

GREATER GLASGOW HEALTH BOARD



THE AIDS CONTROL ACT 1987

ANNUAL REPORT for the YEAR  
ending 31 MARCH 1988

THE AIDS (CONTROL) ACT 1987

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CONTENTS

1. THE PROBLEM AND ITS CAUSE
2. CURRENT POSITION AND EXPECTED FUTURE TRENDS
3. CO-ORDINATION OF HIV AND AIDS RELATED SERVICES PROVIDED BY GGHB
4. THE INFECTIOUS DISEASES UNIT, RUCHILL HOSPITAL
  - 4.2 Health Education
  - 4.3 Needle Exchange Centre
  - 4.4 Counselling Clinic
  - 4.6 Clinical Services for HIV Positive Patients
5. HEALTH EDUCATION DEPARTMENT
  - 5.3 Informing the Public
  - 5.4 Informing and Training Staff
6. GENITO-URINARY MEDICINE
7. THE REGIONAL HAEMOPHILIA UNITS
8. SERVICES FOR DRUG MISUSERS
  - 8.2 Addiction Unit, Ruchill Hospital
  - 8.4 Possil Project
  - 8.6 Southern General Drugs Project
  - 8.7 Duke Street Hospital
9. NURSE TRAINING
10. FAMILY PLANNING SERVICES
11. OTHER CLINICAL SERVICES
12. LABORATORY SERVICES
  - 12.2 Regional Virus Laboratory
  - 12.4 Virology Laboratory, Glasgow Royal Infirmary
  - 12.5 Institute of Virology, Western Infirmary
  - 12.6 Department of Pathology, Ruchill Hospital
  - 12.7 Department of Bacteriology and Immunology, Western Infirmary

13. OTHER STATUTORY AGENCIES

Strathclyde Regional Council

13.1 Social Work Department

13.7 Strathclyde Police

13.8 Education

13.9 Personnel Services

Glasgow District Council

13.10 Environmental Health Department

13.11 Policy and Resources Sub-Committee on Drug Abuse

13.12 Housing

14. VOLUNTARY AGENCIES

14.1 Scottish AIDS Monitor

14.3 National AIDS Helpline

14.4 Help for Drug Users

15. DEVELOPMENTS EXPECTED DURING 1988-89

15.1 Needle Exchange

15.2 Clinical Services

15.4 Services for Drug Users

15.7 Laboratory Facilities

15.10 World AIDS Day

16. THE CHALLENGES IN THE YEAR AHEAD

16.2 Prevention

16.4 Caring Services

## 1. THE PROBLEM AND ITS CAUSE

- 1.1 The Acquired Immunodeficiency Syndrome (AIDS) is a condition in which the immune system is no longer able to protect the human body against certain serious infections and cancers. AIDS is the end result of infection with the Human Immunodeficiency Virus (HIV). HIV can be spread by sexual intercourse, by inoculation or transfusion of infected blood, or from an infected woman to her child during pregnancy. HIV infection is apparently lifelong and at present there is no cure. Until effective treatment is developed, probably the majority of people infected with HIV will develop AIDS. At present, about 85% of people with AIDS die within 5 years.
- 1.2 Until a vaccine is developed (and the prospects of this are currently bleak ) the spread of HIV infection can only be prevented if people avoid behaviour where there is a risk of infection.

## 2. CURRENT POSITION AND EXPECTED FUTURE TRENDS

(A more detailed account can be found in "HIV Infection and AIDS: Towards an Inter-agency Strategy in Strathclyde" Chapter 3)

