

the anti-injecting ads also make an unconvincing stab at attacking heroin smoking, and all the messages are negative "don't do it" warnings rather than positive advice on how to avoid infection if you intend to continue drug use/injecting.

The blood-spattered images too are intended as 'put-offs', but some health educators and drug specialists fear the effect will be to deter drug users from taking in the ad's message rather than to stop them injecting.

Speaking nearly a month after the campaign was launched, Geraldine Mulleady of St George's Hospital's drug dependency unit in London, said none of their clinic or needle-exchange clients had seen anything but the TV ads, and one who'd seen that had turned off in response to the vivid imagery.

However, compared to the hostile response to "Heroin screws you up", reaction in the drug field has been muted. Alan Parry, whose Mersey drug training unit runs the UK's largest needle exchange scheme, said the majority of his customers would reject the irresponsibility implied by shots of blood-filled syringes carelessly left around or being passed to a "friend". He also points out that the ads almost totally neglect the risks of sexual transmission of HIV from injectors to their partners. Verdict — as good as could be expected, but "irrelevant".

But Bill Nelles, drug education officer for the Terrence Higgins Trust, said THT was "very encouraged" by the campaign. His concern was that it should be backed up by action to deal with increased demands for help — when the campaign began THT's drug referrals tripled. A government grant of £300,000 will help them cope, but other agencies may not be so lucky.

Even if the campaign has little direct effect on drug users it could affect their treatment by the rest of the population. Steve Tippell of south London's Community Drug Project fears the ads will be misread as implying 'injecting equals AIDS'. Generic services just overcoming their resistance to taking on drug users might be frightened off and a 'junkie plague' label on AIDS could mean drug users generally are shunned and isolated further from society. The 'gay plague' label was successfully opposed by THT and gay groups but drug users are, it's generally thought, less able to fight back.

AIDS group to report by end of year

Drug workers in England and Scotland send evidence

The Working Group on AIDS and Drug Misuse set up by the Advisory Council on the Misuse of Drugs after their meeting in early May, is due to report by the end of the year on what the Council sees as the two most urgent issues:

— how to "provide more drug users with the opportunity of contact with appropriate helping agencies"; and

— how to help "keep people who continue to misuse drugs in contact with treatment or other appropriate services with a view to preventing or minimising unsafe injecting or other harmful behaviour".

Next year a final report will address the "wider implications of AIDS and HIV for all services for drug misusers including the provision of treatment and other services to drug misusers who have HIV infection or AIDS or may be at risk".

The reports will go to the full Advisory Council for endorsement before being submitted to Douglas Hogg at the Home Office, minister responsible for coordinating drug policy.

Only a minority of the working group are doctors. According to Dr Philip Connell, chairman of the Advisory Council, a non-doctor was chosen to chair the group because "most doctors have taken up a position in relation to the treatment of addicts". With its multi-disciplinary membership, the group may well take a more global view of the role of medical treatment than did the exclu-

sively medical body responsible for the DHSS *Guidelines of good clinical practice in the treatment of drug misuse*, now under review by the working group.

Two position statements from national organisations representing specialist drugs workers north and south of the Scottish border are almost certain to play an important role in the group's deliberations. On 17 September the Scottish Drugs Forum published its *Policy statement on AIDS*, coming down heavily against "a return to the general prescribing policy" of the '60s and '70s, but acknowledging a restricted role for prescribing of non-injectable opiate substitutes. The only candidates for maintenance prescribing mentioned in the document are those HIV-positive and prone to major infections or already suffering from AIDS itself.

Supply of needles and syringes should, the Forum says, be on a one-for-one basis to encourage return of used equipment and urgently needs to be greatly expanded — present schemes are, they say, "totally inadequate for limiting the spread of the virus". Drug agencies with counselling experience and an existing relationship with clients should, the statement says, be "recognised and adequately funded" to take on AIDS-related work.

It was this last point which exercised some of the delegates at a conference organised by the Standing Conference on Drug Abuse (SCODA) on 11-13

September. SCODA, the English equivalent of the Scottish Drugs Forum, plans to use the results of the conference workshops to produce guidance and advice notes for services. These will be published and forwarded to the Advisory Council's working group in November.

A theme at the conference was the extent to which drugs agencies should take on — or be taken over by — AIDS-related work. With a public and media panic pushing from behind and the lure of the new funding for AIDS work pulling from the front, the temptation is for drugs agencies to effectively become anti-AIDS agencies in the drugs field. Some embraced this prospect, for others it was not what they came into the field for, nor did they have the financial or psychological resources to cope — counselling an AIDS victim to their death clashes with the relatively optimistic work of helping young people through drug problems and on to a better life.

The need to tighten up on confidentiality and health and safety procedures, and for a wide-ranging, flexible, client-centred treatment response geared to individual needs were points emphasised at the conference and likely to emerge in the SCODA statement. One implication is that maintenance — perhaps even on injectables — may be included among the range of treatment options called for by drug workers south of the border.

Temazepam creates new 'barb-freaks'

Concern is rising over abuse of the benzodiazepine sleeping pill temazepam, a prescription-only medicine and since 1986 controlled under the Misuse of Drugs Act in a schedule which prohibits supply but not possession in the form of a medicinal product. As far afield as Plymouth (where in September local psychiatrist Tom Webb said it was the "most frequently injected drug") and Glasgow, oral and injected misuse of the drug is creating problems familiar to many from the barbiturates phase of the late '70s.

Bob Blyth of the St Enoch Society in Glasgow is so concerned that in July he produced guidelines for drug services, hospitals and police. Misusers can, he says, rapidly increase the dose and some turn to injecting to achieve a more immediate im-

pact. As with the barbiturates, while heavily under the influence they appear drunk and there has, he writes, been evidence of young misusers turning violent if provoked, sometimes later having no recollection of their actions. Concurrent alcohol drinking magnifies the problems, risking fatal overdose.

Temazepam is a relatively short-acting preparation (the effects last two to five hours) so withdrawal from high doses can be severe. Bob Blyth has seen people in convulsions during withdrawal, made worse after alcohol. According to his straw poll, there are about 470 misusers known to agencies in Glasgow, still a comparatively small problem but one that could increase if heroin becomes in short supply — most misusers take the drug as a tempor-

ary substitute for heroin.

The 1986 report from the Home Office Drugs Inspectorate confirms that, after heroin, cannabis and amphetamines, the main "substance of concern . . . comprised the benzodiazepine tranquilisers and in particular temazepam . . . It is becoming apparent that temazepam is one of the drugs of choice among street users and seems to be easily obtained by persuading doctors to prescribe it for sleep problems or by the use of forged prescriptions". In Glasgow some street supplies also come via prescriptions to alcoholics.

Temazepam comes as generic capsules and elixirs and as capsules under the trade names Euhypnos and Normison. Misusers break the capsules and dissolve the powder in water for injection.