. As regards the extent to which our approach con-

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\(^1\) A Comprehensive Approach to Preventing Blood-Borne Infections Among Injection Drug Users, October 2000, Normand J., Vlahov D., Moses LE, eds.
formed to these principles and took into account the various sensitivities associated with the different perspectives, this can be evaluated only by those holding the analyzed perspective.

What is the role of this study? The author’s intention was to provide this study as a basis for a specific intervention (addressed to pharmacists) to improve drug users’ access to clean, sterile equipment, but it can also be seen or used (as far as this information is made public) as a means for improving pharmacists’ strategies to restrict access to syringes or, conversely, as a way for drug users to “counterattack” the strategies of pharmacists.
Summary and Conclusions

1. Targets

The general target of this study was to describe the attitudes and practices of pharmacists in Bucharest regarding intravenous drug users who are clients of pharmacies. More specifically, the study attempted to describe the following:
- to what extent do pharmacists consider drug users to be a problem;
- criteria and strategies used by pharmacists to identify which clients are drug users;
- the behaviour of drug users as clients of the pharmacies;
- access to syringes (drug users versus other type of clients);
- refusal strategies used by pharmacists;
- reactions of drug users when refused;
- barriers to increasing the access to syringes in pharmacies.

2. Methodology

The research methodology was qualitative, and the method used was in-depth interviewing and focus groups, both of which were carried out with pharmacists in Bucharest. Here is the criteria used in data collection:
- Pharmacists were selected on the basis of a “recruitment file” (Appendix I);
- each respondent was contacted to schedule a meeting with the Operations Research (OR) interview operator;
- interviews took place either in the pharmacy or at a location mutually agreed upon;
- a single respondent was selected for each pharmacy;
- each pharmacist was remunerated for his/her participation in the interview or focus group;
- each pharmacist gave his/her informed consent.

There were 12 interviews and two focus groups. The participants were selected according to criteria set by Operations Research and RHRN representatives (various positions in pharmacies, pharmacies belonging to chains, as well as independent ones, pharmacies located in both areas known as having drug users and those without, throughout Bucharest). All the interviews were carried out in Bucharest.

3. Description of Respondents

For each participant we collected information regarding the length of his professional life, the period he had been in that pharmacy, his gender, age, and position in the pharmacy.

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*This data is not statistically representative and is based only on estimates obtained from the respondents.*
On average, respondents have worked as pharmacists for about 14 years (the youngest person had worked for only one year, and the oldest one has 45 years of experience). The length of service at the present place of employment is about four years; only four respondents have been working for over 10 years in the same place – the mobility from one pharmacy to another is a characteristic of respondents. The average age is 40; the youngest participant is 24 years old while the oldest is 65. All participants in the study were women, and more than half of the pharmacies in which they work belong to a chain of pharmacies (Dani-Mar, Timos, Sensiblu, 3F, Catena, Urgent Farm, and Dona). About one in three respondents are Assistant Pharmacists and another third are Head Pharmacists. One in ten respondents is a Primary Pharmacist, two in ten are Chief Pharmacists, and we also met two pharmacy owners.

4. Main Conclusions (Executive Summary)

- Drug users are considered a “presence” by all participants in the study, regardless of analyzed characteristics (age, length in service, experience). The answers offered by some of the respondents suggest that the extent of the problem is closely linked to the location of the pharmacy. Respondents instantly made a connection between the pharmacy’s location and the presence of drug users as clients of the pharmacies. The pharmacists described neighbourhoods or areas in Bucharest (such as Titulescu, Gara de Nord, Vatra Luminoasa, Colentina, Titan Policlinic) as places where drug users are more regular as clients of pharmacies, compared to areas where these are less likely to be residents.
- In the discussion about drug users as pharmacy clients, the participants stressed that the status of these clients is both explicit (the fact that the client is a drug user is explicitly recognized by both the client and the pharmacist) and implicit (the status of drug user is assumed by the pharmacist, based on specific identification criteria).
- All respondents could identify two categories of products requested by drug users: medicines (special regimen and not) and syringes with ampoules of distilled water. The medicines in greatest demand by drug users are: Fortral, Glutetimid and Codeine. This is a conclusion of all the focus groups and interviews analyzed. Most of the pharmacists could identify other substances requested by drug users (hereinafter presented in the order of their demand): Tramadol, Piafen, Xilina 2%, Regenon, Phenobarbital, Rohipnol, Metropamal, Diazepam, Algocalmin, Romparchin, and Enap.
- Generally, participants in the study are unaware of the drug administration practices. The fact that pharmacists have very little information about the injection process and the type of necessary substances suggests a stringent need for training them in the drug users’ practices. It is obvious that pharmacists are permanently on alert regarding new behaviour among drug users, but also that participants in the study have information gaps as far as drug user behaviour is concerned.
- Different strategies are used by the respondents to identify drug users. They include both passive strategies (which do not include any interaction with the user, but rather only observation) and active strategies (according to which, based on verbal interaction with the client, the pharmacist “tests” if the client is a drug user or not).
- The pharmacists provided a long list of passive (descriptive) strategies they use for the identification of drug using clients. Such strategies are based on non-verbal, descriptive language (appearance, voice, look, agitation, insistence, desperation – labeled as “abnormal”), socio-demographic descriptions (“the youth”), and on a certain type of buying behaviour (known clients, frequency and quantity of a certain substance, curative justification for

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3This connection is due to the high mobility of pharmacists, who had worked in four different pharmacies in the past 14 years.
4Specific information on ways to increase access to insulin syringes in pharmacies, especially training curricula, is detailed in Chapter VIII of this report.
the behaviour). These strategies are used both individually (for instance, when the client is already known as a drug user) and collectively (especially in terms of non-verbal language: gestures, appearance, etc.).

- The main active strategies identified by pharmacists are:
  - the type of product requested (especially for syringes and ampoules);
  - the types of responses given to a series of questions asked by the pharmacist (for both medicines and injecting equipment);
  - the fact that the prescription is requested to be returned (only for those asking for medicines).

- Pharmacists do not seem to have a problem telling the difference between diabetics and drug users. Firstly, pharmacists mention the very low incidence of diabetics who come to buy insulin syringes: less than 5 cases/year. Secondly, pharmacists agree that diabetics do not buy only one syringe and an ampoule. Thirdly, retard insulin administration has led some diabetics to abandon regular insulin syringes. Moreover, persons with diabetes always have a prescription. Medically speaking, diabetics are different from the drug users.

- Pharmacists generally use criteria to “divide” drug users into several categories. One of the most important segmentations is that of drug users coming for medicines and those coming for injecting equipment. Most respondents mentioned that drug users who ask for injecting equipment in pharmacies are not interested in medicines. The main difference lies in their behaviour: those who come for medicines are more violent than those who require syringes and ampoules.

- Pharmacists estimated that 80% of their drug using clients are men, aged 18-20; very few respondents could estimate the proportion of Roma among these clients, and their estimates were both very low and based on the location of the pharmacy.

- Most participants described the psychological features of the drug using client. Pharmacists frequently explained that, especially in the advanced phases of consumption, drug users are subject to psychological instability, not unlike lack of judgment in terms of his/her actions during the “withdrawal phase”. Pharmacists also combine the psychological portrait of the drug user with a moral portrait. Most pharmacists identify negative moral characteristics of drug users.

- Participants in the study identified a series of buying behaviours typical of drug users. A type of behaviour with maximum relevance in terms of the harm reduction concept is that drug users buy a single syringe and a single ampoule. Pharmacists described the same type of behaviour among drug users coming in groups. Drug users are described by pharmacists as hurried clients. More than half of the pharmacists mentioned that most of the drug users are regular clients, most probably living in the neighbourhood (area) of the pharmacy. Each pharmacy has a relatively small number (10-15) of drug users who are faithful clients (plus a number of clients who are not regular). More than half of the pharmacists spontaneously mentioned a characteristic of some drug users to come in groups. Most drug users come for injecting equipment after 5 p.m. Not a single pharmacist mentioned morning time as being that preferred by drug users. The most common period is closing-time. Pharmacists in 24-hour pharmacies mention that drug users come “from afternoon until late at night.” No pharmacist could identify a buying pattern related to a certain day or period of the week, the month or the year. As for buying patterns, pharmacists often described the fact that drug users go “from one pharmacy to another” and “go all over.”

- Pharmacists described situations in which drug users were violent and those when they behaved normally. The results regarding user segmentation (those who want medicines versus those who want syringes and ampoules) are corroborated by experiences described by pharmacists: it is more likely for pharmacists to describe negative experiences related to those who want medicines than those asking for syringes.

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9 Estimate made on the basis of the respondent’s shift.
8–9 p.m.
With the exception of insulin syringes, all pharmacists mentioned selling various types of syringes: 2 ml, 5 ml, 10 ml, and 20 ml. As for insulin syringes, some half of participants in the study mentioned that they had this type of syringe in their pharmacy and also mentioned that the supply of insulin syringes was discontinuous. The insulin syringes are also the most expensive (about ROL 7,000–7,500), while normal syringes cost about ROL 3,000–4,000, depending on the distributor. Pharmacies that did not have insulin syringes mentioned that this situation had came about 2-3 years ago, “when the decision was made not to sell this type of syringe any more.”

Only half of the pharmacists selling insulin syringes at the time of the study (a quarter of the participants) mentioned they accepted to sell insulin syringes to drug users. When talking about insulin syringes, some 1-2 participants say they sell syringes to any client.

All respondents described the decision-making process as an internal one, with the Head Pharmacist making such decisions. No pharmacist working in a chain pharmacy could identify a chain policy regarding drug users. The only regulations are those regarding prescription medications, respected by all pharmacists.

There are two important reasons for the decision not to sell insulin syringes any more: first, the fact that, at a certain moment, the number of drug users coming to buy syringes had seriously increased. Second, the decision was somehow natural when pharmacists understood that insulin syringes were used almost exclusively for injecting drugs.

Pharmacists could offer some justification for their choice to sell syringes to drug users: the most frequent was to avoid the problems that appear when one refuses to sell these. Other reasons given were to reduce risky behaviour and humanitarian reasons. These arguments are usually presented together.

Arguments against selling syringes (and some other products, including medicines) to drug users were more numerous and vehemently defended by pharmacists, and are as follows (the first being the most frequently mentioned):
- problems associated with having drug using clients (they come in groups, are violent, prone to theft, and often come with fake prescriptions);
- moral arguments (when selling any product to a drug user one is responsible for what may happen to him/her; furthermore, the sale is tantamount to encouraging and accepting drug use);
- legal arguments (it is not legal to sell syringes if one knows what these are used for, or that there is a law restricting such sale);
- problems with the police (the latter does not approve of the sale of syringes to drug users).

As an alternative to the conflictual approach, pharmacists have developed a set of three general strategies to face a variety of situations in which drug users come to pharmacies to obtain medicines or injecting equipment. These are: offering another type of syringe, stopping the supply of insulin syringes/medicines, the argument “I do not have that,” “Come back some other day,” or “That is not being produced any longer.”

For every strategy developed by the pharmacists drug users prepare a counter-strategy, such as: “Your co-worker sells them”, the sending of another persons to make the purchase, aggressive behaviour, the formulation of “responses” to questions posed by pharmacists, and justification such as “I need these medicines because I am being treated for drug use”.

Two conditions are necessary for a program aimed at drug users to be successfully implemented: the scientific and legal documentation of such an approach, and the guaranteeing of the personal security of pharmacists. Training for pharmacists is one of the interventions that can contribute to the first condition suggested by the pharmacists.
Detailed Results of the Research

I. DRUG USERS – CLIENTS IN PHARMACIES

Very little is known about the presence of drug users in pharmacies. A first objective of this research was to estimate if this is an extensive phenomenon and if pharmacists are aware of this. The question in this chapter is “Do pharmacists have a formed attitude regarding this phenomenon?” The research team was therefore interested in determining to what extent drug users are a presence in Bucharest pharmacies, because the way in which pharmacists relate to this presence influences the attitudes towards drug users. The existence of an opinion based on direct experience of this subject can also be a proxy measure of the extent of the phenomenon and can be used as a method for mapping drug users.

a. The presence of drug users in pharmacies

In order to test the pre-existence of an opinion/attitude regarding drug users, each participant was asked to what extent drug users is a topic of discussion in their pharmacy, and if the latter are considered to be a problem for the pharmacy. The data collected showed that drug users really are a presence in all pharmacies where respondents work or worked previously, without exception. All pharmacists are aware of this problem, as they have all had drug users as clients of the pharmacy. Drug users are, as described by one of the participants in the study, “a presence we have become used to” (Head Pharmacist, 50 years old, 27 years of service, 3 years in the present pharmacy, part of a chain of pharmacies of pharmacies). They are a presence, “they come every day” (Head Pharmacist, 28 years old, 5 years of service, 2 years in the present pharmacy, part of a chain of pharmacies of pharmacies). Asked if drug users are a subject discussed in their pharmacy, one of the pharmacists gave the following example:

Yes, it happens from time to time, when we have problems with them, to talk about this subject, yes... (Pharmacist, 26 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

Furthermore, all pharmacists mentioned that drug users constitute a subject of discussion, not necessarily a serious problem for the pharmacy, as they “do not let it become a problem”. One of the respondents gave the following example:

I do not think this is a problem any more. A year or two ago, it was a problem... (Head Pharmacist, 49 years old, 9 years of service, 4 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

As a conclusion, drug users are considered to be a presence by all participants in the study, regardless of the analyzed features (age, length of service, experience). However,
some answers suggest that the extent of the “problem” is closely linked to the pharmacy’s location. As such, respondents were able to make a spontaneously connection between the location of the pharmacy and the presence of drug users as clients of the pharmacies.

