

# **DRUG USERS:**

## **ACCESS TO STERILE INJECTING EQUIPMENT AND SUBSTITUTE DRUGS**

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Study on attitudes, knowledge and praxis of the Bucharest's pharmacists  
regarding injecting equipment and substitute drugs treatment

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REPORT BY **OPERATIONS RESEARCH FOR ROMANIAN HARM REDUCTION NETWORK**  
(RHRN)  
WITH SUPPORT FROM **UNICEF**

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## Introduction

### Study background

The activities undertaken by our organization (RHRN) as a promoter of harm reduction services for pharmacists began in 2004, when RHRN and ARAS commenced a study on the pharmacists' knowledge, attitudes and perceptions (KAP) concerning drug users. The study sought to document the motivations behind the fact that certain pharmacies in Bucharest refused to sell sterile injecting equipment to drug users who needed them. The study had logistic and financial support from UNICEF. The conclusions drawn from it channeled our organization towards advocacy and creating a teaching program in harm reduction addressed especially to pharmacists.

The reasons for implicating pharmacies in the development of the harm reduction services focused on the drug abuse are as follows:

- pharmacies' mission is to contribute to maintaining the population's health;
- pharmacies have personnel specialized in health problems: the pharmacists are able to offer information concerning disease prevention and available medical and social services;
- pharmacies are a reliable source of information for people;
- pharmacies are a reliable source of sterile equipment;
- pharmacies cover large areas and function longer hours, some of them being open non-stop.

Between 2006 and 2007, the College of Pharmacists from Romania promoted a recommendation regarding the necessity of making available sterile injecting equipment for sale to drug users. This was evaluated in 2006 and an important increase to access to injecting kits was remarked. At the same time there was created a training program for pharmacists. There were 6 training sessions with an end to improve pharmacists' abilities for working with injectable drug users. These courses were accredited by the National Center for Education and Training in the Field of Health (CNPDS) and the College of Pharmacists from Romania. On these occasions, pharmacists from Bucharest, Iași, Constanța and Timișoara were debriefed on the programs addressed to injectable drug users (IDUs) and learned the main harm reduction strategies. All these led to the following conclusions:

- more than 110 pharmacists from Bucharest, Iași, Timișoara and Constanța were trained in harm reduction between 2004 and 2007;
- 14 pharmacist have become harm reduction trainers;
- over 300 policy briefs and 300 logos were disseminated in the pharmacies included in the RE II research (Rapid Evaluation: access to sterile injecting equipment) implemented by Aras in 2006;
- the College of Pharmacists from Romania recommendation was posted on the aforementioned website and made known to the public;
- printing the official logo for promoting syringe exchange and distribution its distribution in pharmacies;
- an increase in number of the pharmacies selling sterile injecting equipment to IDUs: from the 300 pharmacies included in the RE II research in 2006, more than 50% were selling disposable syringes;
- a better dialogue between the ONGs implementing programs for IDUs and the pharmacies, the College of Pharmacists and the Pharmacy Employers Organization.

The only city with striking difficulties in selling syringes to IDUs is Bucharest. The present research's purpose is to give an account on the impact generated by actions conducted between 2006 and 2008 regarding an increased access to sterile injecting equipment for IDUs in pharmacies, and also on the pharmacists' views about selling substitute drugs.

### Why an *experimental* study?

Besides offering the necessary treatment for those afflicted, the success of an action directed towards reducing the HIV/AIDS spreading relays on changing risk behaviors. The main risk behaviors are *unprotected sex* and *injecting drugs*. Access to sterile injecting equipment is a key element in adopting safe behaviors meant to reduce the risk of blood contamination with the virus. World Health Organization (WHO), UNAIDS, United Nations Office on Drugs and Crime (UNODC), as well as a great number of other international organizations

support syringe exchange programs as effective means to stop HIV and hepatitis infections in IDUs seen as a potential risk group for public health. Pharmacies' importance in IDUs harm reduction is very well documented in field researches<sup>1</sup>. In 2006, the College of Pharmacists from Romania recommended to pharmacists the indiscriminating selling of disposable syringes to IDUs as a means to reduce the risk of HIV and hepatitis infections<sup>2</sup>. Mostly this was formally assumed by pharmacists as a consequence of training and lobby actions initiated by ARAS and RHRN amongst pharmacists beginning. Following training and mapping actions in Iași, Constanța and Timișoara, the RHRN officials concluded that only in Bucharest the indiscriminating access to syringes in pharmacies is problematic.

In recent years there could be noticed a striking distance from formal declarations to current practice regarding access to syringes and sterile equipment in pharmacies, this showing a limited impact of training courses on the effective behavior of the pharmacists and, implicitly, on IDUs access to syringes. But in what exactly resides the difference the (formal) attitude and the actual practice of the pharmacists?

To answer this, the present research was created as an experiment with the aims to give a simultaneous measure of the two behaviors: the formal one (if the respondent agrees to the indiscriminating access to syringes and sterile equipment, **if he sells syringes to IDUs**) and the actual one (syringe selling).

The present research also proposes a new pattern in "assessing" the situation concerning access to syringes: *comparing the actual behavior with the formal one* and the express orientation towards statistical data describing the actions themselves, as opposed to the stress that KAP (Knowledge, Attitudes and Practices) studies lay upon information derived from formal declarations.

The underlying assumption of the present paper is that KAP researches are not able to fulfill the criteria for our type of study. KAP studies are very limited in cases of important "axiological" aspects, as in drug **abuse**. Also, this approach fails in describing the main obstacles in adopting the target behavior (pharmacists' sense of safety, ethic or legal obstacles, etc.) concerning syringes and sterile equipment access for IDUs.

In the specific case of researches on drug users, the information gathered through KAP studies is insufficient for a complete image of the pharmacists' behavior and of the problems that IDUs have in accessing sterile injecting equipment. This type of studies may show the information that people have on specific subjects and behavior patterns assumed by individuals in certain situations, the design of each KAP study being created according to a series of specific conditions. In conclusion, to ensure the quality of the data, our research combined the KAP investigation with the *experimental* design.

The present study is set on multiple dimensions:

- estimating the actual level of access to syringes and sterile injecting equipment in pharmacies;
- discovering the pharmacists' perceptions and attitudes on the possibility of substitute drugs treatment being available in pharmacies;
- estimating the impact of the IDU or non-IDU status on the access to syringes and sterile injecting equipment in pharmacies;
- offering necessary information for developing effective training programs for pharmacists, information extracted from the difference between formal and actual behavior analysis;
- evaluating the impact of advocacy and training actions directed to pharmacists between 2005 and 2007.

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<sup>1</sup> WHO Library Cataloguing-in-Publication Data - Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. (Evidence for action technical papers), World Health Organization, Switzerland, 2004, pp. 18-19

<sup>2</sup> Policy brief: Implicating the private sector in developing public health programs, College of Pharmacists from Romania, 2006.

## Abstract and conclusions

### 1. Objectives

The main purpose of the study is to describe two behaviors adopted by pharmacists: the formal and real behaviors concerning IDUs versus non-IDUs. Moreover, the research aims to measure the knowledge and attitudes of the pharmacists on IDUs, access to syringes and substitute drug treatment.

The main areas tackled by our study are:

- access to injecting devices: the presence of 1 ml syringes in pharmacies, legal measures on syringes' distribution in pharmacies, formal or informal rules that block the access to syringes, personal attitude of the pharmacists regarding syringes selling to IDUs, estimating the number of IDUs that are pharmacies' clients;
- knowledge and attitudes on harm reduction programs;
- knowledge and attitudes on substitute drug treatments and programs.

