Post-its from Practice

Positive thinking

Fear still exists about HIV treatment among some injecting drug users, says Dr Chris Ford

Yesterday evening I knew it was bad news by the way all the wonderful receptionists sympathetically handed me an urgent fax. It confirmed that Alex, who had just been discussed at the hospital cancer meeting, had widespread metastases, with the primary as yet unconfirmed.

Alex has been our patient for the last 15 years. He contracted HIV around that time from either sharing needles or having unprotected sex with his HIV positive partner. She had come here from Dublin in the early 1990s when the HIV rate was escalating, to seek treatment for both her HIV infection and her drug problem. Alex agreed to be tested and proved positive for both HIV and hepatitis C.

From the outset he was completely against having active treatment or hospital involvement. He, like several other patients, had seen so many friends die with or without AZT and so he decided that the 'ostrich approach' was best. As his CD4 count was over 800 at that time, we agreed to monitor him and treat his drug problem.

Soon after his diagnosis, Highly Active Antiretroviral Therapy (HAART) was introduced. This made a dramatic difference to many of our patients. I remember a dramatic decrease in the number of funerals I was attending – from many to just one the following year. We again talked to Alex about reconsidering his decision to reject treatment but he refused, even after his wife died from an overwhelming opportunistic infection.

Over the next ten years, as Alex's CD4 count fell from 800 to 120, we had this conversation again and again but he would not budge. His reply became 'but I'm well and those tablets kill you.' Arguments about his compromised immune system did not make him change his mind either. Alex remained well until about 18 months ago when he presented acutely with the worse seborrhoeic dermatitis that I had seen for over 15 years and a bad bacterial chest infection. Still he declined hospital and we treated him in the community. Then, just less than a year ago, he developed candida in the oesophagus and was not able to eat, so agreed to go to hospital. While there, he was stabilised on HAART and transferred to respite care to allow him get familiar with the regime. The HIV doctors and pharmacist were very helpful and agreed to support me in prescribing his HIV medication. He agreed to take this along with his methadone in the pharmacy.

However, only one week after his discharge, Alex came to tell me that he no longer wanted to take his HIV medication. I had fallen for Alex the first time I met him with his cheeky smile and his broad, almost incomprehensible Dublin accent. I almost wanted to punish him to try and keep him on the HAART by refusing to give him methadone if he didn't continue with his HIV medications, but realised that that would have been unethical. He was fully aware of the implications of his decision, knew he was cared for and could reconsider taking treatment at any time.

Since then his health has been deteriorating, particularly over the last month. In this time his drug use has gone up but it took me until ten days ago to persuade him to be admitted, which only happened because his abdominal pain had become so bad that it could not be helped by prescribed analgesia and illicit opioids. We now know that metastases are the cause of his pain.

Evidence suggests that HIV transmission among injecting drug users has increased again since 2002 with prevalence in London of about one in 20. The UK figure is one in 73 with about one third of those IDUs being unaware of their HIV infection despite most of them being in contact with services and being tested. So it is clear that HIV has not gone away. We therefore need to continue to screen all people who use drugs for HIV and hepatitis, and to provide sufficient injecting equipment.

However, not even a diagnosis made Alex accept treatment. In the surgery we have a large number of HIV positive patients. Across all groups, most (70 per cent) use both hospital and general Practice appropriately. On the whole there is reasonable two-way communication between specialists and us. One group (14 per cent), consisting mainly of homosexual men, only really use the specialist services. There is also a third group (16 per cent) consisting mainly of injecting drug users, who, like Alex, only use general practice. These latter two groups have both (thankfully) decreased from 28 per cent and 25 per cent respectively ten years ago.

Perhaps this will mean that in the future fewer people will fear treatments and prejudice against people who both inject and who are HIV positive. I hope Alex gets another chance to reconsider, but I fear he may not.

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Events

18 March – London

'What is clinical supervision?'

DDN workshop run by Fiona Hackland. This one-day event explores best practice in clinical supervision and how to achieve safe, efficient and effective services for clients. *www.drinkanddrugsnews.com*

19 March – London

'What is management supervision?'

DDN workshop run by Tim Morrison. This one-day course will help managers look at different elements of their role and identify how best they can ensure they offer appropriate timely and effective supervision so staff can develop their skills through reflective practice. *www.drinkanddrugsnews.com*

19 March – Southampton

The National Needle Exchange Forum (NNEF)

This all-day meeting will showcase examples of good practice from across the UK, with a special focus on the practical, 'bolt-on' services that can easily be delivered alongside needle and syringe exchange to improve appeal, client contact numbers and service quality. *www.nnef.org.uk*

23 March – London

Adfam conference

The one-day conference of Adfam, the support charity for families affected by substance misuse, has the theme 'Be careful what you wish for: Families, drugs and alcohol: involvement or support?' and looks at families' involvement in treatment, the costs involved in caring for a drug user and workforce development to support families. *www.pavpub.com*

26 March – London

'No place for hate'

The Macpherson Inquiry into the racist murder of the black teenager Stephen Lawrence laid the groundwork for the legal recognition of racist hate crime. This one-day conference explores the challenges and opportunities for taking effective action to tackle hate crime by bringing together the latest evidence, policy and practice developments across different sectors and countries. *www.pavpub.com*

20 April – Nottingham

Nacro's youth crime conference

Nacro's 20th annual youth crime event will look at effective targeting of interventions to those who need them most and tailoring them to meet individual needs, as outlined in the government's youth justice strategy, part of the Youth Crime Action Plan. *www.nacro.org.uk*