Hepatitis B vaccination policy in drug treatment services

EDITOR,—The World Health Organisation encourages universal vaccination against hepatitis B in settings in which the prevalence is low¹; current British policy recommends selective vaccination.² We present information about the delivery of vaccine to the target group with the highest prevalence and risk of infection, injecting drug misusers.³

Drug clinics were identified from the 1992 directory of the standing conference on drug abuse, updates, and regional drugs databases and were contacted in November 1993. Characteristics of new clients were provided by the clinics or collected from regional drugs databases. Self help groups, helplines, private nursing homes, and clinics that dealt only with minor tranquillisers were excluded.

Sixty of the 500 clinics had closed, were satellite clinics, or were ineligible. Three hundred and forty nine (80%) of the 440 remaining clinics responded to the questionnaire; 244 provided data on new clients. Only 22 NHS clinics and 10 non-NHS services (which generally had NHS staff attached) provided vaccination against hepatitis B on site. A higher proportion of NHS clinics than non-NHS services tested clients for hepatitis B infection (table), but only a quarter offered vaccination or advised contacts about prevention. Eight clinics offered vaccine to all new clients. Others selected clients who had ever injected (seven clinics), were "concerned about hepatitis B" (six), had negative results of tests for infection (six), were recent injectors (three), or had a history of sharing equipment (one). In eight clinics less than a third of clients received all three doses of vaccine.

The 317 clinics that did not provide vaccine gave reasons which included "insufficient funds" (168) and "limited space" (76). Many (212) advised

Provision of on site vaccination against hepatitis B and testing for markers of hepatitis B by drug clinics

Type of clinic*	No	Vaccination provided on site	Testing provided
Community drug teams	151	15 (10)	27 (18)
Drug dependency unit outpatient clinics	26	4 (15)	8 (30)
Drug dependency inpatient units	5	0	3 (60)
Needle exchange service	13	3 (23)	3 (23)
Total NHS services	195	22 (11)	41 (24)
Non-residential voluntary organisations	111	8 (7)	3 (3)
Residential voluntary organisations	43	2 (5)	5 (12)
Total non-NHS services	154	10 (7)	8 (5)

*Services were categorised by self description and definitions in directory of standing conference on drug abuse.

clients to obtain vaccine elsewhere (for example, from their general practitioner); this was particularly the case for non-NHS clinics, which saw their main roles as providing support and counselling.⁴ Clients who had injected recently or had ever injected made up higher proportions of the clients of clinics that provided the vaccine than of the clinics that did not (50% v 41% and 70% v 58%, respectively). There were no differences in the percentages of clients who had attended for at least six months (50%), had recently shared injecting equipment (5%), had ever shared (23%), or were unemployed (68%).

Hepatitis B vaccine for injecting drug misusers has been recommended since 1985. In 1989 less than 30% of NHS drug clinics provided the vaccine.⁵ The vaccine does not seem to be more readily available now. Though universal vaccination in childhood or adolescence would provide a solution in the long term, the present failure to provide vaccination to injecting drug users requires more immediate action. Over two thirds of those attending clinics are still susceptible to infection.¹ The use of accelerated vaccine schedules and opportunistic vaccination could be explored; non-medical staff could be trained to give vaccine; and the provision of vaccine, with subsequent monitoring of uptake, could be included in audit programmes and provider contracts.

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Primary health care and adolescence

EDITOR,—In their editorial Aidan Macfarlane and Ann McPherson highlight the importance of adolescents' wants and needs for primary care services.¹ They place little emphasis on the contribution of emotional and behavioural disorders to adolescent morbidity and mortality, though there are indications that these are highly relevant. For example, in the authors' own study of 14-16 year olds, which they cite, as many as 8% of adolescents reported feeling fed up or depressed every day and a further 28% at least once a week. In Epstein *et al*'s study of teenage health concerns which Macfarlane and McPherson cite, four of the 10 issues that caused most concern (overweight, arguments with

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parents, fear of cancer, and worry about own death) may be linked to or reflect emotional disorder. Three per cent of presentations to general practitioners by adolescents (aged 13-16) are of emotional or behavioural complaints (TK, unpublished findings). Psychiatric disorders are also likely to be present in a considerable additional proportion of youngsters attending with physical problems.

Psychological factors are also relevant to adolescents' admissions to hospital and adolescent mortality. As highlighted in the editorial, termination of pregnancy and childbirth are the commonest causes of admission of older adolescent girls (15-19 years old).² In boys and younger girls other problems, for which psychiatric morbidity may be central, feature prominently—for example, statistics from the Department of Health show that in men aged 15-24, road vehicle accidents, other causes of injury and poisoning, and suicide and self inflicted injury make up 21%, 20%, and 17% of the mortality, respectively.³ Explanations of the rising suicide rate and effective methods of prevention are complex, but in both sexes suicide has been strongly associated with major depression and in males it has been associated with substance misuse.⁴

We support the authors' call for recognition of the primary health care team's specific contribution to adolescent health. If their aim of ensuring better health care for this group is to be achieved, however, we would add to the actions suggested by the authors the need for general practitioners to be alerted to the importance of emotional and behavioural disorders and to be able to offer suitable interventions. This would allow more young people to identify the primary care team as important in meeting more of their health needs.

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