



Policy Briefing: HIV Outbreak in Glasgow - more needs to be done

Summary:

- There is currently an ongoing and extensive outbreak of HIV amongst people who inject drugs (PWIDs) in Glasgow. Over 100 cases have been linked to this outbreak.
- Plans to curtail the HIV outbreak have been hindered due to a number of issues, in particular the UK Government preventing the opening of a Drug Consumption Room (DCR) in the city and the closure of one of the main needle exchange services in Glasgow.
- An amendment to the Misuse of Drugs Act 1971 should be made to allow a DCR to open in Glasgow, the needle exchange service in Glasgow Central station should be re-opened, and implementation of heroin assisted therapy and increased injecting equipment provision should be trialled.
- There have been smaller localised outbreaks in various parts of the UK and Ireland over the last few years. A larger outbreak in England is possible if investment and coverage of harm reduction initiatives are not increased.

Introduction

In 2015, an outbreak of HIV was detected amongst people who inject drugs (PWIDs) in Glasgow.¹ HIV prevalence amongst PWIDs in the UK remains low, standing at less than 1 in 100 (around 0.85%).² However, the outbreak in Glasgow now means that there are now over 100 cases of HIV amongst PWIDs there. NHS Greater Glasgow and Clyde (NHSGGC) reported initially that 83% of diagnoses were estimated to be within a group of around 400-500 people known to inject opiates publicly in the Glasgow area.³ This could equate to a prevalence rate far above the average for the UK. Genetic sequencing shows that all these cases are linked, with over two-thirds happening post-2014 and 37% in the last year.⁴ It is also reported that almost all people with HIV in this group are also co-infected with hepatitis C.⁵ Analysis suggests that the rate of transmission is currently 1.8 per patient, meaning that each HIV infection is associated with 1.8 further infections – indicating that the outbreak is still ongoing.⁶

Number of diagnoses amongst PWIDs in Glasgow:⁷

2015 - 44

2016 - 38

First 6 months of 2017 - 19

This population group is one with complex needs with considerable evidence of social exclusion amongst PWIDs

¹ Public Health England, Shooting Up: Infections among people who inject drugs in the UK, 2016, An update, November 2017; 2017. Available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/663003/Shooting_Up_2017_report.pdf

² Public Health England, Data tables of the Unlinked Anonymous Monitoring Survey of HIV and Hepatitis in People Who Inject Drugs, Surveillance Update: July 2017; 2017. This survey does not collect information from Scotland. Available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/633204/UAM_Survey_of_PWID_data_tables_2017.pdf

³ Ragonnet-Cronin M et al. Recent and rapid transmission of HIV among people who inject drugs in Scotland revealed through phylogenetic analysis. *J Infect Dis*, online edition. DOI: 10.1093/infdis/jiy130, 2018.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Public Health England, 'Shooting Up: Infections among people who inject drugs in the UK, 2016, An update, November 2017; 2017. Available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/663003/Shooting_Up_2017_report.pdf



living with HIV in Glasgow; 40% have a history of incarceration and 45% report ever being homeless.⁸

This comes at a time of very high rates of drug-related deaths across the UK. In Scotland, 867 drug-related deaths were recorded in 2016, 161 (23%) more than in 2015.⁹ This was the highest number recorded since data began in 1996. This was the highest reported drug-related death rate in Europe in 2016 and was “roughly 2.5 times that of the UK as a whole”.¹⁰ 55% of the deaths in 2016 were attributed to heroin/morphine.¹¹ 473 heroin/morphine related deaths took place in 2016, a 37% increase on 2015.¹²

There have been other recent outbreaks of serious infectious diseases among people who inject drugs in Scotland such as botulism (2014-2015) and anthrax (2009-2010) – which shows the vulnerability of this group to significant harm.¹³

Work has been done to control the HIV outbreak in Glasgow. A recent presentation given at the British HIV Association (BHIVA)/British Association of HIV and Sexual Health (BASHH) conference described services developed to control the outbreak.¹⁴ These include the appointment of a blood-borne virus specialist nurse to co-ordinate a multidisciplinary team, actively seeking out people by “walking the streets.” Close links have been developed between HIV and drug treatment services to help ensure that patients are linked to HIV care. A scheme has also been introduced to dispense antiretroviral therapy via community pharmacies, especially to people on opioid substitution therapy. In all, 91% of those diagnosed in this outbreak are currently on antiretroviral therapy but only 69% have an undetectable viral load, which is considerably lower than the average viral suppression amongst PWIDs in the UK (93%).¹⁵ Work should be done to ascertain why viral suppression is so low in this group and how to respond to this issue. Services have also been developed to meet the needs of homeless patients, including a weekly consultant-led clinic.

