

Letters to the Editor

The editor welcomes letters on all subjects of interest to the Journal, especially if they discuss or comment on work published in the Journal. We will be grateful if authors would follow the instructions in our Guidelines to Authors which can be found inside the back cover of the Journal.

Incidence of needlestick injuries among people who inject

SIR—Although the risk of needlestick injuries among healthcare workers is well known, the incidence and management of needlestick injuries among injecting drug users (IDUs) is poorly understood.

The following findings arise from two studies (Hunt, 1995; Hunt, Holland & King, 1996) which examined injecting and sexual risk-taking among 179 IDUs (26.8% female) using structured interviewing in East Kent Health Authority area. Participants were paid £10 per interview and were recruited using leaflets in syringe exchange packs, posters at a day centre for the homeless, drug service contacts, previous contacts of the fieldworkers and by 'snowballing' from contacts at a local house used as an informal syringe exchange.

In the previous year, 57.5% (103/179) participants had used services for drug users (counselling, maintenance, detoxification or rehabilitation). Pharmacy or agency based syringe exchange had been used by 125 (69.8%). 18.4% (33) had used no services. Twenty-four per cent (43) had used syringe exchange only.

Participants' preferred drug was as follows: amphetamine (38.5%), opiates (53.1%), poly-drug users (4.5%), cocaine (1.1%) and steroids (2.8%).

The studies included the following questions:

- How many times have you *ever* been accidentally pricked by a needle from a syringe that you know has been used by someone else or that may have been used?
- When this has happened what, if anything, did you do about it?
- How many times have you been accidentally pricked by *someone else's* needle in the last year?

Fifty-four people (30.2%) reported a needlestick injury at some time. Thirty-two of these (18.3%) had received injuries during the past year—data were missing for four people who were uncertain whether they had experienced a needlestick injury in the past year. Of people who had received an injury 'ever' 14.8% had done so on more than 10 occasions. 31% of the 32 had received more than one needlestick injury in the past year.

Forty participants (22.3%) had shared (passed on or received used needles and syringes within the last four weeks). Sharing was significantly associated with receiving a needlestick injury within the last year ($p < 0.01$)—34.2% of people who shared had received needlestick injuries in the past year whereas only 13.9% of 'non-sharers' had done so.

Fifty of the 54 people who had experienced needlestick injuries provided codable comments on how the incident had been managed. Most reported doing nothing (53.7%). 16.7% wiped the site with an alcohol wipe and a similar proportion washed or licked the site clean. Only one person had sought testing. This occurred in Canterbury and Thanet where preliminary findings had been used to produce a fact sheet distributed through the syringe exchange about the management of needlestick injuries.

The incidence of needlestick injuries within this sample raises issues in three areas: (a) the contribution injuries may make to the transmission of blood borne viruses; (b) prevention and management of needlestick injuries; (c) improving provision of HBV vaccine to IDUs.

The risk of infection from needlestick injuries varies for HIV—0.3%, HCV—2.7–10% (ACDP, 1995) and HBV—30% (CDSC, 1992). Of particular interest is the potential role that needlestick injuries may play in HCV transmission. It is possible that some cases where the route of HCV

infection is uncertain are explained by needlestick injuries. The incidence of new cases of HCV among IDUs in areas with well developed harm-reduction strategies (Wodak & Crofts, 1996) may, similarly, be partially explained by these findings. The circumstances of the injuries sometimes suggested that people who do not inject are also at risk. For example, one injury occurred when someone found a syringe down the back of a sofa.

Information was not systematically collected regarding the detailed circumstances of the injuries. Such information may identify particular situations where injuries are more likely. The finding that needlestick injuries are comparatively commonplace nevertheless suggest some general measures that could be implemented easily and at little cost. Harm reduction messages specifically about needlestick injuries could be incorporated into information for IDUs. The safe storage and disposal of injecting equipment can be discussed with reference to these risks. A careful assessment of the IDU's injecting technique might identify risky practices which could be avoided. It may be useful to provide information on the likely transmission risks and known prevalence of HIV, HBV and HCV. Information for IDUs should detail local arrangements for the active post-exposure management of needlestick injuries and identify the role of the drug service, GP or others. The prevention effort should emphasise the importance of pre-exposure HBV vaccination.

In England and Wales between 21.5% and 44.2% of IDUs have a history of exposure to HBV infection (Department of Health, 1995). Current UK guidance is that IDUs should routinely receive HBV vaccine (Department of Health, 1992). These findings strengthen the case for this to be provided. As for healthcare workers (CDS, 1992; Department of Health, 1992; ACDP, 1995), the recommended management for needlestick injuries among IDUs should also include advice to: wash off splashes on the skin with soap and running water, encourage bleeding if the skin has been broken, report the accident, and obtain HBV vaccine and follow-up testing where appropriate. In the event of such injuries, vaccine should routinely be available to IDUs of unknown HBV status with no history of immunization. People who inject and who are not vaccinated against HBV remain at risk of a preventable infection even

when safer injecting practices have otherwise been adopted.

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References

- ADVISORY COUNCIL ON DANGEROUS PATHOGENS (1995) *Protection Against Blood-borne Infections in the Workplace: HIV and Hepatitis* (London, HMSO).
- COMMUNICABLE DISEASE SURVEILLANCE CENTRE (1992) Exposure to Hepatitis B virus: guidance of post-exposure prophylaxis. *CDR Review*, 2, 97-101.
- DEPARTMENT OF HEALTH (1992) *Immunisation Against Infectious Diseases* (London, HMSO).
- HUNT, N. (1995) "38" *Injected Drug Use Study* (Maidstone, Cornerstone Research Services, Maidstone Priority Care NHS Trust).
- HUNT, N., HOLLAND, J. & KING, A. (1996) South Kent Drug and Alcohol Team Syringe Exchange Evaluation: Final Report (Maidstone, Cornerstone Research Services, Maidstone Priority Care NHS Trust).
- UNLINKED ANONYMOUS SURVEYS STEERING GROUP (January 1995) *Unlinked Anonymous HIV Prevalence Monitoring Programme: England and Wales: Data to the end of 1993* (London, Department of Health).
- WODAK, A. & CROFTS, N. (1996) Once more into the breach: controlling hepatitis C in injecting drug users. *Addiction*, 91, 181-184.

A reply to Newcombe

SIR—Newcombe's letter¹ supporting his hypothesis that methadone kills more people than heroin is flawed. His conceded 'weaker links' emphasize the invalid conclusion. The letter ignores the evidence that methadone does indeed save lives and that it is responsible for very few deaths. His claim for the existence of a discrete sub-group who may be harmed by methadone is not supported by practical instructions on how

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