- 2.1 By 30 March 1988, 225 persons had been found to be HIV positive by GGHB laboratories. However, a number of these were individuals living in other Health Board areas or who had been only temporarily resident in the region. There are at most 180 people known to be HIV positive in the GGHB area, including about 70 drug injectors, 80 homosexual men, and 16 haemophiliacs, with most of the remainder having become infected as a result of heterosexual intercourse.
- 2.2 By 30 March 1988, a total of 21 persons had been diagnosed as having AIDS by clinical services in Glasgow. Of these, 15 had been diagnosed during the previous 12 months. The majority of these individuals were homosexual men. In most cases, the initial HIV infection appeared to have been acquired outwith Scotland, usually in an area where HIV infection is more prevalent, such as the United States. Of the 21 persons with AIDS, 12 were still alive at the end of the reporting period.
- 2.3 Because an unknown proportion of people infected with HIV have been identified, the true number of people in the Area who are already infected with HIV can only be roughly estimated.
- 2.4 The overall prevalence of HIV among drug injectors tested in GGHB laboratories was about 5% in 1986 and 3.5% in 1987, although in some areas such as north Glasgow it was higher. It is estimated that there are about 4,300 - 7,200 injectors in Glasgow. Assuming an overall prevalence of HIV of 5%, it is thought that there are about 240 - 360 infected injectors in the city. Probably about half of these are women, a significant proportion of whom are reported to support their drug habit by prostitution. There is growing evidence that many drug injectors in the city are now aware that HIV infection can be caught by sharing drug injecting equipment. This is reflected in the large number of injectors now purchasing needles and syringes from a small number of chemist shops in the city and the growing number attending the needle exchange centre at Ruchill (Section 4.3). On the other hand, there is also evidence that many injectors continue to share injecting equipment, thereby placing themselves at risk of infection. In addition, there is the continuing possibility that HIV positive drug injectors will infect their sexual partners or, in the case of pregnant women, their children.

- 2.5 The overall prevalence of HIV among homosexual men in Glasgow appears to have remained around 4% for the past two years. Assuming that about 2 - 4% of sexually active men are homosexual, it is estimated that 200 - 400 homosexual men in Strathclyde are already infected with HIV, of whom probably at least half live in Glasgow. Whilst there is considerable evidence that many gay men in Glasgow have adopted safer sexual practices, a significant proportion of those surveyed in 1987 still practised unprotected anal intercourse.
- 2.6 A small number of individuals in Glasgow are known to have acquired HIV infection following heterosexual intercourse with persons from other parts of the world where HIV infection is more common. Although there is currently no evidence that HIV is spreading into the general population in the Glasgow area, the potential remains for its spread, in particular by sexual contact between infected drug injectors and their regular or casual sexual partners.
- 2.7 Because only heat-treated blood products are now being given to haemophiliacs, the number of HIV positive haemophiliacs is not likely to rise further.
- 2.8 Based on the above estimates of the prevalence of HIV infection and the rates of progression to AIDS that have been observed in other parts of the world, it is expected that the annual number of new cases of AIDS in Strathclyde (most of whom can be expected to live in and/or receive treatment in the GGHB area) will rise from 22 in 1988 to 90 in 1990 and 209 in 1992. The majority of these will be homosexual men, but from 1990 onwards an increasing proportion will be drug injectors. Only small numbers of cases of AIDS among haemophiliacs, heterosexual contacts and children are expected. The number of living patients with AIDS in the region is expected to rise from 25 by the end of 1988 to 325 in 1992 and the annual number of deaths from AIDS from 17 to 85. The requirements for hospital beds for all patients with HIV infection is expected to rise from 12 in 1988 to over 75 in 1992. The situation can be expected to continue to worsen beyond 1992 if current and future preventive measures are not effective.

### 3. CO-ORDINATION OF HIV AND AIDS RELATED SERVICES PROVIDED BY GGHB

- 3.1 In an attempt to ensure the effective development and co-ordination of services relating to HIV and AIDS, the Health Board established a Forum on AIDS in early 1987. The Forum is chaired by Dr John Mackay, a general practitioner and Health Board member, and its members include two clinicians, a community medicine specialist, two nurses, the Director of the Health Education Department, a unit general manager and the Regional Director of Social Work. It meets every three months. The Forum has set up four sub-committees dealing with Prevention, Patient Care, Staff Training, and Epidemiology and Laboratory Services, each of which meets every 1 - 2 months and reports to the Forum. The Forum reports directly to the Board's Policy and Planning Committee. During the reporting period, the Board's AIDS Co-ordinators have been Dr Alexander Neilson, Community Medicine Specialist and Dr Laurence Gruer, Senior Registrar in Community Medicine.
- 3.2 During the reporting period, Dr John Mackay and Dr Laurence Gruer were members of a Joint Strategy Group which comprised members of the four Health Boards within Strathclyde Region and the Regional Social Work Department. This Group prepared a report entitled "HIV

Infection and AIDS - Towards an Inter-Agency Strategy in Strathclyde" which was issued in 1988 for consideration by the Social Work Department and the four Health Boards. This initiative will lay the foundation for a corporate approach to the problem of HIV and AIDS involving both statutory and voluntary service providers.

