
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. The 2018 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.

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. One in every 4 PWID is living with a current hepatitis C infection and just under 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. As HIV is often diagnosed at a late stage among PWID, testing should be encouraged.

Hepatitis B remains uncommon in PWID but vaccine uptake needs to be sustained, particularly in younger age groups and recent initiates to injecting where the uptake of vaccination is lower.

Half of PWID report a recent symptom of a bacterial infection. Outbreaks of bacterial infections are continuing to occur in this group, with a particular increase in invasive Group A streptococcal infections to levels six times that of 2015.

The level of needle and syringe sharing among PWID has fallen across the UK in recent years, despite this over one in six still report the sharing of needles and syringes in the past month.

Over the last decade there has been an increase in the proportion of PWID reporting groin injection in the past month with 2 in 5 reporting injecting into their groin in 2017.

Although heroin remains the most commonly injected drug, crack injection continues to increase in England and Wales with around half of those who injected in the last month reporting its use.

Provision of effective interventions need 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. One in every 4 PWID is living with a current hepatitis C infection. 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 just under half (44%) of active 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 123 new HIV diagnoses associated with injecting drug use in the UK during 2017; this is slightly lower than the annual average of 149 new HIV diagnoses between 2007 and 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 living with HIV are maintained.

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

In England, around 1 in every 500 PWID is living with a hepatitis B infection. In 2017, 72% of PWID report taking up the vaccine against hepatitis B, but this level is no longer increasing. In 2017 vaccine uptake is particularly low in younger age groups (64%) and among those who began injecting in the last 3 years (57%). 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 are an increasing 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. In 2017, half (50%) of the PWID surveyed reported a symptom of an injecting site infection during the preceding year. 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 and reports of serious iGAS infections, often requiring hospital admission and care, have been rising each year since 2013. 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 2017, 18% of PWID in England reported sharing of needles and syringes in the previous month. PWID continue to be at risk of infection through their injecting behaviours. A range of easily accessible, free needle and syringe programmes for all PWID, including those using drug treatment services, need to be provided in line with guidance. Low dead space syringes should be offered and uptake encouraged where appropriate to reduce the risk of onwards transmission of BBVs when sharing does occur. Needle and syringe programmes should also offer interventions that support entry into treatment and other interventions to decrease or stop injecting. It is essential to maintain the provision of sufficient and appropriate injecting-related equipment in order to meet the needs of the client, alongside education 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 51% of those who had injected in the preceding four weeks reporting crack injection in 2017 as compared to 35% in 2007. In recent years, there has been an increase in groin injecting, with 39% of PWID in England, Wales and Northern Ireland reporting such behaviour, compared to 32% in 2007. Femoral vein injecting is associated with abscess development and deep vein thrombosis as well as damage to the femoral artery and nerves. 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 free of charge:

- 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 should be responsive 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 at: *People who inject drugs: HIV and viral hepatitis monitoring*.

Links to further information about, and data on, infections among PWID, as well as links to related guidance, can be found at: *People who inject drugs: infection risks, guidance and data*. 