The forgotten group: a new HIV outbreak amongst people who inject drugs

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No conflicts to declare
Potted History

• 1981 Modern wave of drug misuse Glasgow soared from 34-174 (heroin)
• 1983 outbreak of HIV among IV drug users in Edinburgh: over 60% infected in 6 months
• 1987 First needle exchange set up in Edinburgh - 1989 Glasgow
• 1988 Methadone prescribing introduced in Edinburgh by GP’s – 1992 Glasgow
Needle exchange 1989

• Pharmacy needle exchange rejected by Scottish Health Minister
• Hospital gate 2 half days – inaccessible
• Easterhouse – drug project – evening
• 5 months later moved to Easterhouse Health Centre – 100 clients daily
• Replicated in other parts of the city
• 5 needles on first visit – 15 subsequent visits
Glasgow Drug Crisis Centre

• Opened 1994
• City Centre – accessible to all comers
• “One stop” facility, homelessness, physical and mental health, legal and child care issues
• 24 hour needle exchange
• In 1997/1998 over 3,000 individuals used the service
Number of Reported Injecting Equipment Provision Attendances by Financial Year, NHS Boards; 2013/14-2015/16 3,4,5,6
New HIV diagnoses among people who inject drugs GGC
PWID HIV outbreak

• 120 new infections since November 2014 amongst PWIDs in Glasgow city
  – 2015=48
  – 2016=30
  – 2017=37
  – 2018=5 (to May)
• Extensive use of IEP services
  – Epidemiologically and virologically linked
• Clade C virus
PWIDs - ‘Socially excluded’

- Homelessness
- Addictions
- Criminalisation
  - Drugs/sex work
- Financial
- Barriers to accessing healthcare
  - traditional model of care
- High rates of violence (*women)
  - drug/debt related
What happened?

• We Took our eye off the ball
Brownlee Centre
Awareness / Education

Spreading the word by all services in contact with the population group is essential
Broader context

Used syringes are sign of a East End 'drugs epidemic'
A COMMUNITY has demanded action on a 'drugs epidemic' in the East End of Glasgow.

Glasgow’s invisible citizens: 800 left to sleep rough on city streets

Scottish methadone policy 'should continue', says review
Methadone should continue to be used to treat heroin addicts in Scotland, a review commissioned by the Scottish government has concluded.

Anthrax, botulism, Staph aureus bacteraemia, drug deaths........
Daily priorities

• Accommodation
• Opiate replacement therapy
• Finance
• Drugs/alcohol
• Avoiding others
• Health needs
Healthcare attitudes

- Drug/alcohol intoxication
- ‘Difficult’ patients
- Present in crisis
- Adherence to medication
- Drug-drug interactions
- Non attendance for investigations
- Multiple co-morbidities
- Complex co-morbidities
- 16 Deaths 12% of cohort
- Stigma
What to do?

Effective HIV Prevention Interventions and the Need for Rapid Mobilization to Address HIV Outbreaks Among At-Risk Populations

Accessing healthcare

- In and out of prison
- Sleeping rough on streets
- Drug & alcohol use affects priorities

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A&E: Accident & Emergency
IP: In and Out
HIV service: DNA
Prison clinic: DNA
Attended

Mar: March
Apr: April
May: May
June: June
July: July
Aug: August
Sept: September
Oct: October
Nov: November
Dec: December
Change model of service?
Adapting to need

• Adapt services to meet the needs of the vulnerable
• Alternative service model
  – ‘in reach’ model – homeless health services
    • addictions services, mental health, homeless health
  – combined GUM/ID expertise to provide input to sexual, reproductive and medical issues
  – Links with other services, voluntary sector, ED
  – HIV medication dispensed in community
  – ‘outreach model’ – nurse led
• a holistic approach to providing HIV/BBV care
Does it work?

- HIV medication
  - 102/104 (98%) have ever received ART
  - 95/104 (91%) are currently receiving ART
  - 45/104 (42%) currently receiving via community pharmacy

- Adherence varies from 10% to 99%
  - 72/104 (69%) have an HIV viral load <40 copies/ml

- Nurse-Led BBV clinic in homeless health service
  - 43/104 (41%) have attended (NMP)
What still needs to be done?

• 100% engagement in care
  – Needs adequate dedicated nursing staff
  – Multiagency integration
    • Prisons
    • Addictions
    • Mental health
    • Third sector
• Treatment of hepatitis C
  – At least 40 requiring treatment
• Ongoing care and support...lifetime risks
• Other possibilities
  – Injectable treatment (+/- PrEP)
  – PrEP
HIV testing

New diagnoses 2015-present, by testing service and year

- Acute
- CAT
- Prison
- Homeless services
- Other
- Primary care

No. of diagnoses

- 2015
- 2016
- 2017
- 2018

Acute 42%
Prison 17%
CAT 18%
Homeless services 12%
Other 8%
Primary care 3%
DRUG CONSUMPTION

• Place where problem drug users are allowed to bring their illegally-obtained drugs and take them in a supervised, hygienic environment. Sterile injecting equipment. Closely observed, in order to give medical assistance should they overdose.

• c. 90 DCRs operating in 10 countries: Switzerland, Germany, the Netherlands, Spain, Norway, Luxembourg, Australia, Canada, Denmark and Greece. Advanced plans in France
DCR

• “There is no legal framework for the provision of drug consumption rooms in the UK and we have no plans to introduce them,” the Home Office said.

• Operating an injection facility would be likely to mean committing a range of offences including “encouraging or assisting the possession and supply of controlled drugs”, it added
Zurich
Summary

• ‘Hard to reach groups’
  – Much more than ‘managing HIV’
  – Risk vs benefit clinical decisions
  – Multidisciplinary and multiagency approach
  – Building relationships/trust
  – Outreach work invaluable
  – Develop and adapt service models to suit cohort
  – Communication is key
  – HIV prevention is complex