#### 4. THE INFECTIOUS DISEASES UNIT, RUCHILL HOSPITAL

- 4.1 The Infectious Diseases Unit has been involved in the provision of a wide range of services aimed both at preventing the spread of HIV infection and at counselling, treating and caring for people with HIV infection and AIDS. These services have been made available to people from all parts of the West of Scotland.

##### Health Education

- 4.2 All three consultants in the Unit have been heavily involved in educating other health care professionals and the general public, through giving lectures, designing leaflets, producing a video, being interviewed by the media etc. Their total commitment in this area is estimated at one consultant session per week.

##### Needle Exchange Centre

- 4.3 This was opened in June 1987 at the Gate-house of Ruchill Hospital in response to a request from the Scottish Home and Health Department. It is open 2.5 hours twice a week and is staffed by one Nursing Officer, one Staff Nurse, one General Practitioner/Counsellor and one Clerical Officer. The operation of the exchange was hampered by demonstrations by local residents during its first six months. Since these have ceased, the number of injectors using the exchange has increased steadily. By 15 April 1988, the exchange had been visited by 126 drug injectors, but only 16 of these had attended more than three times. SHHD funding was discontinued on 31 March 1988 but the service continues to be run by the Health Board. During the reporting period, a small number of retail pharmacists also began selling injecting equipment to an increasing number of drug injectors in North Glasgow.

##### Counselling Clinics

- 4.4 This was set up in the Out-Patient Clinic at Ruchill Hospital in December 1986. Its aim is to provide an integrated service, including HIV testing, to members of the public concerned about AIDS and HIV infection. It is currently staffed by two full-time social workers, four sessional medical officers, two community "outreach" nurses, a clinical psychologist and a full-time secretary. During the 12 months ending March 31st 1988, there were over 520 attendances by more than 450 people, 20% of whom were drug injectors, 22% homosexual or bisexual men and 44% heterosexual. A further 14% came for other reasons eg travel or insurance.
- 4.5 Increasingly, the Clinic has been developing "out-reach" work, for example, liaising with community nurses and social workers, working directly with members of at risk groups and co-operating with voluntary agencies such as Scottish AIDS Monitor and drug projects.

##### Clinical Services for HIV Positive Patients

- 4.6 By the end of the reporting period, the Infectious Diseases Unit had seen around 130 HIV positive persons, of whom 28 had been

diagnosed as having AIDS (some of these were registered elsewhere). Twenty-one of these patients had died, including 14 of the patients with AIDS. More than fifty of the HIV positive patients were known drug injectors, of whom more than 30 had been admitted to the Unit at least once for illness or drug detoxification.

- 4.7 The provision of in-patient and out-patient services for HIV positive patients involves all the medical and nursing staff in the Unit. It is estimated that work with HIV positive patients accounts for about one-third of all medical time, ie. one full-time consultant and three full-time registrars/senior house officers, and about one-quarter of adult nursing time.

## 5.1 HEALTH EDUCATION DEPARTMENT

- 5.1 During the reporting period, more than 50% of one Health Education Officer's time was taken up working on HIV and AIDS. All other Health Education Officers and Graphic Designers contribute to the programme at either community level or on Health Board wide projects.
- 5.2 The Department is represented on the GGHB Forum on AIDS, the Prevention Sub-Committee (Convener) and the Staff Training Sub-Committee.

### Informing the Public

- 5.3 (a) Provision of support material for media programmes on AIDS - BBC TV and Radio, STV, Radio Clyde and Network (Scotland) Ltd.
- (b) Distribution of posters to public outlets, including libraries, health centres, community education centres, public offices of Local Authority Departments. Posters on "Women at Risk", "Don't Inject" and "Protect Yourself" (Condoms) have been produced by the Department.
- (c) Wide distribution to the public through service agencies of the following leaflets produced by the Department:
- Some Facts on AIDS (with GUM Department, Glasgow Royal Infirmary)  
What You Need to Know About AIDS  
Drug Users and AIDS  
Safe Sex (with Family Planning Service)  
AIDS Helpline (credit card size)
- (d) AIDS Helpline Sticker (With Glasgow District Council Environmental Health Department), distributed to all bars, discos and public toilets.
- (e) Displays/Exhibitions
- (i) Cartoon based display used at week long exercises in Glasgow and Strathclyde Universities Student Unions.
- (ii) AIDS display with mirror for public event including the Scottish Exhibition and Conference Centre.
- (iii) A display incorporating information on the Tayler Report and Guidelines for Greater Glasgow Health Board employees.