### 2. Methodology

The research's design comprises two phases:

1. the „*Mystery Client*” approach – to assess the level of access to syringes and the role of the IDU status on accessing syringes in 500 pharmacies from Bucharest on a time interval ranging from 10 am to 20 am;
2. the KAP approach on pharmacists.

The study was designed to collect information from a consistent sample of pharmacists in Bucharest. The target size of the sample was 260 pharmacists – out of each pharmacy (considered as sample unit) being selected a pharmacist.

### 3. Pharmacists' sample description

The socio-demographic data obtained from the KAP research show a clear profile of the studied sample. More than half of the pharmacists have more than 10 years field experience, the overwhelming majority are women (97%) and half of them are over 35 years old.

### 4. Main conclusions (sumar executiv)

#### 1. Access sterile injecting equipment in pharmacies

- There are differences in the level of access to syringes varying according to the status with which the client is credited by the pharmacist, pharmacists' motivation and attitudes depending on each client. Specifically, the data shows that the general tendency of the pharmacists is to sell sterile injecting equipment to the non-IDUs rather than to those thought to be IDUs.
- Disregarding the clients' status, the general access to syringes is scarce – in less than one third of the pharmacies insulin syringes (1 ml) could be obtained.
- The access to sterile injecting equipment is scarce and that not because the syringes do not exist: from approximately 410 pharmacies that sell disposable syringes, only 74 sell them to IDUs.
- Close to half of the pharmacists (42%) believe that there are laws that prohibit insulin syringes selling to IDUs, although 80% of them declare that at their workplace there are no restrictions in selling insulin syringes to IDUs.
- More than half of the pharmacists (62%) agree to the insuline syringes selling to IDUs.
- The respondents believe that most of the pharmacies have clients thar are IDUs: in 44% of the locations included in the study sample, the pharmacists declared that they are certain that they have IDUs as clients, while in 34% of locations the respondent „think that there may be some”. In 28% of the locations in the study they have between 1 and 5 IDUs as clients, and in 20% of the locations they have between 6 and 10 IDUs as clients.

#### 2. Substitute drug treatment

- Almost half of the respondents (44%) are not aware that selling substitute drugs with prescription in public pharmacies is legal.

- Most respondents (73%) are opposed to selling substitute drugs in pharmacies, and half of them have a low level of interest in training courses in this field.
- The overwhelming majority of the respondents (97%) believe that substitute drug treatment must be acquired only in specialized treatment institutions to prevent methadone trafficking.
- Almost all of the respondents (94%) think that associating substitute drugs with pharmacists would endanger the latter.
- Most respondents (83%) do not believe that substitute drug treatment should fall into pharmacists' area of responsibilities.
- The main part of the respondents think that drug users should be treated in special institutions, attitude that reveals a certain level of anxiety related to this class of clients.

### **3. Knowledge about harm reduction programs**

- Syringe exchange programs are relatively unknown to pharmacists: 77% have not heard of such programs. Of those who heard about the, only half claim that they have „a certain amount of information” on the subject.
- The majority of the pharmacists believe that syringe exchange programs are a way of encouraging drug abuse: for one third of the respondents, these programs are definitely a way of encouraging drug use (they are in full accord with the assertion). Almost half of the respondent agree totally or partially with this assertion.
- Most respondents (75%) think that syringe exchange programs are effective means in preventing HIV, hepatitis B and C infections spreading amongst IDUs, and that these programs are a benefit for the general public health.
- More than half of the respondents believe that punishing drug users is the best way of preventing HIV, hepatitis B and C infections.

### **Suggestions**

The following suggestions appeared as the result of the research and activities implemented by RHRN with an aim to increase IDUs' access to harm reductions services:

- 1) the necessity of an increase in harm reduction (HR) training and debriefing for pharmacists – the study revealed very little knowledge about harm reduction services. Future debriefing actions should focus on concrete, practical information on the actual ways to implement HR programs;
- 2) the cyclic assessment of the IDUs' access to sterile injecting equipment in pharmacies;
- 3) pharmacies' involving in developing services for IDUs – access to sterile injecting equipment, availability of substitute drug treatments with prescription from **doctors specialized in addictions**.

## Detailed account on results

### I. METHODOLOGY

#### a. Aim and hypotheses circumscribing the present research

The aim of the present research is assessing the impact of advocacy and training activities focused on increasing IDUs access to sterile injecting equipment in pharmacies. The model for this study is a similar research carried out in 2006 by ARAS. The data resulted from these studies are not 100% compatible, owing to methodology and sampling. Nevertheless, the most important conclusion to be drawn from paralleling these studies is that the level of access to sterile injecting equipment in pharmacies is **lower in 2010 relative to 2006**.

At the same time, the research tried to unveil the pharmacists' perceptions on and attitudes towards selling in public pharmacies substitute drugs used in opiate addictions treatments.

The two main hypotheses underlying the study are as follows:

1. a KAP research is far from sufficient in measuring actual access to sterile injecting equipment in pharmacies. A thorough study in this area requires an experimental design.
2. non-IDU clients are more likely to have an easier access to sterile injecting equipment comparatively with IDU clients. IDU or non-IDU status is inferred by the pharmacist based on his „nose” or through questioning the purpose of syringe acquisition.

#### b. The design of the sample

The study is based on simple random sampling from a comprehensive list of active pharmacies in Bucharest. 500 pharmacies from Bucharest were visited by teams of „mystery clients” formed by two individuals with different roles: an IDU and a non-IDU client. The locations were selected having in mind the following criteria:

- Bucharest districts' distribution of the pharmacies;
- pharmacy type: linked to a chain of pharmacies or independent.

*In the data presentation, access to insulin syringes in pharmacies results are obtained through **mystery client** method.*

The KAP study was designed to collect data from a comprehensive sample of pharmacists in Bucharest by means of questionnaire interrogation (see **Addenda**). The respondents were selected from all pharmacies in Bucharest, disregarding their affiliation or independence. The sample was formed by 261 pharmacists, all of them **eligible respondents**.

*All information regarding pharmacists' perceptions presented in the analytic section of the report is a result of processing the data obtained from direct questionnaire interviews with pharmacists, besides the **mystery client** method.*

#### c. The structure of the research team

To gather data, RHRN selected 10 field operators, 5 IDUs and 5 non-IDUs. The latter were pharmacy, social work and medical school students. The IDUs have been selected from substitute drug treatment patients in the two profile treatment institutions in Bucharest.

The field operators underwent a short training session to acquire the abilities of handling the data gathering techniques and the research methodology (for details, see **Addenda 1-5**). The training was offered by **Operations Research** and RHRN, with support from UNICEF Romania. The main topics covered were:

- learning and practicing the scenario used in the **mystery client** research phase;
- techniques of data gathering the field situation is a non-standard one (e.g. the impossibility of contacting one of the target pharmacies and choosing another one according to the sampling criteria);
- the coordination of data gathering process;
- inter-operatives communication during the process;
- **documenting** and registering obtained data.

#### d. Data gathering

The process of data gathering was organized in two phases, according to the two methods used: *mystery client* and KAP.

