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

- HIV infection among PWID remains low in the UK, with one in 100 people who inject psychoactive drugs living with HIV in 2015. HIV transmission continues among this group, and both injecting and sexual risks remain common. HIV is often diagnosed at a late stage among PWID

- 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

- Hepatitis B infection is now rare among PWID. However, it is a concern that the uptake of the hepatitis B vaccine is no longer increasing among people who inject psychoactive drugs

- bacterial infections remain common among PWID; some of these cause severe illnesses that can have a large impact on health services

- the increased injection of a range of stimulants, particularly recently emerged psychoactive drugs such as mephedrone, is a concern. People injecting stimulants often report higher levels of injecting and sexual risk behaviours

- 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 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

HIV levels remain low but risks continue. 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. 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. However, risks remain common and among those injecting psychoactive drugs in England, 17% reported sharing needles and syringes and only 21% of those with two or more sexual partners always used condoms during 2015. Most of those infected with HIV through injecting drugs are aware of their infection and accessing care. However, HIV is often diagnosed at a late stage among PWID. People who are diagnosed late have a higher risk of dying compared with those who are diagnosed promptly. The emergence of injecting drug use around or during sex among some groups of HIV positive men who have sex with men is a concern, as is the recent HIV outbreak among people injecting heroin in Glasgow.

Many hepatitis C infections remain undiagnosed. PWID remain the group most affected by hepatitis C infection in the UK. In England, 52% of those who inject psychoactive drugs have antibodies to hepatitis C. Data indicates 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 (86%), 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. Of those ever tested but unaware of their hepatitis C, two-fifths reported that their last test had been more than two years ago.

Hepatitis B remains rare, but vaccine uptake needs to be sustained. 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 28% in 2005 to 14% in 2015. This public health success reflects a marked increase in the uptake of the vaccine against hepatitis B during the 2000s. In 2015, 75% reported vaccination uptake – this is similar to the level seen in recent years and indicates that uptake is no longer increasing.

Bacterial infections continue to be a problem. Around a third (32%) of those who inject psychoactive drugs in England report that they had a symptom of an injecting site infection during the preceding year. Outbreaks of infections due to bacteria are continuing to occur in this group. Some of these infections are severe and can place substantial demands on the healthcare system. The impact of these infections is probably compounded by delays in seeking healthcare in response to the initial symptoms.

Changing patterns of psychoactive drug injection remain a concern. 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. 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.

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

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

Data indicates that people who inject IPEDs in England and Wales have a level of HIV infection that is similar to the level among people who inject psychoactive drugs. The proportion of people who inject IPEDs who have ever been infected with either hepatitis B or C are lower (2.5% and 5.1% respectively in 2014-15) than among people who inject psychoactive drugs. However, they are most probably higher than those in the general population. Only 38% of those injecting IPEDs reported uptake of the vaccine against hepatitis B, just two-fifths reported ever being tested for hepatitis C and only half reported ever 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


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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