

# AIDS GROUPS AND DRUGS

OVER THE LAST six months the unthinkable has started to happen. A year ago AIDS was a distant black cloud on the horizon that everybody knew would reach us one day. That cloud is now overhead and the warning thunder from it is now loud enough for everyone to hear. The epidemic of HIV infection is now firmly and intractably within our client population — injecting drug users.

Britain's track record up to now has been patchy. In different areas, particularly enthusiastic individuals in drug agencies have taken initiatives, many reached after much soul searching and hard thought. Only recently have these agencies started to work together, sharing information and experiences as we begin to tackle an event without precedent in drug treatment.

When the first sero-positive drug users came through our doors, many of us were caught off-guard. Without very much in the way of centralised advice from statutory bodies, we found out as much as we could from the resources we knew about, and did the best we could.

How much better that 'best' could be if from now on we develop a better dialogue between the local groups which have sprung up to tackle the problem of AIDS and the drug agencies in their areas.

We need each other. AIDS organisations in the various cities and regions of the United Kingdom are growing in expertise and fast developing the sort of community support services we are going to need for drug users that health education and harm reduction strategies have reached too late.

But the AIDS organisations lack the detailed knowledge of the issues that bedevil the care of drug users — and, in many instances, are still afraid to provide services for drug users. By and large this is not out of any prejudice against drug users: the AIDS organisations realise that drug users are the most vulnerable of all the current high risk groups. They are not sure, however, exactly how to help them. Should they be giving out drugs? Should they be giving out syringes? How do you reach drug users? What are their needs?

The drug agencies, in turn, have their questions. What is the truth about the prevalence of the virus? Are we really sure we know exactly how it is transmitted? What on earth do you say to somebody to keep them motivated towards changing their life when there may soon no longer be a life left to change?

I have had the privilege of acting as a facilitator in several areas of the country. In Birmingham I ran an evening sponsored jointly by West Midlands AIDS Concern and Birmingham Drugline. In Swindon I ran a joint AIDS training symposium involving both the local drug agency and the AIDS Committee in the area. The

**Drug agencies are apprehensive and unsure about dealing with AIDS; AIDS agencies are unsure how to deal with drug users. Bill Nelles, who has had a foot in both camps, believes cooperation is urgently required if drug users are not to become the victims of a disjointed and ill-informed response. Opposite is the Terrence Higgins Trust's list of AIDS help agencies — potentially key resources for drugs workers dealing with HIV infection among their clients.**

## Bill Nelles

### AIDS ACTION PLAN FOR DRUG AGENCIES

- ▶ Make contact. If you haven't already met your local AIDS group, call or write to them today.
- ▶ Organise a training event. The Terrence Higgins Trust, SCODA, and the National AIDS Training Unit are all places in which the expertise can be found to make these days productive and successful.
- ▶ Start your own health education campaigns aimed at drug users. If the local AIDS groups have an education initiative, offer to provide them with a drug component. Ideas for posters; addresses of services — all this information needs to be exchanged.
- ▶ Develop support groups for your clients already infected. You will probably find somebody in the AIDS group prepared to act as a co-facilitator with

somebody from the drugs field, so there is the maximum amount of information and support available to users who attend these meetings.

▶ Meet your local consultants and medical staff from the sexually transmitted disease clinics. They may be bewildered by the diversity of services (and their ideologies) that are available to drug users in your area.

▶ Write to the Terrence Higgins Trust. We have a drug education group with representatives from many different agencies, with many different ideologies. We would be happy to assist in organising an event in your area.

▶ Contact the Drug Education Officer, The Terrence Higgins Trust, 52-54 Gray's Inn Road, London WC1, or phone 01-831 0330.

Standing Conference on Drug Abuse (SCODA) and other individuals are also pursuing initiatives to bring together those in the AIDS and drugs fields.

What we are trying to achieve is the exchange of ideas and information between those who care for drug users and those fighting to limit the spread of AIDS. In hospitals, treatment facilities for HIV infection are not usually found in the drug units, so here too a dialogue between disciplines must be encouraged.

In the last month the Terrence Higgins Trust has sponsored training events in health authorities in East Anglia, South Glamorgan, Plymouth, Swindon, and the South East Thames region, so that workers in sexually transmitted disease clinics who at present bear the brunt of providing the treatment being offered to those with HIV infection, and their colleagues in drug dependency units, can talk out the problems and develop joint initiatives.

In the light, therefore, of these developing initiatives, the Terrence Higgins Trust felt it might be helpful to provide drugs workers with a list of well established AIDS organisations that are developing services for *all* those infected with the HIV virus (see facing page). Some of these agencies may have plans well advanced for offering services to drug users. Others may be unsure of their ground, and awaiting a phone call from someone in the local drug treatment scene to start the ball rolling. In other areas communications are already

well established and productive.

If we remain isolated from each other, and do not tap into each other's resources and experiences, we may lose this fight. Then it will not be the workers who will die, but our clients. Already in America AIDS has turned the drug rehabilitation field on its head: how much work can practically be done with an individual facing an uncertain future, or already dying, and dying of one of the most unpleasant illnesses known.

We still have the opportunity to prevent this but we must not waste any more time. The next six months are crucial. We need to pursue every avenue we can to dissuade drug users from sharing needles, and to adopt substantial changes in their sexual lives. We need to dissuade as many young people as possible from taking that first injection. We need to re-double our efforts to get people away from the risk of AIDS by getting them out of drug use.

ONE OF THE most tragic parts of this calamity is that, even if the epidemic were to spread no further, we are still going to have to bear the burden of supporting many young people through to their deaths. The Terrence Higgins Trust is committed to developing its services aimed at drug users, and to providing training and advice to any agency or group of drug users who wish our help. We are assisted in this by the work that SCODA and other drug agencies are, in their turn, achieving. □

*Bill Nelles currently works at the Terrence Higgins Trust as its Drug Information Officer.*