*Mystery client* phase's aim was to document the actual IDUs' access to sterile injecting equipment through direct interaction with the pharmacists. To clearly assess if there are differences when it comes to IDUs and „regular“ customers, there were assembled two-member teams – an IDU and a non-IDU. The standard scenario required that each of the two field operators would try to purchase insulin syringes from each target pharmacy, 10 minutes one after the other, preferably from the same pharmacist. If the pharmacist asks for a motivation, the operator would give a neutral answer, not related to injectable drug use („I need it for a vaccine“ or „It's for refilling my printer's ink cartridge“). The decision to sell or not the required syringes was always up to the pharmacist in question. In some cases, the pharmacists were already acquainted with the IDU operators, hence the client's „neutrality“ was compromised. With one exception – the pharmacist sold the syringe to the IDU operator (because they were acquainted) and refused to sell it to the non-IDU operator -, the non-IDU operators succeeded in acquiring more insulin syringes than the IDU operators.

As for the KAP phase of the research, the questionnaire was pre-tested by the team of operators. Following this initial testing, some questionnaire items were modified according to the results obtained. At the same time, after consulting the research team (OP, RHRN, UNICEF) on questionnaire details, a new section was added regarding the access to substitute drug treatment in pharmacies.

### III. INJECTING EQUIPMENT: ACCESS, ATTITUDES AND BEHAVIORS

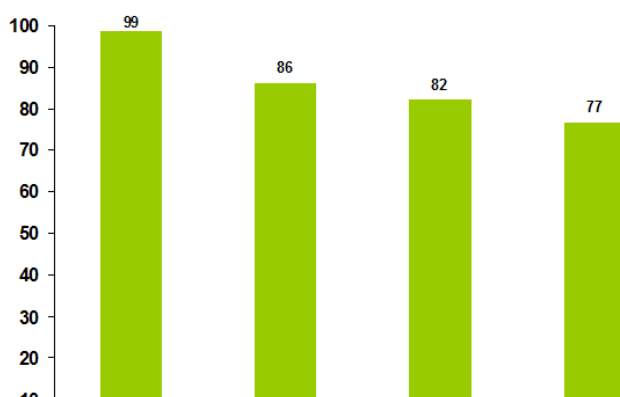
The attempt to present and understand the motives behind the limited access to syringes, as well as recognizing the means to increase the level of access, requires as a first step the cataloging of *the pharmacists' attitudes on the matter*. To obtain data on IDUs' access and obstructions in accessing syringes and sterile injecting equipment, the KAP questionnaire included a series of topics regarding different types of syringes and sterile injecting equipment available for selling in pharmacies, knowledge on written or unwritten laws concerning the selling of sterile injecting equipment, as well as topics on the demand of sterile injecting equipment from IDUs.

The assessment of the „hypothetical“ (formal) inclination to sell is a necessary step for assessing the gap between the „potential“ and the „actual“ level of access. The figures can be calculated as **the percent** difference between the answers to the question concerning the existence, at the time when the study took place, of the available sterile injecting equipment in pharmacies and the data gathered in the *mystery client* phase of the study (in which the purchasing was simulated by IDUs and non-IDUs).

#### a. Injecting devices

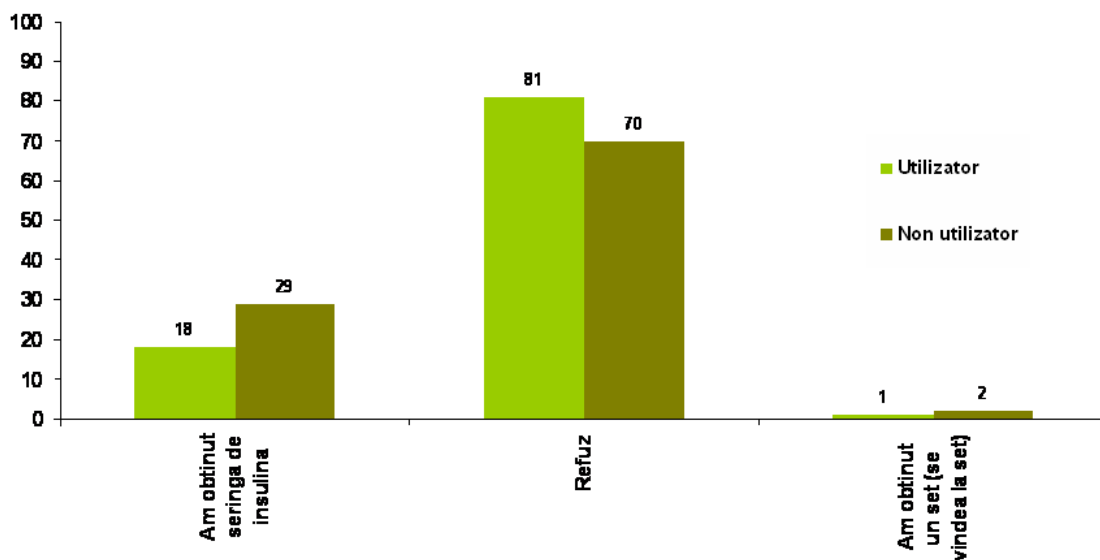
One of the first questions addressed to the pharmacists in the study was about the types of injecting devices available. Every respondent was asked to give an account of the injecting devices available for selling. Most of the target pharmacies have insulin syringes, calcium vials and sterile water. Alcohol disinfectant swabs and tourniquets, two of the essential tools in effecting an intravenous injection, are available in a very small number of pharmacies.

*In farmacia dvs, ati avut (in ultima luna), la vanzare.....*



The insulin syringes selling seems to differ with the type of pharmacy (corporate or independent), with the geographical area or with the district. Thus, in corporate pharmacies, the chance for syringes availability seems to be lower relatively to the whole sample (62%). The corporate pharmacies with the highest level of syringes availability are “Sensiblu”. Districts 5 and 6 have the lowest levels of syringe availability (for details, see Addenda).

In the *mystery client* phase of the study, the number of syringes acquired was significantly smaller than the formal number according to the data extracted from the pharmacists’ declarations.

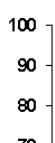


*The hypothesis according to which access varies with the type of client has been validated: from approximately 410 pharmacies that declared that they have insulin syringes on sell, only 74 (18%) are selling syringes to IDUs. Moreover, the study shows that the probability of obtaining an insulin syringe drops to half in the case of IDUs relatively to non-IDUs: only 18% from the IDU clients were able to acquire insulin syringes.*

#### b. Legal, formal or informal obstructions related to syringe access

Each respondent was asked if he has knowledge of legal interdictions on selling insulin syringes to IDUs. This information is essential for assessing the obstructions on acquiring syringes. The data suggests a lack of knowledge related to legal obstructions: only 24% declared that they know for certain that there are no legal obstructions:

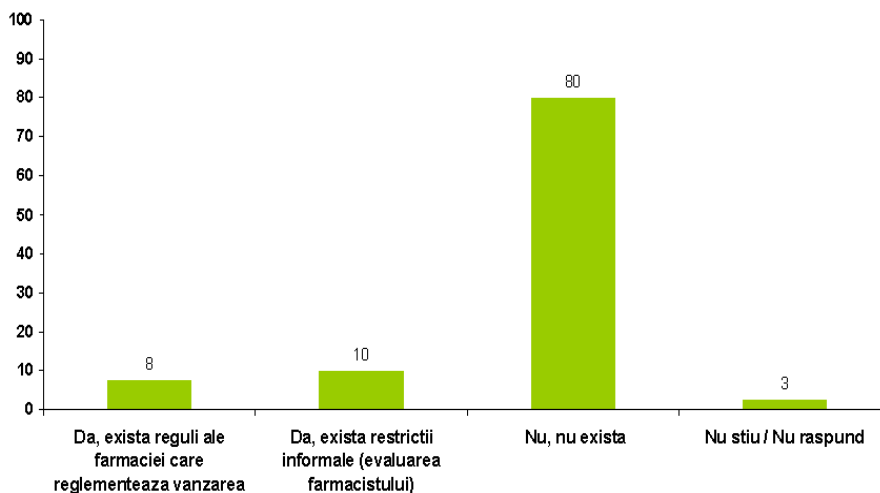
*Din cate stiți dvs, exista prevederi legale care interzic vanzarea seringilor de insulina catre consumatorii de droguri injectabile ?*



The level of information was higher in the case of respondents working in corporate pharmacies (42%) and those from district 2 (40%) relatively to the whole sample.