- (f) Computer Programme. "AIDS: are you at risk?", aimed at the general public and secondary schools. A Senior Health Education Officer is working with a National Group to produce an interactive computer programme.
- (g) Community Centred Strategies. There is Health Education involvement in a multi-disciplinary drug abuse project to facilitate and resource local initiatives and in the organisation of small group courses for women, funded by Strathclyde Regional Council Department of Further Education.

#### Informing and Training Staff

- 5.4 (a) Seminars have been given to: Health Board personnel; multidisciplinary professional groups; the Regional Procurator Fiscal's Department; Nursery Teachers; Teachers; Community Education Officers; and Social Workers.
- (b) An AIDS newsletter (listing all resources available on AIDS).
- (c) NHS Staff Information Programme. In conjunction with the nurse education group, the Health Education Department organised and evaluated two pilot programmes attended by 672 staff and has assisted with the review of the GGHB Staff Guidelines.
- (d) The Department provides a range of videos and teaching packs to support health educators in the NHS, Local Authorities and the voluntary sector and has collaborated with the Medical Illustration Department, Stobhill Hospital to produce a video on AIDS tailored to local use.

### 6. GENITO-URINARY MEDICINE

- 6.1 The Department of Genito-urinary Medicine based in Glasgow Royal Infirmary provides a service for the West of Scotland. In the GGHB area it operates clinics in Glasgow Royal Infirmary, the Southern General Hospital and the Western Infirmary, Glasgow. In addition, it operates clinics in Falkirk, Stirling, East Kilbride, Motherwell, Airdrie, Irvine, Ayr, Kilmarnock and Greenock. These 12 clinics are staffed by five consultants, two senior registrars, three registrars and two associate specialists and clinical assistants. Each clinic has a Senior Nurse in charge at Sister or Senior Staff Nurse level. Greater Glasgow has 3.5 full-time Health Advisers attached for work, and each of the other clinics has the available services of a trained Health Adviser.
- 6.2 All the clinics provide appropriate counselling and HIV testing for any patient who requests, or for whom the tests are requested, with their consent. All members of the Department, medical and nursing, are competent to counsel and give advice and to make appropriate referrals as required. The administrative and clerical staff in all departments are fully experienced in the administrative contacts involved in dealing with patients and their relatives where these problems arise.
- 6.3 Follow-up and referral co-operation exists between the Genito-urinary Medicine Departments and the appropriate Infectious Disease Unit, primarily Ruchill Hospital, in the West of Scotland. The Genito-urinary Medicine Department therefore carries out the continuing surveillance of people at risk of HIV infection and those known to be already HIV positive.



## 7. THE REGIONAL HAEMOPHILIA CENTRES

### Glasgow Royal Infirmary

7.1 Of the 208 patients with haemophilia or other congenital clotting factor defects registered with the Unit, 24 (12%) are HIV positive. All the HIV positive patients have been counselled about the risk of spread of infection and risk reduction, and advised to attend the Haemophilia Clinic every three months for medical review, and continuing counselling. The unit provides continuing care for all medical, dental, and surgical problems, liaising with the Infectious diseases Unit and other specialist units as appropriate. The Unit is staffed by a consultant physician and an SHO, a full-time haemophilia sister, a part-time staff nurse and sessions from a senior social worker and a medical research lecturer.

### Royal Hospital for Sick Children

7.2 This unit currently cares for eight HIV positive children who are seen regularly by the Unit's medical staff. Counselling and support for the children and their parents is provided on a part-time basis by a Nursing sister and a Social Worker.

## 8. SERVICES FOR DRUG MISUSERS

8.1 Given the intimate link between the misuse of drugs and the spread of HIV by needle sharing, services for drug users have a major role to play both in helping to prevent the spread of HIV and in providing care for those who become infected. The main HIV related services provided by the Health Board for drug misusers are provided by the Addiction Unit Ruchill Hospital (with social work service from the Counselling Clinic staff); and jointly with the Regional Social Work Department in the Possil Drug Project; the Southern General Drug Project and Duke Street Hospital. The Health Board administers funds, provided by the Scottish Home and Health Department for projects involving the Regional Council Social Work Department and Voluntary Agencies at the Castlemilk Drugs project, the Easterhouse Committee on Drug Abuse (ECODA), and the Place, Possilpark. Additional Scottish Home and Health Department monies are distributed through the Addiction Forums in the Castlemilk and Possil/Springburn areas, in support of a wide range of established Community based organisations and groups which provide counselling, referral and support services to drug users and their families.

