

## Briefing from The Hepatitis C Trust: Tackling drug-related harm in Scotland

### Key points:

- 21,000 people in Scotland are estimated to be chronically infected with hepatitis C.
- Around 90% of new hepatitis C infections occur through sharing contaminated injecting equipment. Hepatitis C is the most common blood-borne virus among people who inject drugs, with around one in four currently infected.
- Despite the dramatic increase in people completing treatment for hepatitis C in recent years, infection rates have not fallen. Efforts to eliminate hepatitis C will be wasted without the implementation of evidence-based harm reduction services, such as needle and syringe programmes, opioid substitution therapy and Heroin Assisted Treatment.

### Hepatitis C and drug use

Hepatitis C is a major driver of health inequalities. It can be fatal if left untreated and predominantly affects marginalised and vulnerable groups: half of all people with a chronic hepatitis C infection in Scotland are from the lowest socio-economic quintile.<sup>i</sup> Around half of people who inject drugs have had the virus at some point and one in four are currently infected, making hepatitis C the most common blood-borne infection for people who inject drugs.<sup>ii</sup>

The vast majority (90%) of new infections occur through the sharing of contaminated injecting equipment, such as needles and syringes. The Scottish Drug Misuse Database found that nearly one in ten (9%) people who use drugs shared injecting equipment in 2017.<sup>iii</sup> This makes the provision of harm reduction services to mitigate the risk of infection and health harms all the more paramount, particularly in light of the Scottish Government's goal to eliminate hepatitis C by 2024.<sup>iv</sup>

### The importance of harm reduction

The opportunity to eliminate hepatitis C in a matter of years is the result of decades of dedicated work by drug and alcohol services, health professionals and policy makers, along with medical developments which have revolutionised the delivery and effectiveness of treatment. However, such an opportunity rests on the adequacy of other interventions to support the health of people who inject drugs. Harm reduction interventions such as providing clean injecting equipment and opioid substitution therapy (OST) have been extensively evidenced as an effective means to prevent hepatitis C infection among people who use drugs.<sup>v</sup>

The need for harm reduction services is recognised in the Scottish Government's commitment to "ensure that people who inject drugs have access to and take up optimal harm reduction services and treatment" in its 2019 strategy to eliminate hepatitis C in Scotland.<sup>vi</sup> In light of the UK Government's rejection of the recommendations put forward in the Scottish Affairs Committee's report on drug use in Scotland,<sup>vii</sup> it is more important than ever that Scotland continues to push for a public health-based approach to drug use and offer other harm reduction services not restricted by powers reserved to Westminster.

## Needle and syringe provision

In 2017-18, one in five (20%) people who had injected drugs in the previous six months in Scotland did not have enough clean needles and syringes for their needs, causing people to be more likely to share equipment and risk infection.<sup>viii</sup> It is critical that everyone has access to optimal needle and syringe programmes (NSPs) at locations that are convenient to them, such as community pharmacies and drug and alcohol treatment services. This should include provision of low dead space syringes (LDSSs) which are particularly effective at limiting the residual fluid left in syringes, and therefore the transmission of blood-borne viruses (BBVs) if the equipment is shared.<sup>ix</sup>

It is also important that water is provided alongside NSPs, as recent research has shown that people are using unsafe water sources including, in some extreme cases, puddles to prepare injections and thereby increasing their risk of serious infections and illness. This has been further compounded in lockdown by the closure of public toilets. At present, provision of water for injection is fragmented and inconsistent, due to cost and ignorance of the change in the law allowing the supply of 5ml water ampoules in 2012. It is critical that clean water is provided alongside sterile needles and syringes, as stipulated by the poorly-publicised amendment to the Medicines Act in 2012.<sup>x</sup>

Services offering NSPs are in a key position to engage people in health services, including getting tested and treated for BBVs such as hepatitis C and HIV. They can also offer harm reduction advice and educate people on how to minimise the risks associated with drug use.

However, in Scotland there are indications that needle and syringe provision is increasingly insufficient to support hepatitis C elimination. In 2015/16 on average 77 needles and syringes were distributed for each person who injects drugs, a level which fell to 54 in 2019/20.<sup>xi</sup>

## Opioid Substitution Therapy

Opioid Substitution Therapy (OST) is a highly effective alternative to injecting drug use and can help to reduce the transmission of BBVs such as hepatitis C and HIV. Expert witnesses questioned during the All-Party Parliamentary Group on Liver Health's inquiry into eliminating hepatitis C in England (supported by The Hepatitis C Trust as the group's secretariat) reported that funding pressures in drug treatment services were preventing staff from encouraging and supporting patients onto OST, with similar challenges facing drug services in Scotland.

