

Review

AIDS and Drug Misuse: Part 2.

Report by the Advisory Council on the Misuse of Drugs (DHSS). London: HMSO. 1989. Pp 98. £6.30.

The advent of AIDS has given urgency to the advance of treatments and services for drug misusers. Illicit drug takers who inject drugs are now the largest source of spread of HIV infection to the heterosexual population. The first report of the Advisory Council on the Misuse of Drugs concentrated on measures to reduce the spread of HIV from injecting drug misuse. The present document deals with services for drug takers who are already infected and may be ill. Persons in need of help may be currently injecting drugs, may have been infected by past drug usage, or may currently take drugs (not necessarily by injection) but have acquired infection from sexual contact. Each category has different needs.

The report impresses by its practicality and far-sightedness. The term 'HIV-disease' is defined as covering acute infection, asymptomatic chronic infection, persistent generalised lymphadenopathy and the other long-term and more severe expressions of the virus. The weakened immune system of HIV-disease impairs resistance to certain opportunistic infections and cancers; it is now known that infections not usually associated with AIDS can be overwhelming in individuals with HIV. Injecting drug misusers are already at risk of infections such as septicæmia and endocarditis; tuberculosis, pulmonary or otherwise, is showing an upsurge in HIV-infected drug takers, particularly if BCG immunisation has not been employed.

The report recognises that although more information is required about the extent of HIV seropositivity in drug misusers, the decision to test for infection rests with the person concerned. Testing should, of course, be preceded and followed by skilled counselling. It is stressed that information on serostatus remains confidential except possibly where a specified, named individual is at risk and the infected person refuses disclosure. Patients should be aware of the benefits to them if they allow provision of information in confidence to a limited range of health professionals. Naturally HIV testing will become more advantageous and acceptable to individuals at risk when treatment for the carrier state and for manifest disease becomes available.

Advance planning of services is a central theme of the report. A considerable increase in the number of drug misusers with HIV infection is forecast, although its exact scale is uncertain. Infected

individuals should be carefully followed-up to determine their fluctuating medical (including psychiatric) and social needs. They should also be advised of factors, such as further inoculation by the virus, which might accelerate progression of HIV disease.

The report emphasises that care for drug misusers should generally take place in the community. Health authorities, social service departments and non-statutory agencies all have responsibilities for community and, when required, residential care. The document discusses the particular needs of seropositive females, of infected drug misusers who have unsatisfactory accommodation, and of the partners and parents of drug misusers. The lack of training for general practitioners is noted, together with the uneven progress towards its correction. The proposal is made that GPs might receive incentives for treating drug misusers; in view of the well-known hazards of prescribing for payment to drug takers it is important to observe closely the proviso that inducement should be preceded by an approved schedule of training.

Community nurses, including community psychiatric nurses, are especially able to provide care to drug misusers with HIV infection. Vigorous efforts are urged to raise the number of community nurses who can meet the physical and psychiatric illnesses encountered in seropositive drug takers.

The report considers that the specialist drug misuse services require flexibility of approach in establishing clear treatment goals. The continued use of illicit heroin is accompanied by the advance of illness. Oral methadone can break this practice with its concomitant life style in some drug users and improve their physical well-being. Other drugs, including opioids in forms that can be injected as well as amphetamines and cocaine, are considered by the report but largely discounted because of their disadvantages. The staff in drug services have the important role of advising workers from other disciplines, including those from nonpsychiatric departments of hospitals.

Drug misusers commonly encounter the criminal justice system. The report endorses a practice which already applies to a limited extent whereby police refer drug misusers to drug treatment services. A greater use of non-custodial options for drug misusing offenders is recommended during remand and sentencing; greater reliance on such measures requires additional resources. The isolation and restrictions imposed on HIV-infected prisoners in England (although not in Scotland) is not supported. The period after release from prison is crucial for former drug users with HIV disease as for other prisoners. The deficiencies of after-care require remedy through an expansion of prisoner contacts by the probation service and from the community agencies, including

the specialist drug services. Prison medical officers can ensure that discharged prisoners receive further medical care of both primary and specialised nature.

