

SCOTTISH PROPOSALS

Prevention of spread of HIV infection: approach to individual injecting drug misusers

The following recommendations should be implemented as a matter of urgency.

► Injecting drug misusers who cannot or will not abstain from misuse must be educated in safer drugtaking practices. It is of the utmost importance that those who continue to inject are persuaded to use clean equipment and never to share it. Clean equipment should therefore not be denied to those who cannot be dissuaded from injection. In this connection authorities should be reminded that threat to life of the spread of HIV infection is greater than that of drug misuse. On balance, the prevention of spread should take priority over any perceived risk of increased drug misuse.

► Practitioners should be informed that it may be an appropriate part of the management of individual patients, in the interests of limiting the spread of infection, to issue needles and syringes and that this should be done on a one-for-one exchange basis for a needle and syringe. This should be linked with a simple reminder to practitioners that tests for drugs in the urine which can be used in the surgery are available and with the warning that any drugs which were being given to the patient could be crushed up and injected. Testing for HIV antibodies, with appropriate pre-counselling should be offered to those who are given this equipment.

► Substitution prescription should be considered for those patients for whom it is judged that it will assist in reducing or stopping injection. It should also be considered as a means of establishing and maintaining effective contact with injecting drug misusers.

► All drug misusers must be given advice on 'safe sex' with particular emphasis on the use of condoms. Family planning advice should be readily available, linked to counselling about the grave risk to an infant born to infected parents.

Organisation of preventive measures to contain the spread of HIV infection

► Health boards should identify an appropriate individual to be responsible for coordinating action in connection with the AIDS epidemic, including both the prevention of infection and provision for the management of clinical disease, and

These recommendations have been reprinted from HIV infection in Scotland, the report of the Scottish Committee on HIV Infection and Intravenous Drug Misuse, published by the Scottish Home and Health Department in September 1986. The full report is available for £1 from the Department at St Andrew's House, Edinburgh EH1 0AU.

"I am personally and on principle against it", said the former Scottish Health Minister about issuing needles and syringes to addicts. But a committee set up by his Chief Medical Officer was about to recommend just that. AIDS FILE brings you their radical recommendations — plus news from New York, where the entrepreneurs of the illicit drugs market have stepped in with their own 'free needles' offer as the authorities consider relaxing legal restrictions.

who would relate to a person carrying these responsibilities at national level.

► Health boards should re-examine all the provisions in their area for dealing with the drug misuse problem to ensure that these services are adequate to meet the additional problem of HIV spread. This will include the use of outreach workers to contact the very large proportion of intravenous drug misusers who have not yet been identified and the effective marketing of health education and counselling and may require expansion of specialist facilities within the health service in the management of drug dependency problems.

AIDS = acquired immune deficiency syndrome. An invariably fatal syndrome of diseases resulting from damage to the immune system caused by infection with the HIV virus.

Immune system = body systems responsible for maintaining resistance to disease.

HIV virus = human immunodeficiency virus. Formerly known as the HTLV III virus and sometimes called the 'AIDS virus'. In Britain about one in ten people infected with the HIV virus develop AIDS and a larger proportion (about one in three) develop less serious illnesses.

HIV antibody = the antibody produced by the body in response to the HIV virus. Tests for HIV infection rely on detecting the presence of this antibody. Absence of the antibody does not necessarily mean the individual is clear of infection.

► A clinician should be identified in each Health Board with overall responsibility for drug misuse problems including support for the non-statutory drug misuse agencies and also to provide advice to Boards in relation to further service requirements. In the larger Health Boards, especially those with existing substantial drug misuse problems, new appointments will be necessary to cover this task.

► The Committee wishes to emphasise the extent to which reliance is now placed on the non-statutory drug agencies in the attack on the drug misuse problem in Scotland and recommends that urgent steps be taken to ensure that sufficient extra funding is made available to permit

these agencies to cope with the additional workload required to control spread of HIV infection in injecting drug misusers.

► Additionally the Committee recommends that, with the impending hand-over of management of the non-statutory drug agencies from the Scottish Home and Health Department (SHHD) to Health Boards, appropriate steps be taken urgently to provide security of tenure for key staff in these bodies to avoid loss of personnel and decline in morale. In this connection the Committee welcomed the Minister's recent announcement that "those who are working in this difficult field should (therefore) be assured that there will be support funds for worthwhile projects and initiatives for some years to come" but emphasised the long term nature of the problem.

► The Committee recommends that the responsibilities of the general practitioner be re-emphasised in regard to the treatment and prevention of drug misuse and related HIV problems. Health Boards should provide active encouragement to general practitioners to deal with patients with drug problems and should ensure that adequate sources of advice and opportunities for referral of patients are made available to them.

► There should be established one or more resource centres based in existing clinical units which have experience in clinical care of HIV infection and in counselling. The centre(s) should provide a scientific and clinical database on HIV infection and be able to provide a consultation service to health care and other workers including those in the drug misuse field.

