

"Taking away the chaos"

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



Dr Emily Tweed
Specialty Registrar in Public Health

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Saket Priyadarshi

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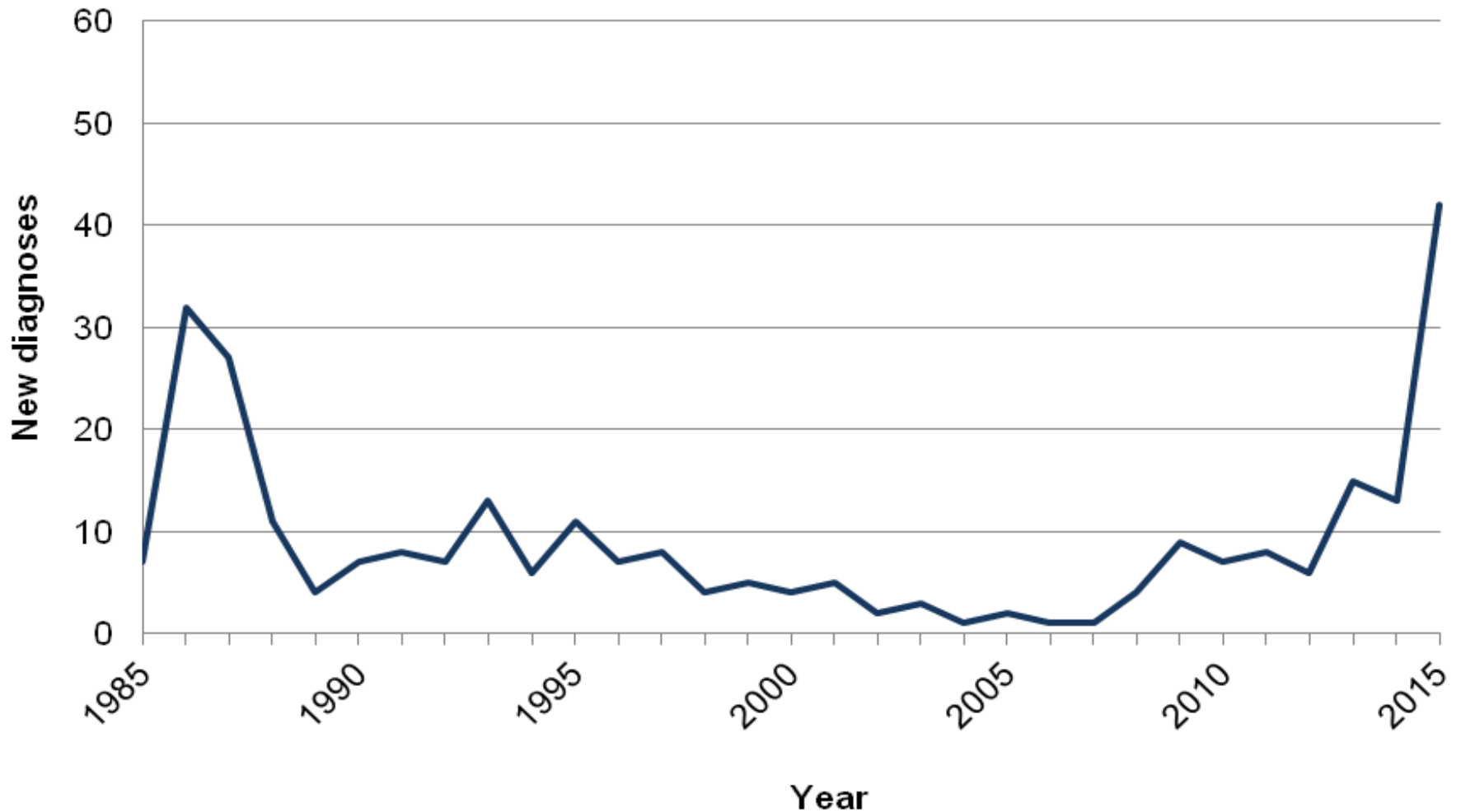
Tracey McFall



Members of SCF-HAT SLWG

Background

HIV outbreak in Glasgow



Methods



Prevalence & demographics

Few reliable data on size of population

Predominantly:

