“Taking away the chaos”

The health needs of people who inject drugs in public places in Glasgow city centre

Plain-language summary
Why was this project done?

During 2015, there was a substantial increase in new cases of HIV among people who inject drugs in Glasgow. In total, 47 people were diagnosed in just one year – more than four times the number seen in previous years. The outbreak is still ongoing, with a further 13 people diagnosed as of June 2016.

**Cases of HIV among people who inject drugs in NHS Greater Glasgow and Clyde, 1985-2015.**

During interviews with those affected by the outbreak, 83% reported injecting drugs in public places, especially in and around Glasgow city centre.

This outbreak has shown that, despite efforts to reduce drug-related harm, people who inject drugs in Glasgow continue to be at very high risk of ill-health and death. Those involved in public injecting appear to be particularly vulnerable.

In addition, some local communities and businesses are finding large numbers of discarded needles in public areas, which are unsightly and potentially hazardous. As a result, NHS Greater Glasgow & Clyde and Glasgow City Alcohol and Drugs Partnership reviewed the health needs of people who inject drugs in public places.

How was the project carried out?

Public injecting is a difficult topic to study. Services don’t routinely ask about it, and the stigma involved means that people who inject in public are often unwilling to tell others.

We therefore pulled together information on public injecting – and the health problems associated with it - from a number of different sources:

- Data from local health services
  - For example, about people attending needle exchanges in the city centre
- Data from local community services
  - For example, reports of discarded needles to Glasgow City Council
- National and international evidence published in the medical literature
- Interviews, focus groups, and an online consultation with:
  - people who inject drugs in public places
  - people in recovery from injecting drug use
  - staff of health services, community services, support organisations, and enforcement agencies
Why do people inject in public?

People describe an urgency to inject – because of withdrawal symptoms and a fear of being caught by the police or robbed whilst carrying drugs. Many people are sleeping rough or living in hostels (which strictly prohibit drug use on the premises), so just don’t have anywhere else to go. However, this competes with feelings of shame, and a wish not to be seen by the general public. As one of our participants put it, public injecting is often an act of “desperation”.

Where is public injecting happening?

Reports of discarded needles and police reports on drug use indicate public injecting is taking place mainly in the south-east of the city centre and neighbouring areas of the east end.

People inject drugs in public places such as alleyways, car parks, parkland, public toilets, and closes. These places may be chosen to provide shelter from the elements or access to water needed for injection. Privacy is also a big concern, with several of those interviewed saying they didn’t want the general public – particularly children – to witness them injecting.

As a result, some people have set up makeshift huts so that they can share drugs and injecting equipment in a sheltered place.

Examples of public injecting sites in Glasgow:

Credit: John Campbell, NHSGGC.
Who is involved in public injecting?

It’s difficult to obtain reliable information on how many people are involved in public injecting. However, data gathered in this project suggest that between 400 and 500 people may be injecting drugs in public places in the city centre on a regular basis. The majority of these people are men, aged between 30 and 50, and of Scottish or other British origin. Most are in difficult life circumstances, experiencing high rates of homelessness, poverty and offending.

What health problems are linked to public injecting?

We identified four main health needs for people who inject drugs in public places:

- Addictions care and treatment
  - A significant number of people are continuing to inject drugs despite being in addictions treatment. This suggests there is a group of people for whom existing treatment options aren’t working.
- Reducing the risk of blood-borne viruses, such as HIV and hepatitis
  - Studies show that people who inject drugs in public places are at higher risk of infections as they’re more likely to share needles and inject in groups
  - Public injecting is a key common factor among people affected by the ongoing HIV outbreak in Glasgow
- Reducing the risk of other injecting-related infections and injuries such as abscesses, wounds, and blood clots (DVTs)
  - Poor lighting, cold weather, and the fear of being caught means people injecting drugs in public places are less able to keep the process hygienic and are more likely to miss the vein
- Reducing the risk of overdose and drug-related death
  - Fear of being caught means that public injecting is usually a rushed process, which increases the risk of overdose
What have other cities done to address the problem of public injecting?

