

A snapshot of
21st century
injecting drug use

AT THE SHARP END

**TURNING
POINT**
turning lives around

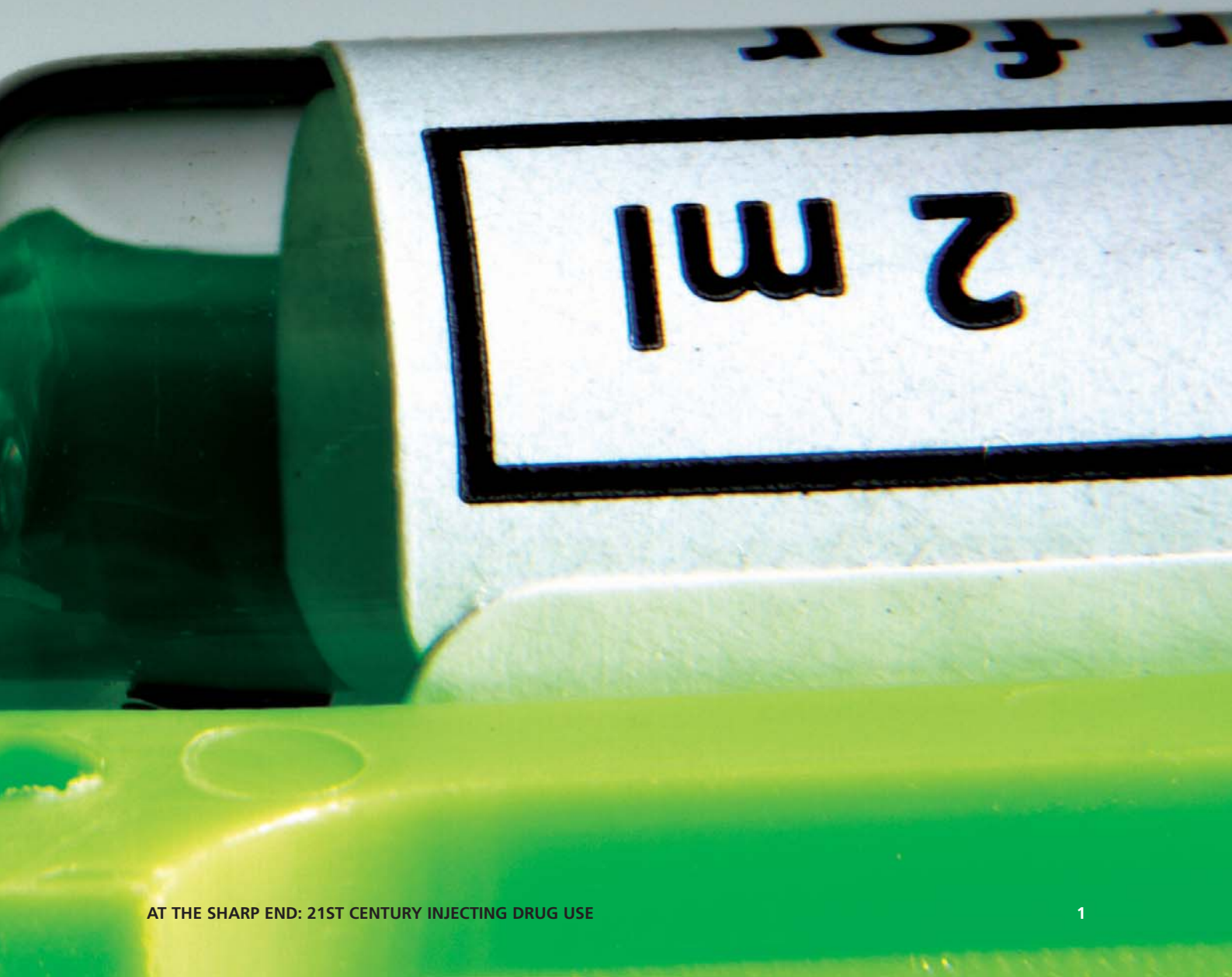


CONTENTS

About this research	1
Executive summary	3
Key findings	5
Prevalence of blood borne viruses among injecting drug users	6
Patterns of drug use	7
Injecting sites	7
Sharing of injecting equipment	7
Awareness of blood borne viruses	9
Access to testing for blood borne viruses	9
Access to Hepatitis C treatment	9
Other findings	9
Summary of recommendations	11
Recommendations for Government	11
Recommendations for commissioners	11
Recommendations for providers	11
Conclusion	12
Glossary of terms	13
References	13

