

## INTRODUCTION

- People who inject drugs (PWID) are particularly vulnerable to poor health outcomes, such as high rates of blood-borne viruses (BBVs), soft tissue infections, overdose, and other health hazards associated with injecting psychoactive drugs<sup>1</sup>.
- Provision of needles and syringes (NS) is, in combination with opioid substitution treatment, a proven intervention for reducing harms associated with injecting drug use, effectively limiting the spread of BBV and bacterial infections<sup>2</sup>.
- Estimated coverage of NS provision in the UK remains insufficient<sup>3</sup>.
- We describe self-reported coverage of NS in England and Wales and identify factors associated with inadequate NS.

## METHODS

- Data were collected 2017-2019 from the annual Unlinked Anonymous Monitoring (UAM) Survey of PWID. Participants recruited through specialist drug services provide a dried blood spot sample for BBV testing and answer a questionnaire on demographics and risk factors.
- PWID reporting collection of <100% of their required NS (% NS collected / injection frequency; Fig 1) were categorised as having 'inadequate' NS provision.
- We characterised common demographic, social and risk factors among PWID with inadequate NS using  $\chi^2$  testing. Logistic regression was used to identify factors associated with inadequate NS provision.
- For sensitivity analysis, number of injection attempts preceding successful injection contributed to NS calculation.