Further work includes a report compiled by NHSGGC making recommendations to meet the needs of PWIDs in the area. The report states that there is “scope for a greater focus on harm reduction across all tiers of service.” It includes analysis on the potential for introducing new harm reduction initiatives such as drug consumption rooms (DCRs), heroin assisted therapy (HAT) and increased injecting equipment provision (IEP).

However, there are a number of policy issues that are impacting upon efforts to control the outbreak. This includes the closure of one of the main needle exchange services in Glasgow, and the UK Government currently preventing the opening of a Drug Consumption Room (DCR) in the city.

Needle Exchange Service

Needle and Syringe programmes (NSPs) have been crucial in the fight to control HIV amongst PWIDs in the UK. There is evidence showing how NSPs can reduce transmission of HIV, by allowing PWIDs to have increased access to clean needles and reducing the likelihood of sharing injecting equipment.¹⁶ Opioid substitution therapy (OST), accessed through drug treatment services, is also associated with lower rates of transmission of both HIV and Hepatitis C, especially when combined with access to needle exchanges.¹⁷

Scotland’s busiest needle exchange service for PWIDs in Glasgow’s Central Station closed in September 2017, after opening in 2016 for the main purpose of controlling the current HIV outbreak. Network Rail, which owns the building, said it was forced to take action after drug-taking equipment was found in public areas. The exchange was

⁸ Metcalfe R et al. An outbreak of HIV amongst homeless people who inject drugs (PWIDs) – describing the epidemic and developing an innovative service model. Fourth Joint Conference of the British HIV Association (BHIVA) with the British Association for Sexual Health and HIV (BASHH), Edinburgh, April 2018, abstract 67.

⁹ National Records of Scotland, ‘Drug-related deaths in Scotland in 2016’, 15th August 2017. Available here: <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/drd2016/drug-related-deaths-16-pub.pdf>

¹⁰ National Records of Scotland (2017) Drug-related deaths in Scotland in 2016, Available at: <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/drd2016/16-drug-rel-deaths.pdf> [last accessed 18/09/17], 44.

¹¹ Ibid.

¹² Ibid.

¹³ NHS Greater Glasgow and Clyde, “Taking away the chaos”: The health needs of people who inject drugs in public places in Glasgow city centre. Available here: http://www.nhs.gov.uk/media/238302/nhs_ggc_health_needs_drug_injectors_full.pdf

¹⁴ Information available on the Aidsmap website, entitled ‘HIV outbreak among people who inject drugs in Glasgow now involves over 100 infections, many homeless’. Available here: <http://www.aidsmap.com/HIV-outbreak-among-people-who-inject-drugs-in-Glasgow-now-involves-over-100-infections-many-homeless/page/3262467/>

¹⁵ Public Health England, ‘Towards elimination of HIV transmission, AIDS and HIV-related deaths in the UK’, 2017. Available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675809/Towards_elimination_of_HIV_transmission_AIDS_and_HIV_related_deaths_in_the_UK.pdf

¹⁶ World Health Organisation ‘Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users’, 2004. Available here: <https://www.unodc.org/documents/hiv-aids/EFA%20effectiveness%20sterile%20needle.pdf>

¹⁷ Platt L et al, 24th International Harm Reduction Conference, Malaysia, October 2015 – see <http://www.aidsmap.com/Opioid-substitution-therapy-especially-in-combination-with-needle-exchange-reduces-transmission-of-hepatitis-C/page/3007496/>.