Pharmacists described neighbourhoods or areas in Bucharest, such as Titulescu, the North Railway Station, Vatra Luminoasa, Colentina, the Titan Policlinic, Perla and Bucur Obor as places where drug users are more frequent among the pharmacies’ clients, compared to non-residential areas:

I worked at Titulescu pharmacy, near the North Railway Station, where there were many. Then I moved downtown to Unirea, where there were none, as this is not a neighbourhood, but more of an area for passage. Now I work in Vatra Luminoasa, where there are a lot of them, a lot, and this is a better neighbourhood, with many houses, and villas, and the pharmacy is right across from the police station, under their nose… (Head Pharmacist, 36 years old, 12 years of service, 3 years in the present pharmacy, which is part of a chain of pharmacies of pharmacies)

Beside the location in different areas of Bucharest, some respondents mentioned the placement of the pharmacy as an important factor influencing the drug users’ presence. For instance:

My pharmacy is located inside a market complex; therefore I can say we had a significant number of drug users. Now there are fewer, as I refused to sell 1 ml syringes any more. (Head Pharmacist, 48 years old, 24 years of service, 4 years in the present pharmacy)

According to some pharmacists, the location of the pharmacy is also an indicator for the type of drug user that can be found there. For instance, a pharmacy situated near a Roma community or in a poor neighborhood accounts for poorer, less groomed drug using clients.

Every participant in the study was asked to give a quantitative estimate of the number of drug users, as well as of the trend of this number. When asked, the respondents instantly made a connection with the moment they decided no longer to sell insulin syringes (about 2-3 years ago). If the present number of drug using clients is estimated at 15-40/month (with some exceptions, of 100 drug users/month), pharmacists estimate that 2-3 years ago there were “20-30 drug users/day.” Similarly, if for the past pharmacists indicated an exponentially increasing trend, today the number of drug users coming into their pharmacies is relatively constant. Explanations vary: the decision to stop selling insulin syringes, drug users are the same permanent clients in the area, and the fact that the number of pharmacies has increased over the past 2-3 years, accounting for the less “pressure” from drug users on pharmacies that refuse to sell insulin syringes (“users now have a choice”).

When discussing drug users as pharmacy clients, participants pointed out that the status of drug user as clients is both explicit (the client and pharmacist explicitly recognize the client’s status as drug user) and implicit (the drug user status is presumed by the pharmacist, based on specific identification criteria):

I think they are different. Some of them are very clever at covering up their habit, so that you cannot tell, while others have nothing to hide, and openly say: “Yes, I am a drug user and I need …. because I am in crisis or in pain or….” (Head Pharmacist, 34 years old, 10 years of service, 8 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

In situations where the status of drug use is explicit it is more common that they want medicines than syringes or ampoules. This can be explained by the fact that the status of drug user is used by some of these as a strategy for obtaining medicines (pleading that they

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This was possible because of the mobility of pharmacists, as these each worked in four different pharmacies over a period of some 14 years.

These criteria will be described in detail in Chapter II: “Identification of drug using clients”.
are for post-curative treatment or necessary for the withdrawal phase\(^{10}\). This idea is recurrent in several interviews:

Yes, so we no longer sell Glutetimid or Fortral. They are insistent and say “Give me the medicine, Ma’am, give it to me, I have pain in my bones!” They just do not hide anymore. (Pharmacist, 52 years old, 20 years of service, 4 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

Other typical answers to illustrate the concept of “explicit status” of drug users are:

...There are some who come with the diagnosis they were given when they were admitted to hospital for detoxification, which shows that they are addicted to heroin, cocaine, whatever they are addicted to, and they sit down on a chair and say: “If you do not give me the medicine, I’ll have a fit” or “Look at these papers, they prove I am an addict.” (Head Pharmacist, 60 years old, 35 years of service, 6 years in the present pharmacy)

Yes, he showed us that he was addicted to heroin. Well, now he us being treated with Glutetimid – Codeine, whatever, the doctors had given him these prescriptions, he just us just about all the documentation… (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)

However, the explicit status of drug user is not present for all drug using clients. In contrast to what some pharmacists described, others mentioned that not all drug using clients introduce themselves as such. Some clients deny this status, and in most cases the pharmacist is the one who avoids treating these “as drug users”:

What can I say? It is not very obvious, everything is... somehow tacit. You see? Nobody asks him: “Do you inject drugs with this syringe?” or “Why do you need distilled water?” (Head Pharmacist, 30 years old, 4 years of service, 2 in the present pharmacy)

The pharmacists say they have purposely adopted this attitude, as a pretext for refusing the client. They believe that because the status is that of “potential drug user” they may justify their refusal otherwise than not wanting to sell the respective product only to certain clients, thereby reducing the probability of violent reactions from the consumers:

[...] No, because we just try to be like them... to give the impression that we do not realize what is going on... We just tell them very nicely and normally that we do not have that product, which creates an impression..., and you make him believe you. “Hey, man, they do not have it here, let’s try some other place.” No, we do not try to argue with them, we make it all look natural. “I am sorry, we do not have that.” You talk nicely, tell him you are sorry, and that is it.” (Assistant Pharmacist, 24 years old, 4 years of service, 2 years in the present pharmacy)

b. Products drug users ask for

Each participant in the study was asked about the types of products requested by drug users in their pharmacies. This type of information can also be used as a “proxy” measure for describing a consumption pattern, as well as for evaluating to what extent pharmacies are a location preferred by drug users for obtaining injecting equipment.

All respondents could identify two categories of products requested by drug users: medicines (with or without special regimen) and syringes with ampoules of distilled water.

The most cited medicines (in all analyzed focus groups and interviews) were Fortral, Glutetimid and Codeine. Most pharmacists could also identify some other substances drug

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\(^{10}\)These strategies are described in detail in Chapter VII: “Refusal: drug users’ reactions and strategies”.
users ask for (in order of their frequency): Tramadol, Piafen, Xiline 2%, Regenon, Phenobarbital, Rohipnol, Metropamal, Diazepam, Algocalmin, Romparchin and Enap.

When talking about the types of medicines, most respondents said that such behaviour is undergoing continuous change, and various types of substances “come” or “go” among drug user preferences, with the main orientation being that to medicines which can be purchased without a medical prescription. Pharmacists label new medicines requested by consumers as being “fashionable”:

...They come and ask for Regenon... everybody wants to lose weight now... (Pharmacist, 31 years old, 7 years of service, 2 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

Some respondents described this orientation towards new medicines:

They test and discover... this Xiline, this Algocalmin might meet their needs... but these are not on the list. (Head Pharmacist, 63 years old, 40 years of service, 5 years in the present pharmacy)

Yes, yes, yes, that’s true and, in any case, there are new products all the time... you notice that... I do not know, for instance that Regenon did not used to be in such a great demand... now they come and ask for it, and in time there are all kinds of combinations, they ask for different things all the time, they think up all sorts of things... (Assistant Pharmacist, 24 years old, 4 years of service, 2 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

Pharmacists also describe an explicit process they practice to identify new substances coming to the “attention” of drug users, whether they are on the list of prescription medicines or not. This process aims to limit the access of drug users to such substances. Some participants in the focus group described this process as follows:

If I think about it, I have sold lots of Xiline, Papaverina, Algocalmin, and I had no idea what this really is... but now that you mention it, I find it strange, I did not know why they were requiring such large quantities... (Pharmacist, 50 years old, 22 years of service, 4 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

The result of this process of identification of substances requested by drug users is a personal list of substances pharmacists consider to be forbidden. At the time the study was carried out, pharmacists mentioned two substances they were inclined to include in this “personal list”: Algocalmin and Piafen. Here is an example of this notion, from participants in the focus groups:

I1: But we give them Algocalmin and Piafen... we give them these two...
I2: For now...
MOD: Why for now?
I2: Until we figure out what the exact combination is...

In conclusion, of all medications, the substances most requested in pharmacies are those from the list of prescription medicines: Fortral, Glutetimid, and Codeine. However, the list of substances drug users ask for is much longer, and pharmacists make special efforts to reduce access to these substances, mainly by making up a personal list of substances not to be sold to drug users. The main criterion on which this list is based is frequency: if there is sudden demand for a certain medicine, then this might be used by drug users.

Another category of drug using clients of pharmacies are those asking for insulin syringes and ampoules of distilled water, of saline solution, of Algocalmin. While pharmacists might draw partially correct conclusions in relation to the preference for insulin

11Partially correct because, in addition to their thinner needle, insulin syringes are preferred because of their gradations.
syringes ("the needles are thinner and do less damage"), as far as ampoules are concerned very few respondents knew that what drug users needed was the recipient itself and not necessarily the contents:

Yes, they ask for insulin syringes and distilled water. They dissolve some pill in distilled water and inject it subcutaneously. But I do not know what it is… (Pharmacist, 55 years old, 20 years of service, 5 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

...Syringe, distilled water... what else... or syringe, distilled water, ampoule of Algocalmin, it must be pretty painful, I do not know what they inject.... and it lessens the pain... I do not know... I cannot imagine… (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)

This very poor level of information regarding the injection process or the types of necessary substances suggests the need for specific training for pharmacists on drug user practices. It is obvious, from discussions with pharmacists, that they are on constant “alert” regarding new behaviours of drug users, and that participants in the study display gaps in knowledge regarding drug users’ behaviour12.

12Specific references to the means of intervention for increased access to insulin syringes in pharmacies, especially training curricula, are detailed in Chapter VIII of this report.
Moderator: If I come into your pharmacy, what would be ... what would I have to do to make you say; “Ah, this could be a drug user!”?

Pharmacist in Bucharest: You have probably never had to deal with them [if you ask this question]. One knows them from the moment they come in the door... it is obvious. It is all a matter of attitude, the way they move, the way they talk. For one thing, they no longer have the self-control of a normal, regular person.

II. IDENTIFICATION OF DRUG USING CLIENTS

What are the strategies for the identification of drug using clients? What “signs” do pharmacists use to label a client as a “drug user”? To what extent is this identification correct? This chapter intends to address these questions.

The mechanisms and strategies pharmacists use for the identification of drug using clients are, in fact, generalized experiences of interaction with drug users\textsuperscript{13}. The mechanisms for making up these strategies are similar to those used stereotyping. As for other social groups, the “social portrait” we have about drug users is created based on stereotypes. These stereotypes are mainly a generalized image of a group or person, which do not take into consideration individual differences and are based on direct experiences with the particular group. Stereotypes are normal (not pathological) mechanisms of thinking, and this is precisely why they are used by the members of a community, the police, social workers, pharmacists, NGO members, and those involved in funding, namely those very “holders” of perspectives that must be taken into consideration for a comprehensive approach.

Various strategies are used by the respondents to identify drug users. These include both passive strategies (which do not require any interaction with the user other than observation) and active strategies (in which, based on verbal interaction with the potential drug using client, the pharmacist “tests” him to see if he is or not a drug user). These strategies are described below.

a. Passive strategies for the identification of drug users

Most pharmacists could identify a set of criteria or signs that, most likely, are specific to drug users coming into pharmacies. Drug users are usually described as “agitated” compared to clients that do not use drugs. A typical response to exemplify this type of strategy is:

...they are more insistent and rather agitated. (Head Pharmacist, 48 years old, 24 years of service, 4 years in the present pharmacy)

There are also other indicators to identify drug users, relating to body language. There are usually many “signs”: the eyes are “clouded”, the voice “trembles”, and he behaves much like he were in withdrawal.

“Yes, you can identify them by their eyes, because their pupils are enlarged and red.” (Assistant Pharmacist, 24 years old, 4 years of service, 2 years in the present pharmacy, part of a chain of pharmacies).

\textsuperscript{13}The method for creating stereotypes on drug users and a list of such stereotypes can be found in an article by Emil Pâslaru entitled “Need for Social Action or Drug Users and Stereotypes”, in the RHRN Newsletter br, 2/4, Year II, 2003, pg. 2.
The fact that drug users are more “insistent” than “normal” client is another characteristic identified by the participants in the study. Most respondents mentioned that these signs usually appear simultaneously in the same client:

First of all, the way they look: they are thin, they shake, probably because they are in crisis when they come to request syringes, and are frightened, agitated, tired... you can see it on their faces... They are totally different from a normal person. (Head Pharmacist, 31 years old, 8 years of service, 1 in the present pharmacy, part of a chain of pharmacies of pharmacies)

Q: How do you know they are drug users? How do you recognize them?
A: They have a strange look, they are nervous, more agitated... (Assistant Pharmacist, 25 years old, 5 years of service, 2 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

Another participant in the focus group describes the way in which to identify drug using clients:

We recognize them right away, by their eyes, by their behaviour. They have this look, as if they were staring into space, sometimes they are frowning, very agitated... (Assistant Pharmacist, 29 years old, 2 years of service, 2 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

Asked how she recognizes drug users, yet another respondent says:

When they are agitated, or in crisis, you notice them right away... Otherwise, it is more difficult: some of them have this strange look, a stare, they seem wistful..., like..., very agitated... (Head Pharmacist, 50 years old, 27 years of service, 3 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

Another recurrent notion in the interviews and focus groups was that of a “normal person”: in the respondents’ view, drug users can be distinguished from other categories of clients precisely because they do no longer look like “normal people”, and their main feature is “despair”. Asked about how they distinguish drug users, some respondents paraphrased this notion:

Firstly, by they way they look, they are thin, they shake, they might already be in crisis when they come for syringes, and then they are scared, agitated, you can see that it in their countenance... they are totally different than normal people.

