

Injecting drug use and HIV.



Past, Present & Future.

Vivian Hope

*IDU Team, HIV & STI Department,
Health Protection Services – Colindale.*

NAT Round Table 14/01/13

Content



1. “Past”:
HIV prevalence among People Who Inject Drugs –
1990 to 2011.
2. “Now”:
Recent patterns of injecting and drug use.
3. “Future”:
. . . . coverage, coverage, coverage.



A key data source:

Unlinked Anonymous Monitoring (UAM) Survey of PWID



Started in England & Wales in 1990 as a response to the HIV epidemic (+ Northern Ireland since 2002).

Uses the Voluntary Unlinked Anonymous method to recruit around 3,300 participants (current & former injectors) each year.

They are recruited through around 70 sentinel collaborating agencies that provide specialist health services for PWID.

Participants provide a biological sample and self-complete a brief questionnaire.

Survey Aims to:

1. measure the prevalence of HIV and viral hepatitis in PWID.
2. monitor changes in related behaviours.



COCAINE TOOTHACHE DROPS
 Instantaneous Cure!
 PRICE 15 CENTS.
 Prepared by the
LLOYD MANUFACTURING CO.
 218 HUDSON AVE., ALBANY, N. Y.
 For sale by all Druggists.
 (Registered March 1885.) See other side.

You see them at the club . . . you see them at the clinic . . .

victims of overeating and underactivity
 For these lethargic overweight patients

Dexedrine[®]
 brand of dextroamphetamine sulfate

offers two important benefits

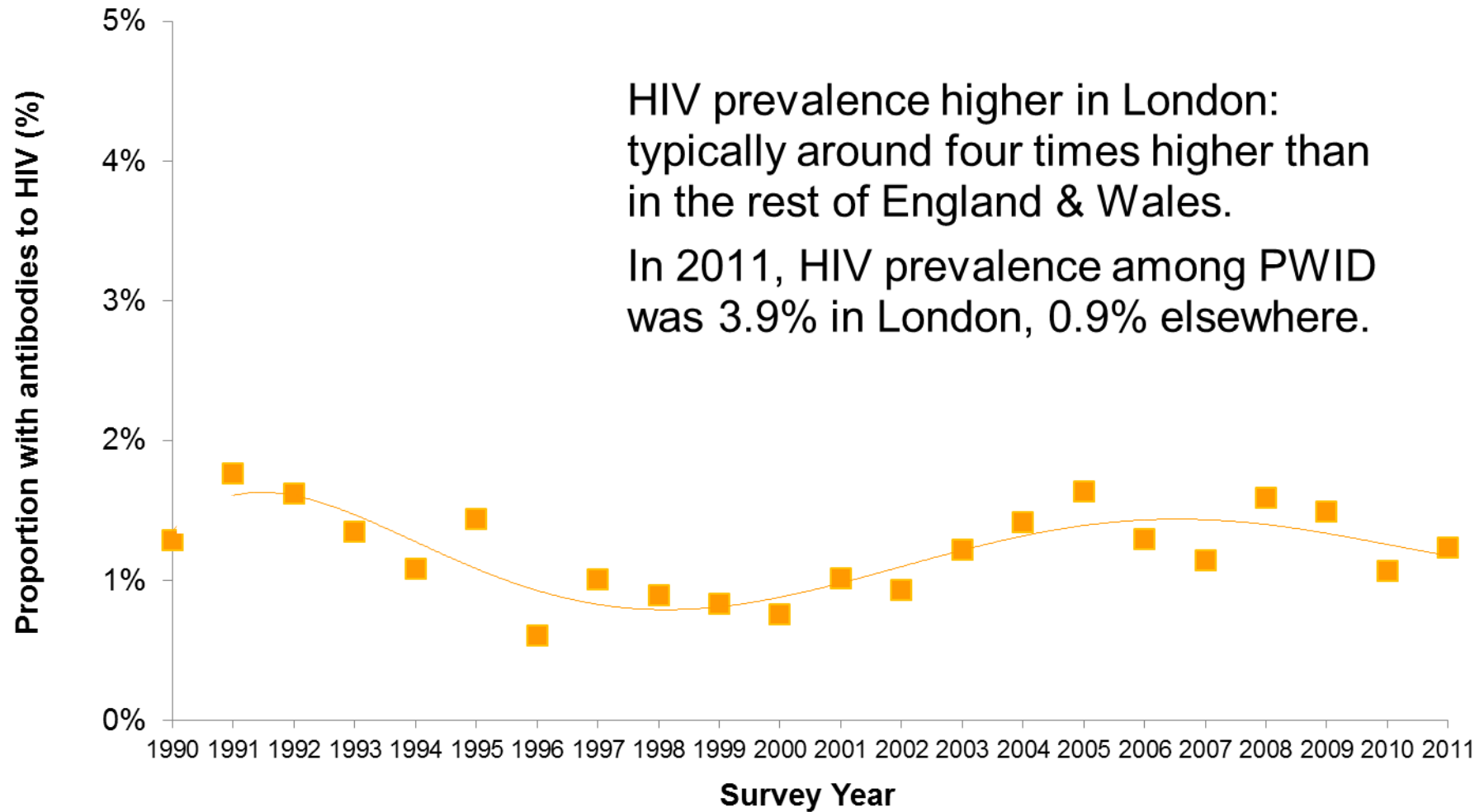
1. effective appetite control
2. a renewed level of energy

Now Supplied: Spansule[®] sustained release capsules, in three strengths, also Tablets and Elixir.
 Principal contraindications: Hypertensibility, agitated pre-psychotic states. Principal precautions: Dextroamphetamine sulfate, SAsP, should be used with caution in patients hypersensitive to sympathomimetic compounds, in cases of coronary or cardiovascular disease, and in the presence of severe hypertension. Side effects: Tinnitus, excitability and increased motor activity are infrequent and ordinarily mild.
 Before prescribing, see SAsP product Prescribing Information.