National AIDS Trust, HIV Outbreak in Glasgow, July 2018

based in a branch of Boots at the station and had provided more than 40,000 sets of clean injecting equipment since opening.¹⁸

Voluntary sector organisations have heavily criticised the closure, with the Scottish Drugs Forum stating there had been only 10 minor incidents and one major incident over the past year, despite high numbers of PWIDs who would be in the area “in any case”. The closure of the service is short-sighted and will only mean that efforts to reduce the outbreak are negatively affected.

NHSGGC are now planning to start a mobile needle exchange van service as there was no movement from Network Rail to reinstate the service in Glasgow Central Station despite calls on them to do so from a range of stakeholders. Whilst the mobile unit is not yet up and running in Glasgow, the hope is that it will fill the gap that now exists due to the loss of the injecting equipment provision in Glasgow Central Station. This may be a temporary solution but a permanent home for the needle exchange service needs to be found. We call on parliamentarians to put pressure on Network Rail to re-open the needle exchange service in Glasgow Central station.

It is also worth mentioning that, unlike in many EU countries, PWIDs still do not have access to NSP in prisons in the UK despite being much more vulnerable to BBVs and other health harms if they do continue to inject in prison and despite this being provided in the community.

Drug Consumption Rooms

Supervised Drug Consumption Rooms (DCRs) (or supervised injection facilities) are legally sanctioned facilities where people can inject illicit drugs obtained themselves, under the medical supervision of trained staff.

These facilities aim to reduce transmission of blood-borne viruses through unhygienic injecting, prevent drug-related overdose deaths and link PWIDs with drug treatment services and other health and social services. They can also reduce drug-related litter in the community and pressure on emergency services e.g. ambulance call-outs and hospital admissions. There are major advantages to DCRs in tackling disease transmission which include the provision of clean injecting equipment, medical supervision for injection and a space to hygienically inject drugs.¹⁹ The importance of having medical supervision there extends to emergency support in the case of overdose or acute ill health. DCRs can also contribute to reducing injecting in public spaces. Over 100 DCRs currently operate in 66 cities, in 10 countries - Switzerland, Germany, the Netherlands, Norway, France, Luxembourg, Spain, Denmark, Australia and Canada.²⁰ There is evidence to suggest their effectiveness in significantly reducing sharing of injecting equipment²¹ and drug related deaths.²² There has also never been a case of a death from overdosing in any DCR in the world.²³

The Advisory Council on the Misuse of Drugs (ACMD) in their report to the UK Government entitled ‘Reducing Opioid-Related Deaths in the UK’ recommended that “consideration is given – by the governments of each UK country and by local commissioners of drug treatment services – to the potential to reduce DRDs and other harms through the provision of medically-supervised drug consumption clinics in localities with a high concentration of injecting drug use.”²⁴

Some politicians have voiced concern that DCRs can increase the use of illicit drugs. However, a review by the European Monitoring Centre for Drugs & Drug Addiction (EMCDDA) concluded: “there is no evidence to suggest that the availability of safer injecting facilities increases drug use or frequency of injecting. These services facilitate rather than delay treatment entry, and do not result in higher rates of local drug-related crime.”²⁵

¹⁸ BBC News, Network Rail closes Glasgow drug addict needle exchange. Available here: <https://www.bbc.co.uk/news/uk-scotland-glasgow-west-41385419>

¹⁹ Transform, ‘Drug Consumption Rooms: Saving lives, making communities safer’, 2017. Available here: <https://www.tdpf.org.uk/blog/supervised-injection-facilities-saving-lives-making-communities-safer-0>

²⁰ Ibid.

²¹ P Bayoumi, A, and Zaric, G, ‘The cost-effectiveness of Vancouver’s supervised injection facility’ CMAJ. 2008 Nov 18; 179(11): 1143–1151. Available here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2582765/>

²² Marshall BD et al Lancet. 2011 Apr 23, ‘Reduction in overdose mortality after the opening of North America’s first medically supervised safer injecting facility: a retrospective population-based study.’ <https://www.ncbi.nlm.nih.gov/pubmed/21497898>

²³ Talking Drugs, ‘UK Legislators Make Impassioned Call for Drug Consumption Rooms, As Deaths Soar’. Available here: <https://www.talkingdrugs.org/UK-needs-drug-consumption-rooms-now>