### Addiction Unit, Ruchill Hospital

8.2 Three of the 14 beds in the Addiction Unit are reserved for drug misusers. The main objective of admission is to achieve drug "detoxification" and psychiatric assessment leading to residential rehabilitation and return to the community. The Unit also offers counselling both before and after testing for HIV antibody. Individuals found to be HIV positive may then be given information on "safe sex" practices, contraception and reduced risk drug taking; and referred as appropriate to Genito-urinary Medicine, the Infectious Diseases Unit or for long term rehabilitation. The Unit also has access to one or two beds in the psychiatric unit at Stobhill Hospital.

8.3 During the reporting period, the Unit was staffed by: 2 Charge Nurses; 4 Staff Nurses; 1 Consultant Psychiatrist; 1 Psychiatric Trainee; 1 Junior Doctor (all full-time); and 1 part-time Junior

Doctor. The two Charge Nurses are qualified in AIDS Counselling. Sixteen of the 300 addicts treated in the Unit have been HIV positive.

#### Possil Project

8.4 The Possil Drug Project provides a community based service to drug misusers, including HIV positive individuals, and their families. It also places particular emphasis on educating the local community about drugs and the problems associated with drug abuse. Full-time staff during the reporting period included: 1 project leader; 3 drug counsellors; 1 psychiatric nurse; 1 psychologist; 1 clerkess/typist; and 1 janitor. The post of project leader is currently vacant. Two detached workers were expected to take up post in September 1988. An out-patient clinic is run by the consultant psychiatrist from the Ruchill Addiction Unit and a general practitioner. One of the counsellors is a qualified AIDS counsellor and works (as a volunteer) for Scottish AIDS Monitor. Another two counsellors are able to offer pre-test counselling. A community psychiatric nurse at the Project is also a qualified AIDS counsellor. The project is aware of 42 HIV positive persons in its catchment area.

#### Southern General Drugs Project

8.5 This project aims primarily to help drug misusers who wish to try to stop taking drugs. The project's establishment consists of 1 social worker, 4 addiction counsellors, 1 senior clinical psychologist and one personal secretary. However, during much of the reporting period there were only two counsellors and no senior clinical psychologist. All staff members have received at least some training in both pre- and post-test counselling. During this year, information on reducing the risks of HIV infection was given routinely to all patients, with particular emphasis on the risks of sharing needles and unprotected intercourse. The Project reports that an increasing number of their clients claim not to be sharing needles or at most sharing with only one trusted partner. Because the project aims to help people stop drugs it does not feel it is appropriate to include a needle exchange system as part of its service.

#### Duke St Hospital

8.6 The psychiatric team based at Duke Street Hospital and Carswell House accepts drug injectors for treatment regardless of their HIV status. After being interviewed by a consultant psychiatrist, referrals are seen by a drug worker who makes the client aware of the services available. HIV counselling and testing are offered to all injectors. All HIV positive injectors are referred to Ruchill Hospital for assessment and further counselling. In-patient detoxification can be offered to a maximum of five patients at once, with a current waiting time of two to six weeks. A small number of HIV positive patients (currently 3 - 5) who are unable to come off opiates are treated with prescribed opiates on an out-patient basis.

### 9. NURSE TRAINING

9.1 A nursing HIV/AIDS training co-ordinator took up post in Spring 1987. During the reporting period she held seven HIV counselling courses for a total of 85 participants from all areas of nursing. Nursing In-service Education have run a series of factually based study days attended by about 350 participants with contributions by speakers from nursing, medicine, social work, psychology and others. Plans were also made for two AIDS Open days for Health Service

staff. These were held in May 1988 in the Western Infirmary and the Southern General Hospital and were attended by almost 700 employees.

- 9.2 The nurse AIDS training co-ordinator and a health visitor based at the Ruchill Counselling Clinic were both awarded SHHD Fellowships for travel to the United States in Autumn 1988 to study aspects of caring for drug injectors with AIDS.