Training, and the cost of training, should be built into services. Personnel who encounter drug misusers need to acquire knowledge of the forms of HIV disease, of its recognition and of factors which hasten or retard its advance. Moreover staff who care for, or are likely to care for HIV-positive individuals require knowledge of drug misuse and its management.

Planning and coordination should take place urgently so that services are ready to care for an increased number of infected drug misusers. Regional Drug Advisory Committees and Regional Drug Problem Teams can contribute to policy formation; so can AIDS Advisory Committees, provided they include members with expertise in drug misuse. District health authorities and social service departments should each possess a nominated individual to ensure that services are in place.

The report, with its thoughtful and humane approach, gives an important lever to psychiatrists and others in pressing for increased provisions in the field of drug misuse. Further central funding is available; it is important that a portion of the sums is used for improvement of the psychiatric services. Applications should be made under the terms of Circular EL(89)P/36.

The College has already held a conference on the subject in conjunction with the Department of Health and has given a further lead by approval and publication of two documents. The papers deal respectively with manpower and training requirements for substance misuse (*Psychiatric Bulletin*, 1989, 13, 158) and with a recommended model of drug dependence services at district level (*Psychiatric Bulletin*, 1989, 13, 322–324).

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Psychiatric Bulletin (1989), 13, 464

Forthcoming events

A major international symposium on the **Concepts, Classification and Diagnosis of Mental Disorders**, sponsored by the Mental Health Unit of Newcastle Health Authority, will take place on 24 October 1989 at the Civic Centre, Newcastle upon Tyne. The theme will be whether the major functional psychoses are independent or part of a continuum. Main speakers will include Professors Sir Martin Roth, Robert Kendell, Gerald Klerman and Dr Tim Crow and it will be chaired by Professor Ken Rawnsley. The symposium is open to all mental health professionals, managers, Health Authority members and social policy analysts. Further information: S. F. D. Neequaye, Research and information Officer, St Nicholas Hospital, Gosforth, Newcastle upon Tyne NE3 3XT (telephone 091 285 0151; fax 091 213 0821).

There is a call for papers for the **International Congress on Treatment of Mental Illness and Behavioural Disorder in Mentally Retarded Persons** (Recent Developments and Current Issues) to be held in Amsterdam on 3 and 4 May 1990. Further information: PAOS, PO Box 325, 2300 AH Leiden, The Netherlands (telephone 010 31 71 278027).

The World Psychiatric Association will be holding a Regional Symposium in Hong Kong from 22–25 May 1990. It will be hosted by the Hong Kong Psychiatric Association and the theme is 'Psychiatric Treatment in the 21st Century'. It is intended to bring together

psychiatrists from all over the world to discuss all issues relating to psychiatric treatment, present and future, and will also serve as the venue for the newly elected Executive Committee of the WPA to assume their duties. Further information: WPA Regional Symposium, Swire Travel Ltd, 18th Floor, Swire House, 9 Connaught Road, Central, Hong Kong.

Management Skills for Psychiatrists: Two 3-day courses will be held at the White Hart Centre, Harrogate – *Management Skills for Senior Registrars in Psychiatry* (15–17 November 1989) and *Managing Psychiatry – The Future Management Role of the Consultant Psychiatrist* (22–24 November 1989). Fee for each course £250. Further details: John Sturt (telephone 0602 260214) or Dr Helena Waters (telephone 0742 750382). Application forms: Mrs Olive Moore, The White Hart, Cold Bath Road, Harrogate HG2 0NF.

A conference entitled 'The Understanding and Management of Violent and Aggressive Behaviour' will be held at Rampton Special Hospital on 6 September 1989. Fee: £25 (includes coffee, buffet lunch, and tea). Further details: Glenn Ford or Gerry Carton, Rampton Hospital, Retford, Notts DN22 0PD (telephone 0777 84321).

The **Annual Conference of the Association of Behavioural Clinicians** will be held in the Monckton Theatre, St George's Hospital Medical School, London SW17 on 13 October 1989. Attendance is free. Anyone wishing to attend should contact: Mrs