



Preventing blood-borne virus transmission among people who inject drugs

Preventing the transmission of blood-borne viruses (BBV) such as HIV, hepatitis B and hepatitis C among people who inject drugs can have wide-reaching benefits: reducing health harms to individuals and subsequent costs to society.

This briefing helps local authorities and drug treatment and healthcare services to review their BBV prevention and treatment interventions for people who inject drugs. The content is drawn from published evidence, authoritative guidance, and feedback from drug treatment services.

What is the issue?

BBV prevalence among people who use drugs remains high compared to the general population. In particular, people who inject drugs are at high risk of infection from BBV through sharing contaminated syringes and needles. In England, transmission and prevalence of HIV among people who inject drugs (PWID) is low but hepatitis C virus (HCV) prevalence has remained high for a number of years.¹ Good national coverage of needle and syringe programmes and opioid substitution treatment is believed to have been significant in keeping HIV rates low and preventing HCV rates rising.

BBV transmission among people who use drugs, and into the wider population, is preventable with well-evidenced interventions. Services that test for, monitor, prevent and treat these infections need to be maintained where they are currently effective and expanded or improved where they are not. They also need to be ready to adapt to changing patterns of drug use in different populations and in different settings.

Needle and syringe programmes

Needle and syringe programmes (NSP) protect individuals and communities by reducing BBV transmission among people who inject drugs.² For many people who inject drugs, NSP provide the first (and sometimes only) point of contact with healthcare services. They therefore play a central role in preventing and treating injecting-related and other harms, and can connect people to structured alcohol and drug treatment, and other health and social care services.

Prompts

1. Are NSP commissioned to offer a range of services suited to the needs of the local population?
2. Is a mixed economy of NSP available in your local area (including pharmacy and specialist services) for different groups with different patterns of use in different settings and with appropriate opening hours or other access such as outreach?
3. Do NSP achieve 'coverage' of over 100% (more than one sterile needle for every injection)² with no unreasonable limit on how much can be taken, and no required return rate? Does this allow for secondary distribution of equipment to other people who inject drugs?
4. Do NSP provide an appropriate range of equipment, including marked or coloured syringes to reduce risk of accidental sharing? Do they provide information and advice on how to clean injecting equipment before reuse, when it is not possible to access new equipment?
5. Is NSP provision monitored for different populations of people who inject drugs?
6. Do NSP route people to testing and regular re-testing for BBVs (including hepatitis C and HIV)?
7. Do health and public health commissioners coordinate services to ensure testing for hepatitis B and C and other blood-borne viruses is readily available to everyone who uses a NSP?
8. Do NSP and other services in contact with people who inject drugs provide advice and equipment (such as foil) to support transition away from injecting?
9. Do community pharmacies, coordinators and local pharmaceutical committees ensure that staff receive health and safety training in BBV, needlestick injuries and the safe disposal of needles, syringes and other injecting equipment?

The Health Shop, Nottingham

The Health Shop is a combined sexual health and drug service. It provides a full range of NSP services for people who inject drugs, including links to other healthcare and social services. It also offers advice and support on safer sex, HIV, sexually transmitted infections and contraception, and refers people to other services.

In testing for HIV, The Health Shop includes pre and post-test discussion and referral to sexual health or infectious diseases services where appropriate. Vaccination against hepatitis A is available for homeless people, and vaccination against hepatitis B is available for all injecting drug users, men who have sex with men, sex workers and their partners.

BBV testing and vaccination

All services in contact with people who inject drugs, should provide testing for hepatitis B/C³ and HIV, and vaccination for hepatitis B or have direct pathways to appropriate services. The increasing availability of dried blood spot testing (DBS) makes testing easier in all services and makes it feasible in those without medical staff. Although people who have ever injected drugs are at a much increased risk of infection from BBVs, testing and vaccination should not be restricted to this group as others may be at risk through other routes such as sexual activity. Offers to test or vaccinate should be followed up and repeated as often as is practicable.