## 10. FAMILY PLANNING SERVICE

- 10.1 Forty doctors in the service have attended half day training seminars on AIDS; ten nurses have attended 5 day in-service training courses; and ten nurses have attended a 1 day study day. The clerical and administrative staff at the family planning centre have all had a two hour seminar on AIDS. Three staff members have attended study days runs by Scottish AIDS Monitor in their own time.
- 10.2 Free supplies of condoms are available to all persons at all the family planning clinics. In addition the Family Planning Centre, 2 Claremont Terrace, distributes condoms by the gross to a large number of agencies serving high risk groups. A total of £57,000 was spent by GGHB on condoms alone during the reporting period.
- 10.3 The service liaises closely with medical, nursing and social work staff at Ruchill Hospital in the counselling and provision of contraception for drug injectors. By 31 August 1988, 35 drug injectors, ten of whom were HIV positive, had been seen.

## 11. OTHER CLINICAL SERVICES

- 11.1 Special dental services for HIV positive persons are provided at the Dental School and Stobhill Hospital. A community-based obstetrics and gynaecology clinic for female drug injectors and other women in high risk groups is run at Possilpark Health Centre.

## 12. LABORATORY SERVICES

- 12.1 Testing blood samples for the presence of HIV antibodies is carried out at the Regional Virus Laboratory, Ruchill Hospital; the Virology Laboratory, Glasgow Royal Infirmary; and the Institute of Virology, Western Infirmary of Glasgow. All positive samples are sent for confirmatory testing to the Regional Virus Laboratory.

### Regional Virus Laboratory, Ruchill Hospital

- 12.2 The RVL provides a screening service for HIV antibody for Greater Glasgow, Forth Valley, Lanarkshire, and Dumfries and Galloway Health Boards. Confirmatory testing for specimens found positive on a screening test is carried out for the above Health Boards, for Ayrshire and Arran and Argyll and Clyde Health Boards and for the West of Scotland and North of Scotland Blood Transfusion Services. During the reporting period, the laboratory carried out 5,362 HIV antibody tests. In addition to screening and confirmatory tests for HIV-1 antibody, the RVL also provided tests for HIV-1 antigen, HIV-2 antibody, HTLV-1 antibody, and B2 Microglobulin. This work is carried out in one 3-person laboratory and one 1-person laboratory.
- 12.3 Staff time devoted to HIV related work during the reporting period is estimated as follows: 1 research assistant (full-time); 1 MLSO (3/4 time); 1 Chief MLSO, 1 Top Grade Scientist and 1 Typist (each 1/4

time). In addition there is a research assistant (full-time) funded on a New Developments in Health Care Grant. There is also an extensive range of other virological investigations that require to be carried out on HIV infected individuals, who become unusually susceptible to a wide range of viruses. Staff time on these tests is estimated as 1 MLSO 0.25 whole-time equivalent.

#### Virology Laboratory, Glasgow Royal Infirmary

12.4 During the reporting period, this Laboratory carried out 2760 screening tests for HIV antibody. It is estimated that staff involvement in HIV related work amounted to one WTE MLSO, 0.25 WTE medical staff and 0.25 WTE secretarial staff. In addition, the laboratory and other microbiology laboratories in the GRI had considerable involvement in surveillance and diagnosis of other infections to which HIV positive persons are susceptible.

#### Institute of Virology, Western Infirmary

12.5 This laboratory carried out HIV antibody screening tests, with any positives being confirmed at the RVL, Ruchill Hospital. During the reporting period, approximately 1500 tests were carried out, accounting for the work of one-third to one-half an MLSO WTE.

#### Other Laboratories

##### Department of Pathology, Ruchill Hospital

12.6 This laboratory carries out detailed pathological examination of a wide range of specimens from patients with HIV infection. These include tests such as the detection of pneumocystis pneumonia or Kaposi's sarcoma that enable the diagnosis of AIDS to be made. The number of specimens from HIV infected patients was eight in 1985, 49 in 1986 and 100 in 1987. It is estimated that during the reporting period this work involved 0.5 WTE consultant pathologist, 0.5 WTE Chief Senior MLSO and 0.5 WTE junior MLSO. The Department is also equipped to carry out post mortems on patients with AIDS but during the past year this has not been possible owing to the lack of a qualified mortician.

##### Department of Bacteriology and Immunology, Western Infirmary, Glasgow

12.7 This laboratory measures lymphocyte subsets and serum immunoglobulins in the blood of patients with HIV infection from all parts of the West of Scotland. Six members of staff are now trained in this procedure which requires six hours of staff time per specimen. During the reporting period, the number of requests for this investigation rose markedly (29 in 1986: 153 in 1987: 195 to end August 1988) and by 31 March involved an average weekly commitment of more than 30 hours of MLSO time.