Smith Kline & French Laboratories

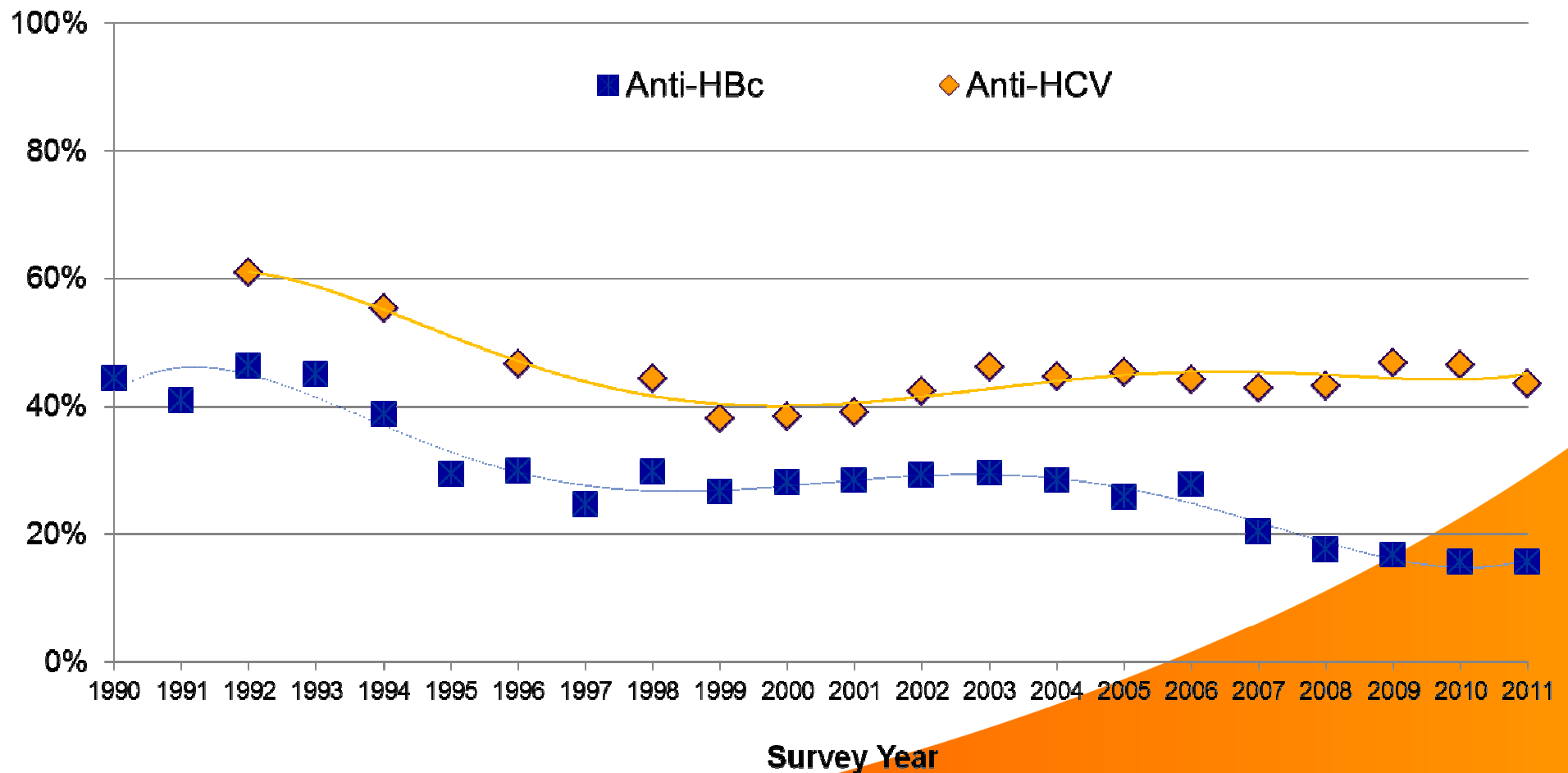
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HIV prevalence among PWID, England & Wales.



Data source: UAM Survey of PWID.

Prevalence of current and past hepatitis C and B infection among PWID, England & Wales.

