



Shooting Up: Infections among people who inject drugs in the UK, 2014 – an update, November 2015

A briefing for directors of public health, commissioners and service providers in England

People who inject drugs (PWID) are vulnerable to a wide range of infections that can result in illness and death. The Shooting Up report provides an update on the extent of infections and related behaviours among PWID in the UK. This briefing summarises key messages for local areas in England.

Key points

- Though heroin, either alone or in combination with crack-cocaine, remains the most commonly injected psychoactive drug in England, the injection of stimulants, particularly amphetamine and the recently emerged psychoactive drugs, such as mephedrone, has become more common. People injecting these types of stimulant report higher levels of risk behaviours.
- Bacterial infections remain common among PWID; some of these cause severe illnesses that can have a large impact on health services.
- Around half of people who inject psychoactive drugs have been infected with hepatitis C. However, about half of those infected remain unaware of their status.
- Even though hepatitis B infection is now rare, it is a concern that the uptake of the hepatitis B vaccine among PWID appears to be declining.
- HIV infection among people who inject psychoactive drugs remains low compared to many other countries, with one in 100 having HIV in 2014.
- Among those injecting image and performance enhancing drugs the level of HIV infection is similar to that among people who inject psychoactive drugs. The proportions ever infected with hepatitis B and C are lower than among people who inject psychoactive drugs, but most probably higher than in the general population.

Infections among people who inject psychoactive drugs

Changing patterns of psychoactive drug injection are increasing risk. Heroin, alone or in combination with crack-cocaine, remains the most commonly injected psychoactive drug in England. However, there is evidence of an increase in the injection of stimulants, including recently emerged psychoactive drugs such as mephedrone. People injecting stimulants report higher levels of risk behaviours such as sharing and reusing needles and syringes. Overall, needle and syringe sharing among those currently injecting psychoactive drugs in England has fallen from 28% in 2004 to 16% in 2014. The higher level of risk behaviours associated with the use of stimulants can increase harm, and increases in stimulant injection have been a factor in a number of outbreaks of infections among PWID in other countries.

Bacterial infections continue to be a problem. Around a third (31%) of those who inject psychoactive drugs in England report that they had a symptom of an injecting site infection during the preceding year. Severe illnesses (such as botulism) that are caused by spore-forming bacteria, although rare, are continuing to occur among PWID.

Half of those with hepatitis C remain unaware of their status. PWID remain the group most affected by hepatitis C infection in the UK. In England, 50% of those who inject psychoactive drugs have antibodies to hepatitis C. Data indicate that hepatitis C transmission is probably stable in this group and further effort is needed to reduce this. Although the uptake of diagnostic testing is high (83%), about half of the hepatitis C infections remain undiagnosed – either because people have never had a test or have become infected since their last test. This underlines the need to identify, and make use of, the opportunities for regularly offering tests to those at risk.

Hepatitis B remains rare but vaccine uptake has stopped improving. Less than 1% of those who inject psychoactive drugs are currently infected with hepatitis B. The proportion ever infected with hepatitis B in England has fallen from 29% in 2004 to 15% in 2014. This public health success reflects a marked increase in the uptake of the vaccine against hepatitis B during the 2000s. In 2014, 72% reported vaccination uptake – this was lower than the uptake seen in 2011 (77%) and indicates that uptake may now be declining. Most of those who have not been vaccinated have been in contact with health services where they could have received a dose of the vaccine.

HIV levels remain low overall and the uptake of care is good. HIV infection among PWID remains rare compared with many other countries. Only 1% of those who inject psychoactive drugs in England have HIV, and overall HIV incidence is currently low among PWID. Most of those infected with HIV are aware of their infection and are accessing care. The low prevalence in this group probably reflects the extensive provision of needle and syringe programmes, opioid substitution therapy and other drug treatment in England since the 1980s. The recent outbreak of HIV among PWID in Glasgow is a concern.

Infections among people who inject image and performance enhancing drugs (IPED)

The number of people who inject IPED and access needle and syringe programmes has grown substantially in many areas of England. In some areas, people using IPED are now the largest group using needle and syringe programmes.

Data indicate that people who inject IPED in England and Wales now have a level of HIV infection that is similar to the level among people who inject psychoactive drugs. The proportions of people who inject IPED who have ever been infected with either hepatitis B or C are lower than those among people who inject psychoactive drugs. However, they are most probably higher than those in the general population. Only 40% of those injecting IPED reported uptake of the vaccine against hepatitis B, just one-third reported ever being tested for hepatitis C and only two in five being tested for HIV.

Public health actions to reduce the harm associated with injecting drug use

Shooting Up recommends that services for PWID are commissioned in line with national strategies and guidance, and provide:

- needle and syringe programmes
- opioid substitution treatment
- other drug treatment

These and other services, such as primary care and sexual health services, should provide information and advice on safer injecting practices, preventing infections and the safe disposal of used equipment, as well as access to an appropriate range of other interventions to reduce injection-related harm.

In addition, the appropriate provision of the following services is also important:

- diagnostic testing for hepatitis C and access to care pathways for those living with hepatitis C
- vaccinations, including for hepatitis B, should be maintained and services should explore ways of further improving hepatitis B vaccine uptake
- diagnostic testing for HIV and care pathways for those infected
- information on avoiding injection site infections and easy access to health checks and treatment for injection site infections

Sufficient coverage of these interventions is vital to prevent infections and this should respond to changes in the pattern and the nature of injecting drug use.

Further information

The report *Shooting Up: Infections among people who inject drugs in the UK, 2014*. London: Public Health England, November 2015, plus the accompanying data tables, info-graphic and slide set can be found [here](#).

Data from the Unlinked Anonymous Monitoring Survey of People Who Inject Drugs, including data for England and the English regions, can be found [here](#).

Links to further information about, and data on, infections among PWID, as well as links to related guidance, can be found [here](#).

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