

'User friendliness' key to attracting clients

Preliminary research findings suggest government-sponsored needle exchange schemes are seeing a high proportion of clients at risk of HIV infection through sharing injection equipment, and that many clients are not in contact with any other drug service. The researchers at Goldsmiths' College in London emphasise their findings are preliminary and may need to be revised as more and longer term data becomes available from the 14 schemes.

Speaking on AIDS prevention methods at a seminar organised by the Addiction Research Unit (ARU) on 13 November, Gerry Stimson, head of the team commissioned by the DHSS to monitor the schemes, said only a minority of the schemes' clients were currently attending any other service providing help for drug problems, and for many the needle exchange was their first contact with a drug help agency.

Follow-up interviews being conducted three months after the initial interview should help answer the crucial question of whether continued contact with the schemes is accompanied by decreased sharing of injecting equipment.

Staff at the schemes report that many of their clients claim to have shared because of difficulties in obtaining fresh equipment, and that substantial minorities said they'd shared because of fears of being caught carrying a syringe, because they'd taken drugs in prison, or to save money. Many of those seen by the schemes reported some change in drug using behaviour in response to the AIDS threat, but fewer appear to have changed sexual behaviour.

Results like these suggest there is scope for the schemes to reduce sharing by making injecting equipment more easily available, but also that features of drug use culture and lifestyle may limit the extent of the reduction. Gerry Stimson emphasises the need to change this culture quickly to limit HIV spread. Absence of a widespread mutual aid network among drug users means, he says, that the impetus for change must come from outside, but legal barriers and years of stigmatisation make drug users hard to reach through conventional channels.

Some of the 14 'official' schemes have, the research team believe, been quite successful at attracting clients. Research worker Linsey Alldritt says despite their well publicised problems, the schemes in Scotland had at least managed to attract reasonable numbers of

Needle exchange users shared 'because syringes unavailable'

people from their local areas, while in England large numbers are attending the Liverpool scheme and the Middlesex and St Mary's Hospitals' schemes in London. Some of the busier schemes are seeing 30-50 clients a day and an unknown additional number will be attending the 50-plus 'unofficial' schemes. An early report on the Liverpool scheme suggested, however, that as many as half the clients seen do not return.

Suggestions made in discussion at the ARU seminar about the characteristics of schemes successful in attracting custom could make hackle-raising reading for those who believe drug use — in particular, injecting — should always be uncompromisingly challenged. On the list were:

- "user friendliness";
- staff not too professionally "coercive";
- being prepared to go "a long way" to do what the client wants rather than what the worker wants;
- adopting a "client advocacy" role; and
- a convenient location easily accessible to local injectors.

With the government taking a cautious step-by-step approach to setting up the schemes, accessibility is likely to be a problem for some time to come. In March 1987, Will Mallinson, National Organiser of the Scottish AIDS Monitor, told the House of Commons Social Services Committee that just one scheme was operating in Edinburgh: "I do not think people are going to travel across from the other side of the city to get a clean needle", was his comment.

Some schemes have attempted to overcome accessibility problems by providing clients with supplies of injecting equipment and safe disposal boxes. These drug users then return to their areas to act as local mini-exchanges. One scheme has even supplied equipment to dealers.

The Liverpool scheme run by Mersey RHA's Drug Training and Information Centre is the one most well known for its explicitly 'user-friendly' stance. Between the beginning of December 1986 and the end of September 1987, the needle exchange attracted 733 clients of whom over 57 per cent were not currently in treatment.

Allan Parry, the Centre's coordinator, told a meeting in Bath in September that the needle exchange had now become part of

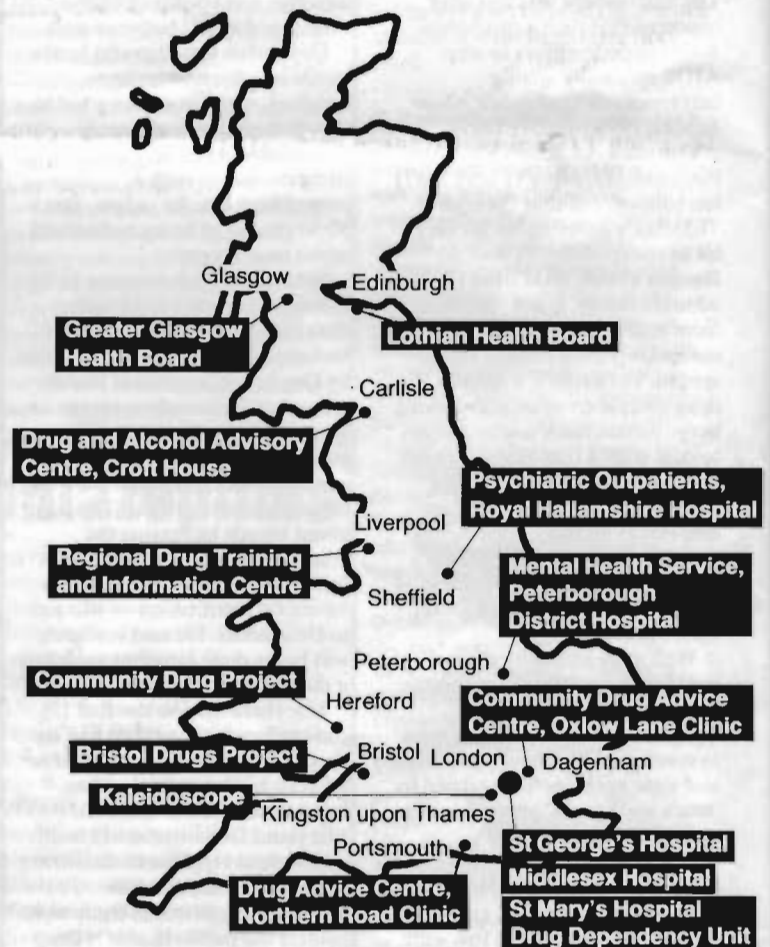
many drug users' routines: "We have plugged into their lifestyle rather than the other way round." The scheme stocks a range of needle and syringe barrel sizes so users can choose or be advised to choose those most suitable for their injecting practices.

Harm-reduction advice is given on injection sites and techniques. If necessary, this includes helping customers locate the correct place in the groin in which to inject in the femoral vein, a practice resorted to when more accessible sites have been damaged. With the femoral artery and nerve in close proximity, a missed hit could cause paralysis or result in loss of the limb. Deciding to instruct users in this highly dangerous practice was, Allan Parry said, "traumatic" for the scheme's staff, but "better than leaving the customer's mates to do it for them."

Liverpool's scheme also gives

out an average 10 condoms a visit, but found customers lacked the social skills to interject common or garden contraception into their lovemaking. The response was to help them overcome their embarrassment by supplying comic or "weird" condoms which could be introduced with a joke or as an intriguing embellishment to the sexual routine. The ice broken with their lovers, customers could then be 'detoxed' back down the scale to 'straighter' varieties.

The Liverpool scheme is an important example of a development highlighted by Dr Stimson's research — the way the schemes are dealing with basic health and social problems which drug users are reluctant to take to the established primary services, developing into what he called a "new level" of drug service where treatment of dependence itself often takes second place to patching up the consequences of illegal drug use. In Liverpool, reluctance of exchange clients to visit the STD clinic for HIV testing led the scheme itself to offer the test.



The 14 government-sponsored schemes being monitored by the research project at Goldsmiths' College in London.