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## Letters to the editor

### Gender differences in needle sharing behaviour patterns

SIR—We read with interest Barnard's<sup>1</sup> recent study in *Addiction* which showed gender differences in needle sharing behaviour patterns among intravenous drug abusers. She also indicated that female injectors may be at increased risk of HIV transmission relative to their male counterparts. Stimpson had previously noted poorer uptake from needle exchanges by women.<sup>2</sup>

From October 1992 to June 1993, at the National Drug Treatment Centre we have had a policy of screening all new and return attenders with a history of intravenous drug abuse for the presence of Antibody to Hepatitis C (using the 2nd generation Eliza method). Hepatitis C can be contracted through sexual, vertical and intrafamilial routes but by far the most efficient mode of transmission is parenteral. Therefore Hepatitis C Virus (HCV) risk behaviour is very similar to HIV risk behaviour and is a major problem amongst intravenous drug abusers.<sup>3</sup> When compared to HIV, HCV is transmitted more effectively by the parenteral route and less effectively by the sexual route.<sup>4</sup> Thus Hepatitis C prevalence can be an indicator of HIV related risk behaviour.

Our results showed gender differences with a significantly greater proportion of females testing positive for anti HCV antibody. From a total of 213 patients, 126 out of 152 males tested positive for anti HCV (82.9%) and 58 out of 61 females tested positive for anti HCV (95.1%) ( $X^2 = 5.612$ ,  $df = 1$ ,  $p < 0.025$ ). The mean age of the male group was 25.4 years and the female group was 23.1 years. The mean duration of intravenous misuse of the male group was 4.9 years and of the female group was 3.6 years.

These results add further evidence to Barnard's conclusions in regard to gender differences in intravenous drug abusers and needle-sharing. They also indicate that females may be at increased risk of **HIV** transmission relative to their male counterparts.

B. SMYTH, E. KEENAN, A. DORMAN & J. J. O'CONNOR  
*The Drug Treatment Centre Board,*  
*Trinity Court,*  
*30/31 Pearse Street,*  
*Dublin 2, Eire*

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