...As I told you, we have never seen them come and behave violently, but we can see they are more agitated than other people. No matter how ill a person is, no matter how sad, he is different from a drug user... they are closer to despair, so they shake... (Head Pharmacist, 31 years old, 8 years of service, 1 in the present pharmacy, part of a chain of pharmacies)

...In another pharmacy there were times when people came who manifested some signs: injected eyes, nervousness, restlessness. There was a time when it was difficult to find distilled water, saline solution, there was a crisis of injecting preparations and all drug users were desperate, absolutely desperate... (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)

Abnormality is linked not only to long term effects (fatigue, weight loss, countenance) but also to immediate ones: euphoria, produced by the drugs, is also listed by pharmacists as a state of abnormality, as was stressed by a participant in a focus group:

You can see he is not normal, that there is something wrong... They are euphoric, but it is like the high from drink, that makes you sweet, nice, talkative... (Pharmacist, 31 years old, 7 years of service, 2 in the present pharmacy, part of a chain of pharmacies of pharmacies)

Such criteria is considered all the more relevant because it applies in most cases to young persons14. According to the respondents, the clinical state identified as “abnormal”

14Socio-demographic characteristics of drug using clients of pharmacies, as presented by pharmacists, are described in Chapter III: “Description of drug users”.
can be explained in young people only by virtue of their being drug users. Age is therefore an additional criterion used by pharmacists to “understand” the client’s status:

*If he is young, I immediately assume that he might be a drug user...* (Head Pharmacist, 50 years old, 27 years of service, 3 in the present pharmacy, part of a chain of pharmacies of pharmacies)

The criteria for identifying drug users, as passive strategies, are not necessarily linked to physical appearance. Most respondents mentioned that, in fact, they already knew the drug users coming into their pharmacies. These are identified “as soon as they enter, they are the same ones, so we already know them”. Another respondent gives the following example:

*I recognize those that I already know and who are clients from the neighbourhood; as for the others, no, I recognize them when they ask for some products and if they are unable to tell me what they plan to do with them...* (Pharmacist, 27 years old, 4 years of service, 2 in the present pharmacy, part of a chain of pharmacies of pharmacies)

Another “clue,” also unrelated to the characteristic of “abnormality,” is connected to the frequency and quantity of buying a certain substance. According to pharmacists, any such behaviour that cannot be justified curatively, is an indicator that the client is a drug user.

*...A guy, about 30, comes into our pharmacy, so I know him because he has been here several times. First he told me he wanted this for his grandmother. “Well, you give grandmother one or two pills, and then take her to the doctor, that’s how...” Two weeks later, I am on duty again when he comes in: “For grandmother again!” So I told him jokingly: “Maybe this time it is for grandfather; if it is for grandmother again, you are out of luck, because it is me again.”*

Another typical response to illustrate this means of identifying drug users, often described by pharmacists, is as following:

*Well, it is natural to think this when, in a very short time span, that person buys the same medicine repeatedly. How ill can you be to buy four boxes of Codeine in one month? Especially because if you are really very ill and you see you are not getting better with the treatment prescribed by the doctor, then you go to see him again and get other medication... there is no use in continuing the same treatment forever.* (Assistant Pharmacist, 42 years old, 5 years of service, 2 years in the present pharmacy)

In conclusion, pharmacists could describe a series of passive (descriptive) strategies they use to identify drug using clients. These strategies are based on non-verbal, descriptive language (appearance, voice, eyes, restlessness, insistence, desperation – labeled as “abnormality”), on socio-demographic descriptions (“youth”), and on a certain type of buying behaviour (known clients, frequency and quantity of the bought substance, curative justification of the behaviour). These strategies are used both individually (for instance, when the client is already known as a drug user) and collectively (especially those related to non-verbal language): gestures, look, etc.).

b. **Active strategies for identifying drug users**

Passive strategies (which do not involve direct, verbal interaction between the client and the pharmacist) are usually followed by a series of active strategies. The main characteristic of the latter is that the pharmacist interacts with the client and, in most cases, tests the status based on a personal evaluation grid and previous experiences with drug users.
The main strategies and signs identified by pharmacists are:
- the type of product requested (especially for syringes and ampoules);
- the types of responses given to a series of questions asked by the pharmacist (for both medicines and injecting equipment);
- the fact that the prescription is requested to be returned (only for those asking for medicines)

If a “potential drug using client” corresponds to the passive strategies (he is “abnormal”) and he asks for one of the medicines/products which are more frequently requested, then this confirms the fact that he is a drug user:

[I recognize them]... very easily. I told you, initially by what they ask for, an ampoule of distilled water and then a syringe, and secondly by their agitation... (Head Pharmacist, 28 years old, 5 years of service, 2 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

This strategy (the type of product requested) is mentioned mainly for clients who ask for injecting equipment rather than those requesting medicines. Situations in which pharmacists applied this strategy included almost exclusively cases involving injecting equipment, as this was considered a reliable and efficient strategy for identifying drug users. Virtually all respondents mentioned they had used this strategy, and this suggests its major significance:

They ask for syringes and distilled water and then I know for sure that one of them takes drugs, but I do not know what... they do not say... (Pharmacist, 50 years old, 22 years of service, 4 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

Q: If somebody comes and asks for an insulin syringe, he is not immediately...
A: ...suspect.
Q: Is he or is he not [a drug user]?
A: Generally, he is suspect. (Head Pharmacist, 36 years old, 12 years of service, 3 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

Q: Somebody comes without a prescription and asks for an insulin syringe and an ampoule of distilled water. What do you do?
A1: You do not give it to him.
A2: It is obvious that he is suspect.
A3: I give him the ampoule. But “I do not have” syringes. (Focus group participants)

...and when they get to the counter and ask only for a syringe and an ampoule, while an ordinary patient never requests just a syringe and an ampoule... (Assistant Pharmacist, 44 years old, 4 years of service, 2 years in the present pharmacy)

The very fact that they ask only for an insulin syringe or distilled water... it is obvious...

Q: How do you realize they are drug users, how do you recognize them?
A: They ask for insulin syringes or an ampoule of distilled water, or saline solution or vitamin C, it is obvious... (Head Pharmacist, 34 years old, 10 years of service, 8 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

...Most of the times I do not even look at the person at the counter. Only when they ask for a syringe or distilled water I “become suspicious” and look at them... (Head Pharmacist, 50 years old, 27 years of service, 3 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

A common method for “detecting” the client’s status is to ask him a series of test-questions regarding the product they want to buy, whether this be medicine or injecting equipment. If he does not respond “correctly”, then the client is labeled as being most likely a drug user:
...I have no way of knowing if he is a drug user, except if I have met him before or if he does not answer some questions I ask him... (Pharmacist, 26 years old, 3 years of service, 2 in the present pharmacy, part of a chain of pharmacies of pharmacies)

When I do not know him and he seems suspect to me, I challenge him to some conversation to determine if his motive is coherent and plausible. If not, then I tell him I do not have the product and ask him to try again another time. (Assistant Pharmacist, 33 years old, 4 years of service, 3 in the present pharmacy, part of a chain of pharmacies of pharmacies)

Respondents were able to provide examples for the application of this strategy for medicines as well as for syringes. Below is one such situation described by a respondent in relation to testing for medication:

In the course of your discussion you ask: what type of treatment they are undergoing, how this is administered, how old they are. I think they do their best to try to cover up: they come with fake prescriptions... they are very well trained, they adapt well to the environment when they are asked. But you know, you ca not miss a single person! (Head Pharmacist, 34 years old, 10 years of service, 8 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

Below is another typical situation in which a pharmacist tested a client for injecting equipment:

When somebody asks you for an insulin syringe, you look at him immediately to see what kind of person he is, and sometimes you see a nice looking young man and ask him what he will do with the syringe. Most of them respond: “it is for my Mom...” or whatever... (Head Pharmacist, 50 years old, 27 years of service, 3 in the present pharmacy, part of a chain of pharmacies of pharmacies)

When applying this strategy, pharmacists could give examples of times when, based on passive strategies, even though a client was “suspect” (positive according to some criteria), following the set of questions, the former agreed to sell the requested products:

I started to pump him, to ask what he needs this for, to see if I should really give him what he is asking for. It is natural for people leaving the hospital to be haggard and pale, but when you start talking with him, observe that he is coherent and not agitated, you give him what he wants. There is no problem... (Assistant Pharmacist, 29 years old, 2 years of service, 2 in the present pharmacy, part of a chain of pharmacies of pharmacies)

Another sign, considered very efficient for identifying drug users who want to buy medicines, is the fact that they usually ask to have their prescription returned15. According to pharmacists taking part in the study, these clients want to use that prescription several times, and are therefore drug users:

Q: Did you realize he was a drug user just because he asked for the prescription to be returned?  
A: Yes, yes. [...] They insist on this, because without a prescription they can not get anything from any pharmacy... and they prefer this... in fact, it is not that they prefer this, but they must always have the prescription, to use it again... (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)

c. Differences between clients (diabetics vs drug users)

The research team was also interested in finding out what criteria is used to differentiate between a diabetic who wants to buy his syringes in a pharmacy and a drug user. We

15Pharmacists indicated they keep the prescription as a rule when they have given the medicines.
also wanted to know to what extent the pharmacists’ decision not to sell insulin syringes any more affected diabetics or other clients in the same way as drug users. Even though the strategies of identifying drug users work in most cases, sometimes pharmacists have problems trying to different between various types of clients. As such, most study participants mentioned they had encountered situations when they could not say for sure if a client was a drug user or not. This was mainly the case with new clients, who are not known by the pharmacists, in which case the latter chose to sell the product and “serve him like any other client.” However, some respondents, when unsure, refuse to sell the product (claiming not to have it) or discuss this with colleagues for a second opinion:

So we get together, all of us colleagues, and discuss what to do, whether to give it to him or not? God, he is an old man? It is for insulin! So we ask each other’s opinion… (Assistant Pharmacist, 29 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

Before being asked about insulin syringes and diabetics, all respondents were also asked if there were any other clients (diabetics or not) who purchase syringes (regardless of the type) from the pharmacies where they work. Most respondents mentioned that all clients who need syringes (who are not drug users) buy the syringe at the same time as the medicine. Situations in which they come to buy only syringes are considered more exceptions than the rule:

As for other syringes, most people come with a prescription and they buy antibiotics, or when they buy their Polidin they ask for “5 ampoules of Polidin and 5 syringes.” They request the same number of syringes, and then you can not… It is rare that somebody comes and buys only syringes just like that… maybe he had one and lost it. Others buy the medicines and the respective syringes. (Head Pharmacist, 63 years old, 40 years of service, 5 years in the present pharmacy)

Furthermore, pharmacists mention situations where they offer syringes to the clients buying injecting treatment:

They come with a prescription for a specific treatment, and automatically buy the syringes. Sometimes, the syringe is listed in the prescription, while at other times it is not, but you give the syringes automatically for the medication… (Pharmacist, 27 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies of pharmacies)

Pharmacists do not feel that the differentiating of diabetics and drug users causes problems. First, they mention the very low incidence of diabetics coming to buy insulin syringes in pharmacies: less than 5 cases/year. There are several reasons: diabetics receive free insulin syringes from specialized centres (“from Paulescu, from the Institute”); they never buy one syringe and one ampoule (because of the severity of diabetes, each diabetic has a permanent stock of syringes, and the probability of needing one more syringe and one ampoule is practically non-existent); retard insulin makes classical insulin syringes useless; diabetics always have a prescription on them. Medically speaking, diabetics differ from drug users. This difference is described by one respondent as follows:

Q: What do you do if a drug user who is a good liar comes in and asks for insulin syringes?
A: It can not happen and I will tell you why. First, an insulin-dependent person is older, never less than 22 years, because you cannot become insulin-dependent by age 18, can you! Secondly, a diabetic does not come for only one or two syringes, like drug addicts. The diabetic asks for more than 10 at a time. To say nothing of the fact that diabetics have prescriptions… (Assistant Pharmacist, 29 years old, 2 years of service, 2 years in the present pharmacy, part of a chain of pharmacies of pharmacies)
III. DESCRIPTION OF DRUG USING CLIENTS

In an attempt to understand how the pharmacists’ attitude towards drug users can be changed, a first step is that of describing how drug users are represented by pharmacists. Into what type of categories are drug users divided? What are the psychological characteristics of drug users? Are they all the same? The answer to these questions can explain the attitude of pharmacists to drug users.

Nevertheless, the socio-demographic description of drug using clients of pharmacies is necessary to respond to the following question: are drug users who go to pharmacies different from those who go to needle exchange programs? Do pharmacies and needle exchange programs address different users?

a. Types of users (segmentation)

The respondents spontaneously used several criteria for categorizing drug users. One of the most important segmentations is that of drug users coming for medicines and those coming for injecting equipment. Most respondents mentioned that drug users asking for injecting equipment in pharmacies are not interested in medicines. The main difference is their behaviour: all participants mentioned that drug users coming for medicines are more violent than those asking for syringes and ampoules.

Those who come for syringes are very calm. We have had no problems with them. The others, coming for medicines, are the ones who cause problems. They come with fake prescriptions, are most often girls, as if we trusted them more than boys... and they start play-acting... (Assistant Pharmacist, 29 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

According to one pharmacist: “Those who buy medicines are already beyond heroin and insulin syringes.”

Another segmentation is based on the “consumption stage”: the pharmacists could identify several stages – “the chronics”, who come to the pharmacy only because they have no more money to buy from the dealers; “those who are broke and would normally buy an LSD pill or something in a discotheque, come to the pharmacy for a quick fix (Pharmacist, 7 years of service, 2 years in the present pharmacy, part of a chain of pharmacies). Those in “the final stage of consumption” are described below:

Generally, [those in the first stage] are very well dressed, I have seen young people for whom one cannot but feel sorry, because they are so beautiful and young... and they are lost. Those in the final stage are neglectful and poorly dressed, because now they need money and sell everything, even things from their homes, not only their clothes... (Head Pharmacist, 31 years old, 7 years of service, 1 year in the present pharmacy, part of a chain of pharmacies)
b. Socio-demographic description of drug users

Each of the participants in the study was asked to describe the drug users according to the following criteria: gender, age, appearance, ethnic group.

Pharmacists estimated that some 80% of drug using clients are men, with a minimum of 70% and a maximum of 90%. Without being statistically representative, this estimate almost completely corresponds to the distribution by gender of RHRN clients (78% men).