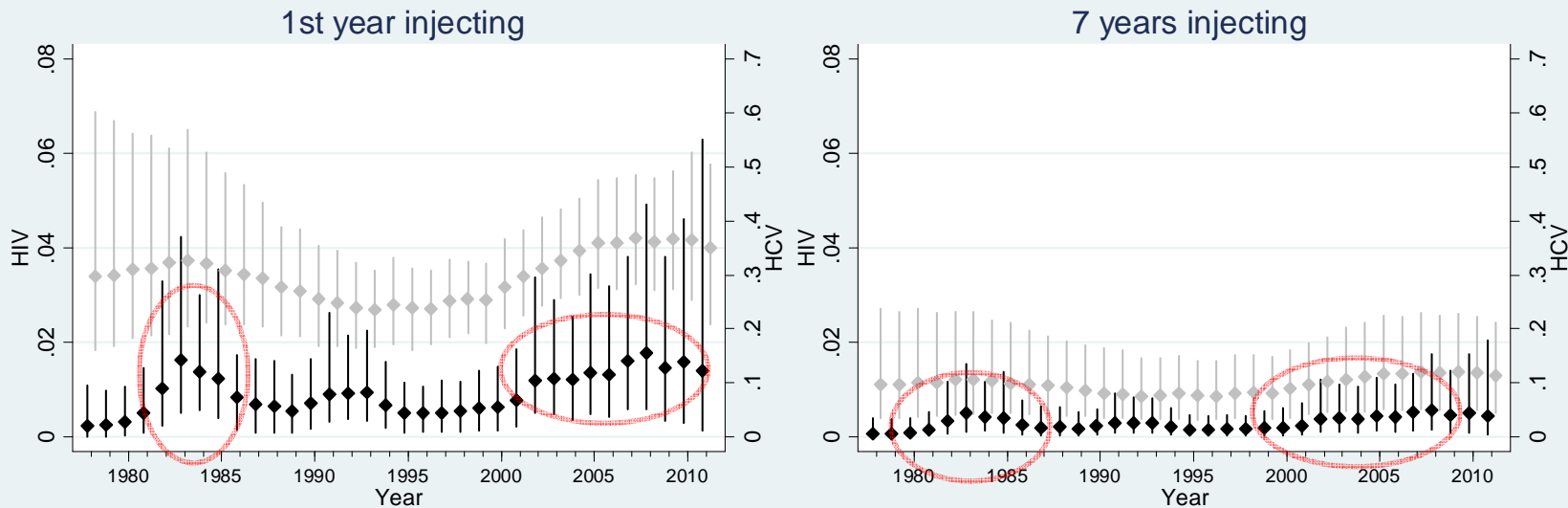


Data source: UAM Survey of PWID.

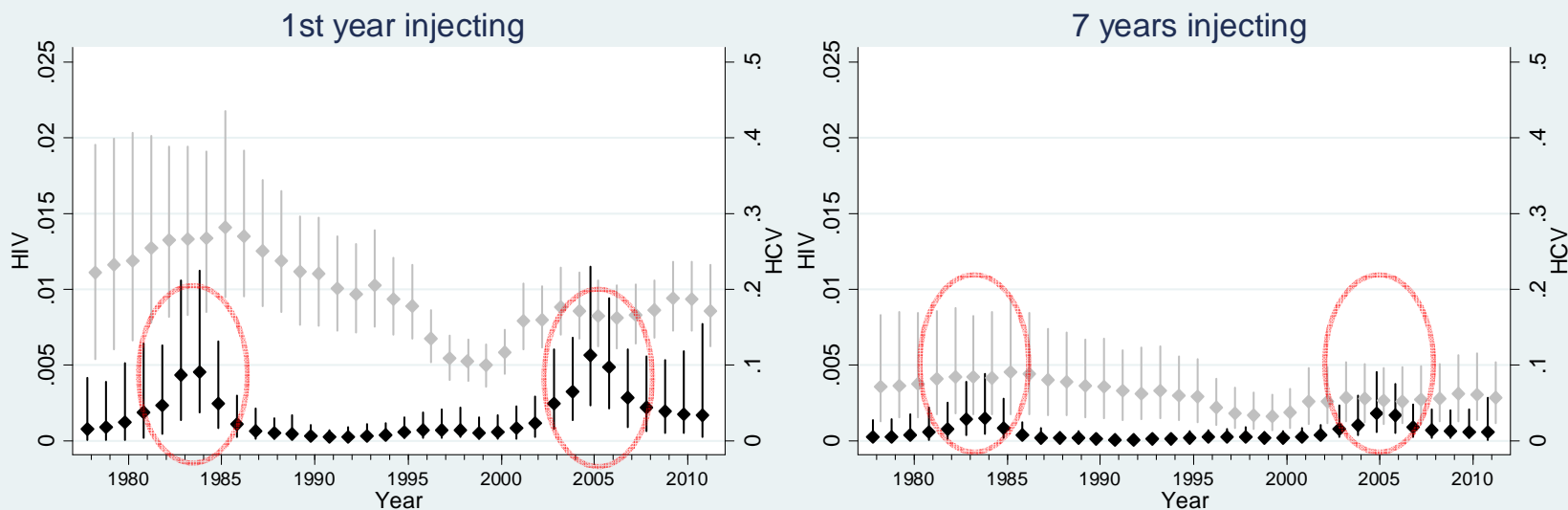
Estimated HIV (& HCV) incidence among PWID, England & Wales.



London



Rest of E&W



Data source:
UAM Survey of
PWID.

Incidence
modelled in a
Bayesian
framework using
prevalence by
time since first
injection, and
modelling for HIV
and hepatitis C
together. Hope *et al*, Forthcoming.

Currently



HIV prevalence probably stable – at around 1.0% to 1.5%.

Current HIV incidence less clear, but also probably stable.

