# THE SUNDAY TRIBUNE

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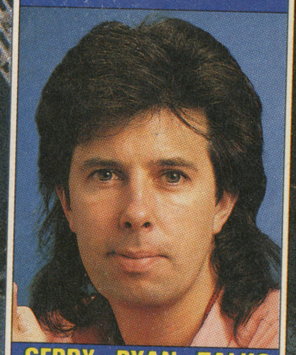
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# A Lot Of People Know Very Little About AIDS

**Lorna Donlon** talks to AIDS counsellor Joan Cronin about the need for more State resources to cope with the growing number of AIDS sufferers



PHOTOGRAPHS BY LUCY JOHNSTON

• *Joan Cronin: "The average drug user is probably better informed about the AIDS virus than the average member of the public"*

IN MARCH 1987 Joan Cronin became the first full time AIDS counsellor in this country. One year later she left her job in St James' Hospital, Dublin, partly to gain greater experience working in the community with client groups, like drug users, but also because of the pressures of her work.

"I wasn't prepared to work on my own any longer. I had a lot of authority in St James, but there were times when you felt very isolated. The Department of Health recognised the need for a post like mine, but at that stage they weren't quite sure what my role was, and I was often doing two jobs that were in danger of colliding."

She was appointed to work in the Sexually Transmitted Disease unit under Dr Fiona Mulcahy, at a time when there was increasing pressure on the Department of Health from voluntary groups to come up with a comprehensive, planned approach in Ireland to AIDS — the Acquired Immune Deficiency Syndrome. The number of AIDS cases in this country is now doubling every nine months, with 68 diagnosed cases at present.

When she started in St James, the Department of Health was still working on an AIDS education programme in conjunction with the Health Education Programme, so Joan Cronin had to contact the Terence Higgins Trust in London to obtain most of the information she needed.

"I was seeing people from early morning to 10 at night and yet there was no literature here to give them. What I needed most was educational material and there wasn't anything. Everybody recognised the need for some kind of service, but making that into a policy decision seemed to be a big problem."

It was, she says, as if the Department of Health was holding out, unable to convince itself of the enormity of the AIDS problem in this country. Two years later, many voluntary workers argue that the department has still failed to introduce any effective preventative campaign as a result of the deep-seated conservatism of some officials.

"AIDS is not going to go away by ignoring it," says Joan Cronin. "What we need is sustained funding and resources to fight it, otherwise you can't plan or develop any type of programme."

Her own view is that many of the fears and uncertainties the public displayed about AIDS two years ago remain unassailed. "There is no comprehensive public education programme, with the result that a lot of people know very little about AIDS".

IN many cases, it was a "major achievement" for a client to reach the counselling centre, according to Joan Cronin. The STD clinic in St James was not advertised, consequently many people just wandered around the hospital, too embarrassed to ask for the clinic. Having reached the centre, they would often have to spend very long periods of time waiting in a corridor.

"Some people would get so worried that you often spent the first twenty minutes of a session bringing them down again."

While the clinic treated all sexually transmitted diseases, the majority of clients were drug users who tested HIV positive: this diagnosis marks the recognition that a client will in all likelihood develop full-blown AIDS. They needed regular counselling, both before and after a HIV test, as well as constant medical treatment and supervision.

The latest figures from the Department of Health show that there are 459 drug users with the AIDS antibodies and another 49 babies born to drug users are also HIV positive. Out of the 66 diagnosed cases of AIDS in Ireland, 21 are intravenous drug users, while another three are babies born to drug users.

The AIDS treatment centre at St James now has a caseload of 250 patients, with resources so stretched that only existing clients identified as HIV positive will receive treatment. There are two social workers employed to counsel HIV positive patients, and a third may be taken on to ease the workload.

IN retrospect, Joan Cronin believes she became too involved with the work and tried to cope with too many aspects of it. If there had been aother counsellor, extra resources could have been developed and the case loads divided.

She found there was a conflict between her work as a consellor and as a contract tracer, which meant she had to locate the family and friends who had a close relationship with the client. "In those circumstances, you do feel that you might have a responsibility to those other people. There is that conflict between the confidentiality of the client and the need to tell the family or boyfriend/girlfriend that a person is HIV positive."

While the contract tracer does not inform a client's family of an illness, they often provide counselling facilities for the extended family afterwards. "At first you work with somebody in isolation, but then the number of people who know and want to talk about it expands."

In her experience there is a lot of family support for people who have tested HIV positive in the Dublin area. One of the most difficult aspects of the work is trying to reassure clients when there are no answers. "You can't give facts and figures and say one person is going to live and another is going to die on the basis of that".

Most of Joan Cronin's past work in St James and now, in the Anna Liffey Project, is with drug users. The Project runs a drop-in centre for drug users and they also counsel HIV-infected prisoners.

Like the other counsellors in the centre, Joan Cronin rejects claims that drug users are indifferent to the AIDS problem. People see them as a group who are strung out and stoned most of the time, she says, whereas the level of awareness of the dangers of AIDS is very high within that group.