Furthermore, pharmacists estimated the average age of the drug using client to be 18-20, in a range from 14 to 30 years of age. Data based on the sample of the RHRN (KAP) quantitative study is similar: the average age is 23, ranging from 14 to 36. Without being statistically representative, this data is similar for both populations.

These estimates suggest that data obtained on a sample of RHRN clients can be extrapolated, without being representative, for the entire population of drug users in Bucharest. These similarities can also invalidate the hypothesis according to which needle exchange programs cater to a certain type of drug user, while pharmacies cater to another.

Each pharmacist was asked about the ethnic makeup of drug users coming to pharmacies. Based on the pharmacists’ estimates on the ethnic makeup, the RHRN quantitative study contains an over-representation of the Roma population. Thus, very few respondents could estimate the proportion of the Roma population, and their estimates were influenced by the pharmacy’s location:

...those in this area are roughly the same age; no, no, they really do not stand out, they really do not... well... they are... let us put it this way, in the majority, because that is the nature of the area, most are Roma, you know... (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)

All participants were also asked about the appearance of a drug user (well groomed/ungroomed, etc.). There were significant differences in the answers of the pharmacists: they talked about a variety of “appearances” and that it is impossible to generalize about their appearance. As such, pharmacists mentioned that “one can not say that drug users are dressed in a certain way.” Some are “well groomed, well dressed, while others are poorly dressed.” A single element identifies them all, namely that they all need the same products.

I told you, some of them are better dressed, others are poorly dressed, they have less money, but they end up asking for the same things. The poor and the rich come and ask for the same medicine or the same type of syringe. One can not say that the poor ask for normal, cheap syringes, of 2 or 5, and the rich want only the more expensive insulin syringes... in the end they all want the same thing. (Assistant Pharmacist, 29 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies).

c. Drug user’s “psychology”

Most participants spontaneously described the drug using client’s “psychological features”. These descriptions are important from the programmatic point of view, as they are barriers identified by pharmacists for the needle exchange programs in pharmacies.

Pharmacists argued most often that, especially in advanced stages, drug users suffer from “psychical instability”, similar to the lack of judgment in terms of his actions during “withdrawal.” One pharmacist presents this idea in the following manner: “When they are in

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16Data presented in this chapter is not statistically representative.
17This means that KAP study results can differ slightly from those relating to the entire population of drug users, on the basis of the high ratio accorded to the responses of Roma drug users.
18As these are described in this chapter, in point (a).
an advanced stage, I am sure they are not aware of what they are doing. They do things out of desperation, things a normal person would never do.” (Head Pharmacist, 31 years old, 8 years of service, 1 year in the present pharmacy, part of a chain of pharmacies).

According to another participant, drug users can be recognized precisely by “this psychological instability” (Head Pharmacist, 48 years old, 24 years of service, 4 years in the present pharmacy).

Most participants declared they were concerned about the psychological instability of drug users, especially those coming for medicines. In fact, any dealings with these are an unjustifiable risk, assumed by pharmacists precisely because drug users are “psychologically unstable”:

... anyway, they are pretty unstable at such times, you just do not know what to expect... if you want to help them, you can run into problems, as things can be misinterpreted. They distort reality...
(Head Pharmacist, 34 years old, 10 years of service, 8 in the present pharmacy, part of a chain of pharmacies)

He is unwell at that moment, and believes that no matter what might happen he is desperate and must do it, he no longer considers the risks (Head Pharmacist, 63 years old, 40 years of service, and 5 years in the present pharmacy)

Most pharmacists mentioned one generally “can not know how a drug user might react,” especially because of the lack of stability produced by the substance. This idea was recurrent in several interviews and focus groups, and pharmacists frequently mentioned that when a drug user is in the pharmacy, “one does not know what he might do”. Such a perception is “transmitted” among pharmacists and is not necessarily based on direct experiences with drug users:

Q: Did someone teach you to use such tricks?
A: Yes, the Head Pharmacist advised me to say that I do not have this product. I have never had aggressive persons that could have caused problems... but I would rather say I do not have something than to say that I do have it and can not give it to them... as I have no idea what they might do next. (Assistant Pharmacist, 35 years old, 1 year length of service, 1 year in the present pharmacy).

The same idea is presented by another participant as follows:

... what else can we say... it is a matter of lack of safety for the personnel. We are the fortunate ones, as we have had no problems, but you never know how they might react...

The drug users’ “psychological portrait” is coupled with a “moral portrait”. Most pharmacists identify negative moral features of the users:

Most of them are great liars, they are willing to tell any lie to try to trick you, to get what they want (Pharmacist, 26 years old, 3 years of service, 2 in the present pharmacy, part of a chain of pharmacies)

d. Differences among drug users

A stereotype associated with drug users is the lack of differences in their behaviour, or the “they are all the same” approach. Most of the time, if the media identifies a new type of drug user behaviour, it is immediately assumed that all drug users act in a similar manner. There is a supposition that they are all “bad” in the same way. For instance, even if someone were to try to prove to the media that, without a doubt, most drug users are not dealers,
the media will assume that it is only a matter of time until they all start dealing drugs.

In order to test the existence of this stereotype among pharmacists, each participant was asked to what extent (s)he believes “all drug dealers are the same”. The data suggests that this stereotype is not prevalent among pharmacists:

So, these people are different, of course they are different, therefore they are not the same, of the same kind. It is true that some of them have similarities, because they probably are from the same group... but they are also different, generally speaking, anyway... I can tell you what makes them similar and what makes them different: they are similar because most of them are young, even if some behave in a certain way and some in a different way, most of them are great liars, they are capable of telling any lie to trick you, to get what they want. (Pharmacist, 28 years old, 4 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)
At [one particular pharmacy] they were like regular clients, we were used to their presence as they came very often. And I told you I even saw a car, you might say that I was wrong, that it might have been just a coincidence, but this car came several times. They got out, bought syringes and water, got back in the car, and left shortly afterwards. I think they were injecting themselves right there. It was strange that the police was near the car, saw them with the syringes in their hands, and did nothing. And it was the same car, with smoked windows....

(Pharmacist in Bucharest)

IV. BEHAVIOUR OF DRUG USING CLIENTS

The description of the buying behaviour of drug using clients in pharmacies is one of the most important objectives of this study. Practically, all existing studies related to drug user behaviour is linked to the injecting practices and not to the behaviour of buying injecting equipment. Nevertheless, the risks associated with injecting drug use are closely related to the procurement of injecting equipment and there is no study which describes this aspect. This chapter intends to offer the pharmacist’s view of the buying patterns for medicines and injecting equipment.

The identification of a behaviour pattern is fundamental in the development of needle exchange programs in pharmacies. What are the favourite hours? What days? Are the users the same every day? How many syringes are bought in one visit? Do users come in groups or individually? Are they regular clients of a pharmacy? Are they from the neighbourhood or do they come from other areas? What do they do if they can not find what they need? The answers to all these questions will define the understanding of drug user’s buying behaviour and is essential for designing programs to improve access to clean injecting equipment in Bucharest.

a. The buying behaviour

Participants in the study identified a series of behaviours and dimensions thereof typical of drug users, presented below, in order of frequency. First, a type of behaviour with maximum relevance for the “harm reduction” concept is that drug users buy only one syringe and one ampoule. It is significant to notice that pharmacists described on several occasions that the same type of behaviour (buying a single syringe and ampoule) is valid also for drug users coming in groups:

...In most cases it is like this: one comes into the pharmacy and the others stay outside. The group includes several persons, they come in one by one, a different person every day, but they always buy a single syringe and ampoule... (Head Pharmacist, 50 years old, 27 years of service, 3 years in the present pharmacy, part of a chain of pharmacies)

This type of behaviour is specific only for drug users, and pharmacists use this as a clear indicator to distinguish them from other clients. One respondent justifies this behaviour as follows:

They never, ever buy more. They probably have no money, and those who do have money - I do not know! They have no place to store them, and perhaps they do not want to. They do not go home, they can not take them home, they can not keep the syringes with them. And if the police were to
catch them or there were a raid somewhere, and such... if they were searched by the police and the syringes were found ... this is why they come every night and always buys just one. (Assistant Pharmacist, 24 years old, 4 years of service, 2 in the present pharmacy, part of a chain of pharmacies)

Drug users are described by pharmacists as hurried clients. The main explanation is that “they probably come when they are in great need” (Head Pharmacist, 28 years old, 5 years of service, 2 years in the present pharmacy, part of a chain of pharmacies). Unlike other clients, drug users “are generally in a hurry, they come quickly, put down the money and ask for a syringe and an ampoule of distilled water.” (Assistant Pharmacist, 41 years old, 4 years of service, 2 years in the present pharmacy). Pharmacists frequently described situations in which drug users are in such a hurry they either do not wait in line (when there are several persons in the pharmacy) and go straight to the counter, or they leave so quickly that they do not wait for the receipt or change:

I do not remember when it happened last, but this is what they usually do: they come in, they ask for the syringe, for the ampoule, and then they leave. They are in such a hurry that they leave the change, if the syringe is 7,000 lei, they do not wait for the change from a 10,000 lei bill, not to mention the receipt. If they leave the change... then they are not that poor... (Head Pharmacist, 50 years old, 27 years of service, 3 years in the present pharmacy, part of a chain of pharmacies)

Each pharmacist was also asked to what extent drug users are regular clients or new, unknown clients. More than half of the pharmacists mentioned that most of the drug users are regular clients, most probably living in the area (neighbourhood) of the pharmacy. Each pharmacy has a relatively small number (10-15\textsuperscript{19}) of drug users who are regular clients (including a number of clients who are not regulars). This is most likely the case in neighbourhood pharmacies, and less so during the night shifts at 24-hour pharmacies. The location of the pharmacy (whether it is on a main street or not) has some bearing on this:

... they are the same... but this is also a characteristic of this pharmacy, because it is a neighbourhood pharmacy that has managed to get to know its clients in so many months, so the number of new clients is not rising... and this is something... (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)

In a month... I do not know, about 10-15... I cannot say for sure, as they are usually the same ones, and there is rarely someone new. The others are regulars, as they say. (Chief Pharmacist, 28 years old, 5 years of service, 2 years in the same pharmacy, part of a chain of pharmacies)

Some of them are regular customers. But we do have different people during the night shift. So, at night there are very few from the neighbourhood, as we are on the main street, and have different people coming in cars or taxis and traveling around Bucharest, looking for what they need. (Pharmacist, 26 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

Asked about the buying behaviour of drug users, more than half of the pharmacists spontaneously mentioned another feature of the drug using clients: that they come in groups.

Well... they come only in groups of 3-4, but only one comes into the pharmacy to buy the syringes and water. (Assistant Pharmacist, 29 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

Pharmacists consider the association of drug users in groups as an anti-social behaviour: the fact that they get together is a potential alarm signal for potentially anti-social behaviour. One of the pharmacists stressed this idea:

\textsuperscript{19}Estimate made for the respondent’s shift.
It depends. Look, some of these kids come, ungroomed and dirty, like a pack, one of them stays outside, another around the corner, and this makes you suspicious that something is up, an incident, and you try to quieten things down... (Head Pharmacist, 36 years old, 12 years of service, 3 years in the present pharmacy, part of a chain of pharmacies)

Another pharmacist points out that drug users coming “in groups” are less desirable than those coming individually, because when they are in groups they are more “prone” to anti-social behaviour:

They used to come every day. They would come in groups. I told you about the day when they threatened to break our windows, there were many of them at that moment, and they seem to have more courage together, I do not know why. Usually, one of them comes inside while the others wait for him outside the pharmacy, but that day they all came in. When one of them comes out without the products they decide to go another pharmacy, you can hear them talking. (Head Pharmacist, 31 years old, 8 years of service, 1 year in the present pharmacy, part of a chain of pharmacies).

Not all participants promoted this idea: some of them described situations in which the violent behaviour of a drug user (who was refused) was tempered by the other members of the group.

The data offered by pharmacists suggests that most drug users come for their injecting equipment after 5 p.m. Not a single pharmacist mentioned “morning” as a favourite moment for buying injecting equipment. The period most often mentioned was “the end of the day20.” The 24-hour pharmacies also mention that drug users start coming “from afternoon until late at night.” Only one respondent indicated he had noticed a different pattern in his pharmacy between drug users asking for syringes and those asking for medicines:

... Well, they come between 11 a.m. and, say 5 p.m. The come later for syringes, closer to closing time [at 8 p.m.]. So, in the mornings and during the day we get the users who take medicines, while in the evening it those who inject themselves... (Assistant Pharmacist, 29 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

No pharmacist could identify any buying patterns in terms of a certain day or time of the week. Also, there were no patterns for times of the month or year. Regarding buying behaviour, it is suggestive that pharmacists often described the fact that drug users “go from one pharmacy to another” and “circulate everywhere”:

... They leave calmly [those who come for syringes] because they know there are so many pharmacies, they wander around as we do when we go shopping... (Head Pharmacist, 55 years old, 24 years of service, 4 years in the present pharmacy, part of a chain of pharmacies)

b. Description of the experiences in the relation with drug users

The pharmacists’ attitude to drug users is based mainly on experiences and interactions with these, and this determines the selling pattern; it is most likely that a pharmacist who has never had major problems with drug users will be more tolerant towards them and sell syringes and ampoules, as compared with a pharmacist who has had problems with drug users. Consequently, each pharmacist was asked to describe the latest case of a drug user “coming into the pharmacy”, and identify “unpleasant experiences he has had with them.”

Pharmacists described situations in which drug users had been violent and ones in which they had behaved normally. The results regarding the users’ segmentation (those as-

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20 Meaning 8 – 9 pm.
king for medicines vs those who ask for syringes with ampoules) are corroborated with experiences described by the pharmacists: it is more likely that pharmacists describe negative experiences related to those asking for medicines than those wanting syringes.