Majority (>80%) of PWID living with HIV are aware of their infection.

Hepatitis B - declining – mainly due to vaccination.

Hepatitis C – probably stable – but only half aware of their infection.

Proportion reporting a 'sore' at injection site during the last year may be declining (28% in 2011, down from 38% in 2007).

Risks

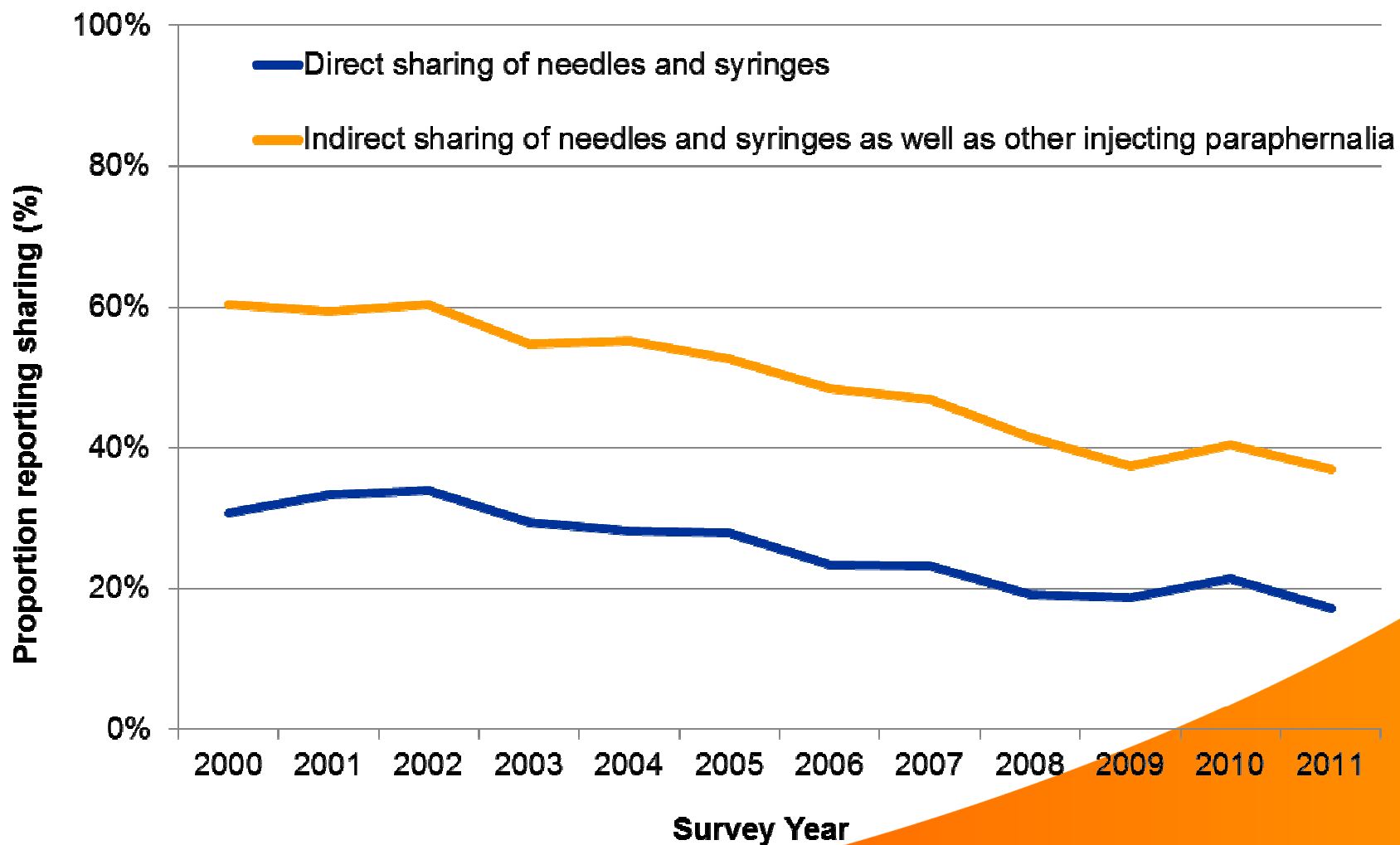


PWID reporting (2011):	
Ever being imprisoned	71%
Ever being homeless	77%
<i>Among those who injected in the last month: -</i>	
Injection of crack-cocaine	32%
Injection into groin	35%
Having sex in the last year	73%
Men reporting male partner(s) in the last year	5%

Data source: UAM Survey of PWID.

Sharing of injecting equipment has been declining.

Trends in sharing among current* PWID in England
Wales & NI: 2000-2011



* Those who had last injected in the four weeks preceding participation in the survey.

Data source: UAM Survey of PWID.

Reducing Risk: Harm Reduction



Key to reducing transmission of HIV and other infections among PWID is the provision of Harm Reduction services:

- **Needle and Syringe Programmes (NSPs)**
- **Opiate Substitution Therapy (OST)**

Should be supported by appropriate drug treatment services (and for those with HIV and/or hepatitis C treatment for these infections).

Coverage is key to effectiveness of Harm Reduction.

Coverage of OST.

OST, and treatment services for drug use, are well established in the UK; and they are currently easy and quick access in England.

