BRITISH MEDICAL JOURNAL

SATURDAY 28 FEBRUARY 1987

LEADING ARTICLES

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

MEDICAL PRACTICE

NO 6571 BRITISH MEDICAL JOURNAL 1987 VOLUME 294 525-590
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR.

WEEKLY. ISSN 0267-0623
ASTM CODEN: BMJOAE 294 (6571) 525-590 (1987)

CORRESPONDENCE

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

AIDS and intravenous drug use

SIR,—Two distinct patterns of spread of human immunodeficiency virus (HIV) infection among drug injectors sharing needles have been shown: the epidemic type observed in Edinburgh, New York, and Milan[1-3] and the more gradual but continuous dissemination seen in San Francisco (A Moss, personal communication), London, and other European centres.[4] As Dr A R Moss discussed in his leading article (14 February, p 390), the provision of clean needles and syringes has been suggested as a means of preventing the former disasters from occurring elsewhere and controlling the insidious type of spread.

The table shows an epidemic of heroin use in Edinburgh in 1982-4, which appears to have passed its peak. It also shows that those who started taking heroin in 1982 and 1983 seemed to have a greater risk of having the HIV antibody than those starting in later years ($p<0{\cdot}005$) and indicates that the spread of HIV also reached a peak at that time. If needle sharing was present in those starting to take heroin in the other years and continuing to take it during the years after introduction of the AIDS virus (1983) then some other factor or factors must have been operating for those starting to take heroin in 1982 and 1983.

No evidence has been found to support the hypothesis that those starting in these years formed an exclusive group, and others found to be negative for HIV antibody have at times shared equipment with these individuals. We think that a minor epidemic of heroin use resulted in extreme and damaging behaviour, giving rise to ideal conditions for transmission of virus. These conditions have now passed, and those starting to take heroin in years other than 1982 cannot have been using drugs in a damaging enough way to allow transmission. The many anecdotal accounts of needle sharing between those with antibodies and those without in the absence of apparent transmission requires further investigation and may indicate non-infectious seropositive individuals or resistant partners.

Changes in behaviour and the ebb and flow of these particular epidemics seem to be unrelated to any obvious medical or educational provision. Thus the reduction in the numbers starting to use heroin in 1984 predated the government's educational campaign. Our findings may be the earliest indication of the self limiting nature of this particular heroin epidemic. Such minor epidemics have occurred in Europe in the 1980s and tend to decrease in velocity over time,[5] being followed by an endemic pattern of heroin use. National statistics are notoriously slow in showing change and serve better to indicate trends.[6,7] One would expect therefore that Home Office statistics might show an increase again when the 1985 figures become available but may well decrease in 1986 or 1987.

The plan for the next decade in managing both drug abuse and HIV infection in this group must take these findings into account, especially when analysing the effectiveness of such interventions as the provision of sterile equipment. Local baseline data are required on the status of drug taking and the level of infection of drug users with HIV before and after the introduction of new preventive measures. If these are not available then there may well be no scientific data to support or refute the value of this sort of intervention.

Number of new heroin addicts each year and number starting in each year who developed HIV antibody

	1975	'76	'77	'78	'79	'80	'81	'82	'83	'84	'85	'86
No of new heroin users:	1	2	4	2	1	13	21	26	27	11	12	3
No with HIV:	0	1	1	1	1	6	13	20	20	4	2	0

J R ROBERTSON
CAROL SKIDMORE

Edinburgh Drug Addiction Study, Edinburgh EH4 4PL

1 Robertson JR, Bucknall ABV, Welsby PD, *et al.* Epidemic of AIDS-related virus (HTLV-III/LAV) infection among intravenous drug abusers. *Br Med J* 1986;292:527-9.
2 Marmor M, Des Jarlais DC, Friedman SR, *et al.* The epidemic of acquired immunodeficiency syndrome (AIDS) and suggestions for its control in drug abusers. *J Subst Abuse Treat* 1984;1: 237-42.
3 Lazzarin A, Galli M, Geroldi D, *et al.* Epidemic of LAV/HTLVIII in drug addicts in Milan: serological survey and clinical follow up. *Infection* 1985;5:215-8.
4 Webb G, Wells B, Morgan JR, *et al.* Epidemic of AIDS related virus infection among intravenous drug abusers. *Br Med J* 1986;292:1202.
5 Kaplan J. *The hardest drug: heroin and public policy.* Chicago: Chicago Press, 1983.
6 Home Office. *Statistical bulletin.* London: Home Office, 1984.
7 Stimson GV. Making sense of official statistics. *Br J Addiction* 1984;79:373-5.

SIR,—Dr A R Moss (14 February, p 389) seems to have missed some important points. Firstly, he seems to have assumed that the mode of spread to the spouses or partners of addicts infected with human immunodeficiency virus (HIV) is sexual, whereas clinical experience suggests that the spouses of intravenous drug addicts often take drugs themselves. Epidemiologists may fall into the trap of assuming that shared needles and syringes are not of particular relevance to the risk of infection in this group.

Secondly, the comparison of the city of Amsterdam, which has 7000-8000 recognised drug addicts,