ABOUT THIS RESEARCH

This report highlights key findings from quantitative and qualitative research undertaken by Turning Point into the experiences of injecting drug users in England. 874 currently injecting drug users completed a questionnaire about their patterns of drug use, injecting practice, blood borne virus status and access to treatment. Needle exchange staff at Turning Point took part in a focus group. In addition, 18 current and former injectors took part in three focus groups. A more comprehensive analysis of the research findings, *At the sharp end: full research findings*, is also available through Turning Point's website, www.turning-point.co.uk.



The statistics are startling, with half of injecting drug users estimated to have Hepatitis C, and a total of 6,000 new infections per year.



EXECUTIVE SUMMARY

Twenty-one years after the first needle exchange services were set up in response to the rise of HIV, there is now a generation of injecting drug users who are taking drugs differently and more dangerously. It seems they are too young to remember the HIV awareness campaigns of the 1980s and are at high risk from life-threatening blood borne viruses such as Hepatitis and HIV.

The statistics are startling, with half of injecting drug users estimated to have Hepatitis C, and a total of 6,000 new infections per year. Current or ex-injecting drug users make up nearly 90% of all Hepatitis C infections in the UK (HPA, 2006). HIV rates are at their highest levels since 1993 among injectors, with anonymous surveys indicating that one in 50 current users has HIV (HPA, 2006a).

With 25 needle exchanges across England and Wales, Turning Point is coming into contact with more and more people facing damage to their health caused by risky injection practices. We believe this is a public health issue and there is an overwhelming case for improving service provision for this vulnerable group. Current drug policy is failing to protect people from the risks of blood borne virus infection, at huge cost to drug users, the community and the taxpayer. Access to testing and treatment for blood borne viruses is poor, with too many people living in ignorance of their illness.

Research undertaken by Turning Point reveals that worrying numbers of drug users are putting themselves at risk. Studies show an increase in the use of “speedballing” (injecting crack and heroin together), and widespread sharing of injecting equipment. Half the respondents in our research admitted to sharing drug taking equipment, a major cause of blood borne virus transmission. Many users are also starting to inject in the neck or groin, putting them at even higher risk of death and injury.

Needle exchange services provide much-needed support to injecting drug users, offering information and advice about safer injecting techniques, blood borne virus vaccinations and testing, and referrals to primary care when infections and injuries occur. However needle exchange provision in England is patchy. Out of hours access to services is poor and there are considerable disparities in the availability of injecting equipment. Less than half of all needle exchanges provide blood borne virus testing on site (NTA, 2007).

At the sharp end highlights the findings of our research and calls on the Government to urgently review its current drug strategy and prioritise blood borne viruses as a public health issue.

Current drug policy is failing to protect people from the risks of blood borne virus infection, at huge cost to drug users, the community and the taxpayer.



KEY FINDINGS¹

- Half of all respondents shared needles or other injecting equipment. One in five (19.3%) report having shared needles and syringes, while nearly one in two (46.4%) had shared other injecting equipment.
- One in five injecting drug users (21.1%) report that they are Hepatitis C positive and are at risk of developing cirrhosis or liver cancer. More than one in four (26%) either do not know their status or have never been tested. One in 59 (1.7%) report that they are HIV positive. All drug users infected with HIV were co-infected with Hepatitis C.
- Take-up of testing for blood borne viruses is low. One in five respondents has never been tested for Hepatitis B or C (23.1% / 22.2%) and one in four (25%) has never been tested for HIV.
- The most commonly used drug is heroin (77%), but nearly one in five (19%) report speedballing as their main drug.
- People who report speedballing as their main drug are twice as likely to inject five or more times a day than those injecting heroin. One fifth of speedballers (21%) report injecting five or more times in the past day compared to one tenth (10%) of heroin users.
- Nearly two in five respondents (39%) inject in the femoral vein (groin).
- One in nine people report injecting in the neck (11%).
- People who report speedballing are more likely to inject in the femoral vein or neck.
- One in nine (11%) injected the last time they were in prison.
- There are wide regional variations across the country in the extent of risk behaviours such as speedballing or groin injecting. For example, the prevalence of speedballing ranged from 12% to 77% across needle exchanges. The prevalence of femoral injecting varied from 27% to 63%.
- Nearly half of all respondents (43%) want to see improvements to the service that they receive. Of these respondents, over one third (35%) would like to see a wider range of equipment, nearly one in seven (14%) want longer opening hours for needle exchanges, and one in ten (10%) called for more extensive provision of needle exchanges.