- The number of adult PWID & former injectors receiving drug treatment (incl. OST) in England has increased by a third (36%), from 84,216 in 2005/06 to 114,855 in 2010/11.

Quality also important.

Coverage of NSPs.



NSP provide sterile injecting equipment throughout the UK.

- *In Scotland*, during 2009/10 approximately **4.7 million** needles/syringes were distributed by 255 sites (3.6 million by 188 sites in 2004/05). Number per PWID was ~200, less than the average of 465 injections per year.
- *In England*, an indirect measure of NSP coverage indicated that for **57%** of PWID surveyed, the number of needles received from NSP was greater than the number of times they had injected.
- *In Wales*, **5.1 Million** needles/syringes distributed 247 NSP sites in 2011.
- *In Northern Ireland*, **25,530 packs** dispensed by NSP in 2011/12 (around 10,000 more than in 2007/08.)

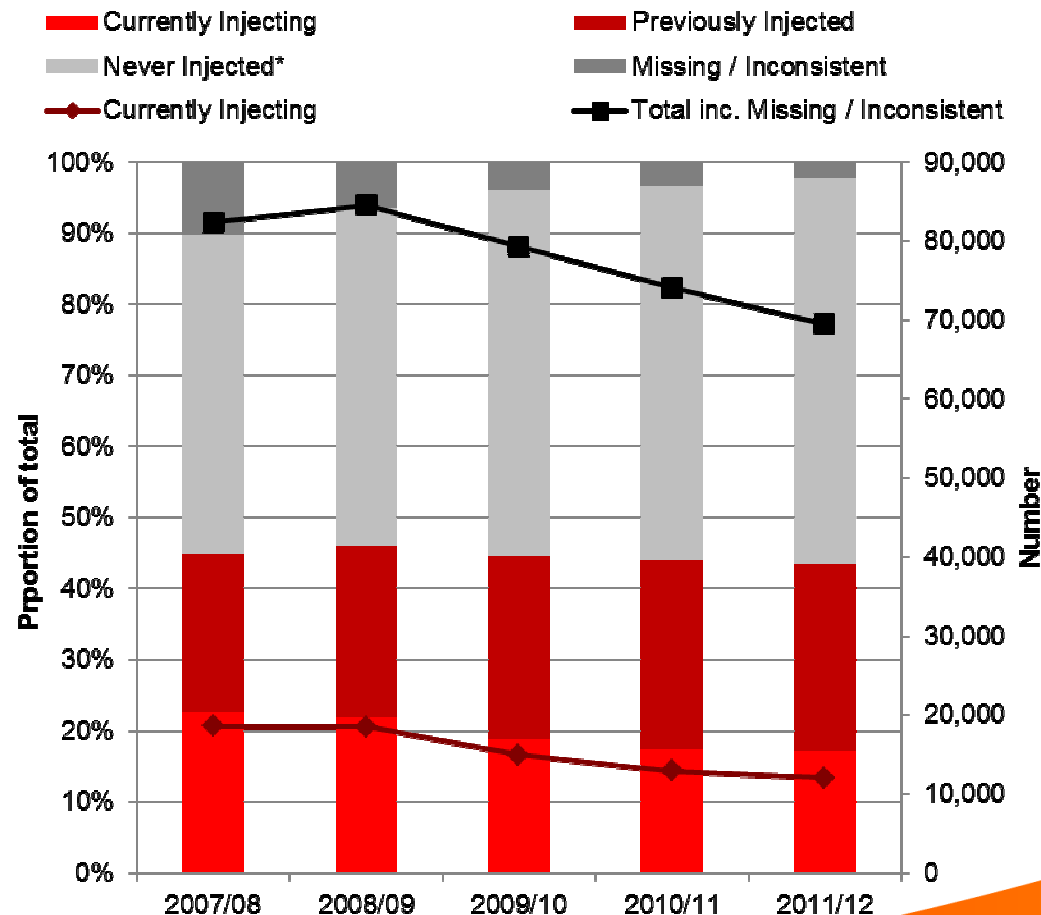
These data show that NSP provision in the UK is extensive, and that provision has increased.

However, they also indicate a need to **further increase the amount of equipment distributed.**