Anecdotal evidence indicates that pressure on workers to get people through treatment quickly, with an emphasis on abstinence-based recovery, is still the case, undermining national clinical guidance that describes how evidence-based treatment interventions and optimal prescribing are required to reduce drug-related harms and provide a bedrock for effective recovery.<sup>xixiii</sup> As a more effective way of transitioning away from injecting drug use for many people and a means of reducing infectious disease transmission, OST should be made available to all who need it.

## Heroin Assisted Treatment

Randomised controlled trials have shown Heroin Assisted Treatment (HAT) is effective at engaging people in treatment, reducing polydrug use, reducing reoffending, and reducing injecting-related harms.<sup>xiv</sup> In Middlesbrough, a city with opiate/crack cocaine use four times greater than the national average, a pilot HAT facility was established, offering people addicted to heroin doses of medical-grade heroin twice a day. As well as giving people a safe environment in which to take drugs and thereby reduce the risk of overdosing, the facility also acts as a signposting service, helping people to access support for other areas of their lives such as employment and housing. As results come out

from the Middlesbrough pilot, the Scottish Parliament should consider opening HAT facilities in other areas with high drug use, such as Glasgow.

“Unless we continue to provide good harm reduction services then we are never going to reach elimination.”

*Stuart Smith, Head of Community Services (Quoted in Drink and Drugs News, February 2020)*

### Blood-borne virus services recovery

To support services to recover from the challenges of the Covid-19 pandemic, the Scottish Government established a Sexual Health and Blood-Borne Virus (SHBBV) recovery taskforce.<sup>xv</sup> The taskforce reported in August 2021 and the report, ‘Reset and Rebuild’, sets out how Scotland can get back on track to eliminating hepatitis C by 2024:

- For 2021/22, a target to treat 2,000 people was agreed, after targets were previously suspended due to the challenges facing treatment services and changes to the provision of opiate substitution therapy and harm reduction services.
- The recovery plan outlines that this can be achieved through adapting outreach and treatment methods, finding untreated people and supporting those with increasingly complex needs to engage in and complete treatment.
- It commits to developing recommendations on hepatitis C diagnosis and treatment for people who use drugs, based on the approach that saw hepatitis C eliminated in Tayside in 2019.
- This will include implementing the recommendations of a National Institute for Health Research (NIHR)-funded study focused on Tayside - EPIToPe - which highlighted the importance of embedding testing and treatment in existing drug services and of peer-to-peer support, linking up services, and testing and re-testing people at every opportunity.<sup>xvi</sup>
- The Scottish Government’s SHBBV recovery plan is supported by £800,000 for third sector delivery organisations in 2021/22, as well as additional funding to support specific recovery actions to be determined with key partners, particularly those initiatives focused on testing and HIV and hepatitis C elimination.
- A more fundamental review of the SHBBV framework – first published in 2011 and updated in 2015 – is due in 2022.
- Learnings will be sought from service innovations made during lockdown, such as telephone consultations to carry out remote assessments for hepatitis C treatment in patients who had already completed appropriate blood tests and pilots with Xpert Cepheid machines, which provide results as to whether a patient has a current infection of hepatitis C within an hour.

These recovery plans are welcome, but in order to ensure these recovery efforts are effective, the Scottish government must clarify the process to ensure progress is being monitored, including publishing clear indicators and ensuring national coordination.

Additionally, more gathering, monitoring and analysis of data on both treatment at the frontline and on the community-level impact of hepatitis C are needed, in order to keep track of inequalities in treatment and reasons people may not be able to access care.

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<sup>i</sup> Health Protection Scotland. (July 2019). *Surveillance of hepatitis C testing, diagnosis and treatment in Scotland, 2019 update*. Available from: <https://hpspubsrepo.blob.core.windows.net/hps->

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[website/nss/2834/documents/1\\_hcv-testing-diagnosis-treatment-scotland-2018.pdf](#) [Accessed September 2020].

<sup>ii</sup> Public Health England. (2018). *Unlinked anonymous HIV and viral hepatitis monitoring among PWID: 2018 report*. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729614/hpr2718\\_uam-pwid.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729614/hpr2718_uam-pwid.pdf) [Accessed September 2020].