¹ Some respondents did not answer every question. The percentage given is the percentage of the number of people who answered that question, not a percentage of the total number of respondents.

KEY FINDINGS

Prevalence of blood borne viruses among injecting drug users

Our research reveals that one in 59 people (1.7%) are aware that they are HIV positive and one in five respondents (21.1%) know that they have Hepatitis C.

The rising rates of blood borne viruses are the result of a combination of the type of drugs that people are injecting and injecting techniques, the sharing of injecting equipment, poor knowledge and awareness of blood borne viruses, and limited access to testing and treatment.

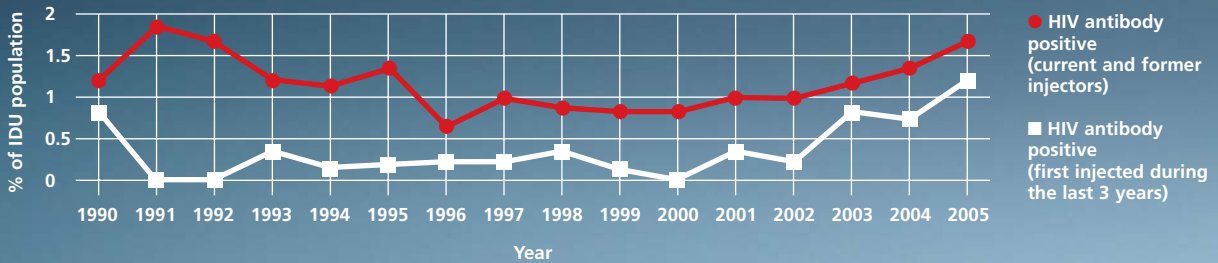
Proportion of injecting users with Hepatitis C antibodies

(Statistics only available from 1998 onwards)



Source: Health Protection Agency, 2006a

Proportion of injecting users with HIV antibodies



Source: Health Protection Agency, 2006a

Patterns of drug use

Over three quarters of people (77%) report heroin as their main drug. Nearly one in five (19%) report speedballing as their main drug. Over a third (34%) report that they injected both drugs together in the last month.

Speedballing creates additional harm to the user in comparison to injecting heroin on its own:

- Increased risk of overdose – the effect of both drugs combined is more difficult to assess than either drug individually.
- Increased vein damage – the injection of crack cocaine acts as a local anaesthetic on the injection site, so the injector is less aware of vein damage as a result of poor injection technique.
- The compulsive nature of crack means that users are more likely to inject more times a day – thereby exposing the injector to increased risk.
- Increased risk of vein damage as drug users are more likely to progress from injecting in the arms or legs to riskier injecting sites, such as the neck or groin.

Injecting sites

“I have a lot of friends who are not injecting that long and already they are losing veins because they do not know what they are doing.”

Compared to the arms or legs, injecting in the neck or femoral vein presents a higher risk of death or serious injury.

Our research shows that an injecting drug user typically switches from sites such as arms or legs to higher-risk sites as other veins become unusable as a result of vein damage. However, some people choose to inject in the groin because it is more discreet or more convenient.

Drug users who spoke to us want more advice about their injecting technique, including practical advice and information to prevent vein damage. Respondents also want more specialist support from staff.

Sharing of injecting equipment

Our research highlights how vital it is for injecting drug users to have access not only to clean needles but also the whole range of sterile injecting equipment. Over half (54%) of infections among those who do not share needles or syringes could be attributed to the sharing of spoons and filters (Hagan et al, 2001).


Drug users need access to swabs for cleaning injection sites, sterile water, spoons in which to mix the solution, and filters to remove particles from the drugs.