Most of the negative situations described by pharmacists include threats from drug users who have been refused. Pharmacists do not consider them dangerous, as drug users are “emotionally unstable”, but they consider such situations to be potentially risky to them. One of the pharmacists describes it as follows: “When we refuse them, they are violent, they insult us, they threaten us… they swear, they use bad language…” Negative incidents are not limited to their refusing a drug user. Another pharmacist also describes a negative situation when he accepted to sell the products to a drug user:

I used to have a table and chair near the door… and I felt somehow… how can I put it… he stopped at the table, broke open the ampoule and syringe he had bought from me, put some pill inside… and I told him “Hey, what are you doing, injecting here, in the pharmacy? I am calling the police!”… but he did not even look at me, he just injected himself…

However, while these are not numerous (less than a quarter of the participants in the study), relevant negative experiences (in which, according to the pharmacist, he was physically threatened) were described in the interview and the focus groups. Here are two such experiences:

One night, in Amzei Square… a group of very young drug users, about 18-19, I guess, came in with a prescription for… no, it was not a fake, it had the stamps of the doctor and institution, absolutely everything… for codeine, and the pharmacist is obliged to fill the prescription. When he realized I intended to retain the prescription, he told me to give it back to him, he even grabbed my hand at the counter… well, he hit my hand to make me let go of it… (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)

...I have told you, the moment someone splattered blood on somebody in our pharmacy… he was close to throwing the syringe at her… from then on we stopped stocking insulin syringes, because we thought it was too dangerous… […] This was a tragic experience. Can you imagine that when I saw the assistant coming to me, splattered with blood, I thought he had thrown the syringe at her. At that moment we took all the insulin syringes in the pharmacy and I said I did not want to have anyone on my conscience… (Head Pharmacist, 48 years old, 24 years of service, 4 years in the present pharmacy)

Not all pharmacists described such experiences. One of the participants mentioned that, while she had heard about the threats from drug users: “I never saw them doing anything violent in the pharmacy or around it” because “all they want is to get their equipment.” (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy). Most participants mentioned that drug users coming for a syringe with an ampoule behave normally: “They come, stand in line, ask for the syringe and the distilled water, and that is it.” Even when they are refused, most drug users who come for the injecting equipment behave absolutely normally:

...No, [everything] happens very quickly, so there is nothing much to say. He just asks for it, comes in very sure of himself, and says: “Good evening, I would like an insulin syringe,” “We do not sell those,” “Alright, then give me a 2, please, come on, I need it… I need to give my friend an injection because he has a fever and needs an Algocalmin injection.” And that is that, you go and get him his Algocalmin ampoule, he pays for them and leaves. He does not use bad language, does not comment at all, and talks no nonsense… (Assistant Pharmacist, 24 years old, 4 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)
Another situation without problems is described by a pharmacist as follows:

Well, there was a guy who came into the pharmacy and asked for insulin syringes. This was about a month ago... I said no, he left and said good bye... (Assistant Pharmacist, 36 years old, 1 year of service, 1 year in the present pharmacy)

When specifically asked if the same clients were more violent at night, some participants could give examples which invalidated this hypothesis:

I do not know when it happened, because I am very rarely on duty at the counter. I am mostly in charge of prescriptions and other situations. But I was on night shift and somebody came in asking for a syringe and water, it was about 2-3 in the morning, but there was no incident, nothing, I gave them to him and he left... that was all. (Head Pharmacist, 50 years old, 27 years of service, 3 years in the present pharmacy, part of a chain of pharmacies)

It is interesting to notice that one of the pharmacists described his profession as a dangerous one, and not necessarily because of the drug users. Protection, while welcome because of drug users, is mostly needed because of other clients. A pharmacist promoted the idea of “negative experiences” as related more to location (which attracts a certain type of client, not necessarily drug users), and less to the presence of drug using clients:

... As we are open 24 hours a day, we have a guard, so there is no problem. We also have an alarm system, and call the body guards when we have problems, but we do not have problems with drug users, it is more the drunken gypsies who come in and kick up a fight. So, lately we have had fewer conflicts with drug users, that is the general idea... (Head Pharmacist, 55 years old, 27 years of service, 4 years in the present pharmacy, part of a chain of pharmacies)
Moderator: Do drug users address you in a specific way?

Pharmacist in Bucharest: Yes... I mean, one can see it... it is like their life depended on that ampoule or syringe. They are desperate, you see on their face that they are desperate and want it...

V. ACCESS TO SYRINGES IN PHARMACIES

The main method for risk reduction associated with injecting drug use is to improve the access to clean injecting equipment. If access to such equipment is reduced, it is not feasible to find realistic alternatives to the existing risky behaviour.

Data from the RHRN study entitled Attitudes, Knowledge and Practices of Injecting Drug Users in Bucharest 2004 shows that pharmacies are one of the best known sources of syringes and preferred by Bucharest drug users. Similarly, the main justification for those who consider that syringes are hard to obtain is that “pharmacies do not sell these”. This chapter intends to make a qualitative estimate of access to syringes in pharmacies²¹ and to provide a detailed description of what, from the pharmacists’ perspectives, are the pros and cons of selling syringes to injecting drug users.

Understanding why pharmacies do not sell insulin syringes to drug users, including process supporting this decision (when, how, why, who made it) is defining for understanding one of the most important perspectives: that of the provider of clean injecting equipment. Without a clear understanding of the reasons and justifications given by the very people who are expected to assume a very important role in harm reduction interventions, any type of approach intending to increase the access to syringes in pharmacies is destined to failure.

a. Availability of syringes in pharmacies

Without setting out to obtain statistically representative data, the research team was interested in describing the type and price of syringes that pharmacies had in stock (whether or not they sell these) at the moment of the interviews and focus groups.

With the exception of insulin syringes, all pharmacists mentioned they had several types of syringes: 2 ml, 5 ml, 10 ml, and 20 ml. As for insulin syringes, some half of participants in the study indicated they had this type of syringe in their pharmacies and that the supply of insulin syringes was discontinuous. Insulin syringes are the most expensive (about ROL 7,000–7,500), while “normal syringes” cost about ROL 3,000-4,000, depending on the distributor. Those in pharmacies not stocking insulin syringes also mentioned that this situation dates back “2-3 years, since the decision was made not to stock such syringes.” The following is a typical response of a pharmacist who gave up stocking insulin syringes:

…I have all types of syringes, except insulin syringes, which are for subcutaneous injections and for which we have no clients, as people require these very seldom... Medicines that are injected subcutaneously are either in the syringe or are given in hospitals... people with diabetes receive free syringes in hospital, so we do not stock such syringes, because the pharmacies that do stock these

²¹For a rigorous and representative estimate of the availability of syringes in pharmacies, we must apply a “mystery client” methodology on a representative sample of pharmacies.
syringes sell them mainly to drug users. The rest, are normal syringes: 2 ml, 5 ml, 10, 20 ml. (Pharmacist, 26 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

Only half of the pharmacists who stocked insulin syringes at the moment of the study (a quarter of all participants) indicated they accepted to sell insulin syringes to drug users. If there is no specific mention about insulin syringes, then 1 in 2 participants sell syringes to any type of client.

b. “To sell or not to sell”: the decision-making process

One of the most important moments regarding access to insulin syringes in pharmacies was that of the decision not to sell. The research team was interested in finding out what exactly was the moment when this decision was made, by virtue of what justification, and what type of “authority” was involved in the decision-making process.

All respondents described the decision-making process as an “internal” one, with such decisions being mainly the responsibility of Head Pharmacists. None of the participants working in a chain of pharmacies could identify an existing chain level “policy” on drug users. The only regulation that exists is that pertaining to prescription medications that are not to be distributed without the prescription, and this is respected by all pharmacists. The decision-making process not to sell insulin syringes is described as follows by the participants in the study:

There has not been very much at the management level..., I mean we talked among ourselves, the colleagues, and made a collective decision. It was our decision not to sell insulin syringes any more.... (Assistant Pharmacist, 29 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

No, we made the decision here, with the Head Pharmacist. We decided to stop distributing medicines without a prescription and to do so only to people we know, generally from the neighbourhood... (Assistant Pharmacist, 29 years old, 2 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

There are two main reasons for this decision: first, because at one point the number of drug users coming for syringes had increased considerably (one of the pharmacists who had decided to stop selling them some 2 years ago estimated that some 400 insulin syringes were sold on a daily basis). Most respondents invariably mentioned that such a large flux of drug users brings on other problems:

...So, if they had not stolen from the pharmacy, we would have continued to give them syringes, we had been selling them syringes for 6 years, but they got into such a state that they were stealing from the pharmacy right in front of us... one of them was at the counter, buying syringes, and his colleague was stealing... this was when we could no longer do anything... In our eyes they were lost. (Head Pharmacist, 34 years old, 10 years of service, 8 years in the present pharmacy, part of a chain of pharmacies)

The decision was made by those who had encountered problems, and preventatively, by those who had did not have problems but wanted to prevent such situations:

We stopped stocking them a long time ago, to ensure we had no problems with these. We decided not to fool around with this... In any case there was little demand from diabetics... (Assistant Pharmacist, 41 years old, 4 years of service, 2 years in the present pharmacy)
Secondly, the decision not to sell insulin syringes was a relatively natural one, when pharmacists realized that insulin syringes were almost exclusively used for injecting drugs. The association of an insulin syringe and distilled water (used mainly for dissolving antibiotics) is not therapeutically justified, as antibiotics are not injected subcutaneously. As there was no medical justification for this combination, pharmacists implicitly decided not to sell this combination. One of the participants in the focus groups expresses this in a rather extreme manner:

I do not know what to say, it went without say. I consider it to be a normal, automatic decision... they come like this, are stoned, what is the use in me giving them all they need. So, if they have the money for all sorts of other stuff, at least let us make it difficult for them to get syringes... (Pharmacist, 31 years old, 7 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

All participants confirm that this decision is very efficient, most estimating that only 30% of drug users are now coming to pharmacies, and that problems associated with their presence are now negligible. Their opinions do differ regarding the correctness of this decision. One of the participants argued that the decision is a correct one, as drug users are not interested in their own health, and their behaviour does not change in any way whether or not they have syringes:

I have no assurance that he is sufficiently conscientious to inject himself just once, then throw away the syringe, and not in the garbage, where the next person will find it... but in a special syringe collecting area, in a hospital... So, he throws it into the garbage, someone else picks it up from and so forth. I can not know for sure that he will use the syringe I give him only on himself, that he will not get sick, and infect someone else... (Pharmacist, 31 years old, 7 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

Another pharmacist believes that it is the drug users’ semi-promiscuity that puts them at risk and not the fact that they do not have clean syringes: “It is like group sex, they must feel the same pleasure at seeing everybody and injecting together.” Not all participants share this opinion. One of the pharmacists believes that the increased interest in syringes is an indication that drug users are aware of the risks associated with joint injecting:

They do indicate their interest in buying these syringes, so some of them are aware of the risks and express their intention of buying syringes... (Head Pharmacist, 34 years old, 10 years of service, 8 years in the present pharmacy, part of a chain of pharmacies)

Another respondent indicated that he knows “this it not a good decision, but it had to be made.” Yet another pharmacist mentioned that the decision is efficient in reducing the drug user related incidents, but from a medical standpoint “there is some question as to whether it is good or not to give them syringes”.

c. The pros for selling syringes to drug users

Participants in the study, especially those who declared they sell insulin syringes to all clients, also provided a number of arguments in favor of selling insulin syringes to drug users, and were able to describe situations in which they sell such syringes. The reasons are connected both to the risks drug users are exposed to (diseases associated with drug use), and the pharmacists’ wish to avoid problems (drug users’ aggressive reaction when they are refused).
The following is a typical answer for pharmacists who sell insulin syringes:

I have told you, we sell to everybody, there are no restrictions. And it is better than letting 10 of them inject with the same syringe... I do not know if we do them a lot of good, but it is preferable to give syringes to everybody than to see them getting sick, being subject to all sorts of misfortunes, greater bigger than those they already have, poor things...” (Assistant Pharmacist, 41 years old, 4 years of service, 2 years in the present pharmacy)

When talking about diseases associated with injecting drug use, some participants spontaneously mentioned HIV/AIDS. Furthermore, the joint use of syringes is a practice identified by pharmacists as being risky. One respondent mentioned that HIV/AIDS is not only a potential problem, but a “concrete example”:

... We had a single person... who was like... well-known in the area (it has been a long time since he has come in, about two months, I do not know what has happened to him), because in addition to taking drugs, he also had AIDS, and was in an advanced stage... (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)

Becoming aware of the fact that drug users are part of a “group at risk” does not necessarily motivate all pharmacists to sell syringes to them. One pharmacist mentioned that the severity of HIV/AIDS is not comparable to the effects of drug use:

He will not die of AIDS, but an overdose will kill him. And we did nothing to help... So, I say we had better not... [...] He will not live to inject himself 10 more years. By the time AIDS kills him, he will have died of an overdose, that's the idea...