Moreover, the respondents were questioned about the existence of an internal law (formal or informal) active in the pharmacy where they worked related to IDUs' syringe access. In 18% of the cases, the respondents declared that there rules (formal or informal) regarding syringe access. The "Catena" pharmacies are those which have acknowledged in the greatest proportion the existence of such rules.

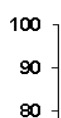
*Dar in farmacia in care lucrati, exista vreo restrictie sau limitare a vanzarii seringilor de insulina catre consumatorii de droguri injectabile ?*



### c. Attitude towards drug users

To measure directly the attitude towards syringes selling to drug users, all respondents had been asked if they agree selling insulin syringes to IDUs:

*Dvs personal, sunteti de acord cu vanzarea de seringi de insulina catre consumatorii de droguri injectabile ?*

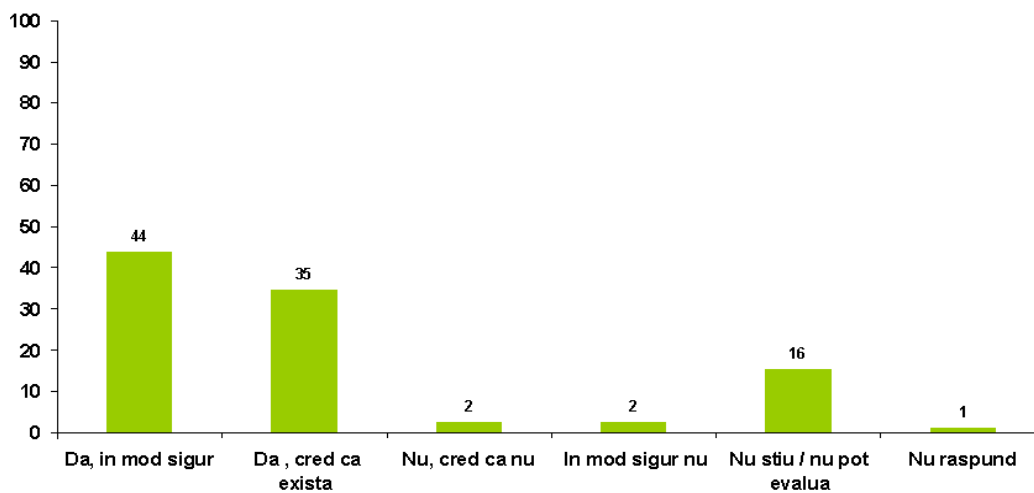


One of the respondents declared that to be in disagreement with this practice. Respondents tend to be in disagreement more in the corporate pharmacies, in the “Catena” pharmacies or in district 2 (see **Addenda**).

**d. Contact with drug users**

For a clear image upon the dimensions of the “phenomenon”, as well as upon the pharmacists’ perception regarding the potential number of drug users clients, the respondents were asked if among the clients of the pharmacy they work in they have drug using clients. The data obtained attest the fact that the pharmacists think that the drug users are clients in most of the pharmacies in the sample:

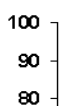
*Din cate stiti dvs, exista , printre clientii farmaciei in care lucrati, si consumatori de droguri injectabile ?*



The pharmacists who declared that they are certain to have drug users as clients are mainly from districts 3 and 4.

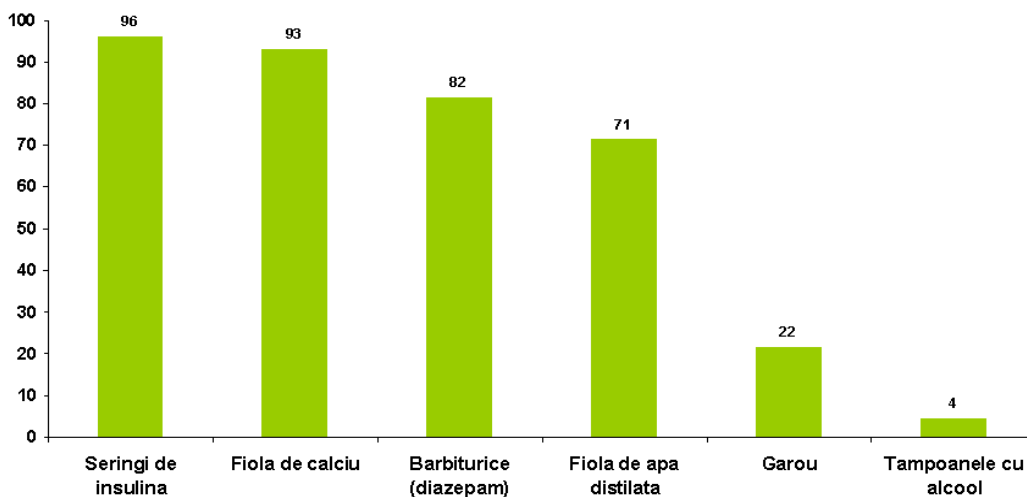
All respondents had been asked to produce a quantitative estimation on the number of drug using clients in an average month. The data shows that approximately 33 pharmacies have between 31 and 50 IDUs as clients per month, while in 10 pharmacies the number may be over 50 per month:

*Aproximativ, care este numarul acestora, intr- o luna obisnuita ? Ne intereseaza o estimare facuta de dvs, nu o cifra exacta.....*



As expected, these clients ask mainly for insulin syringes and calcium vials. The less required injecting equipment consists in tourniquets and disinfectant alcohol swabs:

*S-a intamplat ca in ultima luna, ca un consumator de droguri sa va ceara..*



#### IV. SUBSTITUTE DRUG TREATMENT

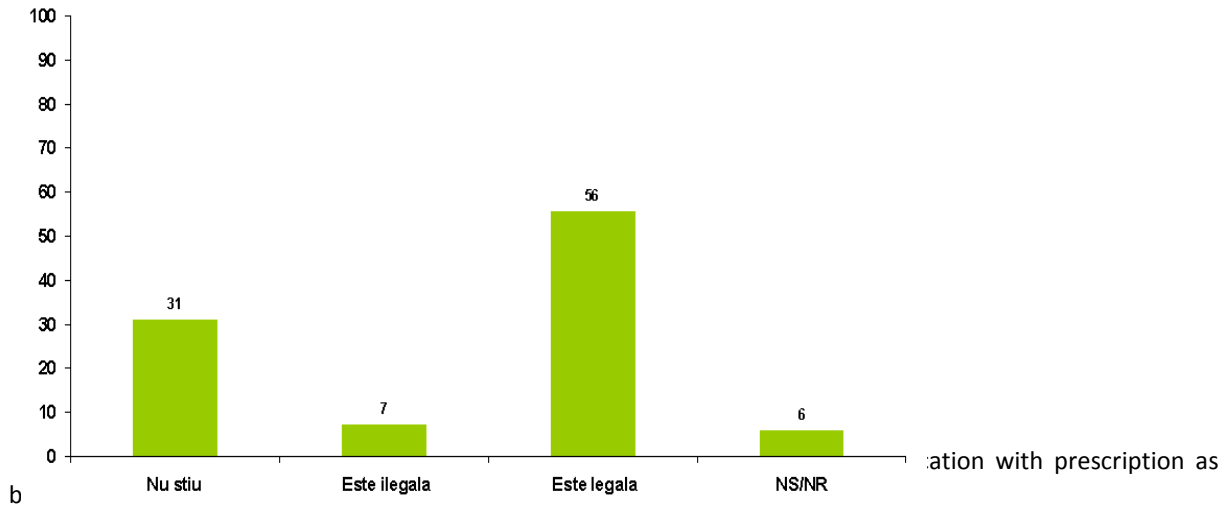
Another aim of the research was to obtain information on the pharmacists' knowledge and attitudes towards substitute drug treatment.

