As noted above, substitution of DTR injection equipment for diabetic use would lead to some mixture of increased cost and of attempts to defeat the DTR technology. An increase in costs to diabetics may provoke resentment on their part when injection equipment is being provided free (on an exchange basis) to persons who are injecting illicit drugs. Diabetics protested and delayed implementation of syringe-exchange programs in Canada (that provide easy-to-reuse equipment), because the diabetics believed it was unfair for the government to provide free injection equipment to illicit drug users while the diabetics themselves had to pay for their injection equipment. Hence, it is likely that free difficult-to-reuse injection equipment would also have to be offered to diabetics in the United States on an exchange basis as part of any plan to use DTR equipment within a blanket system for distributing to drug injectors.

A targeted distribution approach, which would place DTR injection equipment only into very high-risk injection situations such as shooting galleries and dealer’s works, would not require changing the single use but easy-to-reuse equipment currently in medical use. This strategy would thus allow time for gaining some practical experience with the distribution of DTR equipment to injecting drug users—and their reactions in the field to such equipment—without at the same time having to change the patterns of normal medical injections.

**CONCLUSION**

The analyses in this paper indicate that most proposals for utilizing redesigned injection equipment are unlikely to reduce the spread of HIV and may have other unintended consequences. There is no syringe yet designed and feasible to manufacture that could not be defeated by someone seeking to reuse it. Distributing enough syringes to prevent the establishment of a black market for injection equipment that can be easily reused presents significant logistical and ethical dilemmas. In addition, evidence indicates that many of the proposed redesigns would interfere with usual drug-taking practices, making most drug users unlikely to accept them. Redesigned syringes would also likely cost more than current syringes and could significantly add to medical waste problems. Some injecting drug users have, however, indicated a willingness to use redesigned injection equipment in order to reduce the transmission of HIV. Targeted distribution of redesigned injection equipment could be used to identify those situations in which: 1) injecting drug users would be least likely to try to defeat DTR equipment; 2) the cost, supply, and safe disposal problems would be manageable; and 3) the use of DTR equipment would have the greatest impact on reducing HIV transmission among injecting drug users.

**REFERENCES**