Talking about HIV/AIDS, one pharmacist described a situation in which a drug using client had drawn the pharmacists’ attention to the fact that they must sell syringes precisely because of the risks associated with joint use of needles:

...I told you earlier... There was one who was desperate for a syringe... first he asked for an insulin syringe, and was told that we do not have these, because we really do not carry insulin syringes. Then he asked for a small syringe, we was very agitated, very... I do not know... he asked to see the Manager, because he wanted a syringe... Then he proceeded to tell us that we were doing more harm to him like this... that he will take somebody else's syringe, and that is not good, and that it would be better to give him a syringe... and then he went on to threaten us... (Pharmacist, 26 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

Syringes are also sold to avoid problems. Thus, some pharmacists mentioned that drug users are not really a problem because “they always get what they want”:

We sometimes give them to them... For instance, if it is nighttime and you are alone, and they hassle you, knocking on the door and screaming and so on... you finally give in and sell them the syringes, just to get rid of them, you see... (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)

Another reason is given mainly by small pharmacies, which have no guards, in which pharmacists accept to sell syringes “to avoid irritating them:"

In these small pharmacies it is very difficult, because we usually have little staff, and you find yourself alone in one room, with an agitated person, and you start worrying, and do not know what to do... you often sell him what he wants just to make sure he goes away, because they are very insistent, and you never know how they might react... (Head Pharmacist, 50 years old, 27 years of service, 3 years in the present pharmacy, part of a chain of pharmacies)
Most often the reason “for avoiding problems when you refuse a drug user” is linked to harm reduction:

Yes, we sell them, first to avoid problems we might have with them, and then if we think about it rationally and detached, we realize that they will get the syringes somehow. I am not doing them or myself a lot of good if I do not sell syringes, because this might lead to an argument, you know... if I do not sell them... (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)

I give it to them, to avoid any argument... the hassle... if one of them is agitated and starts kicking up a fight... and we have already had such situations... So, in order to avoid any problems, we give in to them... and it is better for them to use a clean syringe than having 10 persons sharing one... (Head Pharmacist, 50 years old, 3 years of service, part of a chain of pharmacies)

Another reason for “avoiding problems” which might come up when a drug user is refused is the presence of other clients in the pharmacy. Pharmacists accept to sell syringes because they do not want “to scare the other clients”:

... So, if they are very aggressive, we might sell them one, but only then, because we can not disturb everybody in the pharmacy or endanger our work just because we do not want to sell them a syringe... (Pharmacist, 26 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

Some participants believe this reason (avoiding problems in case of refusal) is very common among pharmacists:

A: ...[you began this interview] with the premise that most pharmacists do not sell syringes, but I think you will come to an opposite conclusion.
Q: That most of them sell syringes to drug users?
A: Yes, precisely, because... and you cannot bet on this, but that is the way it is, just my opinion, that most of them do not make waves because they do not want to have problems... (Head Pharmacist, 30 years old, 4 years of service, 1 year in the present pharmacy)

Even if these are seldom mentioned, some pharmacists sell syringes for purely humanitarian reasons:

... There was a young woman who had just been in a detox centre, and she told us she was in crisis, that she needed a syringe urgently. And we felt sorry for her, of course... (Assistant Pharmacist, 29 years old, 2 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

One of the hypotheses advanced by pharmacists is that the main barriers for implementing a syringe access program are their personal safety. However, some pharmacists refuted this hypothesis, describing situations in which, although working in guarded pharmacies, they did not sell insulin syringes to drug users:

It was a larger pharmacy, and one could afford to refuse them because there was a permanent guard. I called the guard. But he did not catch him, it was different, I felt safer there. But here in the neighbourhood pharmacy there are only a few of them, and I am sure that they can get nasty...

In conclusion, pharmacists were able to provide a number of reasons for choosing to sell syringes to drug users, the most frequent being that of avoiding problems that might occur if one refuses to sell to them. Other reasons related to harm reduction, or humanitarian aid. These arguments are usually presented together.

Presented in detail in Chapter VIII, in point (b).
d. The cons for selling syringes to drug users

The arguments against selling syringes (and other products, including medicines) to drug users were more numerous and more vehemently asserted by participants:

- problems associated with the fact that one has drug using clients (they come in groups, they are violent, they steal, they often come with fake prescriptions);
- moral arguments (when pharmacists give drug users a product they are responsible for what might happen to him; also, selling means encouraging and condoning drug use);
- legal arguments (it is not legal to sell syringes if you know what they are used for, there is a law restricting such action);
- problems with the police (they do not agree to sell syringes to drug users).

Problems associated with the fact that one has drug using clients

To some extent, the main reason for not selling syringes to drug users is that “you encourage them to come into the pharmacy.” As pharmacists “are eager to send drug users away”, selling insulin syringes is somewhat like “attracting them to come to the pharmacy,” which involves a series of problems associated with a large number of clients of the pharmacy. The general opinion is that “you had better not have anything to do with them”. If you sell an insulin syringe today, “you will have ten clients tomorrow”.

Pharmacists believe that “selling is inviting them into your pharmacy,” exemplified below:

The pharmacy’s rule is not to give them small syringes, to avoid getting them used to our pharmacy for syringes and other stuff they need... (Pharmacist, 26 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

...I know... my colleagues who spend more time at the counter know them, and if they come all day long for syringes, they do not sell these. And I have told them “give them the syringes, why will you not give them to them?” And they respond: “No, because they will get used to coming here and we will not be able to get rid of them any more.” That is the idea... (Head Pharmacist, 50 years old, 27 years of service, 3 years in the present pharmacy, part of a chain of pharmacies)

Moderator: Mrs. A, as Head Pharmacist, did you tell the girls not to sell syringes?
A: No, no, I did not tell anyone, I simply stopped ordering insulin syringes. I decided not to stock these any more, to avoid having these people here all day long... I do not need this, for the few lei of profit... I just have more problems... And I stopped ordering insulin syringes, it was my decision. I had no official complaint... (Head Pharmacist, 63 years old, 40 years of service, 5 years in the present pharmacy, part of a chain of pharmacies)

Because they create problems and get used to coming more and more often and in ever-larger groups, you never know how they will react, maybe not all the people in the group are peaceful... it is better to avoid hassles and anything they might do in the pharmacy... (Head Pharmacist, 50 years old, 27 years of service, 3 years in the present pharmacy, part of a chain of pharmacies)

Some pharmacists are convinced that, if no pharmacy sells insulin syringes, then any pharmacy which would start selling these would have a great deal of trouble, because all the drug users would go there. To start selling syringes is now like admitting “you are weak in front of the drug users,” who will immediately start asking for medicines. The fact that pharmacists sell other types of syringes than those wanted by drug users is a symbolic way of keeping control in front of them. In fact, this is one of the reasons they do not sell insulin syringes, but agree to sell other types23:

23One of the most frequent strategies used by pharmacists is not to sell insulin syringes, but to sell larger ones (5, 10, 20 ml). This strategy is detailed in the following chapter.
And you give them 2 ml syringes?
A: Yes, I do.
Q: But why do you refuse to sell them insulin syringes?
A: For their sake, because then they get used to this and come to the pharmacy all day long, might even spread the news, and then they would come in groups, and we will not get rid of them... When I think about it more, I realize there is no big difference between one of 1 ml and of 2 ml; they use them for the same thing... but... (Assistant Pharmacist, 29 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

Pharmacists came to the conclusion that selling syringes is saying “yes” to problems. Asked whether she would sell syringes to drug users, one of the participants in the focus gave the following example:

...I do not think the pharmacy is saying: “Yes, let the drug users come to me, to my pharmacy, I want this public danger”... (Head Pharmacist, 36 years old, 12 years of service, 3 years in the present pharmacy, part of a chain of pharmacies)

Arguments which some pharmacists use against having drug users in their pharmacy are linked to the fact they come in groups and, that pharmacists lack the training to work with this type of client, with special needs:

...Yes, such contact with them might be harmful for you too. Seeing them every day. This is why it is better not to deal with them, to keep them away, and simply not deal with them. It is painful when they start talking about their families, about how they have got to take drugs, about the stage they are in at the moment. All this affects you, you can not avoid this. Somewhere in your subconscious there is some closeness with them, you commiserate with them, and this is not pleasant... you know... (Head Pharmacist, 48 years old, 24 years of service, 4 years in the present pharmacy)

The fact that drug users, when they “get into groups” and become permanent clients, are a problem for the pharmacy, was exemplified in detail by most respondents. They gave numerous examples of drug users who came with all sorts of stories, some becoming aggressive when they are refused. One of the pharmacists presents it like this:

...Some of them do not have money and we found them with their hands in the till, stealing medicines they can later sell. Once or twice, one came and asked for some medication, and my colleague went to get it, and he said: “Madam, please, can you give me a glass of water, I want to take the pill right away...” When I got back from getting the water I saw him quickly putting his hand in his pocket... We have Panadol in the front shelves, I guess everybody has regular medicines up front, but he did not have enough time to steal anything, because I surprised him... (Pharmacist, 50 years old, 22 years of service, 4 years in the present pharmacy, part of a chain of pharmacies)

Thefts in pharmacies are connected by pharmacists to the fact that they sold insulin syringes. In other words, once drug users “are attracted to the pharmacy”, theft is unavoidable:

...there are other temptations in pharmacies, and anyway, they steal wherever they can... But this is the way it is: when you have a significant flow of drug users in your pharmacy... [that is when you start having problems]... (Head Pharmacist, 34 years old, 10 years of service, 8 years in the present pharmacy, part of a chain of pharmacies)

An important conclusion presented by the same participant was that, in the case of significant flows, both those asking for syringes and those requesting medicines become a problem:

24Exemplified in detail in the last chapter of this report.
Yes, we used to sell insulin syringes, only this type... We had major sales for this article, we encouraged the girls to sell them insulin syringes, to prevent contamination, to do them some good, but they started to steal from the pharmacy, and some were aggressive...

Moral arguments

One of the classical arguments against harm reduction approaches is that these are “socially undesirable” and encourage drug use. Some study participants presented arguments based on the same kind of reasoning. As such, some mentioned that it is “their responsibility” not to provide any substance or product that might be used for reasons other than therapeutic ones. When “there is now mention in the law,” then they are forced by the professional deontology “to use a personal filter,” as suggested by one participant:

...We do not sell medicines, we do not sell anything, and we just provide prescription medication. So we must take the responsibility for what we give... (Head Pharmacist, 48 years old, 24 years of service, 4 years in the present pharmacy)

Some pharmacists believe that by selling a certain type of medicine or syringe, the pharmacist is also responsible for the way in which these are used. If a medicine is used inappropriately (and this is how drug users use this), or a syringe they sold triggers complications, they are responsible:

...We did not decide on this an hour ago, but rather was made from the moment the pharmacy was opened. If you know that a person takes drugs, then you cannot give him the syringe, because he may very well inject an overdose with the syringe you give him, and might die... (Pharmacist, 26 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

...In fact, somebody who is not a drug addict might come and ask for a large amount of a certain medicine, and then you become suspicious: maybe he wants to commit suicide, so we have the responsibility for the patient, we must take care of his health, of his safety... (Head Pharmacist, 48 years old, 24 years of service, 4 years in the present pharmacy)

Some respondents mentioned that selling syringes meant encouraging drug use, an idea that was stressed mainly in the focus groups:

I do not mention this, but I guess this is what they do, especially when they come in groups and ask for only two syringes; of course they infect each other... But giving them syringes is not a solution, as you encourage them to take drugs. (Assistant Pharmacist, 30 years old, 2 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

... [you can not give them syringes] without developing a guilty conscience, you know... it is like helping to nail the coffin... (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)

[When you sell a syringe]... you know there is a man who is taking drugs at precisely that moment.

I can give it to him, but if I do I have a part in the harm he is doing to himself... so, it is better if I do not give him anything... (Assistant Pharmacist, 36 years old, 1 year of service, 1 year in the present pharmacy)

Moreover, some pharmacists believe that the absence of syringes from pharmacies is an efficient means for encouraging abstinence, and a first step towards giving up drugs. This “mechanism” is described below:

25 Such as certain medicines sold without a prescription, syringes, or ampoules.
It comes naturally; we do not do it mainly to protect ourselves, but to protect them. Because, if they do not take the drug at a certain hour, they increase the interval between shots and, maybe, if this interval grows wider and wider, we hope to help them... (Head Pharmacist, 52 years old, 22 years of service, 4 years in the present pharmacy)

...It is the same with us, we think that if he can not find syringes, then he will not take the dose at that hour and roams around town injecting only at 11 p.m., and if he injects more rarely, maybe he will give it up, that is the idea... (Pharmacist, 50 years old, 22 years of service, 4 years in the present pharmacy, part of a chain of pharmacies)

Q: Why do you refuse to sell them insulin syringes?
A: We think that if we do not give these to them, then maybe the next pharmacy will do the same, and so on... maybe they will come to their senses... (Assistant Pharmacist, 29 years old, 2 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

Legal arguments

Each participant was asked about the legal limitations regarding the sale of syringes to drug users. Most of them correctly indicated that in theory, there is no prohibition against selling syringes”. Another argument was mentioned by a few participants, namely: “They know full well that what they are doing is illegal, so it is theoretically illegal if I know he is a drug user and I give him syringes”. Or, alternatively “any hospital product should be sold only with a prescription.”

