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England

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Shooting Up: Infections among people who inject drugs in the UK, 2018

An update, December 2019

A briefing for directors of public health, commissioners and service providers in England.

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People who inject drugs (PWID) are vulnerable to a wide range of infections that can result in high levels of morbidity and mortality. The Shooting Up report, available [here](#), provides an update on the extent of infections among PWID in the UK and of behaviours that can increase the risk of or help prevent these occurring. The 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

Bacterial infections among PWID are increasing. The cause of the rise is not clear and there are likely to be several factors involved. Services that work with PWID should encourage people with skin lesions or other signs of infection to seek prompt medical attention, ensure easy access to needle and syringe programmes (NSPs) and emphasize safer and hygienic injection practices.

Hepatitis C (HCV) remains the most common blood-borne infection among PWID. There is early evidence of a modest reduction in the prevalence of current hepatitis C infection and this is likely attributable to the increase in uptake of testing and treatment. However, there has been little change in transmission of new infections among PWID and improved coverage of harm reduction such as NSPs and opioid substitution treatment (OST) uptake are needed to reach elimination targets.

The prevalence of HIV remains low, but outbreaks of HIV among PWID continue to occur. As HIV is often diagnosed at a late stage among PWID, regular 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 particularly low.

Sharing needles and syringes or other injecting equipment continues to occur widely. Adequate provision of new, sterile injecting equipment is vital to reduce sharing and re-use and the associated risks.

Injection of crack cocaine has increased in England and Wales. This could lead to increases in riskier injecting practices. There is a need for local treatment systems that can respond to both the increasing numbers and the specific needs of those using crack.

The provision of effective harm reduction interventions to reduce risk and prevent and treat infections needs to be maintained.

Infections among people who inject psychoactive drugs

Preventable bacterial infections are increasing.

Over half of people who inject drugs (PWID) report having a recent symptom of a bacterial infection. Severe bacterial infections in PWID have been increasing since 2013/14. The cause of the rise is not clear and there are likely to be several factors involved, including an ageing population of PWID with poorer vein and skin health, changes in injection practices with a rise in groin injection in recent years, and a large proportion of PWID reporting homelessness, and likely conditions of poorer general hygiene and unsterile injecting.

There is early evidence for a reduction in chronic hepatitis C prevalence however rates of new infection are unchanged.

Hepatitis C continues to be a major problem among PWID in the UK, with around 1 in 4 currently infected with HCV. There is early evidence for a modest reduction in chronic hepatitis C prevalence concomitant with the scale-up of direct acting antiviral (DAA) treatment among PWID. Early evidence for an increase in testing and uptake of treatment among PWID in line with HCV elimination activities can also be observed in 2018. However, the decrease in prevalence is modest and the high proportion of individuals who report they have not been tested recently indicates that there is scope for improvement. There is no suggestion of a reduction in the number of new HCV infections over recent years. Together with continued scale-up of interventions to improve testing and treatment for HCV, ongoing efforts to improve harm reduction such as opioid substitution therapy (OST) and needle and syringe programmes (NSP) will be essential to reach the WHO goals and eliminate HCV by 2030.

HIV levels remain low, but risks continue.

In the UK, around 1 in 100 PWID are living with HIV. Although the prevalence of HIV remains low, outbreaks of HIV among people who inject drugs continue to occur, notably the ongoing incident in Glasgow. Most PWID living with HIV have been diagnosed and are accessing HIV care. However, HIV is often diagnosed at a late stage among PWID. It is crucial that HIV testing is offered regularly, and that care pathways for HIV are maintained and adapt to changing patterns of risk.

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

In the UK, around 1 in every 200 PWID is living with hepatitis B infection. About three-quarters of PWID report being vaccinated against hepatitis B, but uptake of this preventative intervention has not improved in recent years and is particularly low among younger age groups and in those who have recently begun injecting. It is essential that high vaccination levels are maintained, and the shortfall in younger age groups addressed.

Continued sharing and re-use of injecting equipment remains a concern.

Sharing levels reported in England, Wales and Northern Ireland have not improved in recent years and only around 3 in 5 PWID reported adequate needle/syringe provision for their needs. Re-use of an individual's own injecting equipment is commonly reported in the UK and can also put individuals at risk of infection. Adequate provision and access to new, sterile injecting equipment is vital to reduce sharing and re-use and the associated risks.

Changing patterns of psychoactive drug preferences could lead to riskier injecting practices.

The changing patterns of psychoactive drug use remain a concern because changes in psychoactive drug preferences can lead to riskier injecting practices such as increased frequency of injecting, sharing equipment or groin injecting. Injection of crack has increased in England and Wales, and injection of powder cocaine has increased in Scotland. There is a real need for local treatment systems that can respond to both the increasing numbers and the specific needs of those using crack and powder cocaine. This requires local authorities to understand the levels of unmet need, which will vary substantially between different areas.

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 (NSP)
- opioid substitution treatment (OST)
- other drug treatment

In combination, high coverage of NSP and OST has been shown to be both effective and cost-effective in reducing HCV transmission among PWID (and potentially cost saving), and evidence also indicates that these 2 interventions can reduce other harms

among PWID, such as HIV transmission, skin and soft tissue infections, and all-cause and overdose mortality.

It is important that the provision of these services is regularly reviewed to ensure it is sufficient to prevent infections. Good intervention coverage, particularly among recent initiates to injecting, is important to reduce the risk of infection. Unless interventions to reduce risk reach individuals when they have just initiated injecting, HCV incidence may continue to remain high amongst recent initiates.

Needle and syringe programmes, drug treatment services, 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 wound care services and 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

The report *Shooting Up: Infections among people who inject drugs in the UK, 2018* London: Public Health England, December 2019, 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 infections among PWID and related guidance can be found [here](#).