

HIV top priority, says official report

Once again drug misusers are being seen as the carriers of an infectious disease which "if allowed to spread unchecked, will become a menace to the community". The quote is from the 1965 Brain committee report, but is also the message of the latest drugs report from a government advisory body. In 1965, addiction itself was the disease to be prevented, now AIDS is the top priority, says the *AIDS and drug misuse* report from the Advisory Council on the Misuse of Drugs, released by the government on 29 March.¹ (See official overview opposite.)

The Brain committee's recommendations established the legal and medical framework for the treatment of addiction still in place today. Twenty-three years later the *AIDS and drug misuse* report is being heralded as the new "blueprint" for drug services in Britain. It seeks to re-order the objectives and revamp the operation of drug agencies and workers in the service of the anti-HIV offensive, but backs off from attempting a wholesale shift from combating drug problems to combating AIDS. Abstinence remains, says the advisory council, the "ultimate goal", but a goal that must be shelved if it conflicts with preventing HIV spread. This uneasy alliance between AIDS priorities and anti-drugs objectives leaves drug workers to walk a fine line between radically different aims. The report puts it this way:

"The different goals for drug misusers must not be seen as in competition. Care must be taken when advising on avenues to abstinence to ensure that advice is given on ways of reducing the risk in the event of on-going use or a return to use. Likewise, advice on risk-reduction with regard to on-going use must not encourage continued use and should where possible increase awareness of the greater benefit from abstinence as and when that may be achieved."

Again the parallel with the 1965 Brain committee report is striking. Then another attempt to graft the public health objective of preventing 'infection' on to a system geared to individual treatment left drug workers to walk an equally thin tightrope — that of prescribing addicts enough opiates to pre-empt the development of an illicit market, but not so much that the market was supplied by the overspill and new addicts created.

Implementation of the advisory council's recommendations on AIDS and drug misuse would, the council say, require "a substantial

Government rejects call for more money to fight AIDS in drug users

increase" in the funding of drug services — first to cater for the much wider range of drug misusers who will need to be contacted, including many whose only 'drug problem' is their risk of transmitting or catching HIV; second, to give each client the extra advice and counselling time needed to deal with HIV and AIDS.

Government response 'extraordinarily disappointing'

In the absence of an official DHSS launch, four members of the advisory council's working group that produced the report arranged their own press conference. All four were unreserved in their condemnation of the government's initial response.

circular being sent out with the report merely promises to continue the extra £1 million p.a. for AIDS work in the drugs field first provided in 1987/8. In future years RHAs will have to use that £1 million both to fund the AIDS and drugs work already underway and to upgrade drug services in their regions to meet the objectives identified in the *AIDS and drug misuse* report. At least some of the authors of that report believe it falls far short of what's needed.

The theme of the government's response was that we are already doing what's needed and will continue to do so. In two areas they specifically rejected the working group's advice — on expansion of syringe exchange

pockets — against sometimes vociferous local opposition — if schemes are to be continued or expanded.

Lack of needle exchanges is one example of the absence of an infrastructure of drug services in Scotland needed to support the developments recommended by the advisory council. Few doctors are willing to treat addicts and those that are will generally not prescribe substitute drugs, one reason why some Scottish drug misusers have migrated to England, taking part of Scotland's HIV problem with them. Over a fifth of the people who tested positive for HIV at St Mary's Hospital's drug dependency clinic came from Scotland.

Within the working group there is suspicion that the change in political leadership at the DHSS from Norman Fowler to John Moore has been accompanied by a less pragmatic and more moralistic response to AIDS. Official unwillingness to be seen to be condoning drug misuse in pursuit of public health objectives related to AIDS has been an undercurrent in the government's response from the start, but now the fear is that maintaining a strong anti-drugs stance has become the main concern.

Where the report saw the anti-drugs effort being redirected to AIDS prevention, the government appears keen to maintain the existing thrust of drug misuse policies and to tack a relatively discreet element of HIV prevention on at the edges, with specific central funding running at a fifth the rate of funding for mainstream drugs work.

There is some optimism that the government may yet be persuaded to change tack. Bill Nelles (formerly drug education officer with the Terrence Higgins Trust) is probably the first health authority appointee with the task of generating the response to drug misuse among GPs which the advisory council says is "essential" to counter HIV spread. Based in Reading and working for the West Berkshire Health Authority, he hopes the government may be more flexible in private than their political image will allow them to be in public. "Drug workers should not accept the government's statement", he said. "Over the last two years if the pressure has been put on hard enough they have backed down." Dave Turner too emphasised this was just the government's initial response.