Another participant was firmer when asked about regulations limiting access to syringes in pharmacies:

Regulations... first of all... so, as I have already answered this question: there is the law, which does not say that you are allowed to sell syringes to someone who wants to use these to take drugs, and I think it never will... (Pharmacist, 26 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

Problems with the police

Without being asked, some participants mentioned that, after having sold syringes to drug users, they had problems with the police. This reinforced their conviction that it is illegal to sell any product which you know might be used for drugs. One pharmacist explicitly indicated that “he knows that the police think pharmacists are wrong by giving syringes to drug users.” A second participant described another experience with the police, “as if we were not allowed to sell syringes:”

This is what a colleague of mine told me... I was not there at the time ... One of these guys had come earlier and bought a syringe, a normal one26 and left. My co-worker did not realize he was a drug user, she sold him the syringe like she would to a normal person... Because they usually ask for the syringe and an ampoule of calcium, to fool you that they need to take the calcium, or they really need the ampoule, whatever, and so on... The guy left and, half an hour later, a policeman came and started to scream at us: how dare we sell syringes to drug users, something like that... (Pharmacist, 26 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

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26When participants talk about “normal syringes”, they mean ones not used for insulin.
VI. REFUSAL: PHARMACISTS’ STRATEGIES

Drug users have violent reactions, especially when they are refused. Consequently, pharmacists have developed a series of strategies aimed at limiting such reactions. Once the decision not to sell is made, telling a drug user “I will not sell it to you because I know you use it to inject drugs” is not the most appropriate approach. The same applies to the reply: “This is a fake prescription and you want this substance as a drug,” which is “a prescription for problems in the pharmacy.” As an alternative to the conflictual approach, pharmacists have developed a set of three general strategies that help them face various situations when drug users come into pharmacies for injecting equipment or medicines.

a. Offering another type of syringe

The most frequent and efficient method is to offer them another type of syringe, with two major advantages: it does not “attract users” and is, in fact, not an outright refusal. The data offered by transcripts suggests this is a “successful” strategy because it is also accepted by users. Thus, most pharmacists who apply this strategy mention that drug users have become used to this, no longer ask for “insulin syringes,” but rather reply: “Please, may I have an insulin syringe, and if you do not have them, give me the smallest one you have:”

Q: And when they come for syringes, what do they ask for?
A: First, they ask if you have syringes. Then they ask about insulin syringes, and if you do not have them, they say: “Then, what are your finest-needle syringes?” (Assistant Pharmacist, 29 years old, 2 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

Well, when a drug user comes and asks for syringes, he first asks for insulin syringes, and we reply that we do not have these. Then some of them ask for any type of syringe and buy regular ones…
(Head Pharmacist, 50 years old, 27 years of service, 3 years in the present pharmacy, part of a chain of pharmacies)

I think it was last Thursday when one came asking first for insulin syringes. There are some who immediately ask: “You do not have insulin syringes, no? So give me one of 2 ml, and some distilled water, or solution, or whatever you have!” I gave him a syringe and an ampoule, and he left...
(Assistant Pharmacist, 29 years old, 3 years of service, 2 in the present pharmacy, part of a chain of pharmacies)

Some participants indicated that this strategy allowed them to offer the syringe they want, and the drug users have no reason for “kicking up a fuss.” They describe situations in which they “test” the size of the syringe a drug user might accept, and are often surprised that drug users eventually accept any available syringe:

Q: So there, at Sensiblu, you refused to give them syringes and they did not react?
A: No, no, they did not do anything. They asked me “what type of syringes I have?” Eventually you give them a syringe... but, of course, I did not have 2 ml, 5 ml... I told them a little maliciously... ho-
ping they would leave... But sometimes they buy 10 ml syringes... a huge size, just to have a syringe... (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)

When a drug user comes and asks, he first asks for insulin syringes and the pharmacists tell him we do not have them in the pharmacy. Then, when they find out there are no insulin syringes, they buy whatever we have... A colleague of mine came into the back rooms and told me about a drug user who wanted an insulin syringe, and ended up buying a 20 ml one, because he was so desperate, and unhesitatingly accepted to buy a huge one... You can imagine, for a millilitre of drug or however much they inject... to buy a 20 ml syringe! (Head Pharmacist, 50 years old, 27 years of service, 3 years in the present pharmacy, part of a chain of pharmacies)

b. Stopping the supply of insulin syringes/medicines

Another solution practiced by pharmacists was to stop supplying products requested by drug users: insulin syringes, Fortral, Glutetimid. When asked, some pharmacists said the only way to stop the problems that had appeared because of the important number of drug users was “to stop stocking these products in the pharmacy:"

Yes, yes, the only way to stop it, to stop giving them the products, is not to have them... (Assistant Pharmacist, 24 years old, 4 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

c. “I do not have it,” “Come another day,” “That is not produced any more”

Another approach when dealing with drug users coming for medicines are the arguments like “I do not have it now”, “please try some other day”, “the production for this product was stopped for a period of time, so we have discontinuities in supplying it”. This argument does not work for those asking for syringes, as it is hard to believe that a pharmacy has no type of syringes. But it works when pharmacists see the prescription is faked:

So, we know they might become violent, and tell them we do not have the product, instead of saying anything about their fake prescription, because that might turn into an argument... Then we tell them we do not have that medicine, usually Fortral, Rohipnol, Diazepam... And we avoid any arguments, and they leave without creating any problems. But we have had problems, and we have come to the conclusion that it is better to say we do not have the medicine instead of explaining that the prescription is not in acceptable. (Head Pharmacist, 31 years old, 8 years of service, 1 year in the present pharmacy, part of a chain of pharmacies)

The main “ingredient” for the success of this strategy is not to let it show that you know the client is a drug user. Pharmacists usually adopt a very polite voice and intonation:

Well, I have a different style... There are some boys of 15-16, and I speak to them like this: “Hey man, you know this is not my pharmacy, I have a boss here and he does not stock this stuff, it is no use coming here, you know I would gladly give it to you, as I have already given you medicines for your grandmother... but I do not have this one...” I express my concern to them, somehow, they understand, and then they leave... (Pharmacist, 50 years old, 22 years of service, 4 years in the present pharmacy, part of a chain of pharmacies)

We try, like they do, to give the impression that we do not realize what is going on, and we tell them very nicely and normally that we do not have that... and you make him believe you..., come on, boys, they do not have it here, let us go some other place... No, we do not start arguing with them, we just make it seem normal, you know, we do not have it, I am sorry. You speak gently and tell him how sorry you are and that’s that... (Assistant Pharmacist, 24 years old, 4 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)
VII. REFUSAL:
REACTIONS AND STRATEGIES OF THE DRUG USERS

For every strategy developed by pharmacists to identify a drug user a counter-strategy is developed by drug users. This chapter intends to present, from the pharmacists’ point of view, the most common strategies used by drug users.

a. The “your co-worker sells it” strategy

One of the most common strategies when pharmacists refuse to sell or say they do not have a product are answers such as: “But your co-worker sold this to me,” “I bought it yesterday from your co-worker, so there is no way you do not have it any more”:

There are many cases... what can I say... Especially on the night shift they come and say: “Please, give me a syringe, I know you have syringes, your co-worker sold me one earlier,” and come with all sorts of stories and try... (Pharmacist, 26 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

... You have cases like this: “How come you do not have it any more? My mother bought it yesterday,” or “What? I know you have it, come on!” and they start a real show in the pharmacy... (Assistant Pharmacist, 24 years old, 4 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

If you refuse them when they come with fake prescriptions, or fake stamps... and you can not give them the medicines on the basis of such prescriptions, or you just do not have what they want.... They start to fidget all over the place and lie, saying: “You have it, but you do not want to give it to me, I bought it during the other shift...”

This strategy is not considered to be an efficient one, as pharmacists know the decision not to sell is made at the pharmacy level and is respected by all pharmacists.

b. Sending other persons

Another strategy described by pharmacists is that drug users send other persons to buy the product (medicine or syringe with ampoule). When pharmacists become aware of this situation, they behave as if the person in front of them were a drug user:

27This has certain limitations, because it is possible that pharmacists are unable to identify all drug users’ strategies and there might be situations in which the former consider these strategies to be legitimate (“undiscovered” strategies).
A: Or they try to find all kinds of reasons for buying that product, or they send, we have had cases like this, their friends, their brothers… they send people we do not know…

Q: How do you know this?
A: Because they wait around the corner and, especially in the evening, when there few people in the street, you see immediately that there is somebody outside, waiting… (Pharmacist, 26 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

Q: The clients are always the same?
A: No, not always… they send their friends and wait outside, we see them and recognize their faces, and, of course, we do not sell. (Assistant Pharmacist, 29 years old, 2 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

c. Aggressive behaviour

Most pharmacists also indicated that, in case of refusal, drug users – especially those coming for medicines – react violently, with the precise intent of changing the pharmacist’s decision. This behaviour appears mostly in case of a categorical refusal, but pharmacists also described situations in which, irrespective of their “strategy” the reaction was a violent one. Most frequently, violent reactions appear when drug users come to buy medicines without a prescription:

If you refuse them when they come with a fake prescription or fake stamps… and you can not give them the medicines with such prescriptions, or you just do not have what they want…. they start to fidget all around all over the place…

d. Making up answers to the pharmacists’ questions

Some pharmacists mention another strategy, also considered inefficient, which is used by drug users: “made up” responses to any questions asked by the pharmacist to test what the products from the pharmacy will be used for. Typical justifications provided to pharmacists are:

Yes... that happens in our pharmacy as well, as you were told by our co-workers, where lots of “grandchildren” come to pick up the medicines for grandmother.” (Pharmacist, 56 years old, 30 years of service, 3 years in the present pharmacy)

Q: What do they say when they come in?
A: I need a syringe for my grandma who needs infiltrations for her knee… I need Diazepam for my tooth, I have horrible pains and can not sleep at night… (Pharmacist, 26 years old, 3 years of service, 2 in the present pharmacy, part of a chain of pharmacies)

So, there were a girl and a boy, they had a prescription for Phenobarbital, an antibiotic and some Codeine… a strange prescription… the boy hinted that she had had an abortion and this is why the doctor had given her these pills… they were trying to fool me… (Assistant Pharmacist, 29 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

One participant identified another method used by drug users to avoid the pharmacists’ questions:

Yes, just that: he gives you the prescription, says absolutely nothing, to avoid saying anything stupid, to make everything seem normal, ordinary… (Assistant Pharmacist, 24 years old, 4 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

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28There was a description of aggressive behaviour in a previous chapter (IV).
e. “I need medicines because I am being treated for drug use”

Another type of strategy used by drug users is based on the explicit status of drug user. Pharmacists described situations in which drug users justified their request by way of special needs for their drug use treatment. Usually, such a diagnosis was documented with the diagnosis of “detoxification” when they left the hospital:

*There are cases of people who come with the diagnosis they had in hospital, when they were in detox. They come and show us they are addicted to heroin, cocaine... whatever they are addicted to... and sit in a chair saying: “If you do not give it to me, I will have a fit,” or “Look, I have this paper, I am addicted to this!”... (Head Pharmacist, 63 years old, 40 years of service, 5 years in the present pharmacy)*

*And then I came up to the counter and said: “What seems to be the problem, boy?” “No problem, ma’am, I just need, look, I have this prescription for Glutetimid” and I said “Hey, boy, if she told you she does not have that...” “Yes, but you can give it to me, because I was in hospital, look at these papers, I was addicted to heroin, and now I get the treatment given by the doctor...” and I told him: “Look, if it is like you say, I believe you, so come back in a few days, I ca not help you now. That is produced by Terapia Cluj, and they have closed down, and do not produce this medicine any longer... (Head Pharmacist, 60 years old, 35 years of service, 4 years in the present pharmacy)*

Q: Did he come with an observation chart?
A: Yes, at first he told us about his problems and about the fact that he takes Codeine and Glutetimid... in large quantities... (Head Pharmacist, 26 years old, 3 years of service, 1 year in the present pharmacy)
Moderator: First of all, you would help them prevent transmittable diseases...

Pharmacist in Bucharest: Well, that is why I gave these for six years... that is why... and we are aware of the risks, right?... But I told you, this generous idea alone does not help us prevent the other troubles...

VIII. SYRINGE EXCHANGE IN PHARMACIES:
FORMATIVE EVALUATION

This chapter intends to confront the “social activists’” perspective (whose discourse is engaged) with that of the pharmacists. Methodologically, this was obtained by presenting the drug users’ situation as a medical and social crisis. Furthermore, they were told that the main contact with a risk group is pharmacists, and therefore they are in the best position for intervention among drug users. They were informed about the reasons for such an intervention, the situation in countries where such intervention was too late. Afterwards, each participant in the study was asked to write the best method for developing programs for improving access to clean equipment in pharmacies.

The main objective of this chapter is to offer data for the development of a series of “specific policies” to increase drug users’ access to syringes in pharmacies. It is especially intended to offer a series of specific elements that can later be used as subjects for discussion in training for pharmacists.

a. The relation between pharmacists and drug users

None of the successful programs based on pharmacists reduces the role of the latter to that of simple “dispensers of syringes”.

By way of their training, pharmacists offer medical information, referrals to specialized services, and, with minimum training, some counseling for drug users. A first question would therefore be “what is the present relationship between drug users and pharmacists, and how can this be developed?” More specifically, we were interested in determining to what extent this relationship is reduced to a conflictual one.

Pharmacists could describe several situations in which they could have a dialogue with the drug users. They mentioned that some drug users are open to engaging in dialogue and are “very happy to express their opinions, their thoughts, as they are generally at the borders of society and, in order to make others accept them, they are very happy to tell everybody about their problems...” (Head Pharmacist, 48 years old, 24 years of service, 4 years in the present pharmacy)

This dialogue occurs only with regular clients and in certain situations:

Yes, of course... There is a relation between us. There are moments when they are lucid, or just slightly high, and they can come and tell us everything... they are sincere, they tell us everything... (Head Pharmacist, 34 years old, 10 years of service, 8 years in the present pharmacy, part of a chain of pharmacies)
Most of the time, initial discussions are based on detoxification treatments which the
drug users have been subjected to, and their inefficiency:

Yes, but I asked a young man: “Why not give it up? Go to the hospital,” and he told me “I have
already been there, they do not help us, the nurses give us drugs to get rid of us”. This is what he
told me: “The nurses give us drugs to get rid of us, so please give us what I ask for…. I have been in
hospital and I know what is going on there…” and I continued “But you must be strong, you must
control yourself!” “I can’t, I am weak, I can’t” (Pharmacist, 50 years old, 22 years of service, 4 years
in the present pharmacy, part of a chain of pharmacies)

I talk with them. R and I, we have been working in this pharmacy for 18 years, also on night shifts,
and at night we have fewer clients between midnight and morning, so people were scarce and we
had the time to talk with them at the counter: “Why do you take these? Look at you, you are so hand-
some! Go to school, go to university, make your own family, build your own future!” and they said:
“No, ma’m, give me my medicines, I have been in hospital and they did not help me, the nurses gave
us drugs, just to leave them alone… and I do not want to return there…”

I do not try [to talk with them] at all costs… It is enough if you listen to him and then he will tell
you how he prepared his drug, where he gets it from, how he injects… I do not have a lot of contact
with them, but my girls, who are extremely curious and talkative, start discussing everything, and
they know all the details. So, if we wanted, if the police wanted… please believe me, we would have
been very good informers… (Head Pharmacist, 48 years old, 24 years of service, 4 years in the pre-
sent pharmacy)

