

Drugs, alcohol and HIV: It's all about extremes

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Themes, themes, themes. Deciding the themes we select for *HIV Nursing* can be an arduous task. Over the past 11 years we have exhausted many avenues, but surprisingly we've never really hit upon drugs and alcohol. Within my role, as for many of you, the effects of drugs and alcohol for those living with HIV cannot be underestimated. From the part they play in the potential transmission of HIV, to problems they can cause around adherence, health and lifestyle, the use of stimulants and depressants can have wide-reaching effects. For this issue I wanted to concentrate on extremes as, surprisingly, there is very little research into the effects of an odd glass of Chardonnay upon HIV. Excessive use of street, recreational and party drugs continues to cause major problems within healthcare and most of us are experiencing the challenges of those who are using drugs and alcohol. As nurses we can be terribly practical and may want to provide solutions for patients who don't necessarily feel they have problems. 'ChemSex' has really come to the fore in the past few years with some services really feeling the force of this issue. But what leads some patients to become addicted to these substances and what, if anything, can we do about it?

Steve Barlow's article *The elephant in the room? The question of addiction as it relates to drug/alcohol use and sexual behaviours: Raising the issue with patients* looks at the issues surrounding addiction, and Steve's extensive experience has allowed him to offer suggestions that we could utilise in practice and advice upon signposting to other services.

The article from David Stuart and Johannes Weymann is entitled *ChemSex and care-planning: One year in practice*, and is a follow-on article to the one published in last year's journal [1]; it looks at David's first year in post at 56 Dean Street and the development of a service to support those who feel that ChemSex may be becoming problematic.

For my part I have looked at the role of Wernicke-Korsakoff syndrome in dementia for those with long-term alcohol use with a case study (I could have chosen a few). Many of us may have had to learn as we go with drug and alcohol issues; they are rarely discussed within schools of nursing or degree modules but affect us on a daily basis.

I also wanted to look at a service that I work with often and Maxine Radcliffe (Chair, London Network of Nurses and Midwives Homelessness Group)

reflects upon her role in providing case management for those living on the street in London, challenging work for all involved. Her article *HIV and homelessness in central London: Reflections from a specialist homeless general practice* focuses upon the work of a busy GP clinic, one in which we have set up sexual health and HIV services to support those living on the streets or in hostels.

The last article, although not necessarily to theme, looks at frailty – an issue I feel we may be facing more and more as the HIV population ages. Frailty has become a major issue and I look at what we can do to diagnose and support our patients.

This issue of *HIV Nursing* will be out in time for the 2015 NHIVNA conference so for those reading it there 'Hello'. *HIV Nursing* is a great way to highlight the work you do or to write about an issue/case study within HIV that interests you; or, like me, you may be undertaking a continuing professional development module and want to flex your writing muscles. We can usually fit most articles into a 'theme' so please consider writing for the journal and get in touch.

This issue also includes the abstracts for this year's NHIVNA conference. Again, we had many abstracts submitted and the quality of work we are carrying out, probably in our own time, is outstanding. The abstracts this year include many on patient perspectives of care, nurse prescribing and collaborative care; and a few looked at outcomes for specialist nurses, an issue that has been on my mind for the last few years. It's interesting to review all the audits and research we do.

For many nurses the future remains uncertain, but we're certainly not going without a fight, and HIV nurses are proving each year how resourceful, professional and forward thinking we are. Congratulations!

Reference

1. Stuart D. Sexualised drug use by MSM (ChemSex): a toolkit for GUM/HIV staff. *HIV Nursing*, 2014, **14**(2), 15–19.

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