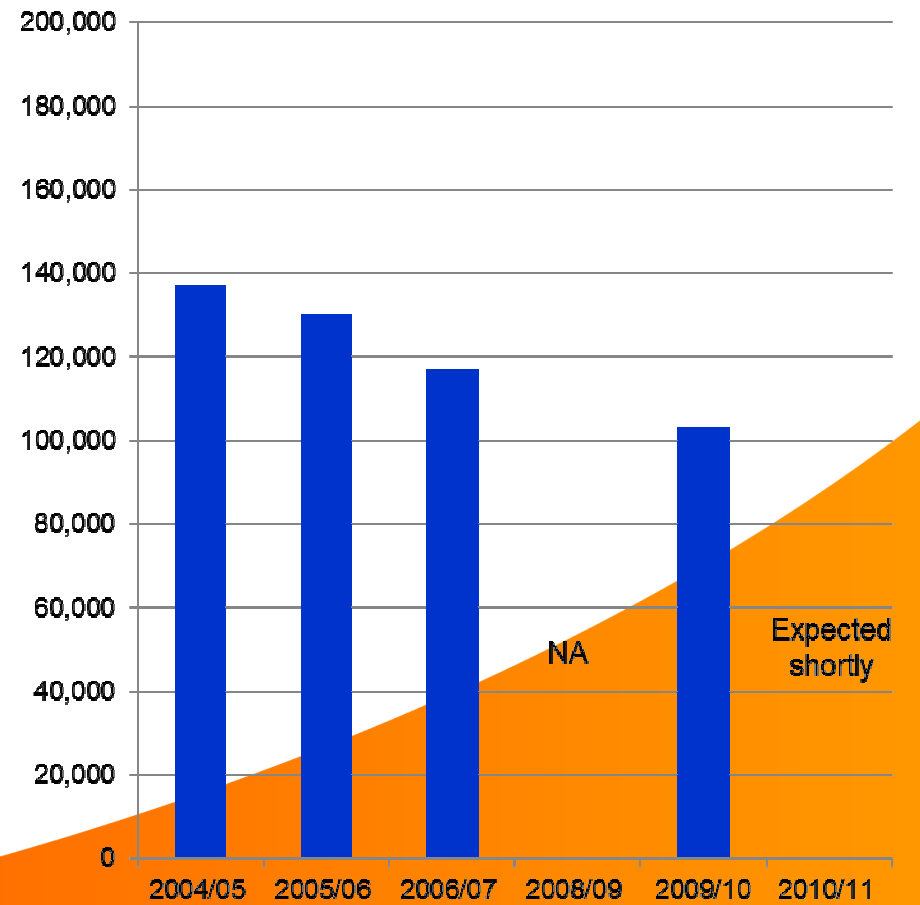
Injecting drug use has been declining(?)



'Drug' treatment demand:
 Injecting status at presentation, new
 treatment journeys (NTDMS).



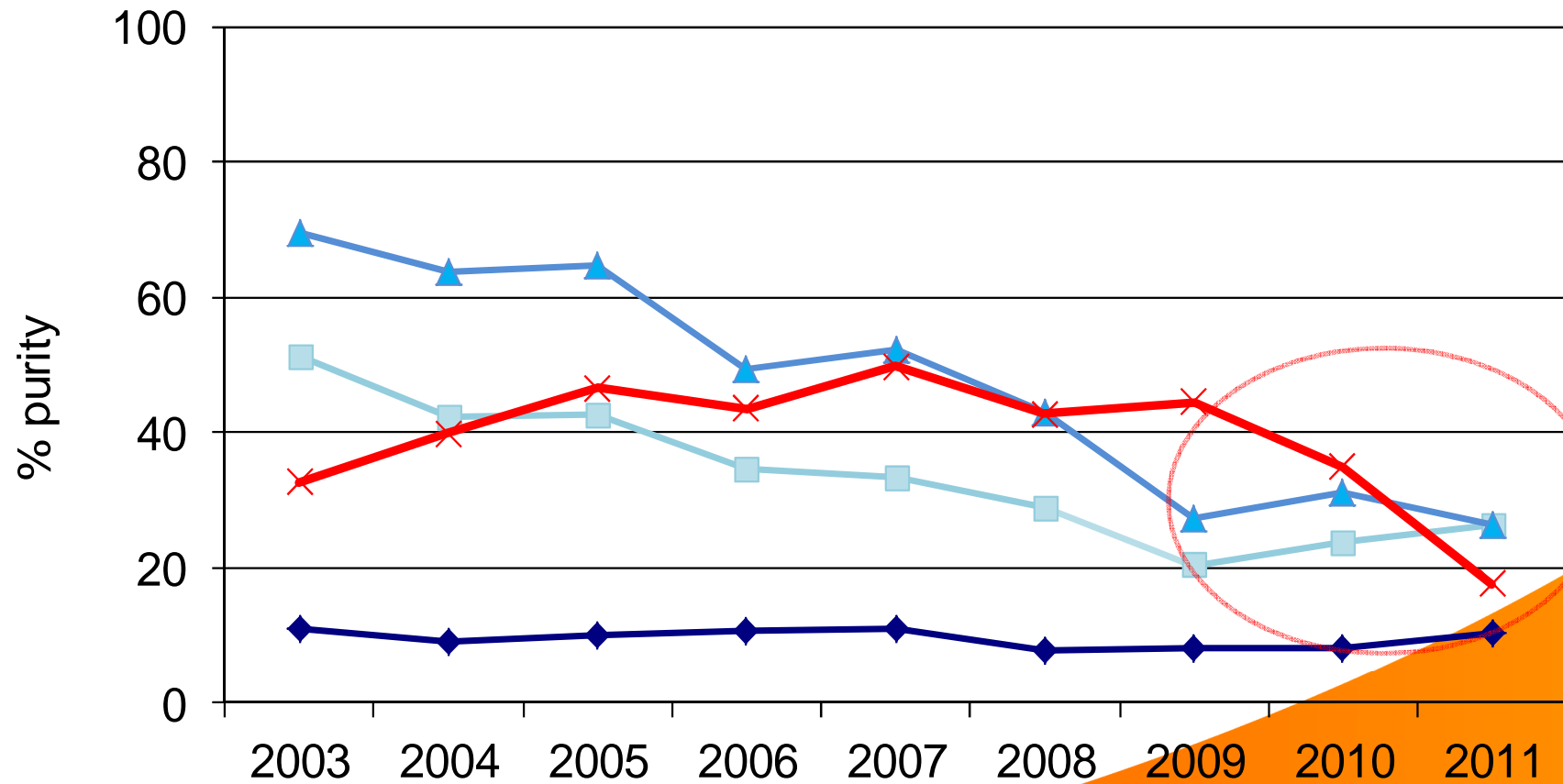
Estimated number of opiates and/or
 crack-cocaine users who are
 injecting.