Presently there is very little information on pharmacists' perception and practices concerning the subject, the previous studies being focused only on access to injecting equipment. The data in this chapter represents a significant augmenting of the present level of knowledge, stressing the importance of using studies on pharmacists' perceptions on this type of treatment in view of implementing future substitute drug programs.

##### a. Legal obstructions on substitute drug treatment

Similarly to syringes access topic, all respondents had been asked if, after their knowledge, selling medication used substitute drug treatments in general public pharmacies with prescription is legal or not. More than half of the respondents (56%) declared that selling this type of medication is legal.

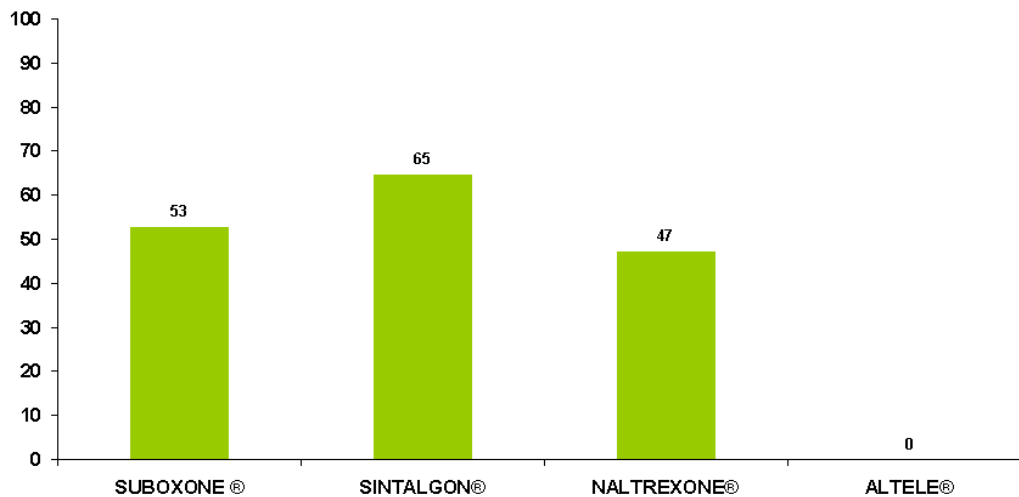
*Din cate stiti dvs, vanzarea de medicamente substitutive in farmaciile cu circuit deschis pe baza de reteta este legala sau nu ?*



**D. Legal obstructions on substitute drug treatment**

The data shows that, in the last month before the study took place, there were available for selling substitute drug treatment medications, mainly Sintalgon®:

*In farmacia dvs, ati avut la vanzare, in ultima luna....*



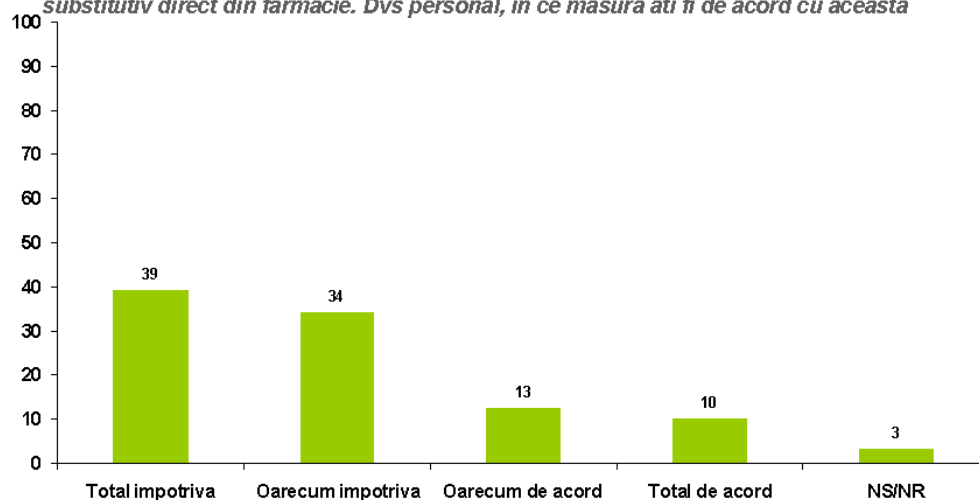
Subsample analysis shows that there is a striking contrast in answers according to the topics on focus. Thus, it is more likely that elder respondents would respond affirmatively compared to the rest of the sample. Also, a positive answer is more likely to be obtained from personnel in “Sensiblu” or “Help Net” pharmacies, as well as the pharmacies in districts 1 and 3.

**a. Pharmacists’ attitude on selling in pharmacies medication used in substitute drug treatment**

The present day legislation<sup>3</sup> allows selling medication specific to substitute drug treatments in opiate addictions (medication based on methadone clorhydrate, buprenorphine and other similar substance) in general public pharmacies with special secure prescriptions from attested psychiatrists. Besides the medical benefits documented in many international researches, the access of opiate addicted individuals to substitute drug treatments leads to a lower demand in illegal drugs and, generally, to a decrease in drug trafficking. At the same time, the inclusion of opiate addicts in substitute drug treatment programs leads to a lower rate of injecting and, by consequence, a lower level in the risk of HIV, hepatitis B and C infections spreading in general public. The substitute drug treatment allows for patients' stabilization and social reintegration, and thus for a decrease in the social dangers associated with the drug use.

To each of the respondents was brought in attention this motivation. Later in the study, each of them was asked about the personal view on selling methadone in pharmacies. Data shows that there is a very low level of support for selling methadone to drug users – only 10% of the respondents agreed completely on this topic.:

*Una din modalitățile LEGALE de aplicare a tratamentului substitutiv este ca și consumatorii de droguri să își poată procura, pe baza unei rețete speciale, tratamentul substitutiv direct din farmacie. Dvs personal, în ce măsură ați fi de acord cu aceasta*

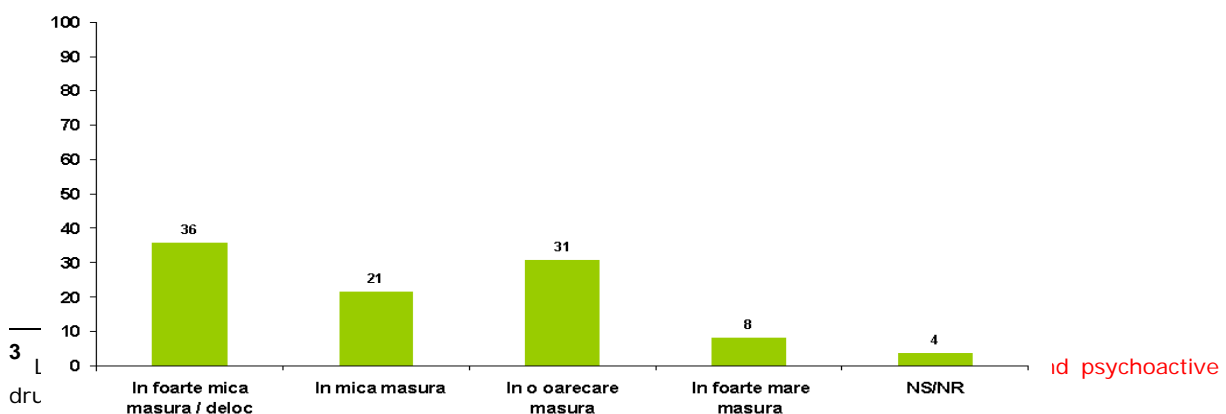


Those who agreed completely tend to be under 30 years old and working in the districts 5 and 6.