Because they are not organised into a political group, they are unable to look for their own resources, she argues. She is highly critical of the government's lack of support in this area, arguing that in many cases voluntary agencies like the Anna Liffey Project provide the only access to the drug abusing population.

ONE of the biggest concerns for drug abusers is whether or not they should have children. "They know they can pass on the virus and they worry an awful lot about it. Nobody really knows the chance of a baby born HIV positive surviving."

Joan Cronin accepts that the situation for people who may be diagnosed as AIDS or HIV positive has now improved greatly, but she argues that in the future "there will be a more definite need for definite resources."

The Department of Health continue to side step the issue, she feels, with agencies like the Aids Action Alliance and the Gay Health Action Group still providing most of the available information on AIDS.

There is also a need for community counselling services and home help medical facilities, as the number of AIDS cases increases. Underlying this campaign for more funding, there is the ongoing battle against society's prejudices that AIDS is still a gay or a drug abusers disease.

It is only when heterosexual people begin to apper in hospital with the HIV virus that society will really be prepared to face the problem, says Joan. At present, she says, the average drug user is probably better informed about the virus than the average member of the public.

LIVING

# 'One key issue is syringe exchange'




• *Joan Cronin: "AIDS is not going to go away by ignoring it."*

AS THE Eastern Health Board moves ahead with plans to introduce a syringe exchange programme for drug addicts next March, reports from Britain show that such schemes have "considerable potential as a relatively simple and cheap measure for the prevention of HIV infection."

This is one of the conclusions of a confidential report on the Syringe Exchange Programmes which was carried out by researchers in the University of London earlier this year. However, the report also points out that, after an 18 month trial period, it is still too early to determine the effect the exchange programme has had on HIV rates.

The study also warns that there is still a substantial number of drug users in Britain who do not visit such centres.

The Eastern Health Board decision to open two needle exchange centres follows months of debate and speculation on the issue. Social workers, medical staff and some senior officials in the Department of Health have repeatedly stressed the importance of such a scheme, although the Minister for Health Rory O'Hanlon is believed to have strong reservations about the project.

The first syringe exchange programme in Britain was introduced in April 1987. Fifteen centres were set up later expanded to over 50 in England and Scotland. The strategy was launched in response to the high rates of HIV infection among some groups of intravenous drug users.

While speculation continues as to the nature of the new service in Dublin, a number of options were introduced into the British system including counselling for drug problems, advice on safer sex and counselling on HIV testing.

It was decided not to introduce client tests in Britain for HIV antibodies on the grounds that this might put drug users off attending the centres. There were delays with some schemes because of difficulties in finding suitable staff, premises and funding uncertainties. There has also been a notable lack of public opposition to the schemes, except in Glasgow where local residents at first organised a picket outside the programme centre.

Figures from Britain show that the number of new clients attending centres is approximately 200 per month, although the programme is not used on an ongoing basis by drug users. Only 6% of all clients made 20 visits, while 17% made 10 visits.

IN Amsterdam, Holland, an average of 70,000 needles a month are distributed to drug addicts as part of a programme to slow the spread of AIDS. One quarter of the known drug addicts in the city are now HIV positive, according to Mr van der Would of the Amsterdam Municipal Health Authority. The Authority is to instal needle dispensing machines early next year, so that there is a 24-hour service in some areas.

Residents have expressed strong opposition to this latest development, which is being introduced alongside a new get tough police policy. In future, when convicted, a Dutch addict will have to choose between a custodial sentence or compulsory treatment. Foreign addicts in similar circumstances will be deported to their county of origin.

City authorities say that so far, they reasonably satisfied with the success of the scheme.

One of the most worrying features of the British experiment is that syringe-exchange attracts drug users who have already made changes in their behaviour to counteract the HIV risk, and that it misses people with higher levels of risk.

The most common reasons for not using syringe-exchange is the perceived lack of confidentiality, the availability of equipment elsewhere and resentment and fear over the questions asked and the waiting time at exchange centres.

AIDS counsellors in Dublin also stress that the introduction of a scheme is no guarantee that addicts will avail of the service. Kieran Hickey of the Eastern Health Board has emphasised the need to reassure drug addicts who will use the service that it will be confidential and that it will not be used to preach or moralise on the use of drugs.

He is also anxious to avoid any "high media profile" of the scheme.

The British report stresses that further research is needed to see what potential there is to develop syringe-exchange into a broader help service. It also highlights the most recent review of British drugs policy in the light of the problems raised by AIDS.

In Dublin, the AIDS Action Alliance has welcomed the EHB plan, but has urged officials to avoid adopting a "prudish or superior attitude" to the programming.

"To make it successful and to get addicts to trust the service, it has to be user friendly," an alliance spokesman said. "A dogmatic or moralistic approach will be unhelpful."

The alliance also stressed that the syringe-exchange programme should not be considered a catchall solution to the AIDS problem. It is one method of containing the spread of the virus, the spokesman said, but there is no guarantee that it will attract or succeed among addicts.


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