**Safer injecting facilities**

These are clean, hygienic environments where people can inject drugs – obtained elsewhere, not provided or purchased on site – under clinical supervision. They provide sterile needles to reduce the risk of infections like HIV, and assistance in the event of an overdose. They also link people in to other health and social services, hosting drop-in GP clinics, addictions counsellors, and housing & benefit advisors.

Safer injecting facilities have been running since the mid-1980s, and there are now more than 90 worldwide. More than 100 scientific papers evaluating their impacts have been published. This body of evidence shows that safer injecting facilities:

- Reduce public injecting and discarded needles
- Reduce the sharing of needles and other injecting equipment
- Improve uptake of addictions care and treatment
- Do not affect rates of crime and anti-social behaviour in the local area
- Result in cost savings overall, due to reduced ill-health and health care usage among users

Example of a safer injecting facility in Sydney, Australia:

*Outside the facility, at 66 Darlinghurst Road:*  
*Inside the facility’s injecting room:*

Credit: Kirsten Horsburgh, Scottish Drugs Forum.

**Heroin-assisted treatment**

We currently provide ‘opioid substitution therapies’ such as methadone to people with heroin addiction to reduce their need for street drugs and help them enter recovery from drug use.

However, there is a group of people for whom such treatments don’t seem to work, and who continue to use street drugs, with all the risks that entails –infections, overdose, and committing crime to fund their habit.

Another approach involves doctors prescribing medical heroin to people with long-term addictions unable to stop using street drugs despite treatment with current alternatives. This is known as “heroin-assisted treatment”, and is already provided in a number of European countries and in a small number of specialist services in the UK.

A number of high-quality research studies in the UK and elsewhere have found that this approach:

- Improves people’s ability to engage with – and stay engaged with – addictions treatment
- Reduces criminal activity
- Improves integration into society – i.e. the ability to hold down a job or stable housing
- Represents better value for money than existing treatments, because of the reduced demands on social care services and the criminal justice system
What should be done?

Public injecting has been an issue in Glasgow city centre for a number of years. This project has found that it is causing significant health problems for those involved, despite ongoing efforts to address it. New and innovative approaches are therefore required.

We’ve made seven recommendations to help improve the health needs of people who inject drugs in public places.

None of them on their own will solve the problems associated with public injecting. But together, they represent an important step towards improving the health of the most vulnerable members of our society, making our city centre a better place to live and work, and reducing costs to the NHS and local councils.

1. There should be better co-ordination between the different services working with this population, such as health, housing, social care, and criminal justice. This will help address some of the social factors which lead to public injecting and act as barriers to better health.

2. A peer support network should be developed for people who inject drugs. Peer support can help people who use drugs to access information and develop skills, empowering them to address their health needs.

3. Local addictions teams should review the services they provide to ensure the specific needs of this population are being met. People who inject drugs in public often have particularly complex health and social needs, and may benefit from more intensive or flexible services focused on reducing harm.

4. Needle exchange services in the city centre should be open later in evenings, overnight and weekends. Gaps in access to needle exchange at these times were identified as a factor in the recent HIV outbreak.

5. A safer injecting facility should be introduced in the city centre on a trial basis. Based on research from other countries, local data, and feedback from our consultation, we believe there is a need for such a facility in Glasgow. Significant benefits are anticipated for both individuals involved in public injecting and the wider community. However, a careful evaluation would be required to make sure that the benefits seen in other cities are also achieved in Glasgow.

6. A trial service for heroin-assisted treatment should be introduced for people with long-term addictions who have not benefited from existing treatments. Based on research evidence and feedback from our consultation, we believe it will help this group improve their health, integrate into society, and reduce their criminal activity. Again, this should be carefully evaluated to ensure these benefits are achieved in practice.

7. To help evaluate the impacts – positive or negative – of these changes, extra data on public injecting should be collected from addictions services, needle exchanges, and surveys.

“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 from drug use)