#### b. Interest in substitute drug treatment

Similarly with the attitudes on substitute drug treatment, the interest in participating and organizing trainings on this topic is very low – only 8% from respondents are very keen on participating in this type of training:

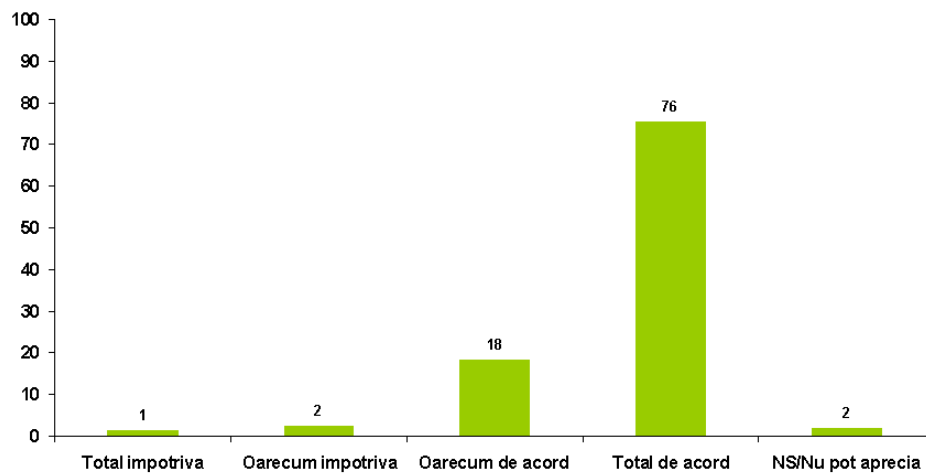
*În ce măsură sunteți interesat să participați la cursuri de pregătire privind programele adresate consumatorilor de droguri, ca parte a programului național de educație continuă?*



**c. Pharmacists' attitude an substitute drug treatment**

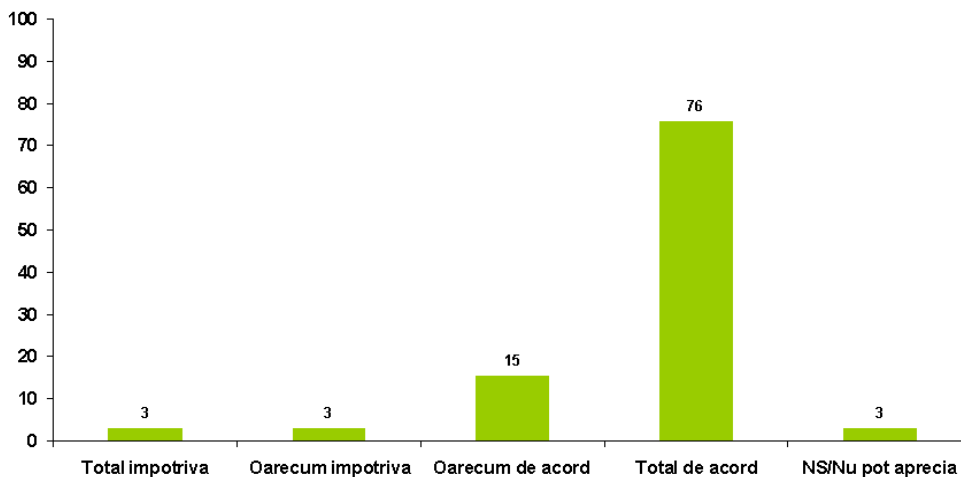
Pharmacists' attitude on substitute drug treatment was measured through a series of 4 assertions on this topic. Thus, all respondents were asked to give an account on the level of agreement with the following: "Substitute drug treatment should be available only in special treatment institutions in order to prevent methadone or similar substances trafficking":

*In ce masura sunteti de acord cu urmatoarele afirmatii privind Tratamentul substitutiv (tratamentul cu metadona) : Tratamentul substitutiv ar trebui sa fie oferit numai in centre de tratament, pentru a prevenii traficul cu metadona*



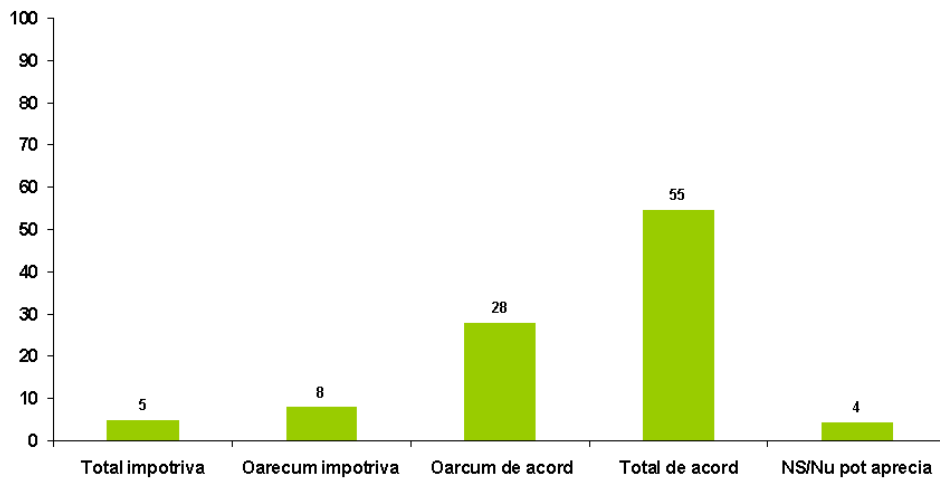
Most respondents consider that methadone trafficking is a real danger. At the same time, most respondents agreed also with the following: "Offering substitute drugs in pharmacies would create dangerous circumstances for pharmacists (verbal or physical violence, etc.)":

*In ce masura sunteti de acord cu urmatoarele afirmatii privind Tratamentul substitutiv (tratamentul cu metadona) : Oferirea de tratament substitutiv prin farmacii ar pune farmacistii in situatii periculoase pentru ei (violente verbale, fizice, etc)*



