



Shooting Up: Infections among people who inject drugs in the UK, 2016

An update, November 2017

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, available [here](#), provides an update on the extent of infections and related behaviours among PWID in the UK. The 2017 report focuses on infections among people who inject *psychoactive* drugs. Information on infections among people who inject *image and performance enhancing drugs*, such as anabolic steroids, can be found in the 2016 Shooting Up report, available [here](#).

This briefing summarises key messages for local areas in England.

Key points:

- Hepatitis C remains the most common blood-borne infection among PWID, and there are significant levels of transmission among this group in the UK. Two in every 5 PWID are living with hepatitis C and approximately half of these infections remain undiagnosed. The increasing availability of the new direct acting antiviral drugs provides an opportunity to reduce morbidity and mortality from hepatitis C, and to decrease the risk of onward transmission.
- Around 1 in 100 PWID is living with HIV. Most have been diagnosed and will be accessing HIV care and treatment.
- Hepatitis B remains rare but vaccine uptake needs to be sustained, particularly in younger age groups.
- One-third of PWID report having a recent symptom of a bacterial infection. Outbreaks of bacterial infections are continuing to occur in this group.
- The level of needle and syringe sharing among PWID has fallen across the UK, but needle and syringe sharing remains a problem with over 1 in 6 reporting sharing of needles and syringes in the past month.

- In recent years there has been an increase in the number of “new psychoactive substances” being used in the UK. There is also evidence for an increase in crack injection in England and Wales.
- Provision of effective interventions needs to be maintained and optimised.

Infections among people who inject psychoactive drugs

Hepatitis C prevalence remains high and half of those infected are undiagnosed

Hepatitis C remains the most common blood-borne infection among PWID, and there are significant levels of transmission among this group in the UK. Two in every 5 PWID are living with hepatitis C. The increasing availability of the new direct acting antiviral drugs provides an opportunity to reduce morbidity and mortality from hepatitis C, and to decrease the risk of onward transmission. Improving the offer and uptake of testing for hepatitis C is particularly important as approximately half (48%) of hepatitis C infections among PWID remain undiagnosed. Many of those who were unaware of their infection reported that they had either never been tested or not been tested recently. Further work is required to optimise testing opportunities. Well-designed, supportive care pathways for those infected are needed, and those diagnosed with hepatitis C and who continue to inject should have access to effective treatment and care in line with current guidelines.

HIV levels remain low, but risks continue

In England, around 1 in 100 PWID is living with HIV. Most have been diagnosed and will be accessing HIV 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. There were 145 new HIV diagnoses associated with injecting drug use in the UK during 2016; this is slightly lower than the annual average of 168 new HIV diagnoses between 2006 and 2015. Localised outbreaks of HIV continue to occur among PWID, as highlighted by the HIV outbreak in Glasgow that has been ongoing since 2015 and the cluster of HIV infections that occurred in South West England in 2016. To ensure HIV levels remain low, it is important that diagnostic testing for HIV is offered regularly to all those at risk and that care pathways for those infected are maintained.

Hepatitis B remains rare but vaccine uptake needs to be sustained, particularly in younger age groups

In England, around 1 in every 200 PWID is living with a hepatitis B infection. In 2016, 71% of PWID report taking up the vaccine against hepatitis B, but this level is no longer increasing. In 2016 vaccine uptake is particularly low in younger age groups (54%) and among those who began injecting in the last 3 years (54%). The provision of vaccination for this population should be maintained in line with guidance and ways of further improving uptake among PWID should be explored.

Bacterial infections continue to be a problem

Bacterial infections in PWID are often related to poor general hygiene and unsterile injection practices. Bacterial infections can result in severe morbidity in PWID, with severity compounded by delays in seeking healthcare in response to the initial symptoms. Around a third (36%) of PWID in England report that they had a symptom of an injecting site infection during the preceding year, which is an increase from 27% in 2011. Laboratory and hospital data also suggest that there is an increase in bacterial infections in recent years. Outbreaks of infections due to bacteria, particularly Group A streptococci, are continuing to occur in this group. Information and advice on safer injecting practices and avoiding injection site infections are important. This should include the provision of tetanus vaccination when appropriate, wound care services, and treatment for injection site infections. Appropriate urgent referral for potentially serious infections may be needed for some patients.

Injecting risk behaviours have declined but remain a problem

The level of needle and syringe sharing among those currently injecting psychoactive drugs has fallen across the UK, but needle and syringe sharing remains a problem: in 2016, 18% of PWID in England reported sharing of needles and syringes in the previous month. People continue to be at risk of infection through injecting behaviours. A range of easily accessible needle and syringe programmes for all PWID, including those using drug treatment services, need to be provided in line with guidance. Low dead space equipment should be offered and encouraged where appropriate. Needle and syringe programmes should also offer interventions that support entry into treatment and other interventions to decrease or stop injecting. They should aim to distribute appropriate and sufficient injecting-related equipment to prevent sharing and to support hygienic injecting practices.

Changing patterns of psychoactive drug injection remain a concern

Heroin remains the most commonly injected drug in England. Injection of crack has increased in recent years in England and Wales, with 53% of those who had injected in the preceding 4 weeks reporting crack injection in 2016 as compared to 35% in 2006. In recent years there has been an increase in the number of “new psychoactive substances” (NPS) being used in the UK. Some NPS, typically short acting stimulants, can be injected and this is a concern due to the associated risky injecting practices. There is evidence, however, that the injection of some NPS, such as mephedrone, has declined. Heroin mixed with fentanyl has been linked to a number of overdose deaths reported in late 2016 and early 2017. Fentanyls are synthetic opioids which have similar effects to heroin but they are more potent and toxic, meaning using a small amount can result in overdose and death. Services that are provided to reduce the risk of infections should reflect the increasing range of drugs that are now being injected. These services should also be appropriate to the needs of particular groups of PWID, such as some men who have sex with men.

Provision of effective interventions needs to be maintained and optimised

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.

In addition, the appropriate provision of the following services needs to be maintained and optimised to prevent and treat infections:

- diagnostic testing for blood-borne infections, including HIV, hepatitis C and hepatitis B
- access to care and treatment for those infected
- vaccinations, including for hepatitis B
- information on avoiding injection site infections and easy access to 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, 2016* London: Public Health England, November 2017, plus the accompanying data tables, infographic 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](#).