Prompts

1. Do services offer a confidential test for hepatitis C and HIV to all service users who do not know their infection status, whether they are currently injecting or have previously injected?
2. Is DBS testing available?
3. Do services repeat the offer of a test for hepatitis C and HIV at appropriate intervals for those who have declined a test or who have tested negative but continue to engage in risk behaviours?
4. Does a suitably trained and competent member of staff provide appropriate pre and post-test discussion and referral for assessment when testing for hepatitis C and HIV?
5. Do services promote and offer vaccination against hepatitis B to all clients presenting to drug treatment, irrespective of whether they are at risk from injecting drug use or sexual activity?
6. Have services considered the evidence and guidance for offering contingency management to encourage hepatitis C and HIV testing, and hepatitis B vaccination?
7. Are HIV and hepatitis C treatment referral pathways in place for those testing positive?

The Recovery Partnership, Stratford-upon-Avon

The Recovery Partnership (TRP) specialist NSP offers BBV testing and vaccination to at-risk groups who may not be engaged in drug or alcohol treatment services, therefore increasing the likelihood of engagement without the need for a lengthy comprehensive assessment. Non-medical staff within the NSP test using DBS. Vaccination against hepatitis A and B can be offered on request or by drop-in to any of The Recovery Partnership's bases, and by appointment at outreach sites.

Hepatitis C and HIV treatment pathways

Injecting drug use continues to be the most significant risk factor for HCV infection in England. Around half of people who inject drugs are infected and each year approximately 90% of those newly testing positive for HCV infection are currently injecting drugs or have a history of injecting drugs. Many people with HCV remain undiagnosed.

HIV prevalence is much lower among people who inject drugs, but HIV infection continues to be a risk and may occur alongside hepatitis C infection and may need to be treated.

Diagnosing and treating hepatitis C in people who inject drugs can be an efficient and cost-effective way to reduce prevalence and incidence. Health and public health commissioners can work together to establish pathways in and between relevant services, from testing through to treatment.⁴

Prompts

1. Do commissioners of drug treatment and of secondary care services for the treatment of viral hepatitis and HIV work together to commission integrated pathways for the treatment of people who inject drugs?
2. Does your local area offer BBV treatment in community settings as well as hospitals?
3. Do drug treatment services advise local BBV treatment services on how they can be made more accessible to people who inject drugs?
4. Are staff who work in NSP and drug treatment services aware of developments in HCV treatments and their availability, and are they trained to present treatment options to service users in an accessible and informed way?
5. Is there continuity of care in BBV management between prisons and the community?
6. Do peers support people embarking on BBV treatment?

There is more on pathways to HCV treatment in PHE's [briefing](#) on the subject.

Spectrum, Wakefield

Spectrum changed from a monthly, nurse-led clinic at the local drug service, which had poor uptake, to a more frequent, opportunistic drop-in alongside GP-prescribing clinics at the service. Wellbeing nurses liaise with GPs, take blood samples, prompt when hospital appointments are due and offer support to motivate people to continue treatment. The nurses are complemented by a buddy service to support and educate people before they are referred for treatment, and to accompany them to hospital appointments. The new service has referred substantially more people for assessment at the local specialist liver unit.

Groups at increased risk

A growing number of people inject image and performance enhancing drugs (IPED) and new psychoactive substances (NPS). Many of the individuals who inject these drugs are inexperienced, have little information about injecting and are often reluctant to engage with the services which can help curtail the spread of BBV. In some areas of the country men who have sex with men (MSM) are engaging in risky injecting practices as part of 'chemsex' (sex under the influence of drugs).

These groups need to be provided with accessible interventions from needle and syringe programmes and treatment services where necessary, while recognising that they will often have distinct circumstances that set them apart from traditional users of NSP and other services for people who use drugs. Services and their staff may therefore need to be supported to improve testing and vaccination rates for these groups. Although there may be new substances and practices involved, the BBV issues associated with injecting drugs will be similar.

New psychoactive substances

Some NPS are associated with frequent, compulsive injecting and with significant damage at injecting sites that may increase the risk of BBV transmission.

See PHE's [NPS toolkit](#) for more information on new psychoactive substances and appropriate local responses.

Prompts

1. Do commissioners have access to current data and information on the use of NPS in their local areas?
2. Are staff trained to be aware of the particular risks associated with injecting NPS (for example, heightened spread of BBV, injury and infection from poor injecting practices, bingeing)?
3. Are needle and syringe programme competent to provide a service to people using NPS and are there agreed pathways to treatment?