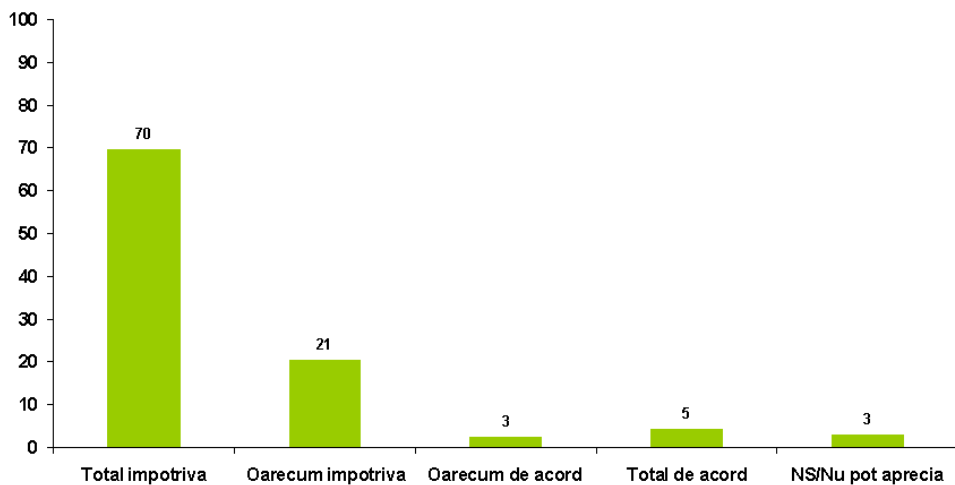
The respondents who agreed completely are working mainly in district 1. More than half of the respondents agreed with the following: “Offering substitute drug treatment should not constitute a pharmacist’s obligation”:

*In ce masura sunteti de acord cu urmatoarele afirmatii privind tratamentul substitutiv (tratamentul cu metadona) : Oferirea de tratament substitutiv nu ar trebui sa fie o responsabilitate a farmacistilor*



The respondents who agreed completely tend to have more than 15 years field experience, to be over 40 years old, to work in corporate pharmacies (especially “Sensiblu”) or in district 4. The obligation to sell substitute drugs in pharmacies is clearly rejected by respondents (70% of them):

*In ce masura sunteti de acord cu urmatoarele afirmatii privind Tratamentul substitutiv (tratamentul cu metadona) : Farmaciile ar trebui sa fie obligate sa ofere tratament substitutiv*





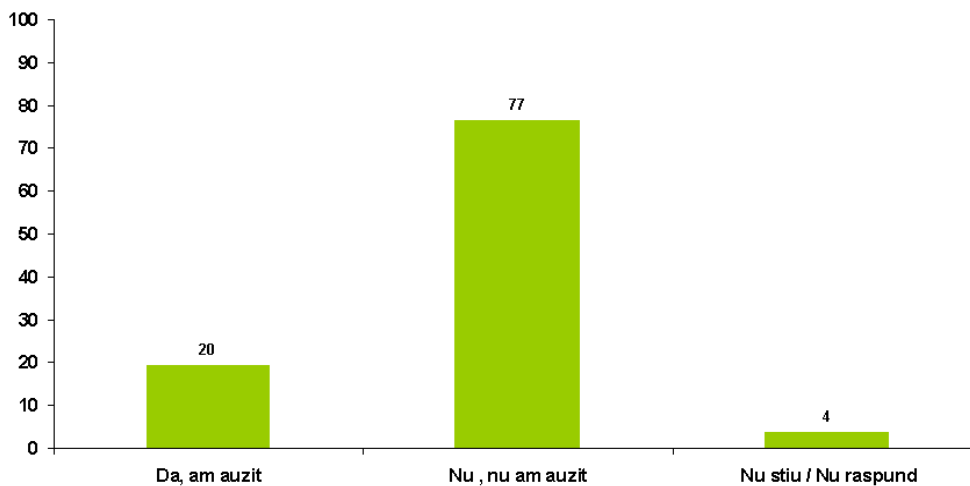
#### IV. ATTITUDES AND KNOWLEDGE ON HARM REDUCTION PROGRAMS

Attitudes and knowledge on harm reduction programs are an essential predictor of pharmacists' agreement to participate in such programs. One of the present research purposes was to assess in what measure the pharmacists are familiar with the topic.

##### a. The notoriety of harm reduction programs

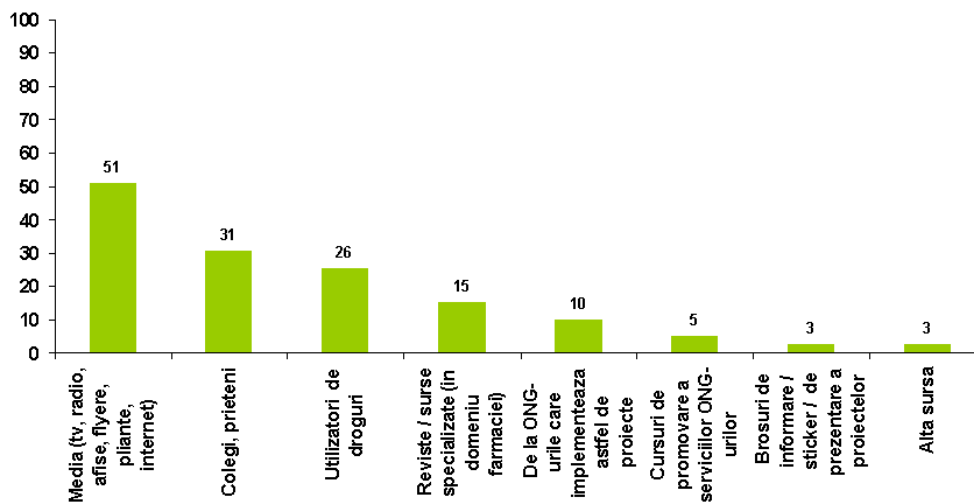
All respondent were asked if they had heard about the existence of syringe exchange programs. 1 in 5 respondents in the sample have knowledge of such programs:

*Unele organizatii non-profit care au ca si beneficiari utilizatorii de droguri injectabile au ca si servicii adresate acestora programe de schimb de seringi (ofera serigi de insulina gratuit utilizatorilor de droguri injectabile, in schimbul seringilor*



The respondent who heard of such programs have a professional experience up to 5 years and work in "Sensiblu" pharmacies. Also, they tend to work in districts 5 and 6. The main source of information is media (51%), other colleagues (31%) or even the drug users (26%):

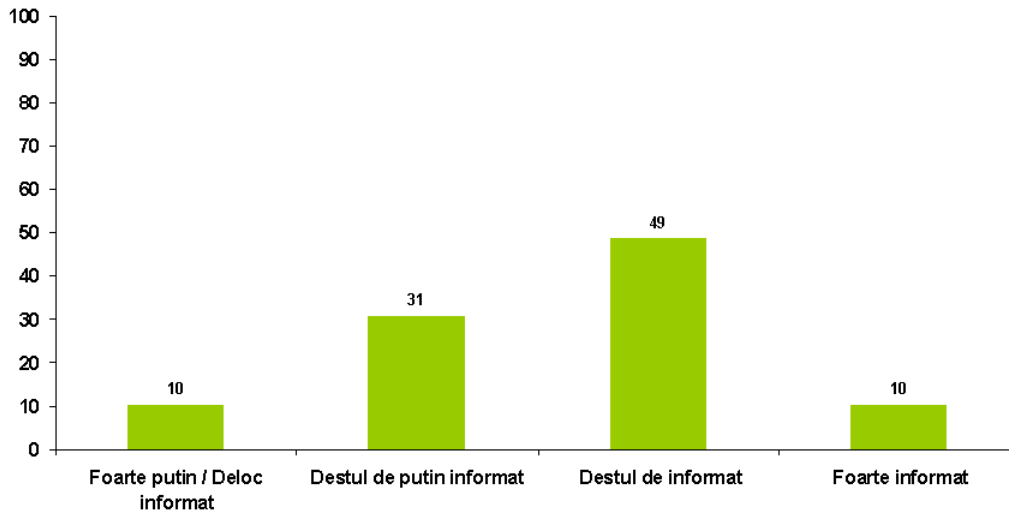
*De unde ati auzit de astfel de programe...?*