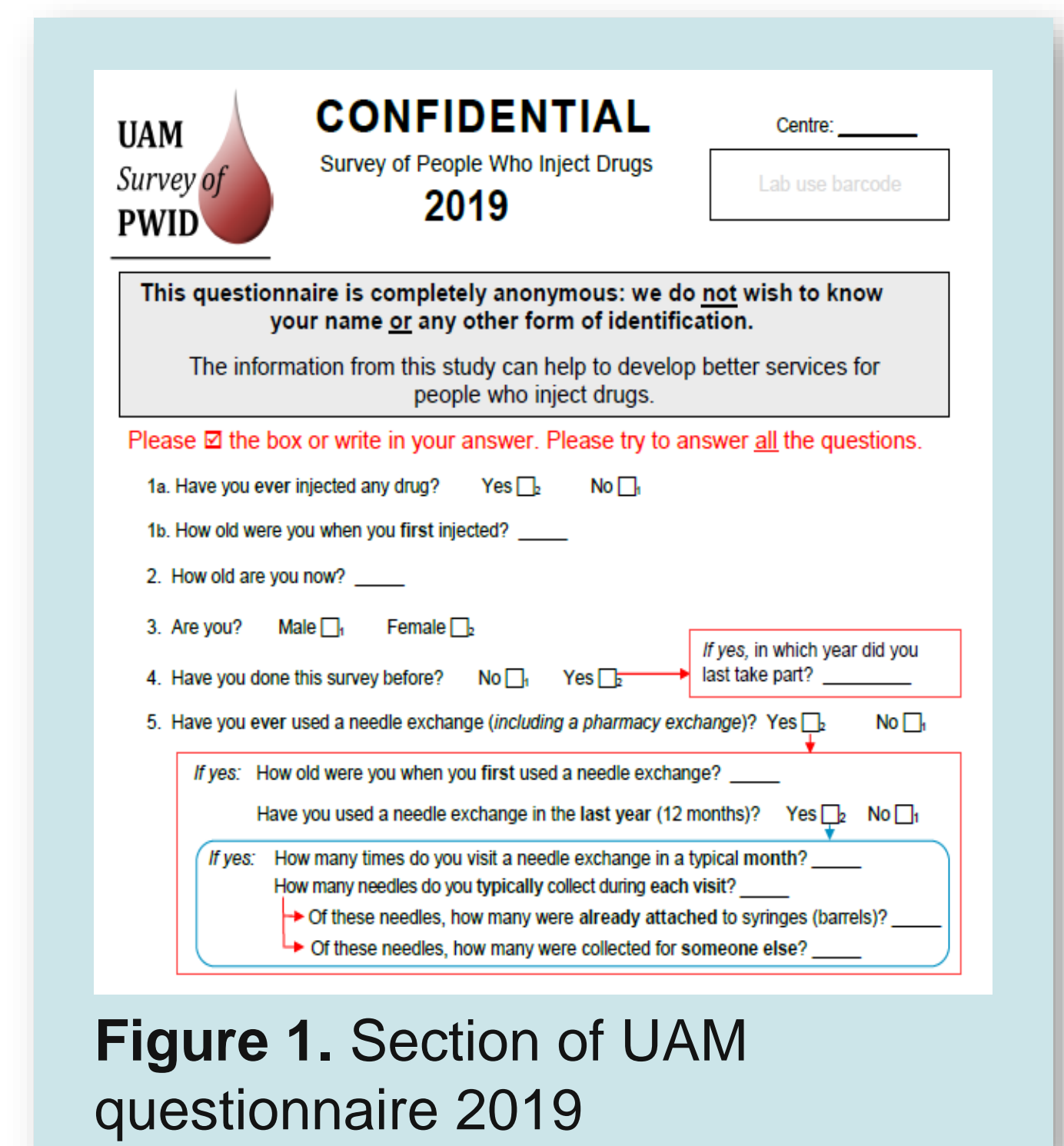


Figure 1. Section of UAM questionnaire 2019

## RESULTS

- Of 2,442 PWID injecting in the past month, 34% (n=834) reported inadequate NS to meet their needs (this increases to 51% [n=1,252] when including unsuccessful injection attempts). The West Midlands and North East of England had the highest proportion of PWID reporting inadequate NS (Fig. 2).