Even if drug users and pharmacists initiated discussions, the participants mentioned
the fact that they feel “helpless” when faced with the problems of drug users. This feeling is
shared by all pharmacists who mentioned having initiated discussions with drug users:

So, if I give him [syringes], I feel I am helping him with his dose… I would not be helping him to
quit but, at the same time, I know that he can not quit without help… It is a vicious circle and I am
really trying to find out how to break this… (Pharmacist, 31 years old, 7 years of service, 2 years in
the present pharmacy, part of a chain of pharmacies)

Yes, the subject is very painful for me, but I simply can not help them… (Head Pharmacist, 34 years
old, 10 years of service, 8 years in the present pharmacy, part of a chain of pharmacies)

I feel sorry for the drug addicts, but I realize I can not solve their problems by giving them
syringes… First of all, there should be programs in high schools, with information about this, as most
of them start taking drugs without knowing exactly what they are doing… they are curious, they want
to be cool, and by the time they realize what they have done, they have destroyed their life and that
of their parents… (Head Pharmacist, 31 years old, 8 years of service, 1 year in the present pharmacy,
part of a chain of pharmacies)

b. Barriers in the implementation of a program in pharmacies

Each respondent was asked to give his view about a syringe program in pharmacies
(what it should be like, what it should contain). First of all, participants mentioned the scien-
tific and legal documentation which should be the basis of such an approach:

...If there were a law, and if we came to the conclusion that it really is alright to sell syringes to
drug addicts and those who want to inject drugs, and if the law stipulated this, naturally we would
give them syringes. We have nothing personal with these guys and I am sure most pharmacists feel
sorry for them. And if they could they would help them… (Pharmacist, 26 years old, 3 years of ser-
vice, 2 years in the present pharmacy, part of a chain of pharmacies)

At the same time, some pharmacists indicated that this activity should be carried out
“more officially”. According to some participants, any program like this should be conceived “at a much higher level.” As such, they would have less responsibility and the problems related to drug use would be avoided. The final responsibility should be assumed by the doctor and not by the pharmacist:

...Look, if they could have some cards, I do not know... something that drug users could carry around with them, and that would cover me as a pharmacist and them as drug users... this would be entirely different... If something happens to him, I am covered, I do not get into trouble, nobody would come later to say: “Why do you give them this and that, you know you are not allowed to do this, it is all prescription, you know the risks...”, I may lose my job, or, even worse, I may have problems with the police... But if he comes with a paper that is signed and stamped, one is covered. In the end, that is it, they are drug addicts, they have a paper from the doctor, and it should not be a problem... (Assistant Pharmacist, 29 years old, 2 years in the present pharmacy, part of a chain of pharmacies)

The same idea is presented by another pharmacist:

If they had a document with the stamp of the institution where they were being treated, saying there is no hope, that they tried to treat him and it did not work, things would be different. In this case I would give them what they need, if only it were more organized. At a higher level, a superior level organization, doctors who confront them every day and who know their situation. There should be some record, they should take them, and keep files on these people... give them some document about their status. That would be different... “ (Assistant Pharmacist, 29 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

Once the problem is solved at a “higher level” there is still the issue of the personal safety of pharmacists, as most consider this to be a real problem, and the main argument against implementing any program for drug users in pharmacies:

It is pretty complicated... Because most pharmacists are women, they are afraid and want to avoid any complications, everybody wants a peaceful life, without complications... (Head Pharmacist, 28 years old, 5 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)

No, there is no regulation. They have the right, yes, they have the right, and it is a real necessity for them to buy syringes. Many of them come for syringes... But as long as they are a threat to us, they will never have unlimited access in any pharmacy...

The small pharmacies have problems... when there is only one employee in the pharmacy, and she has drug addicts coming in all day long, who are agitated and nervous... I do not think there is anybody willing to cooperate. It is very dangerous, you never know how the drug addict will react, and... It is different in large pharmacies, you are never alone, and... you can call for help and the bodyguard comes immediately, so there are no problems if there is one who starts to kick up a fuss. All small pharmacies should have guards, so that they can feel safe... So that you know, in case there is any risk, that you are not alone with the drug addict, that there is somebody there to help you. I think this is the only problem... (Head Pharmacist, 50 years old, 27 years of service, 3 years in the present pharmacy, part of a chain of pharmacies)

No, no, they are absolutely normal. Maybe a little aggressive when refused. If you know how to refuse them, it is ok, and if you have the bodyguard near you, it is more than ok! (Head Pharmacist, 34 years old, 10 years of service, 8 years in the present pharmacy, part of a chain of pharmacies)

c. Implications for the pharmacists’ training

A recurrent idea in all discussions about drug users was that the problem of drug users is more than pharmacists can handle (“it is overwhelming for us”). One of the reasons is that
pharmacists feel they do not have the necessary training to initiate discussions with drug users, and know very little about the treatments they undergo:

...But I do not have the necessary training for this. Maybe we are wrong when we try to help them. (Pharmacist, 50 years old, 22 years of service, 4 years in the present pharmacy, part of a chain of pharmacies)

...I do not know what we can do for them. I have no idea what to do concretely, I have no experience, and unfortunately I have read nothing about this, so I have very little information to know what to do. First of all, we must know what has already been done. There are countries with serious problems, they are already doing things, so we should see what they have done, and we should inform ourselves about their activities, right? Unfortunately, I do not have all this information and I must recognize I was not interested... (Head Pharmacist, 34 years old, 10 years of service, 8 years in the present pharmacy, part of a chain of pharmacies)

Some respondents mention that “by virtue of his education, a pharmacist is aware of this, so he must help more”. They also say that pharmacists must be “convinced that it is acceptable to sell syringes to drug users”. For this they should “receive information, and even have face to face discussions”. The idea that any program involving pharmacists should start with his persuasion that he is doing a good thing by selling syringes is illustrated by one participant:

...So I think we should start with an interview, prior to this interview you are carrying out now, and ask ourselves: is it alright or not to give them syringes? That is what should be done first, and then we will see what else can be done ... If it is decided that this is a good thing to do, if the majority... or, something... (Pharmacist, 26 years old, 3 years of service, 2 years in the present pharmacy, part of a chain of pharmacies)
### PHARMACISTS SELECTION FORM (INTERVIEW AND FOCUS GROUP)

(This form will be completed for each person that has participated at this research, and has to come with each transcript. Each transcript will be imported in Ethograph and has to have an Identifier Sheet, using IS 1-5 criteria)

**THE PERSON WHO COMPLETES THIS FORM:**

INVITED FOR:  
- [ ] INTERVIEW  
- [ ] FOCUS GROUP

WHERE WAS HE/SHE INVITED/ WILL TAKE PLACE THE INTERVIEW:

THE PARTICIPATION DATE / WILL TAKE PLACE THE INTERVIEW:

PHARMACY LOCATION (ONLY SECTOR AND AREA / WHERE IS IT LOCALISED):

THE PHARMACY IS PART OF A CHAIN:  
- [ ] NO  
- [ ] YES: _____________________________

PHARMACIST DESCRIPTION:

TELEPHONE (PARTICIPATION CONFIRMATION, TWO DAYS BEFORE): _____________________________

THE PHARMACIST’S NAME OR INITIALS: ____________________________________________________

**IS 1**  
SEX:  
- [ ] MALE  
- [ ] FEMALE

**IS 2**  
AGE: ______

**IS 3**  
EXPERIENCE AS A PHARMACIST: ______

**IS 4**  
EXPERIENCE AT THE PRESENT WORK PLACE: ______

**IS 5**  
POSITION WITHIN THE PHARMACY: ______________________________________________________

_______________________________________________________________________________________________

1. In the pharmacy you are currently working, do you have syringes for sale? (It doesn’t matter if they are for insulin or not)?
   
   [ ] Yes  
   [ ] No we never had  
   [ ] We had, but now we don’t bring anymore

1.A. **What is the reason?**
   
   [ ] **CONTINUE WITH THE NEXT QUESTION**  
   [ ] **YES** (IS ELIGIBLE FOR THE INTERVIEW)

2. In the last 6 months, you personally, have you had clients that you think/ were drug users?
   
   [ ] Yes  
   [ ] No  

2. **CONTINUE WITH THE NEXT QUESTION**  

3. Usually, do you personally sell them drug injecting kits? (like insulin syringes, distilled water vials, etc.)?
   
   [ ] Yes  
   [ ] No  

3. **YES THE RESPONDENT IS ELIGIBLE ONLY FOR THE INTERVIEW**  

4. **YES THE RESPONDENT IS ELIGIBLE FOR THE INTERVIEW OR FOCUS GROUP**

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In order to be eligible the respondent must have syringes in the pharmacy and have drug user clients. Also, he is eligible if they gave up selling syringes because of the drug users. If the respondent is eligible, give the invitation or do the interview. Don’t forget to put the same number on this form as on the invitation. Also, don’t forget to write on the invitation your name, phone number and the day and place the meeting will take place.
Annex II

Moderator’s presentation and note taker

Explaining the process: we are discussing about your experiences with the drug consumer clients, you are the experts; we are not here to judge anybody. We are talking; I am going to ask you a few questions.

There are no questions having a correct or a wrong answer; there are no correct or wrong answers. This discussion is not a test. We are interested in your experiences and opinions regarding the drug consumers.

Your suggestions will have an impact on a lot of young drug users.

Roles: respecting the others and honesty, mobile phones are put on “silent”, you intervene whenever you want, and there is no answering order.

This is one of more discussion groups.

Explaining the recording; obtaining the consent.

Introduction: your name, what are the things you like doing?

A. Drug consumer clients

I would like, for a start, to talk about the drug consumer clients that you have.

A1. First of all, I am interested in finding how much the drug consumers are a “discussed” subject in your pharmacy.

PPs:

- Are those a “problem” for the pharmacy?
- In what way? What kind of a problem?
- How big?
- When did it start to be a problem?
- What was the solution?
- How do you see this problem developing in the future?
- What about the solution?

A2. How did you realize that they were drug consumers? How do you recognize them?

PPs:

- What do you look for at them (what are your criteria) to reach the conclusion that a costumer is a drug user?
- Do they address to you in a certain way?
- What characteristics are important for you (in order to figure out that they are using drugs)
- Are they different from the rest of the clients (more negligent, other voice tones, etc)
- Are the consumers different or are they the same?

PPs = “possible probes”/helping questions. This means that when you ask the main question, in order to obtain an answer, you can, depending on the answer, guide the respondent by helping questions. (PP). Attention: PP are asked after an initial answer was obtained to the main question.
Are any cases when you are not sure that the respective client is a drug user?
What are you doing in this case?
In what ways the drug users differ from other persons (please describe socio-demo)?

A3. Please tell me about the last time you had a client in this pharmacy that was a drug user. Could you describe how it went...
PPs:
- What did he want to buy?
- How was he addressing?
- What happened?
- How it ended?
- Any other relevant experiences?

A.4 About how many users are coming in your pharmacy monthly
PPs:
- On your shift?
- All shifts?
- Are the same persons, or are they different? (are they from the area)
- Do they have a preferred hour? Or a specific day? Or a specific period? (when is not crowded, in weekend, etc)
- Is this number increasing? How this number evolved over time?

B. PRODUCTS

I would now like to talk with you about the reasons for which the drug users are coming in your pharmacy.

B1. What they are usually buying?
PPs:
- Syringes? What type? Are they having any preference?
- How many syringes are they buying only
- Fials?
- Drugs? What type?
- Which of these products are asked for more often?

C. SYRINGES

Now I would like to talk only about the syringes and IDUs.

C1. What type of syringes are you selling now? Did you have insulin syringes? How much is the price for one piece? How about other types- what is the price?

C2. Besides IDUs, is anyone else buying syringes?
PPs:
- What about diabetics, how they are obtain the insulin syringes?
C3. Could you tell me about the last time an IDUs asked for syringes. Could you describe how it went...

PPs:
- When it happened?
- Did you know the person? Was the person a “regular client”?
- What did you ask him? What did you tell him?
- How did he react?
- Have you sold the syringes?

C4. According to what criteria you take the decision to sell or not syringes (internal rules of pharmacy, external regulations such us laws, there is no rule/regulation, etc) - focus on criteria

PPs:
- Usually how you take the decision (common decision, it is a prior decision, on the spot, depending on the client look, etc) – focus on the process
- Who is taking the final decision to sell or refuse?
- Are any legal barriers you are aware of, to sell syringes to IDUs?

C5. In what situations you sell, and in what situations you do not sell syringes?

PPs:
- What are the reasons for selling in certain situations?
- What types of syringes are you selling, and what types you are not?
- What was the most difficult situation when you refuse to sell a syringe? Please describe the situation in details
- Are any important / special situations when you agree to sell syringes?
- How are they reacting when you refuse to sell? Are all reacting the same way?
- How do you refuse it? What are you telling them?

D. SYRINGES IN PHARMACIES (PROGRAM)

D1. Do you think that are any situations when IDUs should have access to syringes (please detail)?

PPs:
- Which are these situations?
- Why?
- Are these situations only hypothetical or you encountered any?
- For you personally, what would convince you to sell syringes to IDUs?

D2. In your opinion, is the access of IDUs to syringes important? In what ways? (We are interested if they think that IDUs can obtain syringes from elsewhere) Do you think they can get a syringe from another place?

D3. Which are, in your opinion, the most important barriers to increase the access to syringes in pharmacies?

I was telling you at the beginning of the interview that these data will be used for a health program for IDUs. One of the ideas is to work together with pharmacist, in order to increase IDUs access to syringes in pharmacies...
D4. How would you see such program implemented?

PPs:
- In what way (hours, position, etc)
- How should we convince the pharmacists to participate in such a program?

D5. How can we start such a program? Do you think they would embrace such initiative?

D6. Do you think pharmacists will be interested in such a program? Why? Why not?
INJECTING DRUG USERS
PHARMACISTS PERSPECTIVE

Research on the attitudes and practices of pharmacists in Bucharest regarding the drug using clients