The National Treatment Agency (NTA) has reviewed needle exchange provision in England and concluded that it is patchy (NTA, 2007). Out of hours access to services is poor and there are considerable disparities in the availability of injecting equipment.²

Our research also highlights staff and service user concerns about the availability of equipment:

- Nearly one in five people (19.3%) report sharing needles and syringes.
- Nearly half (46.4%) report having shared a filter, spoon or water.
- One in nine (11%) report sharing injecting equipment in prison.
- Over a third of injecting drug users (35%) want a wider range of equipment to be made available to them. One in seven (14%) called for longer opening hours. One in ten (10%) want more needle exchanges.
- Poor provision of injecting equipment is sometimes the result of restrictions in funding. *“There’s no money in our budget to provide spoons. We may sneak in some filters, but that’s as far as we can go. We can’t supply cookers and we’re asking people, advising people not to share equipment, and then they’re in situations where it’s impossible not to share equipment.”*

² The same survey was replicated in partnership with the Welsh Substance Misuse Policy Development Team in Wales. The results have not yet been published.



Our research reveals that of the people who reported having Hepatitis C, less than a quarter (23.9%) were accessing treatment.

Awareness of blood borne viruses

“When I first found out I had it [Hepatitis C], I was a bit freaked out. I didn’t know nothing about it. I’d thought I was invincible.”

A low awareness and understanding of blood borne viruses impacts negatively on the behaviour of injecting drug users. They may not fully understand the risks of infections and how to avoid them, the possible implications of having an infection, or the availability of treatment for HIV or Hepatitis C.

Access to testing for blood borne viruses

Our research shows that one in five respondents (22.2%) have never been tested for Hepatitis C and one in four (25%) have never been tested for HIV. Currently, less than half of all needle exchanges provide blood borne virus vaccination or testing on site (NTA, 2007). Sexual health clinics often don’t meet the needs of injecting drug users, and waiting lists and appointment systems are a barrier to those with chaotic lifestyles. Improving access to testing within needle exchanges would increase the uptake of testing for blood borne viruses.

Access to Hepatitis C treatment

“I’ve got to be clean for six months before they’ll even think about doing it [being put on the waiting list]. Giving up ain’t that easy, is it? I managed two months clean, but still couldn’t...”

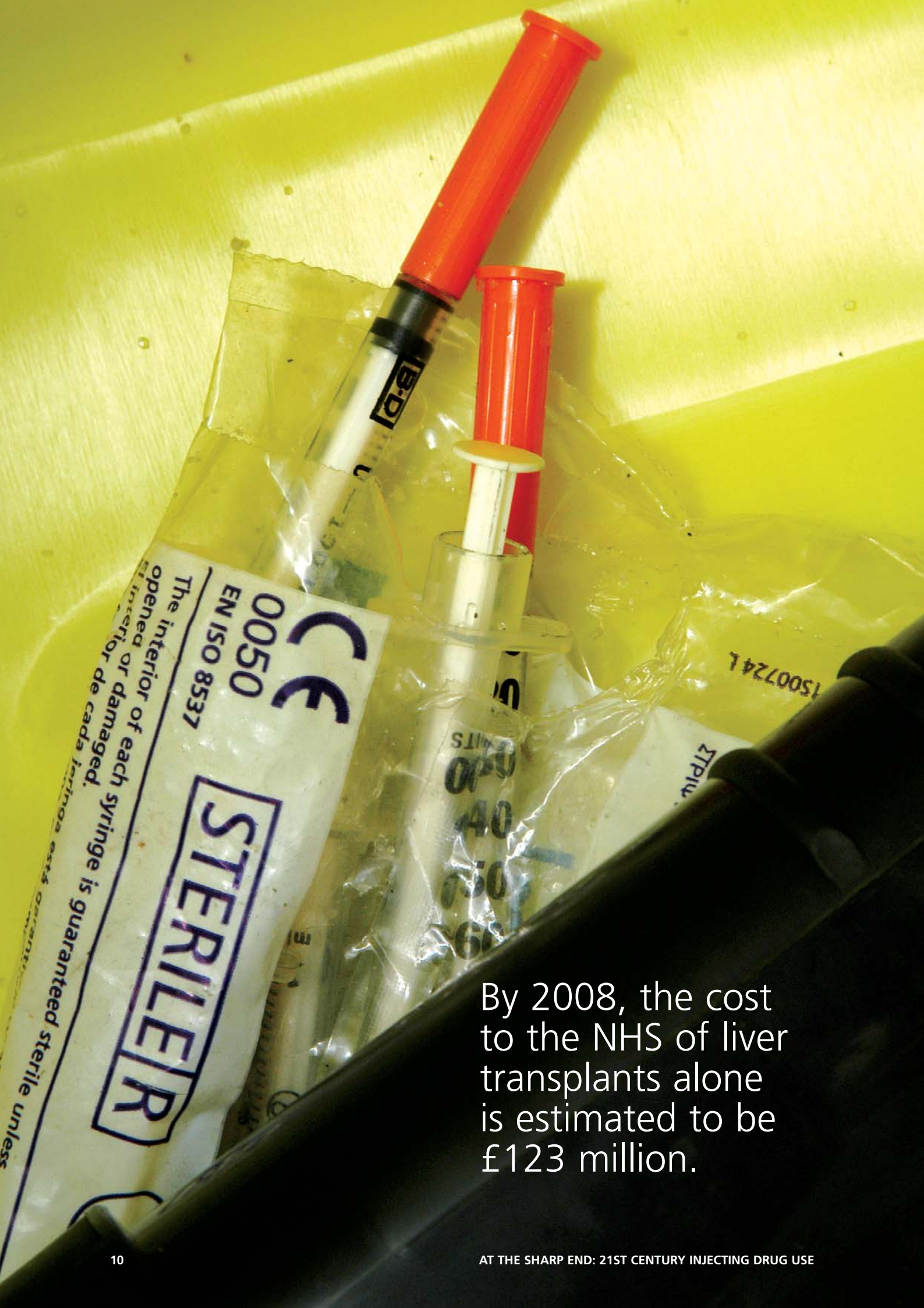
Treatment for Hepatitis C is vital because a chronic infection can lead to long-term liver damage and liver cancer. Anti-viral treatment with interferon and ribavirin is successful in treating up to 60% of people with Hepatitis C (NICE, 2006). However, delays between infection and treatment reduce the chances of treatment success, by up to 8% for each year of delay (Foster, 2006). Our research reveals that of the people who reported having Hepatitis C, less than a quarter (23.9%) were accessing treatment.