1. Advisory Council on the Misuse of Drugs. *AIDS and drug misuse. Part 1*. London: HMSO, 1988.

THE NEW GOALS FOR DRUG WORKERS

These ways of reducing the risk of HIV transmission are now the priority goals for drug workers, said the advisory council:

- preventing or reducing injecting drug misuse;
- preventing or reducing sharing of injecting equipment;
- preventing or reducing unprotected sexual intercourse;
- advising infected women to avoid pregnancy and providing help where needed to reduce the number of births to those women.

Ruth Runciman, the working group's chair, said the statement to the House of Commons from Health Minister Tony Newton (see "The government's reply") promised "very little in the way of positive action and nothing in the way of resources". For Dave Turner of the Standing Conference on Drug Abuse, the response was "extraordinarily disappointing".

There was bafflement at the government's apparent refusal to shell out what Ruth Runciman said would later look like "peanuts" to forestall the need in a few years time to spend much more treating the consequences of an unchecked AIDS epidemic. John Strang of the Maudsley Hospital's drug dependence unit hinted that the £5 million p.a. for drug services provided from 1986/7 to health authorities might need to be doubled to embrace anti-AIDS objectives. The DHSS

schemes ("not . . . sufficient evidence" of effectiveness) and on the provision of condoms in prisons to prevent HIV spread from drug offenders through homosexual activities ("a resulting increase in homosexual activities" would raise HIV risks).

In Scotland the government was openly dismissive of the chapter in the report calling for urgent action north of the border: according to Scottish Minister Michael Forsyth, the working group had simply misread the situation. Gerry Stimson has been monitoring the work of the government's 'pilot' syringe exchange schemes. He counsels there is an urgent need for more schemes in Scotland and believes that in the circumstances the existing schemes have been "remarkably successful" in attracting clients, demonstrating that drug misusers will come forward to schemes if they are provided. But on 31 March 1988 government funding for the two remaining Scottish schemes ended and no more central money will be provided, leaving health boards to dip into their own

The Advisory Council's new AIDS and DRUG MISUSE report is available from ISDD, £6.50 inc. p&p.

WHAT THE ADVISORY COUNCIL'S REPORT SAID

■ **HIV is a greater threat to public and individual health than drug misuse.** The first goal of work with drug misusers must therefore be to prevent them from acquiring or transmitting the virus. In some cases this will be achieved through abstinence. In others, abstinence will not be achievable for the time being and efforts will have to focus on risk-reduction. Abstinence remains the ultimate goal but efforts to bring it about in individual cases must not jeopardize any reduction in HIV risk behaviour which has already been achieved.

■ The most effective way of educating drug misusers about HIV, and changing their behaviour so as to minimise the risks, involves first bringing them into contact with a helping agency. At present, only a small minority of drug misusers are in touch with such services. The report discusses how larger numbers can be brought into contact with services. It concludes that community-based services provide the best opportunity and that considerable development and expansion is needed to ensure that accessible and attractive services are available throughout the country. The role of general practitioners and other generic professions is also emphasised and suggestions are made to promote greater GP involvement with drug misusers. The need for specialist psychiatric services to back up these front-line services, providing help and support and accepting referrals in diffi-

cult cases, is highlighted. Without this support, the ability of front-line services to make contact with more drug misusers and help them move away from HIV risk behaviour is seriously impaired.

■ Having established contact with drug misusers, the next step is to educate them about HIV and how to avoid acquiring or transmitting it. The report recommends that all services for drug misusers should give practical and explicit advice on risk-reduction. This advice must recognise that some will carry on misusing drugs, by injection in some cases, [and] cover sexual transmission. If education is to succeed it is essential that drug misusers who cannot be persuaded to stop injecting should have access to sterile needles and syringes. The report . . . concludes that a combination of syringe exchange schemes and over-the-counter sales from community pharmacies offers the best solution.

■ The role of prescribing in attracting drug misusers to services and helping them move away from HIV risk behaviour is discussed. The report concludes that prescribing is one of a number of tools which can help achieve this in some cases but stresses that it is not a panacea. It emphasises the need for treatment to be tailored to the individual drug misuser if it is to be effective in inducing a change away from HIV risk behaviour. This means that a full range of treatment options must be available in each district so that those

providing services to drug misusers can select the most appropriate treatment package.