- Male
- Scottish origin
- Aged 30-50

Multiple and complex needs

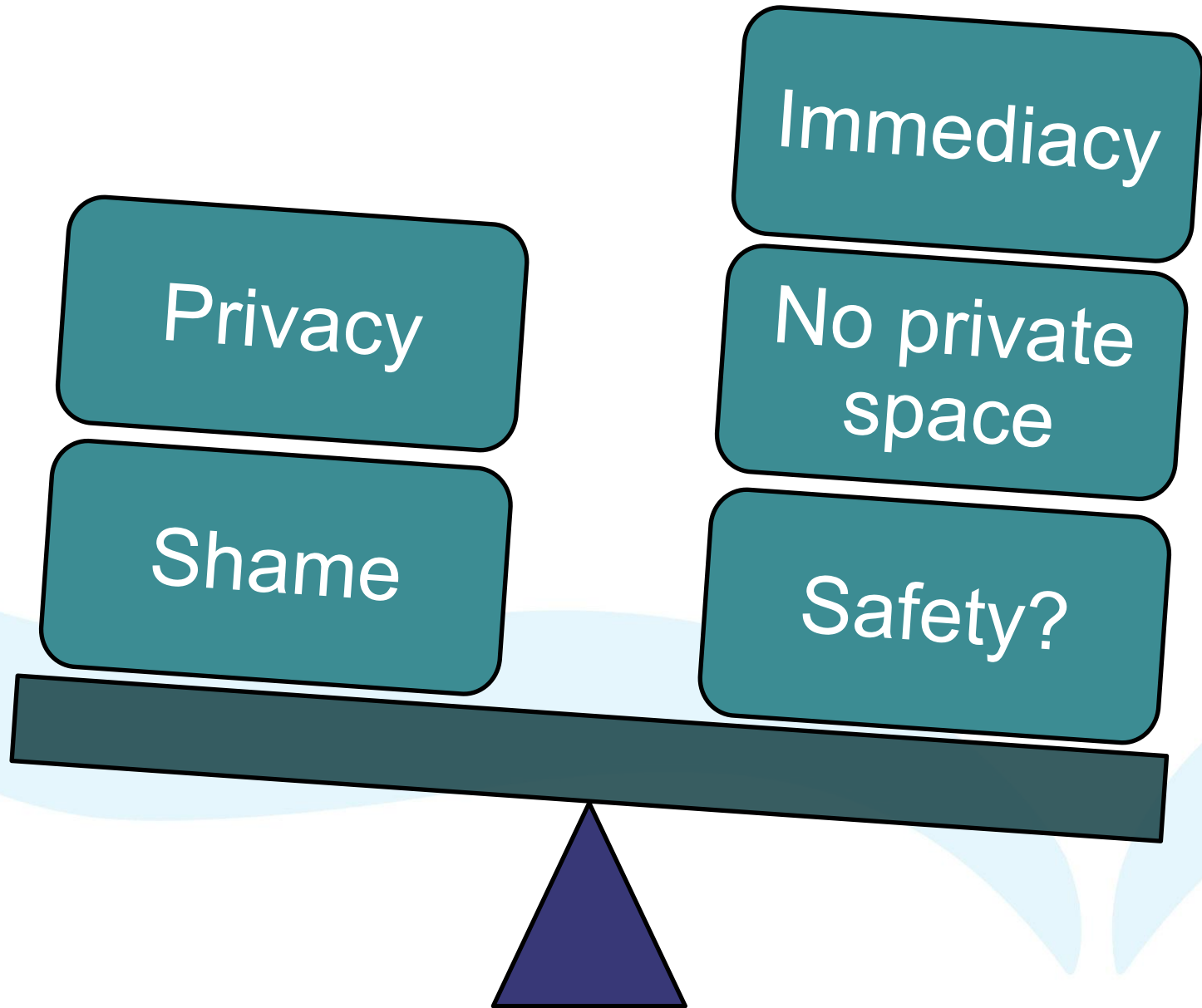
Why inject in public?

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

“Desperation.”

“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.”

Why inject in public?



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.”