Street level mean percentage purity in the UK: from police seizures 2003-11



◆ Amphetamines □ Cocaine powder ▲ Crack cocaine × Heroin (brown)

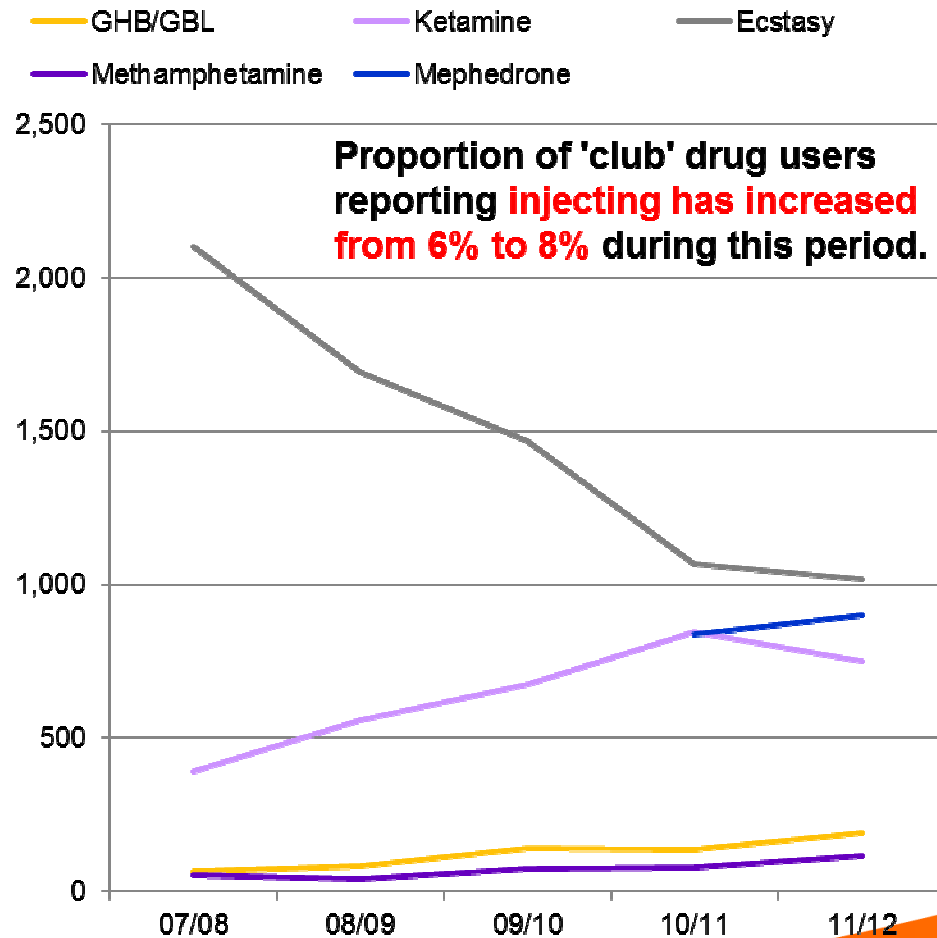


Source: UK Focal Point to EMCDDA

Drug use, and drugs injected, have been changing.



‘Drug’ treatment demand:
Presentations citing any ‘club’ drug, new treatment journeys (NTDMS / NTA).



‘All’ & ‘new’ clients attending agency based NSPs in Cheshire & Merseyside (1991-2011).

Data provided by Centre for Public Health at Liverpool JMU.