There are a number of reasons why drug users do not access or stay in treatment. At the early stages of infection the illness itself may have no symptoms. The programme of treatment is unpleasant and the management of side effects difficult. Whilst the changes in lifestyle may be difficult for drug users to sustain, our research shows that drug users are often deemed ineligible for treatment, even though current alcohol and drug use should not per se operate as exclusion criteria.

Turning Point recommends that Hepatitis C treatment should be more accessible to drug users. Hepatitis C treatment costs between £1,657 and £13,468 (NICE, 2006) but the costs to the NHS of not treating the infection are even greater, as a result of complications arising from infection such as cirrhosis, liver failure and liver cancer. By 2008, the cost to the NHS of liver transplants alone is estimated to be £123 million (British Liver Trust, 2002). The cost to the NHS over the next 30 years is estimated to be at least £4.1 billion (Hepatitis C Trust, 2006).

Other findings

The focus of our research was principally on the relationship between drug use and blood borne viruses, in particular the impact of sharing needles and equipment. However, service users told us that improved access to prescribing, Drug Consumption Rooms and mainstream healthcare services would also help to prevent the spread of infection.



By 2008, the cost to the NHS of liver transplants alone is estimated to be £123 million.

SUMMARY OF RECOMMENDATIONS

Recommendations for Government

The new drugs strategy, due in 2008, needs to set out a clear commitment and targets to reduce the transmission of HIV, Hepatitis B and Hepatitis C and improve access to treatment.

Innovative ways of promoting access to support for drug users could help to prevent transmission of blood borne viruses and promote access to testing, thus reducing the harm to injecting drug users. The Government should pilot needle exchange in prisons, self-testing for HIV, and Drug Consumption Rooms.

There should be increased and sustained investment in needle exchange services to reduce the postcode lottery in the provision of equipment.

The HIV/AIDS prevention budget should become a "blood borne virus budget" with a new emphasis on the prevention of Hepatitis C.

The Government should review how the Drug Harm Index is calculated to ensure the health impacts of drug misuse are given due consideration in attempts to reduce drug-related harm.

The Government should record deaths from drug-related Hepatitis B and C and drug-related HIV.

Recommendations for commissioners

All injecting drug users should have access to testing for Hepatitis C and HIV and better access to treatment. Outreach services should be expanded to engage hard-to-reach injecting drug users.

Drug Action Teams and Community Safety Partnerships should ensure sufficient funding for and distribution of injecting equipment, including needles, syringes, sterile water, filters, sterile wipes to clean injecting sites, mixing spoons, Vitamin C/citric acid and condoms.