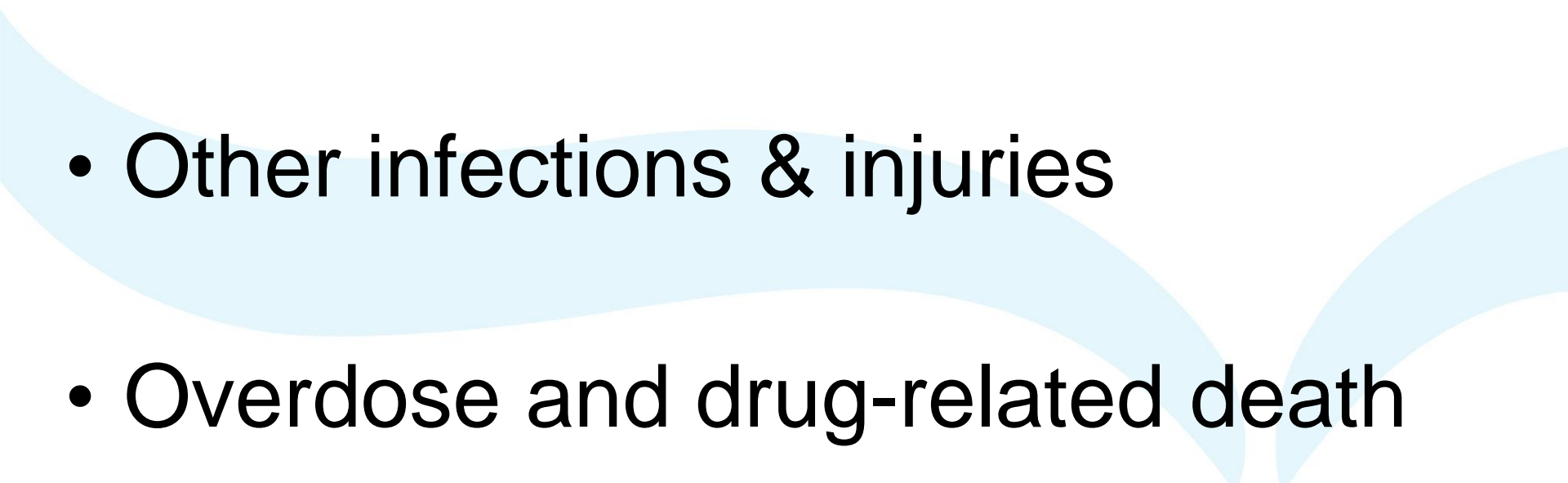
Barriers to better health

“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 infections & injuries
 - Overdose and drug-related death
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Existing drug services

Tier 4
Specialist
residential
services

Tier 3
Structured community-
based services

Tier 2
Low-threshold, open access
services

Tier 1
Health and social services interfacing with
addictions care



Safer injecting facilities

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



Safer injecting facilities

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

Interviewee with active injecting drug use

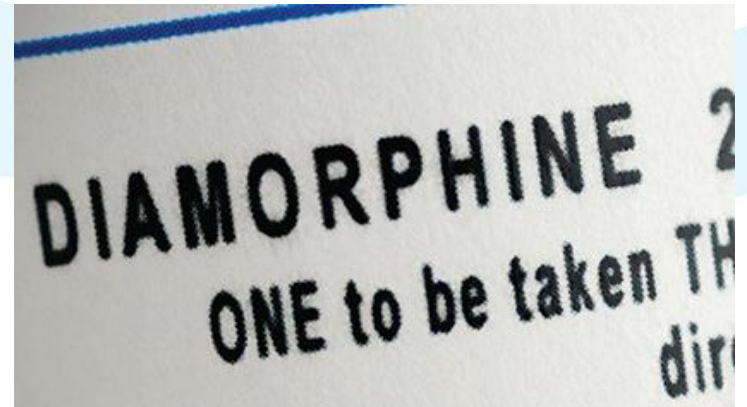
“It has got to quite a ridiculous stage where members of the public, small businesses and communities are asking, “why can’t you give these people somewhere safe to go and inject?””

Senior staff, IEP services

Heroin-assisted treatment

Prescribed pharmaceutical heroin

Second-line option for people with long-term heroin dependency who have not benefited from previous treatments