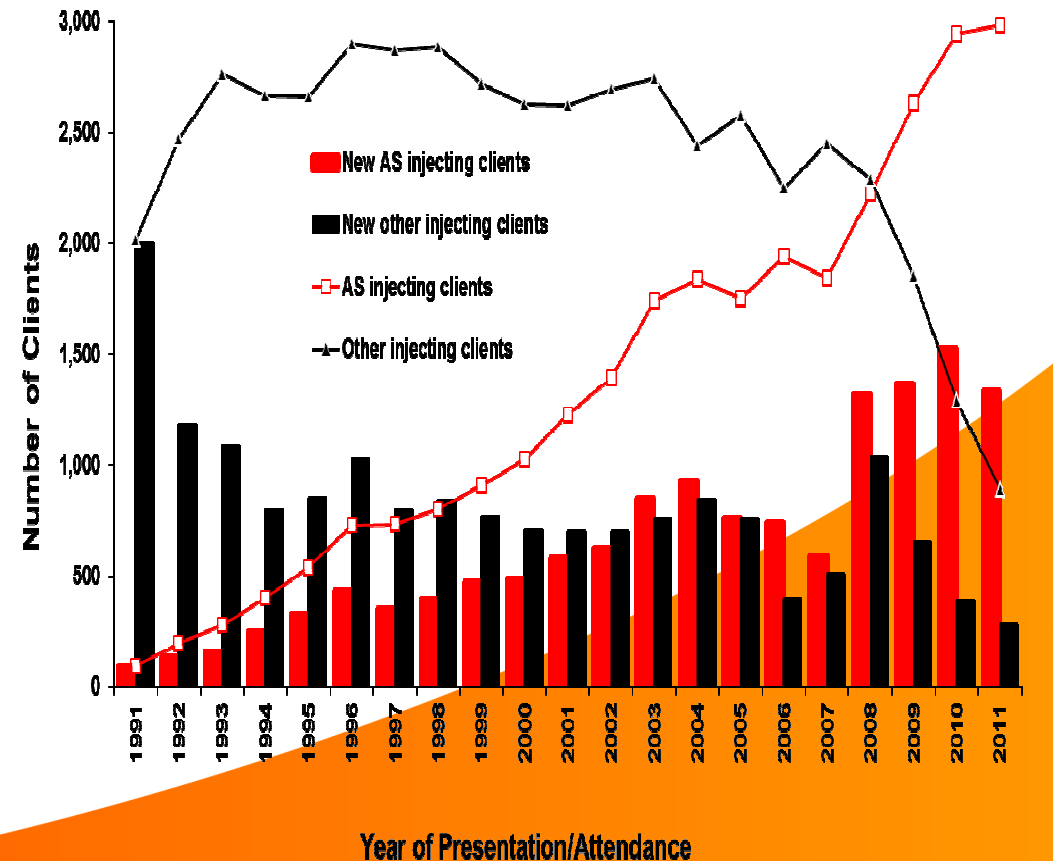




Image and performance enhancing drugs (IPED)

A wide range IPED are used and injected. Anabolic Steroids are the mostly commonly used and injected, but there are a wide range of others.

A recent study of 395 male IPED injectors:-

- Main IPEDs injected:
Anabolic steroids (86%); Growth hormone (32%); hCG (16%); Insulin (6%); Melanotan I/II (9%).
- Main IPED taken orally:
Anabolic steroids (57%); Anti-oestrogens (23%); Clenbuterol (15%); Ephedrine (20%); Phosphodiesterase type 5 inhibitors ("Viagra /Cialis", 7%).
- Overall HIV prevalence of 1.5%. Only other UK prevalence study in mid-1990's did not find any HIV.
- Overall, 9% had ever shared injecting equipment.
- High levels of sexual activity, condom use poor; 3% had sex with a man in the past year.
- High levels of non-injecting psychoactive drug use in past year: 46% cocaine, 12% amphetamine. 5% had ever injected a psychoactive drug.

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'New' Psychoactive Drugs



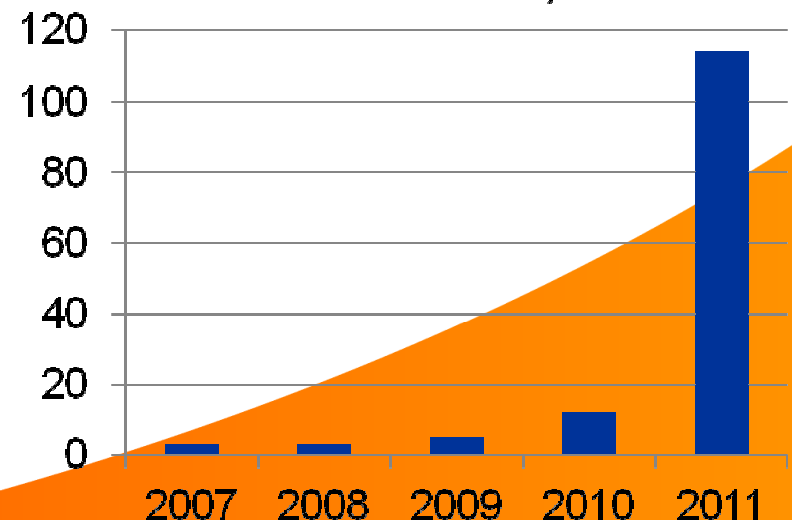
These are mostly not injected. However, there is increasing concern about the injection of these in the UK – particularly Mephedrone (M-Cat).

First reports of Mephedrone injection in the UK in 2011 – currently appears to be localised in a few areas.

Injecting synthetic cathinones – like Mephedrone – associated with recent HIV outbreak in Romania.

Injecting Ketamine not new, but was 'rare' – numbers injecting it may be increasing.

Number of New HIV diagnoses associated with IDU, Romania



The Future



Changing patterns of psychoactive drug use and injection – not a new issue (e.g. crack-cocaine a decade ago).

Changing 'nature' of drugs being used – increased use of image and performance enhancing drugs (also other types of enhancement drug?).

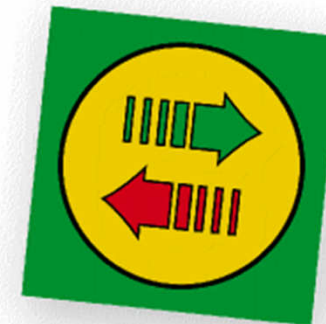
Need to be vigilant for emerging patterns of use and risk, and to respond to these quickly.

Austerity.

Changes to 'health system' in England.

Localism:

- Public Health.
- Police and Crime Commissioners.



Need to improve coverage of effective Harm Reduction interventions, and to do so when an increasingly diverse range of drugs are being used and 'poly-drug' use is the norm.



Thank you.

vivian.hope@hpa.org.uk

