Minding the Kids?" (*Druglink*, September/October 1990), we wrote about the importance of childcare and child protection procedures for drug agencies. None of this has changed. However, the Children Act will assist your agency to work in a child-focused way with the parents and children you contact.

The law now agrees with practitioners that "the welfare of the child is paramount". Agencies that have any contact with children must demonstrate this. This in turn has implications for the services you offer, the ethos and language of your agency's policies, and the application of your agency's procedures in areas such as confidentiality and health and safety. All statutory agencies have had to change their procedures to conform to the Act, so drug agencies need to update any written material previously obtained from social service departments or from the Department of Health. Documents agencies should have include their local authority's child protection handbook and the government guidelines, *Working Together*.

The Act requires new standards for childcare provided outside home and for residential services housing children. This has implications for your agency if, for example, you run a creche or if the workers (or residents) look after a child in the agency on behalf of a parent, no matter what the circumstances. Each local authority will have Children Act registration officers who can advice on these issues.

The legal framework in Scotland and Northern Ireland is different, although standards of good practice still apply. Drug agencies with UK-wide or cross-border briefs need to be aware that these differences exist. Official documents for these jurisdictions equivalent to those for England and Wales are noted in the Further Information panel. ■

FEATURE

Crack injection

More crack users are injecting, risking serious health problems

WHEN SMOKABLE crack cocaine first became common in American cities it was hoped that by replacing the injection of cocaine it would help reduce the high rate of HIV spread among drug injectors. This optimism was short lived. Few cocaine injectors in New York switched to crack,[1] and the circumstances of the 'crack culture' seemed likely to increase the risks of heterosexual HIV transmission; women were found to be exchanging sex for crack, both through prostitution and directly in 'crack' houses.[2]

In England, predictions that the crack 'epidemic' would follow the same course as in America have not, to date, materialised. But here too crack may not turn out to have the expected impact on HIV transmission. Two studies in progress at the Centre for Research on Drugs and Health Behaviour have shown that more drug users are now injecting crack. This is one of the findings of a wider study of the prevalence of cocaine and crack use among subjects recruited through drug agencies and through a community survey of drug users not in contact with services

In 1990, crack was being injected by 13 (9 per cent) of 149 identified crack users. By 1991 this had risen to 31 (21 per cent) of 147 crack users sampled in the same way, a statistically significant increase. During the same period, our data from an MRC/WHO study of drug injectors in London showed that in 1990 only 3 (4 per cent) out of 85 crack users were injecting. By 1991 this too had increased significantly to 31 (23 per cent) of 138 crack users.

This trend to injecting crack has a number of health implications. American studies have shown that people who inject cocaine are more likely to share equipment than are those who inject opiates and so may be at greater risk of HIV transmission.[3] When the cocaine is in the form of crack, there are additional risks. Experienced injectors break crack down to a soluble compound similar to cocaine hydrochloride by adding an acid, such as vitamin C. Others have tried to dissolve crack by heating it in water or alcohol forming a viscous substance which blocks the needles normally available in drug agencies. Reports have been received of injectors using large veterinary needles which are difficult to obtain and therefore more liable to be shared.

Any injected substance is liable to cause tissue damage leading to abscesses. This is particularly so in the case of cocaine (in any form) because of its local anaesthetic properties which dull the pain normally caused when injectors 'miss' a vein. Injection site damage may be exacerbated by the use of large needles and by injecting a substance which is only partially dissolved. Some crack injectors have reported that residual ammonia in crack prepared with household ammonia has a caustic action, causing ulceration.

Explanations for the increasing popularity of injecting have included: a shortage of cocaine powder on the streets; the availability of crack in smaller, and therefore cheaper, quantities; and the near purity of crack as opposed to cocaine powder, which may have been diluted with a variety of substances. In our study, 41 out of the 44 individuals who were injecting crack were found also to be currently injecting heroin. Another one was injecting methadone and two amphetamines. People who inject crack may have started their injecting careers with opiates and then applied this method to other drugs, such as crack. ■

by

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