

NEEDLE SWOP IN MERSEY

ON 24 OCTOBER 1986, Mersey Regional Health Authority's Drugs Training Centre began a needle/syringe exchange system for injecting drug users. Liverpool Health Authority funds the scheme and authorised the Centre's staff to issue the equipment. Drug users bring in their used equipment, drop it into a *Sharpsafe* container in a room set aside for this purpose, and then choose their replacement equipment from our stocks. When full, the *Sharpsafe* boxes are collected by the Health Authority and destroyed. Customers are also supplied with free condoms and are given our leaflets on safe drug use and safe sex.

Since 5 December, 105 individuals have exchanged equipment, 15 of them women. We have dispensed 1618 syringes with needles attached, and received to date 1297 used syringes and needles, with obviously more due in at the time of writing (5 January 1987).

At first most customers were patients at the neighbouring drug dependency clinic. Like others in the district, this clinic prescribes injectable drugs. However, news of the service has spread, both by word of mouth (customers are encouraged to tell their injecting friends) and by media advertising, so now most customers are probably not in treatment. The availability of the service has brought some drug users into contact with an advice agency for the first time and revealed some bizarre and dangerous practices — such as the dealer who kept a box of syringes and needles for his customers' communal use.

Although the customers are usually breaking the law with their drug use, the Centre has not experienced difficulties with the police nor are any anticipated.

So far there have been no problems with non-injectors asking for injection equipment. In Liverpool the majority of heroin users smoke rather than inject. Although some have tried injecting, they usually favour the more 'mellow' smoking experience rather than the intense 'rush' of injecting. Also the idea of injecting themselves is as repulsive to many heroin smokers as it is to people who do not use drugs at all. Many of our customers tend to inject on their own or with a small, close group of other injectors, and tend not to socialise with the casual heroin smoker.

If a heroin smoker did come in saying they wanted to inject, we would try to discuss the reasons why, but if they were determined we would rather our equipment was used than a dirty syringe. However, this problem hasn't arisen and we doubt whether it will.

As yet we have not even had to ask for evidence of injecting. The vast majority of customers are long-term, committed in-

Drug injecting and personal responsibility may seem incompatible — but in Liverpool, drug injectors have not 'misused' an experimental needle exchange scheme. Allan Parry describes how a simple exchange scheme can quickly develop an important health education and counselling role.

Allan Parry



The Training Centre's leaflet on safer sex and drug use issued to needle-exchange customers.

tors, evidenced by their technical requests for specific injecting products, revealing a working knowledge unavailable to the heroin smoker. We usually ask where in the body they are injecting so we can prevent the use of unsuitable equipment, but many take the initiative and show us physical evidence of their injecting when asking advice on health problems, arising from injecting contaminated heroin or other drugs with unsterile equipment.

When customers arrive they are told the Centre can give advice on health and other problems related to injecting, and many do seek advice on various primary and secondary health issues related to poor injecting techniques and contaminated drugs, such as AIDS, HIV testing, hepatitis and septicaemia. If their veins and limbs are so badly damaged that they are risking major health problems, we can sometimes persuade them to consider enrolling in a maintenance programme that would allow them to inject clean drugs and give their bodies an opportunity to recover.

None of the Centre's staff are medically qualified, so training is being arranged to help deal with health queries.

What started as a syringe/needle exchange system with associated health advice is developing an important counselling role supporting often isolated individuals. A trusting relationship tends to develop as regular customers come to see the Centre as a non-judgmental and practical resource, leading to more extended discussion of their concerns and problems. This (welcome) development is nevertheless hard to manage when a queue of customers may be waiting to exchange their equipment.

Most customers are long-term injectors attending regularly at least once a week. Some come less frequently from further afield, and some of these have been allowed to collect equipment for friends, who in turn have come to the Centre. With needles and syringes available free of charge, injectors who previously purchased equipment from pharmacists and used it for several injections, are now coming for fresh equipment each time. Here the need for conversation may be as great as the desire to avoid health problems.

Injectors vary in their preference for equipment, so a range of barrels and needles are made available and we also stock different size needles. We usually give a maximum of five barrels and needles, though this may be increased if a customer can only come in, for example, once a fortnight due to travel problems.

Most leaflets aimed at injectors advise them to stop or engage in complicated (and sometimes bizarre) sterilising techniques. We have produced our own leaflet that gives the usual advice on safe sex, etc, but also asks injectors, if they can't stop, simply to come in for clean equipment or buy it from a pharmacist. With every exchange we give out a number of these leaflets for friends. We also give out condoms (resulting in local prostitutes calling for a free supply).

Now that the system is used without fear by a lot of injectors, we are considering asking for identification for statistics (such as key initials or numbers) that will help us evaluate the scheme.

Fears that addicts will get clean needles and syringes only to share them with others seem unfounded. Equipment is usually exchanged on a time scale (at least weekly) consistent with personal use only and the evident concern over AIDS that motivates attendance at the Centre, also means that sharing and putting themselves and their friends at risk is out of the question for the vast majority of customers.

Drug users have used the scheme responsibly, regarding it as a welcome change from the punitive, prejudiced attitude they normally associate with society's reaction to their drug use. The AIDS issue has caused great alarm in the injecting community, so many customers appreciate the scheme for what it is — a system that allows injecting drug users to minimise the harm of drug use to themselves and their friends without harming others. □

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