Men who have sex with men

Injecting drug use among some MSM, including the injection of crystal methamphetamine and mephedrone, has caused concern that these high-risk behaviours may lead to an increase in new HIV and HCV infections.⁵ See [Promoting the health and wellbeing of gay, bisexual and other men who have sex with men](#) for more information.

Prompts

1. Are commissioners and providers aware of LGBT and MSM populations in their areas and the available data on their patterns of drug use, for example, rates of injecting and use of NPS?
2. Are drug services linked with sexual health services where appropriate (for example, are NSP provided in sexual health settings)?
3. Are NSP staff aware of the equipment and advice that may be required for MSM who inject drugs, different from that given to opiate injectors, such as different colour syringes to prevent accidental sharing, and larger syringes for measuring doses?
4. Are services engaging with groups at risk in different settings, for example gay bars, and some saunas and gyms?

Guy's and St Thomas' NHS Foundation Trust (Burrell Street Clinic), London

The Burrell Street Sexual Health Clinic opened in 2012. Increasing numbers of MSM were presenting with a history of drug use during episodes of unprotected sex. During 2013 the clinic began to see MSM who reported mephedrone and methamphetamine injecting.

The clinic developed 'slamming' kits with involvement from local drug services. Kits are designed to ensure that men choosing to inject are doing so as safely as possible. The kits contain colour-coded needles (reducing the chance of accidentally using the wrong needle) and syringes showing measures for GBL (reducing the chance of overdose).

Distribution of the kits has encouraged MSM to use other counselling and sexual health screening services at the clinic. Previously undiagnosed HIV infections and sexually transmitted infections have been identified.

Image and performance enhancing drugs

There is evidence that the number of people who inject IPED has increased, and they make up the majority of users of NSP in some areas. Recent research suggests that the prevalence of BBV in this group is higher than previously thought,¹ highlighting the need for targeted strategies to reach this population to prevent BBV transmission and give them access to appropriate support and healthcare.⁶

Prompts

1. Are staff in local health, care and justice services aware of the needs of people who inject IPED, and do they understand how these needs are different from those who inject opiates and other psychoactive substances?
2. Do NSPs provide a range of injecting equipment appropriate to IPED use?
3. Do commissioners have data and evidence on the number of IPED users accessing NSP?

4. Are NSP made accessible to people who inject IPED by providing them in the settings they are more likely to frequent (for example, gyms and sexual health clinics)?
5. Do NSP offer services for people who inject IPED, including BBV screening and advice on safer injecting practices?
6. Do services in your area offer further harm reduction for people who inject IPED, including referrals to other medical services?
7. How are staff trained to deliver health promotion and harm reduction interventions for people who inject IPED?

Cambridge Centre gym clinic, Scarborough

The Cambridge Centre worked with a local gym and agreed that a mobile needle exchange worker could use facilities on their premises whenever it was needed. Following a programme of training and supervision, the gym clinic worker provides weekly clinics and offers DBS screening for HIV, HCV and HBV, and IPED-specific harm reduction information.

Other briefings in the 'Turning evidence into practice' series:

- [Helping service users to access and engage with mutual aid](#) [NTA, 2013]
- [Helping service users to engage with treatment and stay the course](#) [PHE, 2013]
- [Biological testing in drug and alcohol treatment](#) [PHE, 2013]
- [Optimising opioid substitution treatment](#) [PHE, 2014]
- [Preventing drug-related deaths](#) [PHE, 2014]
- [Improving access to, and completion of, hepatitis C treatment](#) [PHE, 2015]
- [Providing effective services for people who use image and performance enhancing drugs](#) [PHE, 2015]

References

¹ Public Health England, Health Protection Scotland, Public Health Wales, and Public Health Agency Northern Ireland (2014) Shooting up: Infections among people who inject drugs in the United Kingdom 2013 - An update November 2014. London: PHE

² NICE (2013) Needle and syringe programmes. PH52. London: NICE

³ NICE (2012) Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection. PH43. London: NICE

⁴ PHE (2015) Improving access to, and completion of, hepatitis C treatment. London: PHE

⁵ PHE (2014) Promoting the health and wellbeing of gay, bisexual and other men who have sex with men. London: PHE

⁶ PHE (2015) Providing effective services for people who use image and performance enhancing drugs. London: PHE

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