Commissioners must ensure that services can respond to changes in local drug using habits, for example increases in speedballing or increases in femoral vein (groin) injecting.

Commissioners should ensure that needle exchange services offer a consistent level of service across the country.

Commissioners should consider the following measures to increase access to and take-up of blood borne virus testing and treatment:

- Increase the availability of testing for injecting drug users within needle exchanges.
- Pilot the use of self-testing schemes for injecting drug users.
- Implement peer education programmes (where injecting drug users provide advice and information to other injecting drug users).
- Pilot the use of contingency management techniques to enhance take-up of testing and treatment of blood borne viruses.
- Agree protocols and processes with GPs and drug services for referring injecting drug users to treatment.

Recommendations for providers

All services (both pharmacy-based and specialist needle exchanges) should be staffed and equipped to provide:

- Information and practical advice on safer injecting practices, avoiding site infections, prevention of transmission, safe disposal of used equipment.
- On-site Hepatitis B vaccinations and tests for Hepatitis C and HIV and support in referring and accessing treatment.
- General health checks and first aid for injection-related infections and injuries.



CONCLUSION

There is an overwhelming case for improving service provision to address the worrying levels of HIV, Hepatitis B and Hepatitis C in the injecting drug using population highlighted in this report.

There is now a strong evidence base for how to work with injectors to reduce the harm that their drug use causes to themselves and others. Teaching safer injecting techniques can reduce the risks of long-term vein damage. Ensuring sufficient supply of sterile injecting equipment is essential to prevent infections. Raising awareness of blood borne viruses can promote safer practices. Improving access to testing and treatment for blood borne viruses will ensure that injecting drug users receive the medical support that they need.

Current drug policy must be reviewed to protect people from the risks of blood borne virus infection. The future costs of cirrhosis, liver cancer and liver disease will bear down on the NHS unless there is concerted effort to improve prevention interventions, and a significant increase in the uptake of Hepatitis C treatment.

The Government must take a more sophisticated approach to enable today's injecting drug users to avoid the risks of blood borne virus infection. In the light of this report, we are calling on Government to urgently revise its current drug strategy and prioritise blood borne viruses as a public health issue.

GLOSSARY OF TERMS

Acidifier: An acid used to break down the impurities in street drugs when preparing them for injection. Ascorbic acid and citric acid are acidifiers.

Blood borne viruses: A blood borne virus is a virus that lives in the bloodstream. HIV, Hepatitis B and Hepatitis C are all blood borne viruses.

Cirrhosis: Cirrhosis of the liver is when the liver becomes scarred and less able to function. Cirrhosis is generally irreversible once it occurs, and treatment generally focuses on preventing progression and complications. In advanced stages of cirrhosis the only option is a liver transplant.

Contingency Management: A system of incentives and rewards used to promote behavioural change.

Drug Harm Index (DHI): A Government index that measures the harm generated by the problematic use of drugs. It combines indicators such as drug-related crime, community perceptions of drug problems, etc. into a single-figure time-series index.

Filters: Filters are used to extract impurities from a drugs solution when preparing the drugs for injecting.

HIV: Human Immunodeficiency Virus. The virus destroys the white blood cells until someone is no longer able to fight off even mild infections. Left untreated it can eventually develop into AIDS.

Hepatitis: Hepatitis means “inflammation of the liver”. **Hepatitis B** and **Hepatitis C** are both blood borne viruses which attack the liver. Other types of Hepatitis are A, D and E.

Speedballing: Also known as snowballing, speedballing is the practice of injecting heroin and crack cocaine in combination.

Spoons: Also known as mixing cups or cookers, spoons are used to dissolve heroin in water when preparing the drugs for injection.

Sterile Water: Water that is free from bacteria. It is used to dissolve a drugs solution when preparing the drugs for injecting. Tap water is not sterile.

Swabs: Swabs are sterile wipes used to clean an injecting site prior to injection.

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About Turning Point

We turn lives around every day, by putting the individual at the heart of what we do. Inspired by those we work with, together we help people build a better life.

Turning Point is the UK's leading social care organisation. We provide services for people with complex needs, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability.

Turning Point is the country's largest third sector provider of drug services. We run services across the full range of drug treatment interventions, both within the community and through the criminal justice system.

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