

scottish justice matters

CYBERCRIME



TAKING AWAY THE CHAOS

Emily Tweed, Emilia Crighton, Mark Rodgers and Saket Priyadarshi on meeting the needs of people who inject drugs in public places in Glasgow

2015 saw a substantial increase in new cases of HIV among people who inject drugs in public places in and around Glasgow city centre. In total 47 people were diagnosed in just one year, more than four times the number seen in previous years (see graph), and new cases continue to occur. An outbreak of this kind is uncommon in a city such as Glasgow, which provides a broad range of HIV prevention services. The outbreak investigation is still ongoing but a number of potential contributors has been identified, including lack of awareness of HIV risk among people who inject drugs, patterns of drug use (such as group injecting and cocaine use), and the social circumstances of the population affected. Though rates of HIV among people who inject drugs in other Scottish cities appear stable, other

outbreaks of serious infectious disease – such as skin and soft tissue infections and botulism – have occurred, highlighting the continued vulnerability of this population to drug-related harm.

Public injecting is a complex phenomenon, resulting from the trade-off between competing needs for immediacy and privacy. The urgency to inject immediately after acquiring drugs (because of withdrawal symptoms and a fear of being caught by the police or robbed) is tempered with feelings of shame, and a wish not to be seen by the general public. Lack of private space in which to inject is a key factor, with many people sleeping rough or living in hostels, which strictly prohibit drug use on the premises; public injecting is often an act of desperation. Public injecting in Glasgow is known to occur in car parks,

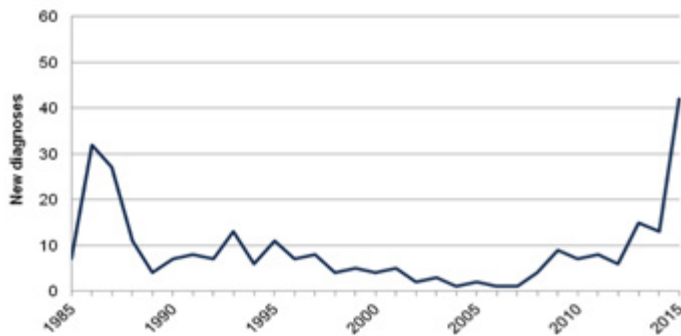
closes, public toilets, and on wastelands.

We estimate that between 400 and 500 individuals may be injecting in public places in Glasgow on a regular basis. The majority are male, aged between 30 to 50 years, and of Scottish origin; most experience the combination of severe social vulnerabilities referred to as 'multiple exclusion' or 'severe and multiple disadvantage', with homelessness, housing instability and imprisonment.

Beyond their complex social needs, the health needs of people who inject drugs include addictions care; prevention and treatment of blood-borne viruses, such as HIV and hepatitis C; other injecting-related infections and injuries, such as abscesses, ulcers, and deep vein thromboses; and overdose and drug-related death (Tweed and Rodgers, 2016).

Photo: John Campbell





New HIV diagnoses in NHS Greater Glasgow and Clyde, 1985-2015.

The act of public injecting adds an additional layer of risk and complexity: for instance, rushing injections to avoid detection or interruption increases the risk of overdose and can disrupt usual hygiene routines for drug preparation.

There are real challenges in meeting the complex needs of this group, but experience in other countries has identified a number of effective responses.

Effective responses

Safer injecting facilities are hygienic environments where illicit drugs, purchased off the premises, can be consumed under clinical supervision. They aim to reduce injecting-related harms by providing sterile injecting equipment, advice on injecting technique, assistance in the event of an overdose, and links to on-site health and social services. There are now more than 90 of these facilities worldwide: the newest opened in Paris in October 2016, whilst the oldest celebrated its thirtieth birthday this summer. Since then, a robust evidence base has accumulated to show that these facilities have positive impacts on the health of individual users and on the experience of local communities (EMCDDA, 2016).

Heroin-assisted treatment refers to the prescription of pharmaceutical-grade heroin by medical professionals for people with long-term opiate addictions who have not benefited from existing treatments such as methadone. Clinical trials have shown that it has benefits for both individual health and the wider community through improved retention in treatment, decreased illicit drug use and reduced criminal activity and incarceration (Strang et al, 2015). Heroin-assisted treatment provides good value for money at a societal level, largely due to savings from social work and criminal justice (Byford et al, 2013).

After reviewing the international evidence base and the views of local stakeholders, our working group concluded that the service of greatest potential benefit in Glasgow is a safer consumption facility and heroin-assisted treatment, located on the same site. Importantly, a safer consumption facility would provide for the inhalation as well as the injection of drugs, in order to improve engagement with the target population and encourage 'route transition' from injecting heroin to inhaling it, which carries fewer risks. Any such facility would offer additional on-site 'wrap-around' services, such as access to primary care, addictions care, treatment of HIV and other blood-borne viruses, and social services such as housing and welfare advice.

Legal implications

The legal implications of the proposed service configuration are an important aspect of the implementation work. Heroin is approved as a medicinal product in the UK and can be prescribed for the purposes of addiction treatment by licensed specialists. There is a precedent for similar services, with heroin-assisted treatment services in operation until recently in London, Darlington, and Brighton, as part of a large clinical trial (Strang et al, 2015). Any such service in Glasgow would have to comply with relevant legislation on controlled drugs, requiring a licence from the Scottish Government for each individual prescriber and a licence from the UK Home Office for the storage of controlled drugs. The recommendation for heroin-assisted treatment can therefore be progressed within the Scottish and UK legal framework as it currently stands.

In contrast, the legality of safer consumption facilities is more complex, and has been a matter of debate in a number of countries since they were first established in the 1980s (EMCDDA, 2016). The central issue is whether, by allowing the consumption of illegally obtained drugs on site, they violate international drug control conventions requiring UN member states to limit the use of narcotic drugs to medical and scientific purposes only. As a result, several facilities have been subject to legal challenges and most countries have had to develop specific legislation or agree exemptions on enforcement, in order to allow their operation. In Scotland, this would be likely to take the form of Lord Advocate's guidance that permits operation of the facility in the interests of public health, similar to existing guidance on the provision of injecting equipment and the opiate antidote naloxone.

In conclusion, people who inject drugs in public places in Glasgow have multiple health care needs which are inextricably linked to their adverse social circumstances. The proposed service configuration reflects the importance of addressing their needs through evidence-based, person centred approaches and close cooperation with partner agencies, including criminal justice and law enforcement.

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