riding motive when entering into the distressing business of bringing an action — that is, to avoid the same mistake occurring again to another hapless patient. This is the job of the doctors and the NHS — and it is being shirked.

Neither doctors' autonomy nor patients' respect for the profession ensure high quality practice. Thus a medical inspectorate will strengthen doctor–patient relationships, because it will raise standards. Doctors would do well to speed implementation of such a system of their own volition, rather than have it foisted upon them.

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Risk reduction and drug abusers

Sir,

The report of the Advisory Council on the Misuse of Drugs, *AIDS and drug misuse*,[1] suggests that medical services should develop a heirarchy of goals in dealing with drug injecting misusers: becoming drug free, switching from injecting to oral use and avoiding sharing equipment. The report also suggests that 'the network of general practitioners offers an unrivalled system for health care provision with great opportunities for intervention with drug using patients'.

However, general practitioners badly need information on drug users and how to treat them. I have failed to find adequate guidance on the assessment of needle sharing with a view to reducing the risk of human immunodeficiency virus (HIV) infection. The comments that follow are drawn from patients seen within the last few weeks and are not exceptional within the population attending a drug clinic.

The pattern of needle use illustrates the many ways the patient's life is arranged around drug taking. Several patients have described the importance to them of the ritual of preparing their heroin, setting up the spoon for heating the vitamin C to dissolve the powder, the companionship of being with others engaged in the same activity, and the attachment, fear or fascination of the needle. Who has first use of the clean needle and who injects may be an incidental means to an end for the user but is a component part of one couple's relationship occurring four times a day. The woman, a competent mother of three children, had relied upon her husband to inject her for seven years and arrived for help at the clinic, following his imprisonment, after finding injecting herself a messy and unrewarding task. Another hid away from her husband in a fiercely independent way. They never shared needles 'for reasons of cleanliness' but since being pregnant she had risked her own life and that of her baby by sharing needles with a casual acquaintance. A man described the difference between drug sharing in Amsterdam, where to be cool was to be hygiene conscious, and in Scotland, where to be hard meant not worrying about 'germs'.

Thus, in the assessment of injecting behaviour, the individual can be asked about matters concerning reduction of harm but also, as with all drug related problems, the doctor and the patient should consider how the behaviour fits into the drug user's everyday life (Figure 1). Exploring some of these details with patients not willing to try abstinence may allow the issues to be confronted and specific strategies to be developed for changing behaviour that continues to place them at risk from HIV and other blood borne infections.

Questions	**Suggested solutions**
Reduction of harm	
When did you last share needles?	Explain risks of sharing
How do you clean your needles/ equipment?	Suggest they avoid cold water rinsing and use mild bleach solution, boiling
If you share, do you use someone else's needle or do you pass your needle on to them?	Suggest they clean them well
How many people do you share with?	Suggest they reduce the number
Where do you obtain the needles?	Provide list of needle exchanges or friendly chemists
What injection sites do you use?	Suggest they avoid the femoral vein particularly
Meaning of needle sharing behaviour to the patient	
Do most people in your group share their needles in the same way?	
Is there pressure from others to change/stay the same?	Suggest strategies to resist pressure
Do you share with someone close to you?	Ask whether they are going to change Suggest the patient avoids them, or see both together for counselling
Who taught you to inject?	
Did someone first inject you?	
Does this sometimes still occur? Who is person?	Consider joint meeting
How much comfort do you get from just pricking yourself with the needle, heating up your heroin, seeing blood in the syringe?	Tackle one behaviour at a time
Do you take drugs alone or in a group?	Consider need for other social outlet

Figure 1. *Assessment of injecting behaviour.*

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Reference

1. Department of Health and Social Security. *AIDS and drug misuse. Part I. Report by the Advisory Council on the Misuse of Drugs*. London: HMSO, 1988.

Cholesterol screening in general practice

Sir,

Dr Jacobs cannot take all the credit for the drop in cholesterol levels seen in the patients who received dietary advice in his study (July *Journal*, p.321). Some fall in cholesterol level would be expected purely for statistical reasons in this type of study owing to the phenomenon of regression to the mean. On account of random