

'Overwhelmed' needle schemes close down

Pilot needle exchange schemes north of the border have run into serious problems. The three Dundee schemes have all closed down while Glasgow's scheme has been picketed by local residents.

Dundee's first scheme opened in June at the genito-urinary clinic of Dundee Royal Infirmary and effectively ceased operation on 10 August due, it's reported, to lack of resources causing unacceptable levels of stress among the staff. There were also complaints from other clinic patients about the behaviour of the scheme's users. David Liddell of the Scottish Drugs Forum suspects closure may have been a last-ditch attempt by staff to ram home the seriousness of their plight to the authorities.

The day after the Royal Infirmary scheme closed, the scheme at Dundee's Wishart Drug Problem Centre opened, unexpectedly having to cope with patients from the earlier service. Initial uptake of the new service was good but it too closed on 18 September after a catalogue of threatening and bad behaviour by attenders, including spraying a nurse with blood from a syringe and injecting in the toilets as well as in the toilets of a community project in the same building.

A problem at the Wishart centre and elsewhere was the attempt to run needle-exchange alongside an abstinence-orientated therapeutic programme, creating tensions for staff and clients alike. Dr Johnston, consultant responsible for the centre, says the rest of their

programme was "overwhelmed" by the needle scheme whose customers often demanded immediate exchange and would not accept counselling or advice. Workers in some other schemes believe at least part of Wishart's problems may have arisen because the centre was trying to give the clients something they didn't want.

Also in Dundee a GP is reported to have pulled out of supplying injecting equipment to his patients when other drug users attended his surgery demanding needles. Dundee is now without a special scheme for supplying sterile needles and syringes, despite the fact that the 1986 report from the Home Office Drugs Inspectorate says the city has a "considerable" drugs problem and injecting is "the norm" for both heroin and amphetamines.

According to the Terrence Higgins Trust, "many of the drug misusers in Dundee are scared and angry . . . frustrated at what they see as the failure of the health board [to provide] any treatment helpful to drug users who cannot, or will not, become drug free". The Trust spotlights refusal to provide anything beyond "short, sharp detoxification" treatment as one major cause of the problems in Dundee. Others believe the general resistance to harm-minimisation in Scotland is the root of the problem.

In Glasgow, plans to open an exchange service in a disused clinic were abandoned after local opposition and the scheme was moved to Ruchill Hospital. Despite a deliberately low pro-

file, local residents started to picket the scheme deterring all but an average of less than 10 clients a week from attending. Between its opening in June and September, only 50 clients had attended the scheme and virtually none had returned.

Like other Scottish schemes, the Glasgow scheme is hampered by restricted opening hours — just two afternoons a week — coupled with guidelines originating from the Scottish Home and Health Department limiting the schemes to supplying no more than three needles a time on an exchange basis. Together these prevent heroin addicts — who may inject several times a day — using fresh equipment each time to stop damage from attempts to pierce veins with blunted needles.

The present guidelines were cleared by the Lord Advocate but any increase might render the schemes liable to prosecution under Scottish common law prohibiting "reckless" behaviour injurious to health.

Medical sociologist Dr Gerry Stimson of Goldsmith's College in London is conducting a government-funded evaluation of pilot exchange schemes north and south of the Scottish border. He believes Scottish schemes have suffered from considerable local and administrative as well as legal problems. Scottish health boards were instructed by the government to set up the schemes but in some quarters there was, Stimson says, a "marked lack of enthusiasm" for the idea.

Dave Liddell believes the

health boards were "half-hearted" in carrying out their instructions and met with resistance from practically every unit they approached to house the schemes — Wishart for one admit they only accepted needle exchange "with some reluctance". The result is too few schemes, under-resourced and under stress, with those isolated clinics that did cooperate stigmatised as 'junky centres'.

One relatively bright spot is the service at Leith Hospital in Edinburgh, where an average 10-20 injectors attend the weekly half-day session. But between April and September just 100 clients had used the scheme, a small fraction of the total number of injectors in an area where until recently heroin was almost exclusively injected.

To some experts the failure of the Scottish schemes results partly from the lack of political will within the Scottish Home and Health Department and the health boards with respect to drug services in general. Services are few and under-funded, meaning the high rate of HIV-infection among drug users creates a situation where people desperate for help have nowhere to go or are met with 'Calvinist' and rigid responses in contrast to the more 'user-friendly' schemes south of the border. At the Liverpool scheme, no incidents of threatening behaviour have been reported despite 700 customers and at one time a workload of 350-375 visits a week, but in that area the scheme forms part of a pattern of service provision generally lacking in Scotland.

Research suggests CFI-funded projects will survive

Preliminary results from a research assessment of the DHSS's Central Funding Initiative suggest that most of the projects supported by the Initiative may have secured future funding and confirms the primary role of the health authorities in the provision of new services.

Launched in 1983, the Initiative aimed to provide pump-priming grants to new and existing projects to help develop services for drug users. With a three year limit on the grants, the main question mark over the Initiative has always been whether health and local authorities in particular would pick up the tab when the DHSS

money ran out.

A pilot questionnaire sent out by the research team at Birkbeck College in London revealed that 24 out of 29 projects coming to the end of their CFI grants had secured future funding. Nearly three-quarters of the funding came from health authorities, 11 per cent from local authorities and nine per cent from social security. Twenty two of the projects had received enquiries on AIDS and "substantial proportions" of the projects' clients were continuing to inject. In the four weeks before the questionnaire was completed, an average 15 people a week sought help from the pro-

jects and 54 per cent of those helped were women.

The three year research project headed by Dr Susanne MacGregor with Dr Betsy Ettore and Ross Coomber still has two years to run, and the pilot questionnaire was sent to just 35 of the projects to receive CFI funding. A full survey is being carried out, but a detailed analysis of existing information has already pieced together a general picture of where the Initiative money ended up.

Over 80 per cent of the just over £17½ million was allocated as revenue funding. Fifty six per cent of the 188 grants were administered through health au-

thorities, 42 per cent through the voluntary sector, and just two per cent through local authorities, which could only receive grants for training. The CFI money paid for the appointment of 365 staff, 69 per cent in the statutory sector, with community psychiatric nurses the largest single category of professionals employed.

All 14 English regional health authorities received some CFI funding. Later reports may shed light on concerns that areas without existing specialist services to lobby for funds and provide evidence of local drug-taking would tend not to make successful bids.