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

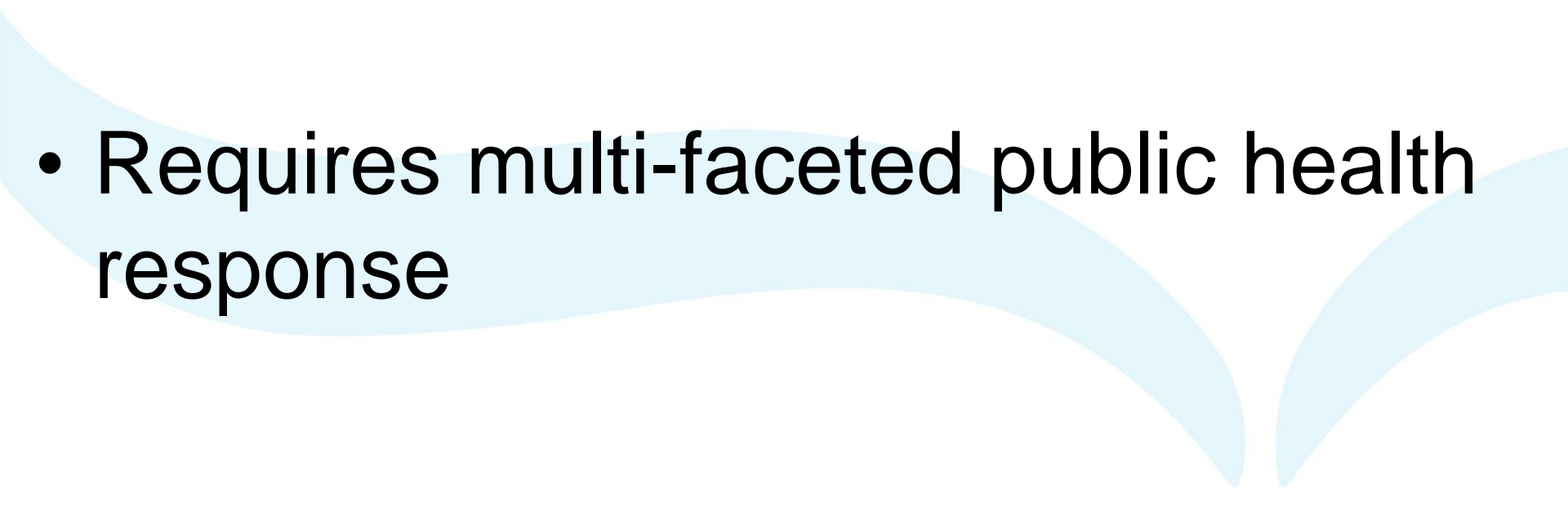
Injecting equipment provision

Extending access:

- Longer opening hours?
- Vending machines?



Conclusions

- Complex health & social needs
 - Multiple exclusion
 - Requires multi-faceted public health response
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Recommendations

Service development

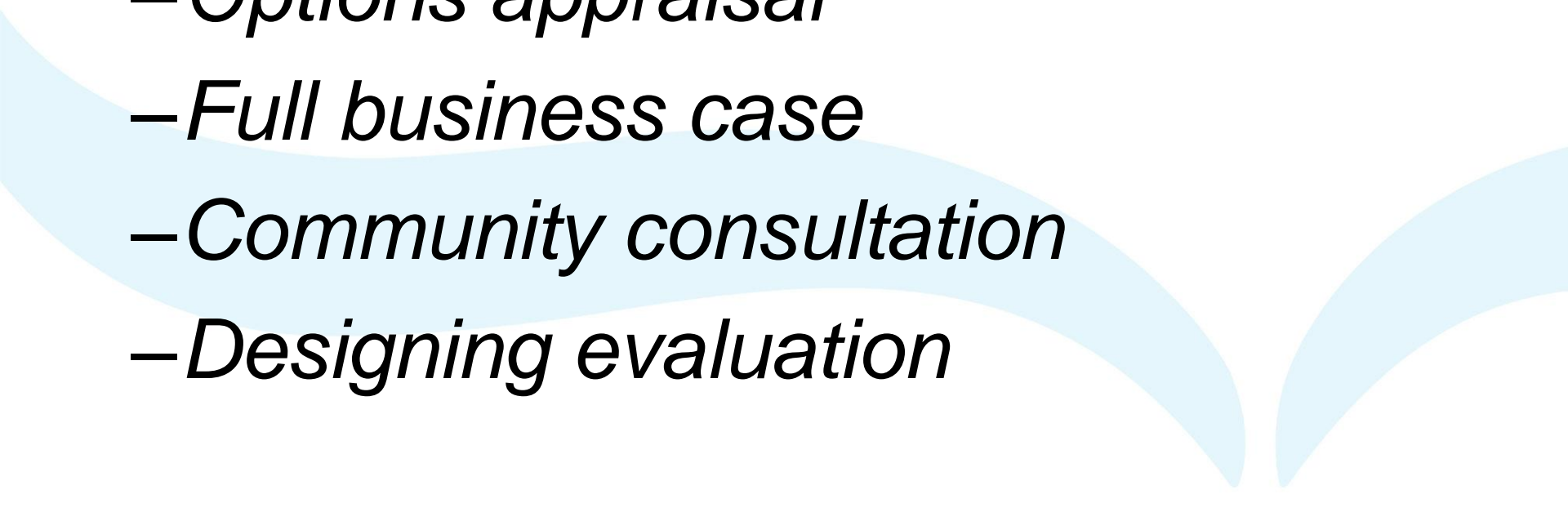
1. Inter-sectoral co-ordination
2. Peer support network
3. Meeting the specific needs of this group
4. Injecting equipment provision

Recommendations

Service planning and evaluation

5. Safer injecting facilities
6. Heroin-assisted treatment
7. Improving data collection

Progress to date

- Recommendations for existing services
 - Recommendations for new services
 - *Options appraisal*
 - *Full business case*
 - *Community consultation*
 - *Designing evaluation*
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“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