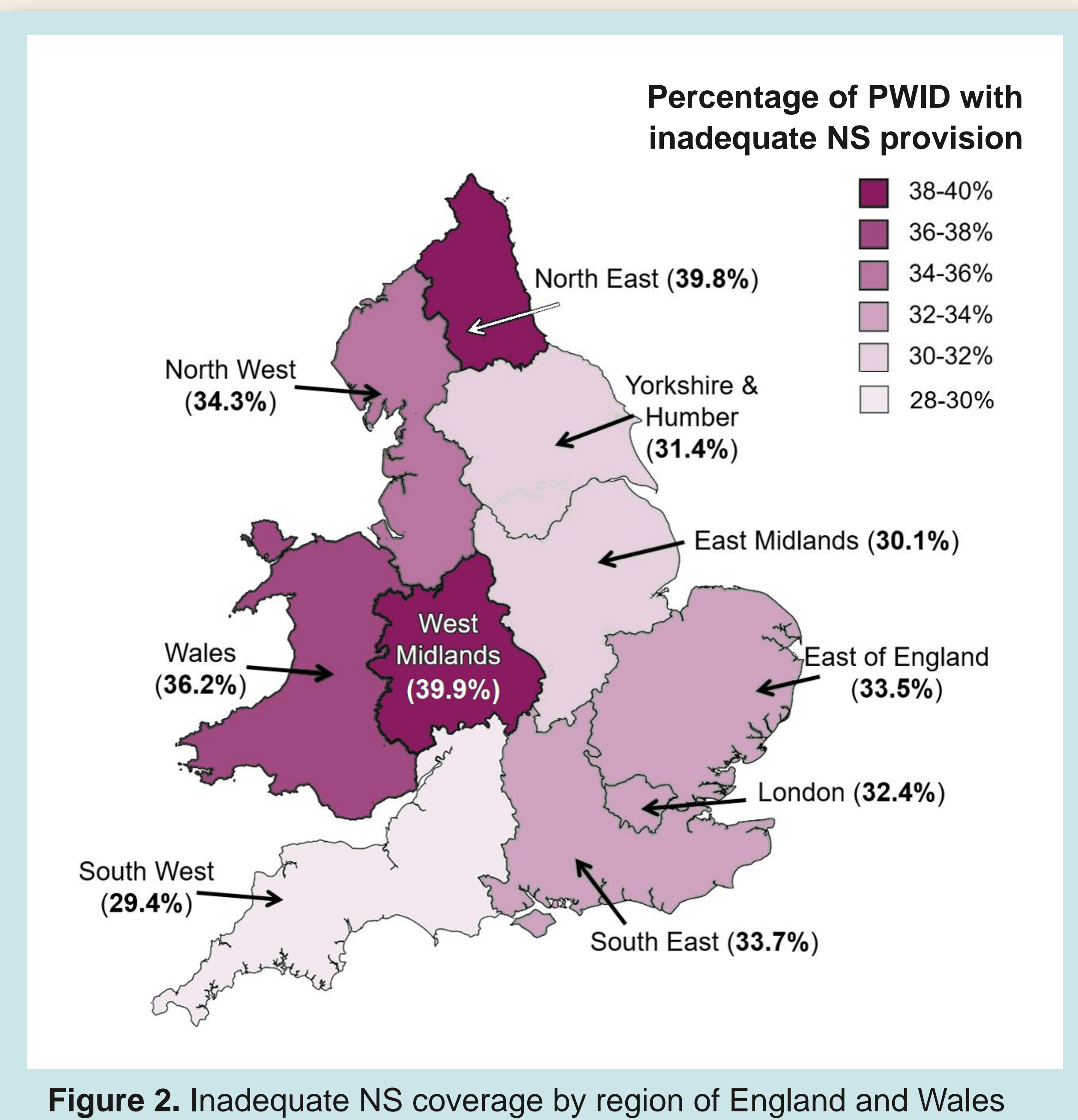


Figure 2. Inadequate NS coverage by region of England and Wales

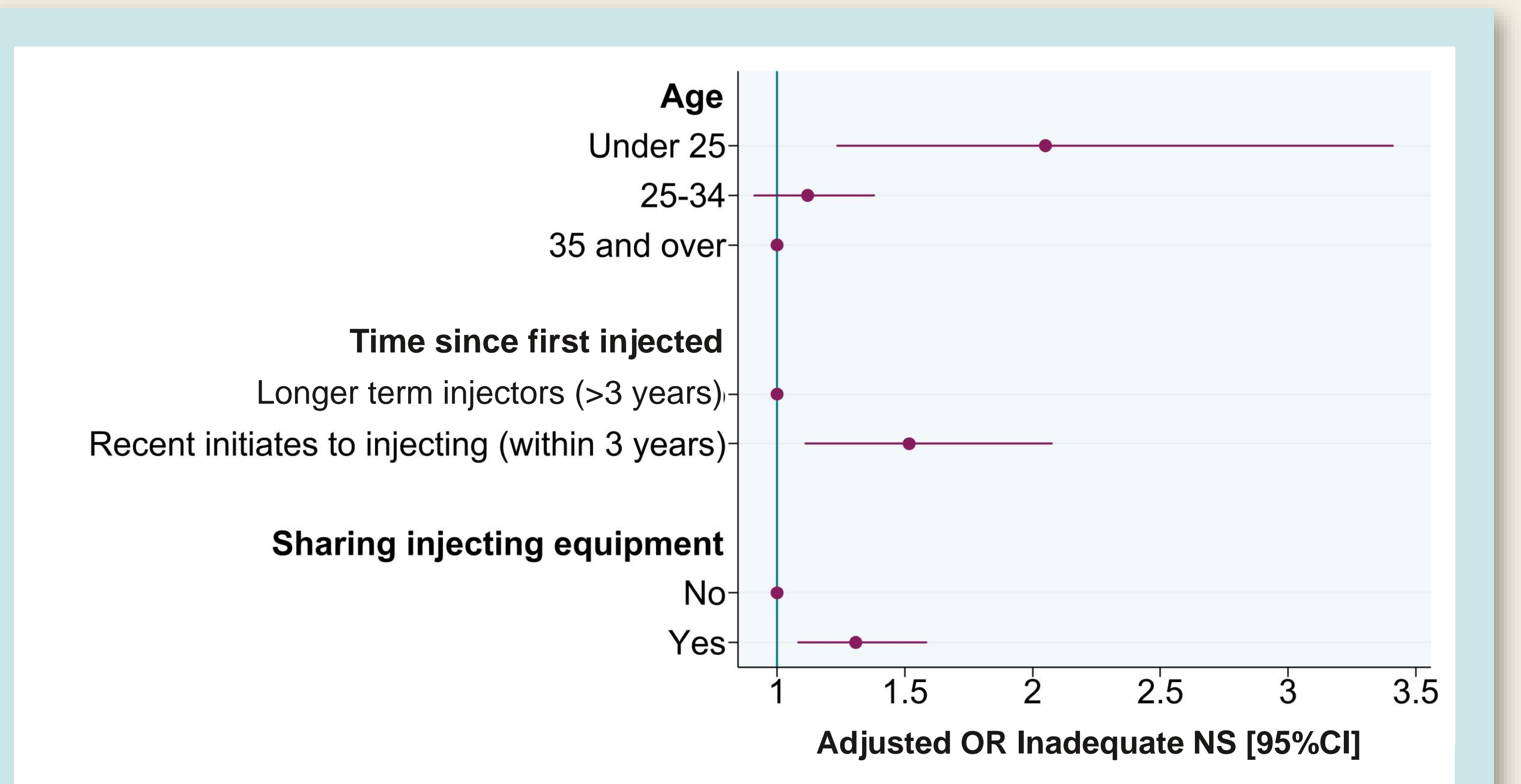


Figure 3. Adjusted Odds Ratios (OR) of having inadequate NS by factor

- Sharing of injecting equipment (including needles, syringes, containers, spoons and filters) in the past month and reporting having injected powder cocaine in the past month were more commonly reported among PWID reporting inadequate NS provision than those reporting adequate NS provision (41% [334/820] vs. 32% [514/1,590];  $p < 0.001$  and 16% [129/819] vs. 12% [197/1593];  $p = 0.021$ , respectively).
- PWID reporting inadequate NS provision were less likely to have accessed healthcare services including ever having had a blood test for hepatitis C virus (87% [708/818] vs. 90% [1424/1580];  $p = 0.008$ ) or for HIV (79% [633/805] vs. 85% [1,318/1,555];  $p < 0.001$ ) or reporting a current prescription for treatment for drug use (68% [567/831] vs. 79% [1,261/1,604]  $p < 0.001$ ) than PWID reporting adequate NS.
- Following adjustment in multivariable modelling, younger age, initiating injecting in the past three years, sharing injecting equipment and injecting more frequently (aOR: 12.58 [95%CI: 8.53-18.57]) were associated with reporting inadequate NS (Fig. 3).

## DISCUSSION

This is the first study using data from a nationally reflective sample of PWID in contact with drug services in the UK to investigate coverage of NS provision.

Our findings suggest that 34-51% of PWID surveyed have inadequate NS provision, and report higher rates of sharing injecting equipment. This is particularly concerning given several recent HIV outbreaks across Europe, all associated with injection of stimulants and reduced NS coverage<sup>4</sup>.

Injection of stimulants is associated with a higher injection frequency, and therefore NS requirement, due to their shorter half-life<sup>5</sup>. Cocaine injection has increased in the UK over the past decade, with higher rates reported among young people<sup>6</sup>.

Since 2017-2019 data were collected, many barriers to accessing adequate NS have been exacerbated by the COVID-19 pandemic. In 2020, 26% of PWID surveyed reported difficulties in accessing injecting equipment.

In addition, 15% reported injecting more frequently than in 2019, and those reporting injecting any form of cocaine in the past month rose from 17% in 2019 to 25%<sup>7</sup>.

Limitations of this study include the calculation of inadequate NS which relies on reported injection frequency and NS collection being representative of average use, and does not account for NS collected for or received from others. Furthermore, participants in the UAM survey are, by recruitment design, engaged with services for people who use drugs, so only these PWID are represented in this data.

## RECOMMENDATIONS

- Given the poor reported coverage of injecting equipment there remains urgent need to increase access and provision to prevent serious infection outbreaks and reduce other injecting-related harms.
- Younger PWID may require more injecting equipment due to increased stimulant injection among this cohort.

## ACKNOWLEDGEMENTS

We thank all staff of collaborating drug services and participants in the UAM Survey of PWID.

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