<sup>iii</sup> Information Services Division Scotland. (2018). *Provision of Injecting Equipment in Scotland, 2016/17 report*. Available from: <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2018-06-26/2018-06-26-SDMD-Summary.pdf> [Accessed September 2020].

<sup>iv</sup> Gov.Scot. (31 July 2019). 'Eliminating hepatitis C'. [ONLINE]. Available from: <https://www.gov.scot/news/eliminating-hepatitis-c/> [Accessed September 2020].

<sup>v</sup> Public Health England. (September 2019). *Hepatitis C in the UK, 2019*. Available from: <https://www.gov.uk/government/publications/hepatitis-c-in-the-uk> [Accessed September 2020].

<sup>vi</sup> Scottish Government and Health Protection Scotland. (July 2019). *Hepatitis C Action Plan: Achievements of the First Decade and Proposals for a Scottish Government Strategy (2019) for the Elimination of both Infection and Disease*. Available from: [https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2840/documents/1\\_HCV-Elimination-Scotland-2019-07-31.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2840/documents/1_HCV-Elimination-Scotland-2019-07-31.pdf) [Accessed September 2020].

<sup>vii</sup> The Hepatitis C Trust. (April 2019). *Use and Misuse of Drugs in Scotland inquiry – Response from The Hepatitis C Trust*. Available from: <http://www.hepctrust.org.uk/sites/default/files/Use%20and%20Misuse%20of%20Drugs%20in%20Scotland%20-%20The%20Hepatitis%20C%20Trust%20final%20response.pdf> [Accessed September 2020].

<sup>viii</sup> Public Health England. (December 2019). *Shooting Up: Infections among people who inject drugs in the UK, 2018, an update*. Available from: <https://www.gov.uk/government/publications/shooting-up-infections-among-people-who-inject-drugs-in-the-uk> [Accessed September 2020].

<sup>ix</sup> National Institute for Health and Care Excellence. (March 2014). *Needle and syringe programmes Public health guideline [PH52]*. Available from: <https://www.nice.org.uk/guidance/ph52/> [Accessed September 2020].

<sup>x</sup> Harris, M., Scott, J., Hope, V. et al. (2020). 'Navigating environmental constraints to injection preparation: the use of saliva and other alternatives to sterile water among unstably housed PWID in London'. *Harm Reduction Journal* 17, 24. Available from: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00369-0> [Accessed January 2022]

<sup>xi</sup> Public Health Scotland. (July 2020). *Injecting Equipment Provision in Scotland: 2017/18, 2018/19 and 2019/20*. Available from: [https://www.drugsandalcohol.ie/32521/1/PHS\\_2020-iep-report.pdf](https://www.drugsandalcohol.ie/32521/1/PHS_2020-iep-report.pdf) [Accessed September 2020].

<sup>xii</sup> National Institute for Health and Care Excellence. (January 2007). *Methadone and buprenorphine for the management of opioid dependence: Technology appraisal guidance*. Available from: <https://www.nice.org.uk/guidance/ta114> [Accessed September 2020].

<sup>xiii</sup> Independent Expert Working Group. (July 2017). *Drug misuse and dependence: UK guidelines on clinical management, Clinical Guidelines on Drug Misuse and Dependence Update 2017*. Available from: <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management> [Accessed September 2020].

<sup>xiv</sup> Strang, J. et al. (May 2010). 'Supervised injectable heroin or injectable methadone versus optimised oral methadone as treatment for chronic heroin addicts in England after persistent failure in orthodox treatment (RIOTT): a randomised trial,' *The Lancet*. Available from:

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<sup>xv</sup> Minister for Public Health, Women's Health and Sport - Directorate: Population Health Directorate (2021) 'Reset and Rebuild - sexual health and blood borne virus services: recovery plan' <https://www.gov.scot/publications/reset-rebuild-recovery-plan-sexual-health-blood-borne-virus-services/pages/5/>

<sup>xvi</sup> Glasgow Caledonian University (2021). EPIToPe (Evaluating the Population Impact of Hepatitis C Direct Acting Antiviral Treatment as Prevention for People Who Inject Drugs). Available at: <https://www.gcu.ac.uk/hls/research/researchgroups/sexualhealthandbloodborneviruses/keyprojectsandexper-tise/epitope/> [Accessed January 2022].