### 13. OTHER STATUTORY AGENCIES

#### Strathclyde Regional Council Social Work Department

13.1 During the reporting period, the Director of Social Work initiated the Joint Strategy Group described in Section 3.2.

- 13.2 Strathclyde Region Social Work Department has engaged in an intensive staff training programme, providing all staff with general information; specialist courses for staff likely to work with individuals at risk of HIV infection; and counselling courses to provide a pool of counsellors (currently about 30) throughout the region.
- 13.3 The Social Work Department has been given the co-ordinating role for matters related to HIV and AIDS within the Regional Council and its Director chairs the inter-departmental group which advises the Regional Executive.
- 13.4 The Department, through its involvement with drug projects throughout the GGHB area has endeavoured to focus its work on enabling drug injectors to reduce the risk of HIV infection.
- 13.5 The Department has developed contacts with an increasing number of prostitutes, to whom it provides a regular source of free condoms and advice about AIDS and other issues.
- 13.6 Social Workers form an integral part of the Counselling Clinic at Ruchill Hospital and provide an essential supportive service for HIV positive patients in the city's two haemophilia units (See Section 7).

#### Strathclyde Police

- 13.7 The Police have issued their own health and safety guidelines to staff, co-operated with GGHB in running its needle exchange scheme and have assisted Social Work in its work with prostitutes. The Police Safety Officer is a member of the Health Board's AIDS Prevention Sub-Committee and of an ad hoc multi-agency group set up to develop proposals for a pharmacy-based needle exchange scheme.

#### Education

- 13.8 The Education Department has issued its own health and safety guidelines to all its establishments as well as booklets of guidance prepared by the Scottish Office. A national question and answer pack has been distributed to every teacher and a video is also available for possible classroom use with older pupils. The department, in conjunction with the Scottish Education Department, has been developing materials on AIDS and related materials for use in schools.

#### Personnel Services

- 13.9 The Personnel Services Department has contributed to training for Trade Union representatives and senior managers, is developing a Regional training pack and is producing guidance on employment policy for the Council. It has had recent direct discussions with the Personnel Department of Greater Glasgow Health Board with a view to collaborating on the development of AIDS employment policies.

#### Glasgow District Council

##### Environmental Health Department

- 13.10 The Environmental Health Department has funded and distributed to bars, discos and public toilets an AIDS Helpline sticker designed by GGHB Health Education Department. It is engaged in a programme designed to increase the number of condom vending machines available in licensed premises. It is periodically called upon to deal

with discarded dirty needles. It has provided a member of the multi-agency group examining proposals for needle exchange.

#### Policy Resources Sub-Committee on Drug Abuse

13.11 This Sub-Committee has mounted information campaigns on drugs and associated risks through the District Council's libraries and Housing Department offices. Its membership includes representatives of the Health Board, the Regional Council and the Glasgow Association of Family Support Groups.

#### Housing

13.12 Glasgow District Housing Department is currently examining the implications of HIV infection and AIDS for its housing policies. Some Housing staff have already undergone training with the Ruchill Counselling Clinic.

### 14. VOLUNTARY ORGANISATIONS

#### Scottish AIDS Monitor

14.1 SAM's main brief is to "collect, collate and disseminate information on AIDS and to provide support and assistance to people with HIV and AIDS and their families". These objectives are met by:

- (a) A phone line service available on four evenings weekly;
- (b) Talks to organisations;
- (c) Leaflets;
- (d) Funding and supporting Body-positive groups (self-help groups for HIV positive people);
- (e) Buddy counselling.

14.2 SAM has a Glasgow office with a small professional staff and many volunteers. It is funded by SHHD and by donations.

#### National AIDS Helpline

14.3 This service, which has a Glasgow office, runs a 24 hour telephone information service on AIDS for the public. It offers information on harm reduction and can refer callers to more specialised services. The service is financed on a United Kingdom basis by the DHSS with the SHHD meeting the cost of the day-time service in Scotland.

#### Help for Drug Users

14.4 In the GGHB area there are a number of voluntary and community organisations and groups which provide residential counselling and support services for drug users and their families. These groups have developed a high awareness of HIV which is incorporated into their counselling activities.