²⁴ Advisory Council for the Misuse of Drugs, ‘Reducing Opioid-Related Deaths in the UK’, 2016. Available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576560/ACMD-Drug-Related-Deaths-Report-161212.pdf

²⁵ European Monitoring Centre for Drugs and Drug Addiction, ‘Drug consumption rooms: an overview of provision and evidence’. Available here: http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en



Despite all this evidence, the UK Government has blocked the creation of a DCR in Glasgow. In a Westminster Hall debate (January 18th 2018), Home Office minister for drugs, Victoria Atkins, said "I will come to what DCRs are about, because their purpose is not recovery. Their purpose is to provide a place where illicit drugs that have been bought in the local area are then consumed in a place funded either by the taxpayer or charities. Recovery is an optional part of that usage; it is not the sole purpose of it. That is very different from our drug strategy".²⁶ The NHSGGC have recommended a DCR is implemented in Glasgow, and the initiative is supported by a range of stakeholders including the majority of MSPs and the local authority. The NHSGGC also canvassed views of PWIDs involved in public injecting. All were in favour of introducing a safer injecting facility in Glasgow city centre and all asked agreed that they would use a DCR and that it would reduce the likelihood of injecting in public.²⁷ We call on the Government to allow the opening of a DCR in Glasgow either through an amendment to the Misuse of Drugs Act 1971²⁸ or by devolving law in relation to drug policy to the Scottish Parliament.

In the meantime, Glasgow's health and social care partnership has agreed to proceed with plans for a Heroin Assisted Treatment (HAT) centre, where doctors can prescribe heroin to a small number of PWIDs with the most problematic use where frontline OST has not worked. While this will be highly beneficial, it will be so for only a minority of PWIDs for whom OST has failed despite optimal dosing. In the meantime, local stakeholders should proceed with opening a DCR before the amendment in legislation. A DCR could operate if there was agreement from local Police and Crime Commissioners and Chief Constables not to arrest and bring prosecutions for drug possession. Equally, policies can be put in place to protect staff from prosecution under section 8 of the Misuse of Drugs Act 1971 (which creates a risk of criminal liability for managers of premises in relation to specific drug-related activities such as supply of drugs). One example is a policy that states that action will be taken in the event of drug dealing on the premises. Needle and Syringe Programmes already have to operate within the context of the Misuse of Drugs Act 1971 and have faced similar issues. Ultimately, however, the UK Government must amend legislation so that stakeholders in Glasgow can open a DCR without fear of falling foul of the law.

Context of harm reduction in England

One study states that in contrast to other recent HIV outbreaks among PWIDs, harm reduction services were not reduced in Scotland (though harm reduction certainly needs to be increased in there).²⁹ This is in contrast to England where Government policy has moved away from a harm reduction focused approach to problematic drug use, coinciding with severe cuts to public health budgets. We are concerned that the approach taken in England risks HIV outbreaks, which can be difficult to prevent and control when there isn't enough financial and political investment into harm reduction initiatives. There have been smaller localised outbreaks in various parts of the UK and Ireland over the last few years (South West England, Dublin, Wales).^{30,31} A larger outbreak in England is possible if investment and coverage of harm reduction initiatives are not increased. Public health spending in England has reduced by more than 5% since 2013.³² Drug misuse treatment faced more reductions in funding than any other public health area in 2016/17, with a 14% reduction in funding between 2015/16 and 2016/17, and there are further cuts planned up to 2020/21.³³ We are already seeing the severe impact that cuts have upon the quality of much needed harm reduction services.

Similarly, the Drug Strategy³⁴ does not go far enough in terms of harm reduction.³⁵ There has been a devastating

²⁶ Hansard, Drug Consumption Rooms, 17 January 2018, Volume 634, Column 406WH.

²⁷ NHS Greater Glasgow and Clyde, "Taking away the chaos": The health needs of people who inject drugs in public places in Glasgow city centre'. Available here: http://www.nhs.gov.uk/media/238302/nhs-ggc_health_needs_drug_injectors_full.pdf

²⁸ Misuse of Drugs Act 1971 - <https://www.legislation.gov.uk/ukpga/1971/38/contents>

²⁹ Ragonnet-Cronin M et al. Recent and rapid transmission of HIV among people who inject drugs in Scotland revealed through phylogenetic analysis. *J Infect Dis*, online edition. DOI: 10.1093/infdis/jiy130, 2018.

