

£17m for drug services in 1989/90

Allocations for financial year 1989/90 will give health authorities at least £17 million to be spent on drug services, more than doubling the amount provided in 1987/88. All the money is being provided on a recurring basis, ending the yearly uncertainties that have dogged planning.

In England an extra £5 million has been carved out of the AIDS allocation, making a total of £9 million earmarked for HIV/AIDS work with drug users (see table). This is additional to the yearly £5 million available since 1986/87 to support drug services.

In practice, says the Department of Health, the AIDS and drug money can be treated as a single pot of £14 million. The rationale is that any successful drugs treatment and prevention work helps prevent HIV spread.

The new £5 million is being given partly to extend HIV prevention work along lines established in earlier circulars. These include expanding community-based services and their specialist hospital support; improving service accessibility; training; and providing substitute drugs, condoms, injecting equipment and safe disposal facilities.

But the department also expects some of the money to be used to help drug users infected with HIV, anticipating the imminent *AIDS and Drug Misuse. Part 2* report from the Advisory Council on the Misuse of Drugs.

Dr John Strang was one of the Advisory Council members bitterly disappointed by the Government's initial £1 million response to their first AIDS report. His reaction to the news will be shared by many drugs workers: "It's immensely encouraging that an extra £8 million of recurring money has been found to enable not only the development of new types of project but also of existing projects."

The £14 million total is health service money actually earmarked for drugs work. Health authorities in England will have another £14 million for community-based HIV prevention initiatives in general.⁸ Among the stipulated target populations are "drug users, and their sexual partners".

● On 13 January Scottish Health Minister Michael Forsyth announced an extra £1 million for drug services in Scotland for the

coming financial year. Unlike last year's £300,000, this £1 million is being provided on a continuing basis.

The emphasis from the Scottish Office is on warning drug misusers about the risks of sharing injecting equipment and encouraging them to adopt safer practices. But, as in England, the money may be used to support a range of drug services only indirectly related to HIV prevention.

Running alongside the new £1 million is the continuing £1.1 million earmarked for the support of projects started under the Central Funding Initiative.

But in Scotland the total of £2.1 million for drug services in 1989/90 may be less significant than the doubling of the general AIDS allocation to £12 million.

As last year, a large slice of this money will go to support the specialist AIDS treatment units in Glasgow, Edinburgh and Dundee, but a significant amount may be left over for community-based HIV prevention measures.

The Scottish Office emphasise that "In Scotland, because the problem of HIV infection is so much associated with drugs, it is likely that the vast majority of the AIDS allocation would go to help treat drug users with HIV or to prevent the spread of HIV infection among drug users."

● In Wales the general drugs allocation for next year will be decided shortly on the basis of bids from health regions. It is unlikely to fall short of the £1 million for previous years.

Additional to this, the

Health authority funding earmarked for drug services.

	£ millions		
	1989/90	1988/9	1987/8
England			
- general	5 ¹	5	5
- HIV prevention	1 ²	1	1
	3 ³	3	—
	5 ⁴	—	—
Scotland			
- CFI support	1.1 ⁵	1.1	1.1
- HIV prevention	1 ⁶	.3	—
Wales			
- general	?	1	1
- needle exchanges	0.18 ⁷	0.1	—

N.B. In England and Scotland money allocated for HIV prevention may be used to develop a range of drug services, not just those primarily aimed at HIV prevention.

£100,000 given last year to support needle exchanges will be revalued to £180,000 in 1989/90. Supply of needles, syringes and condoms cannot be financed from this money, and health authorities are expected to find at least part of the funding for staff and other costs from general funds.

● For some English voluntary projects the money may come in the nick of time. The last grant made under the Central Funding Initiative (CFI) begun in 1983/84 is due to expire next February.

The initiative pumped £17.5 million into drug services over seven years. It ensured substantial growth in statutory and voluntary drug services by sidestepping local resistance to diverting health or welfare funds to an unpopular client group.

The major question mark over the initiative has always been whether

health and local authorities would fund CFI projects after central money dried up. Increases in health funding for 1989/90 earmarked for drug services will make it easier for them to do so, without the political problems of appearing to raid the budgets for other groups.

1. Department of Health, HC(86)3.
2. Department of Health, HC(88)26.
3. Department of Health, HC(88)53.
4. Department of Health, HC(88)66, and forthcoming circular giving guidance on use of the allocation and financial monitoring arrangements.
5. NHS Circulars 1983(GEN)15 and 1987(GEN)6. This money is primarily to support and extend the work of projects established under the Central Funding Initiative.
6. NHS Circular 1989(GEN)2.
7. Welsh Office Circular HP119/112/4.
8. Department of Health, HC(88)43, and forthcoming circular giving guidance on use of the allocation and financial monitoring arrangements.

AIDS experts agree on syringe hygiene

The Expert Advisory Group on AIDS have completed their review of syringe hygiene techniques, begun nearly a year ago when it became clear that many syringes buckled after their earlier boiling advice was followed. At the time of writing, a draft *Note on Points to Cover in Advice to Drug Users on Cleaning Injecting Equipment* was being finalised. The final version should now be available from Trudy Saunders at the Department of Health (01-407 5522, ext. 6035).

It will recommend three alternative methods, each effective at cleaning out and killing any HIV in blood left in syringes after injecting. The hope is that drug users about to

re-use injecting equipment will be able and willing to employ one of the alternatives, depending on the situation.

Boiling is to be recommended as the best method, but the note will acknowledge that in some situations this is impractical and that some syringes cannot withstand boiling. The advice will be that drug users already successfully using this method should continue. A list of boilable syringes will be given.

The two remaining methods are the ones most likely to be used in practice. These are either flushing out with cold water and washing-up liquid, or using bleach. Evidence needed to assess which of these is preferable is not yet available,

say the group. But when it comes this evidence is unlikely to be critical. The important thing is that both methods are effective and that one or the other should be used.

Failing all else, the note will point out that flushing syringes through with cold water is better than nothing.

By whatever method, syringes are best cleaned as soon as possible after use to prevent blood hardening and becoming more difficult to remove. But even after a delay, using one of the recommended methods will help prevent HIV infection.

Details of the note will be given in the next issue of *Druglink*.