## 15. DEVELOPMENTS EXPECTED DURING 1988-1989

### Needle Exchange

- 15.1 Following the issue of the SHHD circular in June 1988, it is anticipated that during the next six months a city-wide needle exchange scheme operated through retail pharmacies will be established in Glasgow. The way is also now open for general practitioners to prescribe free needles, syringes and condoms to drug injectors.

### Clinical Services

- 15.2 Following the approval by the SHHD of plans for extending facilities for HIV positive patients at Ruchill Hospital, it is expected that a new 15 bedded ward, a day centre and the refurbishment of the out-patient department will be complete by the end of the financial year. Recruitment and training of nursing staff, a physiotherapist, an occupational therapist and secretarial staff for the new facilities will take place in the coming months. It is also expected that two further community nursing staff will shortly be recruited for liaison work with HIV positive patients.
- 15.3 By the end of January 1989, a clinical information system for facilitating clinical management and administrative work relating to HIV positive patients should be ready to begin operation.
- 15.4 Nurses in the family planning service who have completed recognised training in AIDS Counselling will be offering this service in the community (domiciliary family planning service) and some clinics. All persons attending family planning clinics are now issued with cards carrying information about AIDS. The provision of AIDS counselling and HIV testing in family planning clinics is being progressively increased and subject to rigorous evaluation.

### Services for Drug Injectors

- 15.5 A strategic review of drug and alcohol related services provided by GGHB is expected during the coming months. The outcome of this review is likely to have an important bearing on the extent to which services can be further developed in the light of the HIV epidemic among drug injectors.
- 15.6 Four "detached workers" funded by the Regional Social Work Department will begin work during 1988-89, with the aim of developing contacts with and helping drug injectors who are currently unknown to the caring agencies to gain access to harm reduction facilities and addiction services.
- 15.7 An agreed joint project involving a voluntary agency, local councils and GGHB with the aim of providing hostel facilities for female drug injectors with children will begin development.

### Laboratory Facilities

- 15.8 The Glasgow component of a Scottish computerised system for the collection and epidemiological analysis of HIV antibody results will be in full operation by the end of 1988.

- 15.9 It is expected that newly developed immunological and virological tests for HIV and its effects will be introduced in the Regional Virus Laboratory, subject to funding being available. The use of these tests should steadily enhance the ability to detect the presence of HIV infection and monitor its course.
- 15.10 An automated cytometer is expected to come into service in Autumn 1988 in the Western Infirmary, thereby greatly decreasing the time required to perform lymphocyte subset counts on specimens from HIV positive persons.

#### World AIDS Day

- 15.11 A number of events are being organised in Glasgow by the Health Board, the Regional Council and other agencies to mark World AIDS Day on December 1st 1988.

### 16. THE CHALLENGES IN THE YEAR AHEAD

- 16.1 The present report gives a clear indication of the enormous range of activities undertaken by GGHB and many other statutory and voluntary agencies in the fight against HIV and AIDS in the Glasgow area. While there are signs that this effort is bearing fruit, HIV remains present in our community and the number of people who are ill because of HIV infection will continue to grow for the foreseeable future.

#### Prevention

- 16.2 There is a continuing risk that HIV will continue to spread in Glasgow, particularly among drug injectors. There are undoubtedly several thousand injectors in the city, a substantial proportion of whom continue to share injecting equipment. While the development of needle exchange facilities is a step in the right direction, it is not enough. Much more attention must be given to the many who are unable to stop using drugs as well as the few who feel ready to stop. At the present time, such "harm reduction" services are very scarce in Glasgow. If GGHB does not succeed in helping injectors to draw back from the disastrous practice of needle sharing, it will have to deal with the legacy of its failure for the next generation at least.
- 16.3 There will also be a continuing need to develop and extend health education programmes designed to help young people avoid sexual and drug-taking behaviour that might put them at risk of HIV infection.

#### Caring Services

- 16.4 GGHB is fortunate to have a growing number of dedicated staff experienced in the treatment and care of patients with HIV infection. However, there is a continuing need to ensure that, in particular, health professionals working in the community can give people with HIV infection access to the full range of facilities that are available and help spare them the unjustifiable stigmatisation that has been experienced by many HIV positive people elsewhere. Effective links between hospital and community staff must be developed and extended, and an on-going programme of training for health care staff undertaken. The current high level of interest and co-operation being shown in Glasgow gives good reason to believe that these aims can be achieved.