**b. The level of information on harm reduction programs**

All respondents who have knowledge of such programs have been asked to self-evaluate the level of information they possess on the topic. More than half of them consider themselves well informed or reasonably informed on the subject:

*Cat de informat va considerati a fi despre acest tip de programe?*



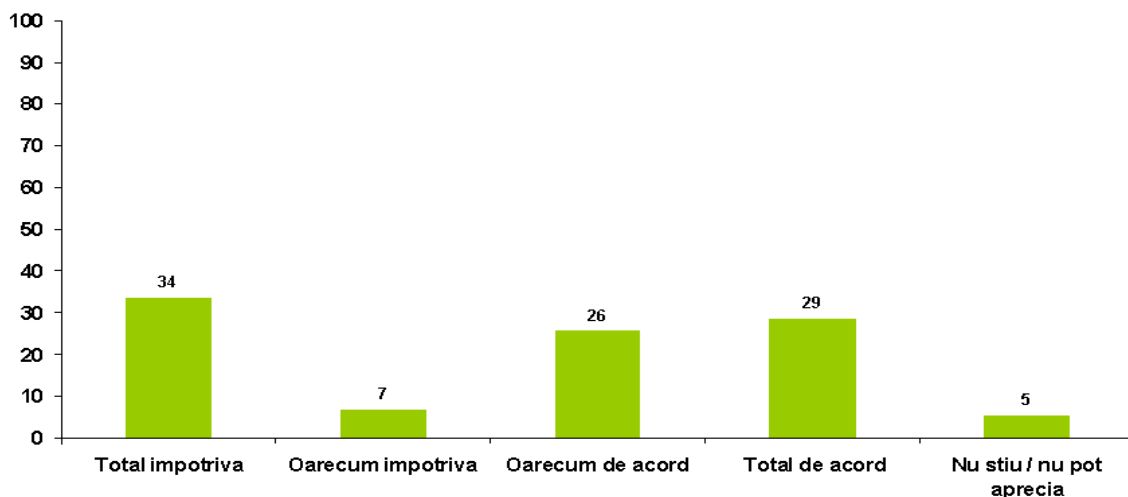
The respondents who believe to be very well informed tend to have up to 10 years of professional experience and to work in district 1.

**c. Attitude on harm reduction programs**

The attitude on harm reduction programs was measured using a series of 4 assertions regarding the opportunity, the efficiency, the public utility of such programs and **the support for punitive programs**.

All respondents have been asked in what measure they agree with the following: “Free access to syringes for drug users encourages drug use”. More than half of respondents in the sample agree with the assertion:

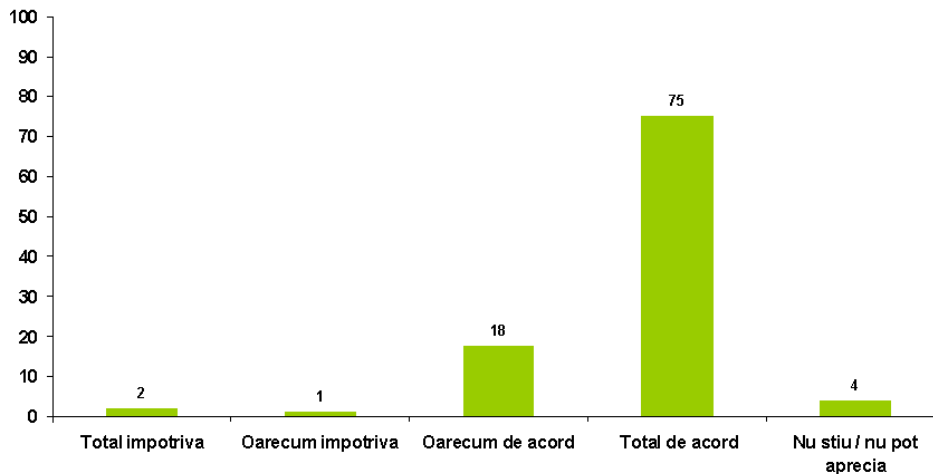
*In ce masura sunteti de acord cu urmatoarele afirmatii: Accesul gratuit la seringi pentru consumatorii de droguri incurajeaza consumul de droguri*



The pharmacists who “agree completely” tend to be between 31 and 35 years old, to work in the “Catena” pharmacies or in the districts 5 and 6.

The second assertion presented to the respondents was about the efficiency of the harm reduction programs: “Syringe exchange programs are effective means in preventing spreading HIV, hepatitis b and C in IDUs”. All respondents think of syringe exchange programs as effective in preventing **blood transmitted diseases**:

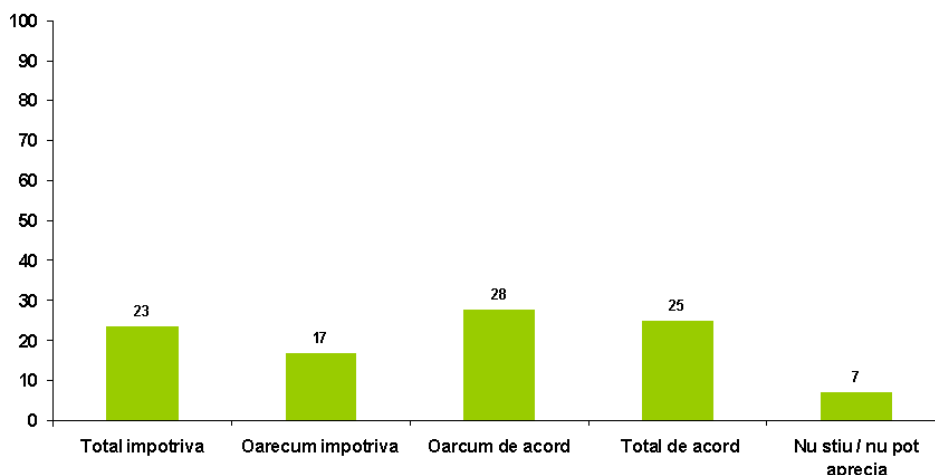
*In ce masura sunteti de acord cu urmatoarele afirmatii: Programele de schimb de seringi sunt eficiente in prevenirea transmiterii infectiilor cu HIV, hepatita B si C in randul consumatorilor de droguri injectabile*



Similar data was obtained for the following assertion: “Preventing HIV, hepatitis B and C spreading among IDUs benefits the general population health”. The data suggests that the respondents agree, in principle, on the utility of such programs, but there is a significant reserve regarding the modality of implementing them. Thus, it should be taken into account that future debriefing efforts are to be channeled towards concrete, factual information on the modality of implementing harm reduction programs.

A last assertion tested on the respondents was about the support for punitive measures concerning drug users. Data shows that more than half of the sample agree to such an approach, 53% of them considering the following to be correct: “Punishment by law for injecting drug use is the best way to prevent spreading HIV, hepatitis B and C infections”.

*In ce masura sunteti de acord cu urmatoarele afirmatii: Pedepsirea prin lege a consumului de droguri injectabile este cea mai buna cale de a preveni raspandirea infectiilor cu HIV, hepatita B si C*



Addenda

Addendum 1 – Field operative file

Addendum 2 – Non-IDU operative scenario

Addendum 3 – IDU operative scenario

Addendum 4 – Questionnaire for pharmacists

Addendum 5 – Rules for applying the questionnaire to pharmacists