■ The report . . . recommends urgent action to improve prisoners' education about HIV and AIDS. It stresses the importance of identifying drug misusers when they enter prison and seizing the opportunity presented to educate them away from HIV risk practices and, where possible, towards sustained behaviour change.

■ Special mention is made of the situation in Scotland which is a cause of grave concern. Prevalence of HIV among injecting drug users is high [yet] services north of the border are ill-equipped to play an effective role in combating the spread of the virus. The lack of psychiatric input to drug services and the lack of treatment options are worrying. So too is the continued shortage of injecting equipment in places and the lack of access to already overstretched counselling and advice services. Additional recommendations are made for immediate action in Scotland.

■ The measures recommended have not been costed in detail but it is clear that a substantial increase in funding for services for drug misusers will be needed. Investing now in these measures . . . will bring much greater future savings and benefits in both human and financial terms.

From the overview in pages 1-3 of the *AIDS and drug misuse* report.

THE GOVERNMENT'S REPLY

■ It is self-evident that if people do not start using drugs in the first place then they do not put themselves at risk of infection through this route. We remain therefore determined to prevent the misuse of drugs.

■ But we must recognise that there is a population currently at risk of acquiring the AIDS virus through their injecting drug misuse, and I accept the ACMD's [Advisory Council on the Misuse of Drugs] advice that services should be developed in order to make contact with as many of that population as possible.

Services should be prepared as necessary to advise and encourage drug misusers to reduce the health risks associated with their drug misuse — to themselves and to others — as an intermediate goal in getting them to stop drug misuse altogether.

■ The ACMD recommends that sterile injecting equipment should be widely available, through an expansion of syringe exchange schemes, and sales through pharmacies. We have considered this recommendation carefully in conjunction with the preliminary findings of an evaluation of 15 'pilot' syringe exchange schemes around the country. While the evaluation points to some promising features of such schemes, we do not consider that we yet have sufficient evidence to recommend an expansion of schemes in England. I accept however that some local agencies in England and Wales have already decided to set up their own exchange schemes, and that more may do so. In order that such schemes should operate as effectively and responsibly as possible, I intend to make available guidance based upon the principles underlying the pilot schemes and drawing on the early lessons of the evaluation.

■ The Home Secretary and the Secretary of State for Scotland have considered the ACMD's recommendation concerning the availability of condoms in prison, but believe that it fails to take account of all the relevant factors, including the effect which a resulting increase in homosexual activities would have in terms of risk of HIV infection and otherwise. They do not intend to make any change in present policy in this respect.

We endorse the ACMD's view that there will be a continuing need for national and local publicity about the link between AIDS and drug misuse. Last year we launched two parallel campaigns designed to deter young people from starting to use drugs, and to warn of the particular dangers — of which AIDS is the most serious — of injecting drug misuse.

From the statement by Tony Newton, Minister for Health, to the House of Commons, 29 March 1988.

On the day the report was published Michael Forsyth, Scottish Health Minister, made a statement on AIDS and drug misuse referring to the beleaguered Scottish syringe exchange schemes and responding to the ACMD report's chapter on Scotland.

I propose to approach the Scottish department of the Pharmaceutical Society of Great Britain in the near future to discuss with them the contribution which sales by pharmacists might make towards the wider availability of clean equipment.

As regards the two needle exchange schemes which are still in operation — those in Edinburgh and Glasgow — Lothian and

Greater Glasgow health boards have been informed that, although central funding of the schemes will not continue beyond 31 March when the formal period of monitoring and assessment is due to end, they may continue to operate the schemes if they consider this to be appropriate in local circumstances. So far as further needle exchange arrangements by health boards are concerned, we are not yet in a position to reach general conclusions on whether any extension of the existing arrangements would be appropriate. However, if any health board considers . . . there is a need for such facilities in their area, we shall be prepared to consider specific proposals.

The [ACMD's] report expresses particular concern about the position in Scotland . . . In my view the chapter of the report on Scotland does not give an entirely balanced assessment of the situation in Scotland nor does it take into account the different historical background to the drugs problem here. In particular, the report fails to acknowledge that many drug misuse services in Scotland have already adapted their approach in response to the problems presented by the spread of HIV infection among drug misusers. I am however sending copies of the report to health boards and local authorities and to various representative bodies. I also propose to hold early discussions with the Scottish division of the Royal College of Psychiatrists about the report, including its recommendations on the need for increased input to the management and treatment of drug misuse by the psychiatric services in Scotland.

From the statement by Michael Forsyth to the House of Commons, 29 March 1988.