³⁰ Public Health England, Shooting Up: Infections among people who inject drugs in the UK, 2016, An update, November 2017; 2017. Available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/663003/Shooting_Up_2017_report.pdf

³¹ Health Protection Surveillance Centre, 'Rise in recently acquired HIV in People who inject Drugs in Dublin'. Information available here: <http://www.hpsc.ie/a-z/hivstis/hivandaids/peoplewhoinjectdrugs/title-15231-en.html>

³² The King's Fund, 'Big cuts planned to public health budgets'. Accessed 10th August 2017. Available at: <https://www.kingsfund.org.uk/press/press-releases/big-cuts-planned-public-health-budgets>

³³ ACMD Recovery Committee (2017). Commissioning impact on drug treatment: The extent to which commissioning structures, the financial environment and wider changes to health and social welfare impact on drug misuse treatment and recovery. Advisory Council on the Misuse of Drugs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/642811/Final_Commissioning_report_5.15_6th_Sept.pdf

³⁴ HM Government '2017 Drug Strategy - July 2017'. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

³⁵ English Harm Reduction Group, 'Still no harm reduction? A critical review of the UK Government's new Drug Strategy'. Available here: <https://www.nat.org.uk/sites/default/files/publications/English%20Harm%20Reduction%20Group%20Briefing%20on%202017%20Drug%20Strategy.pdf>



spike in drug-related deaths in England and Wales, with deaths involving heroin and morphine rising by 109 percent in the England and Wales between 2012 and 2016.³⁶ While the Government acknowledges the rise in drug related-deaths as 'dramatic and tragic' the new strategy proposes no concrete action plan to reduce them. While the NHSGGC states that "such an outbreak is unusual in an area such as Glasgow which provides a range of prevention services, including low-threshold access to sterile injecting equipment, opioid substitution therapy, sexual health services, and HIV treatment" this nevertheless demonstrates that in cases of severe HIV outbreaks and high numbers of drug-related deaths, progressive and new initiatives are required such as HAT, DCRs, and pilots of NSP in prisons. With drug-related deaths so high across all nations a more progressive approach to tackling problematic drug use is needed across the UK; one that puts harm reduction front and centre of the response.

Recommendations to tackle the HIV outbreak in Scotland

Parliamentarians must put pressure on Network Rail to re-open the needle exchange service in Glasgow, or alternatively pressure for a new site to be secured for a permanent needle exchange service.

The UK Government should allow a drug consumption room to open in Glasgow, either through an amendment to the Misuse of Drugs Act 1971 or by devolving law in relation to drug policy to the Scottish Parliament.

In the meantime, there should be agreement from local Police and Crime Commissioners and Chief Constables not to arrest and bring prosecutions for drug possession at a DCR, and policies that minimise the risk of criminal liability for managers should be implemented, to allow a DCR to open while we await a change in the law.

There should be the implementation of two further recommendations from the NHSGGC report; implementation of heroin assisted therapy and increased injecting equipment provision (vending machine use should be explored).

A pilot testing the effectiveness of needle and syringe programmes in prisons in Scotland should be trialled.

Increased investment in the response to tackling the HIV outbreak is needed.

Recommendations to ensure a HIV outbreak of the same kind does not happen in England

The UK Government must ensure that provision of the whole range of harm reduction initiatives, firmly based in a good prevention and treatment system (as in Portugal), is substantially increased, including the wider provision of needle and syringe programmes and improved access to high quality opioid substitution therapy.

The UK Government should implement the ACMD recommendations of: ensuring naloxone is routinely available to people who inject drugs, drug consumption rooms are considered in areas with high prevalence of drug use, and central funding is made available for heroin assisted therapy.

Steps must be taken to minimise the impact of cuts to local authorities' budgets on harm reduction and drug support services, including ensuring a minimum level of care by requiring in law that local authorities provide drug treatment and harm reduction services.

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³⁶ Office for National Statistics (ONS), 2017. Accessed 10th August 2017. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2016registrations>



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