► An extensive programme of educational workshops, seminars, etc, on HIV related problems should be established and effectively marketed. These should specifically be aimed at health care and other staffs who may encounter such problems in their work. The Scottish Health Education Group (SHEG) should provide training materials for these educational workshops.

► SHEG should provide a range of health education materials related to HIV infection and drug misuse. The Committee identified an urgent need for the rapid provision of low cost materials using all appropriate media designed to communicate effectively with drug misusers and to meet particular local needs, eg, geographical and client-related.

► The Committee recommends that it should be a high priority for the Scottish Education Department to ensure that in-

formation about AIDS and the transmission of HIV by needle sharing and by sexual contact should be built into the health education provided in schools.

► Police policies in relation to individual drug misusers should be reviewed to ensure so far as possible that they do not prejudice the infection control measures recommended.

Epidemiological surveillance of HIV infection

► Comprehensive and effective epidemiological surveillance should be undertaken by the Communicable Diseases (Scotland) Unit. The Director should be asked as a matter of urgency to advise the Chief Medical Officer on further steps to improve the surveillance programme indicating the resources required.

► The objectives of surveillance should include:

— the establishment of arrangements with laboratories in Scotland to provide regular reports of antibody testing containing sufficient data for continuing epidemiological assessment;

— the complete reporting of all cases of AIDS in Scotland and (in so far as it is possible) of other HIV related clinical conditions;

— the design and implementation of serial point-prevalence studies to monitor spread of HIV infection;

— maintenance of an up-to-date information service on national and international epidemiological trends in HIV infection.

Epidemiological surveillance of the injecting drug misuse problem

► Studies should be commissioned by SHHD on the following aspects:

— the continuing assessment of the extent of drug misuse in Scotland and in particular an attempt to assess the numbers of presently unidentified drug misusers. Such studies have already been undertaken by the Standing Conference on Drug Abuse in Glasgow and Edinburgh (commissioned by

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The message is getting across. Fear of AIDS spreading has brought people as disparate as the drug dealers of New York and official committees in Scotland together in the attempt to supply clean 'works' to addicts.

SHHD) and should be re-instituted;

— comparative studies in a number of UK centres aimed at clarifying local factors which may contribute to the spread of HIV infection in injecting drug misusers. Factors studied should include injecting practices, availability of equipment, police activity and sentencing policies;

— prospective studies to elucidate further the natural history of HIV infection in various groups of intravenous drug misusers, their contacts and their offspring.

Forecasting and resource requirements

► Studies should be undertaken to establish, on the basis of the currently available data, the likely increase in the infected population and the likely incidence rate of clinical AIDS and other HIV-related con-

ditions including opportunistic infections.

► Estimates should be developed of the likely resource requirements for the clinical care of these patients.

Public concern

► The problem of HIV infection and AIDS should be put into perspective by sustained educational efforts to dispel fears of casual spread of the disease. Public health education campaigns should however emphasise the known methods of transmission and in particular the risk of casual sex, to avoid complacency, especially over heterosexual transmission of HIV. □

See NEWS AND REPORTS for more on AIDS policy in Scotland.

FREE NEEDLES OFFER ATTRACTS CUSTOM IN NEW YORK

In New York, public health authorities are currently considering the lifting of some of the legal restrictions' on the availability of sterile needles as a way of preventing AIDS. Whether intravenous drug users would use readily available sterile needles is one of the important issues in their considerations. We report here on two recent developments involving 'free' needles that are a response to the AIDS epidemic among intravenous drug users in New York City.

The Street Research Unit of the New York State Division of Substance Abuse Services, which is composed primarily of ex-addicts, has been monitoring street-drug activity in New York City for the past decade. Since the spring of 1985, they have observed two types of 'free' sterile needles in the city.

The first type involves a modified 'two-for-one' sale. Some needle sellers are now including an extra needle with the sale of a complete syringe and needle (the packages are stapled together). A new syringe with needle typically sells for \$2 in New York City, but this complete syringe with an extra needle sells for only \$2.50. The 'extra point' can be used immediately if the first needle becomes clogged when a drug user is preparing to inject. Because it is just before injection that a drug user is most likely to be

experiencing withdrawal or craving symptoms and is therefore most likely to use whatever needle is available, the availability of a spare 'point' at this particular time may be an important way of keeping a drug user from using someone else's needle.

The other source of 'free' needles is drug dealers who have been observed to include a 'free' needle and syringe with sales of \$25 and \$50 bags of heroin, although this practice does not appear to be as widespread in the city as the 'extra point' sales described above. These two 'free needle' marketing tactics indicate an increased demand for clean needles among intravenous drug users in New York City and an effort by present suppliers to meet that increased demand.

These observations are consistent with our previous findings of an increased use of sterile needles among intravenous drug users, and they strengthen the argument that a meaningful reduction in the risk of AIDS is possible in this group. □

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1. In New York hypodermic needles are only available on prescription.

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