“Taking away the chaos”
The health needs of people who inject drugs in public places in Glasgow city centre

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Background

- HIV outbreak
Methods

Epidemiological

Comparative

Corporate
Existing services

- **Tier 1**: Health and social services interfacing with addictions care
- **Tier 2**: Low-threshold, open access services
- **Tier 3**: Structured community-based services
- **Tier 4**: Specialist residential services
Methods

- Epidemiological
- Comparative
- Corporate
Prevalence & demographics

Few reliable data on size of population

Predominantly:
  - Male
  - Scottish origin
  - Aged 30-50

Multiple exclusion:
  - Homelessness
  - Recent incarceration
  - Destitution
Why inject in public?

“If I was rattling [withdrawing] I’d go anywhere.”

“I had to go down below a bridge to inject with other using addicts, as a result of if I get caught doing it in the hostel, I would have been papped out.”
Locations

Reports of drug-related litter, GCC 2015
Locations

“Where it’s kind of warm and there’s seats and it’s in shelter and it’s oot the road o’ the general public and naebody can see you.”

“There aren’t really any places to go. As you say, it’s like public toilets or things like that you’re needing to go to, and obviously you’re taking the chance of getting caught.”

“But if you’re in a public toilet or something, the only struggle you’ve got is just the fact of getting caught. But nothing else really comes into it, because you can get access to water and that in the toilet.”
Locations

Credit: John Campbell, IEP service manager
Injecting in public

“You’re outside, you’re freezing, you’re desperate, you’re in a hurry and you end up hitting an f***ing artery or something, do you know what I mean?”

“If you’re on waste ground or something like that, not necessarily sheltered, it’s not easy to use a lighter. Or if it’s raining and you’re trying to thingmy up something to inject, fresh rain’s dripping into that at the same time as you’re trying to do that.”
Barriers to better health

“To be honest, I’m just ravaged wi’ addiction and when I’m ravaged I kind of cannae take care of myself.”

“Just this life I’ve got just now. Terrible. Being homeless and all that, running about the city centre, shoplifting, begging, just doing anything to make money. There’s nothing else to do.”

“The drugs are going to get me first”
Key health needs

• Addictions care

• Blood-borne virus risk

• Other injecting-related infections & injuries

• Overdose and drug-related death
Safer injecting facilities

Hygienic environments where illicit drugs (purchased off the premises) can be consumed under clinical supervision

- Sterile injecting equipment
- Advice on injecting technique
- Overdose assistance
- On-site health & social services

Insite, Vancouver
Safer injecting facilities

“It’s a safe environment you’re in. You’re not in your close, you’re not in a back alley where if anything happens there’s nobody there.”

Interviewee with active injecting drug use

“These could significantly impact on the current, and probability of future, blood borne virus outbreaks in Glasgow…Glasgow could be seen as leading the way and the pioneer for these facilities in the UK in the future.”

Addictions physician

“It has got to quite a ridiculous stage where members of the public, small businesses and communities are asking, “why can’t you give these people somewhere safe to go and inject?”

Senior staff, IEP services
Heroin-assisted treatment

Prescribed pharmaceutical heroin as second-line option

Available in a number of European countries

UK – not currently widely used

Evidence from multiple randomised controlled trials:
- Health
- Community
- Costs
Heroin-assisted treatment

“I wish they would. Because you know something, it takes the smack out the city. It takes the illegal stuff out, and at least you know what you’re putting into your body.”

*Interviewee with active injecting drug use*

“At the moment people have very little choice and it becomes a barrier to treatment when they do not want to go back on methadone and this is the only thing offered”

*Outreach worker*

“You can put as many posters up as you like, saying that there is an increase in HIV in places. You need to think about it differently. That’s where I think safe injecting routes and injecting heroin...you take away the chaos. Then you have a chance to work on the attitude.”

*Focus group participant, in recovery*
Extended access to IEP

Injecting Equipment Provision (aka “needle exchange”)

Extending access:

- Longer opening hours?

- Vending machines?
  - France, Italy, Germany, Australia, NZ
Extended access to IEP

“There is only one 24hr service in Glasgow which provides a manned needle exchange. If this were more widely available throughout the city there would be provision for chaotic drug users who do not observe 'normal working hours'.”

*Nurse, addictions service*

“There could be an increase in injecting related injuries because people are not seeking proper advice and information. When we provide NEX [needle exchange] we are ensuring people are using safely.”

*Outreach worker*

“Obviously with West Street as close there’s no way there’d be two places that close together running the same type of operation 24/7. The council wouldn’t pay for it.”

*Interviewee with active injecting drug use*
Conclusions

• Complex health & social needs

• Multiple exclusion

• Requires multi-faceted public health response

International evidence & best practice guidelines

Local need & context
Recommendations

Service development

1. Inter-sectoral co-ordination
2. Peer support network
3. Meeting the specific needs of this population
4. Injecting equipment provision
Recommendations

Service planning & evaluation

5. Safer injecting facilities

6. Heroin-assisted treatment

7. Improving data collection

http://tinyurl.com/takingawaythechaos
Implementation

Report endorsed by ADP strategic group

• Local initiatives
  – Inter-sectoral co-ordination
  – IEP services

• Development of outline business case

• Further stakeholder consultation
REFRESHMENT BREAK

15:00 – 15:20
Learning and Actions Panel Discussion

With all speakers, Chair and delegates
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