

Impact of COVID-19 and associated control measures on interventions to prevent drug-related harm among people who inject drugs in Scotland

Dr Kirsten Trayner
Research Fellow, Glasgow Caledonian University
Epidemiologist, Public Health Scotland
Email: Kirsten.Trayner@phs.scot
Twitter: @KirstenTrayner

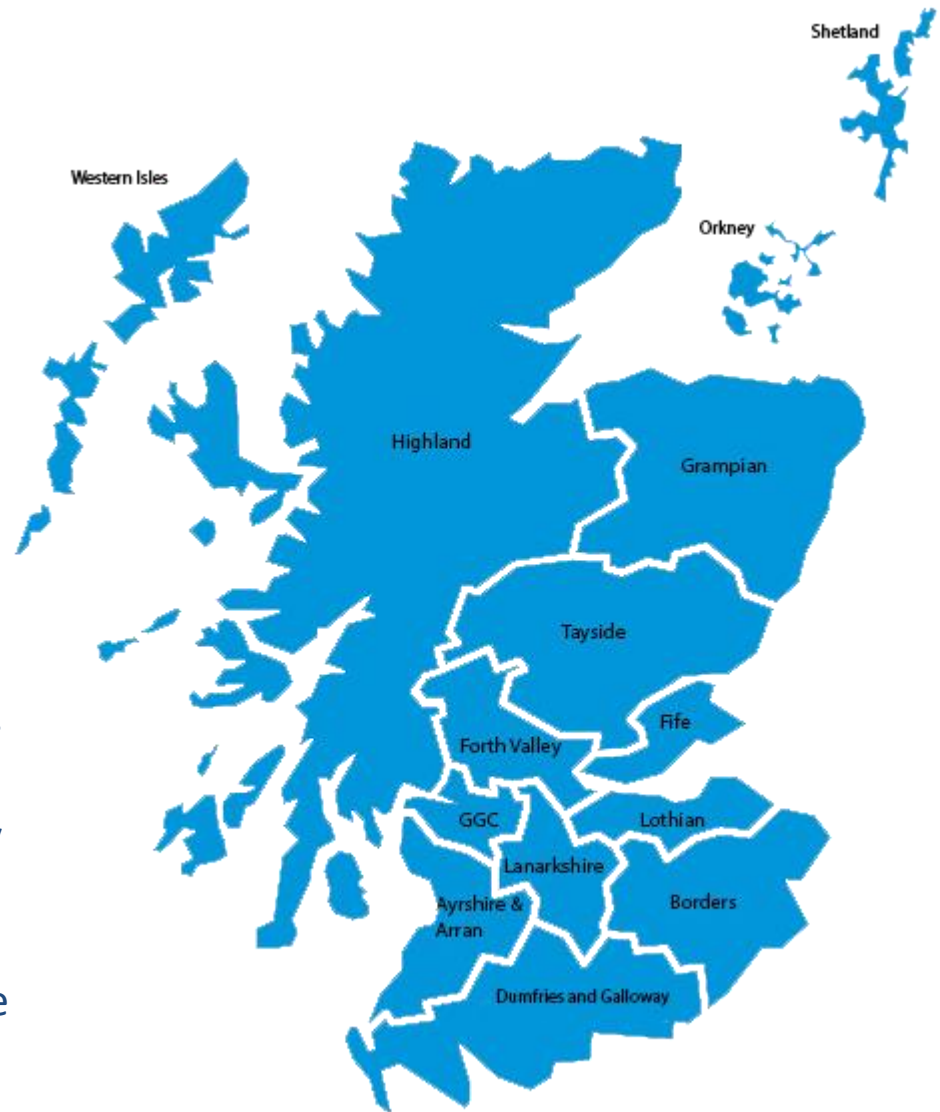
Co-authors: Andrew McAuley, Norah Palmateer, Alan Yeung, David Goldberg, Megan Glancy, Lee Barnsdale, Stuart McTaggart, Trina Ritchie, John Campbell, Carole Hunter, Julie Craik, Fiona Raeburn, Samantha Shepherd, Rory Gunson, Kate Templeton, Amanda Bradley-Stewart, Sharon Hutchinson

Conflict of interest

- None to declare

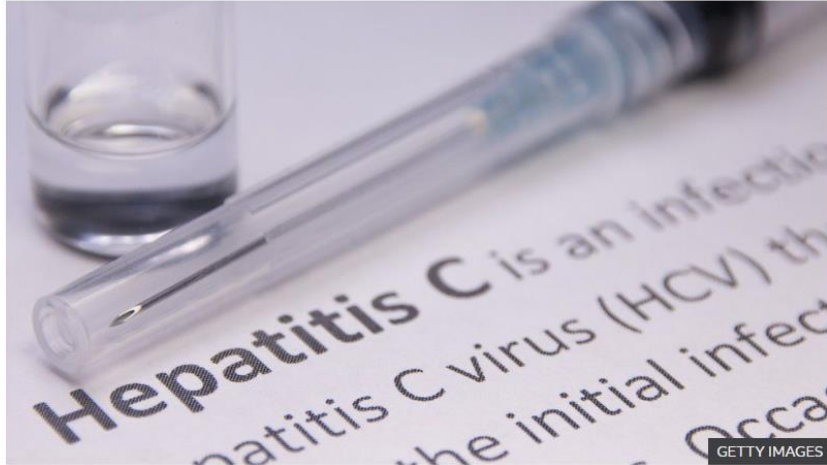
Context: Scotland

- Population ~ **5 million**
- 14 Health Boards
- ~ **15,000 - 20,000 PWID**
- **Good coverage of BBV prevention services**
 - ~ *'High' needle and syringe provision (NSP) coverage*: 277 needles/syringes distributed per PWID per year
 - ~ *'Moderate' opioid agonist therapy (OAT) coverage*: 23 OAT recipients per 100 PWID
 - ~ 52% and 58% reported a HIV or HCV test in the last year, respectively, in 2019-20
 - ~ 63% prescribed take-home naloxone (THN) in the last year, in 2019-20



New plan to 'eliminate' hepatitis C in Scotland by 2024

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GETTY IMAGES

Plans to effectively eliminate hepatitis C by 2024 have been unveiled by the Scottish government.

An estimated 21,000 people in Scotland live with the chronic viral infection which causes progressive damage to the liver.

Drug-related deaths in Scotland more than double in 10 years

Calls for Holyrood to go it alone and reform law after data shows rate of death two and half times that of UK as a whole



▲ Heroin was the most lethal single drug, contributing to 55% of the 867 drug-related deaths in Scotland in Photograph: PA

NEWS

The city in the eye of an HIV 'perfect storm'

By James Cheyne
BBC Scotland

© 18 August 2019



Homelessness and drug addiction have led to a rise in HIV cases in Glasgow

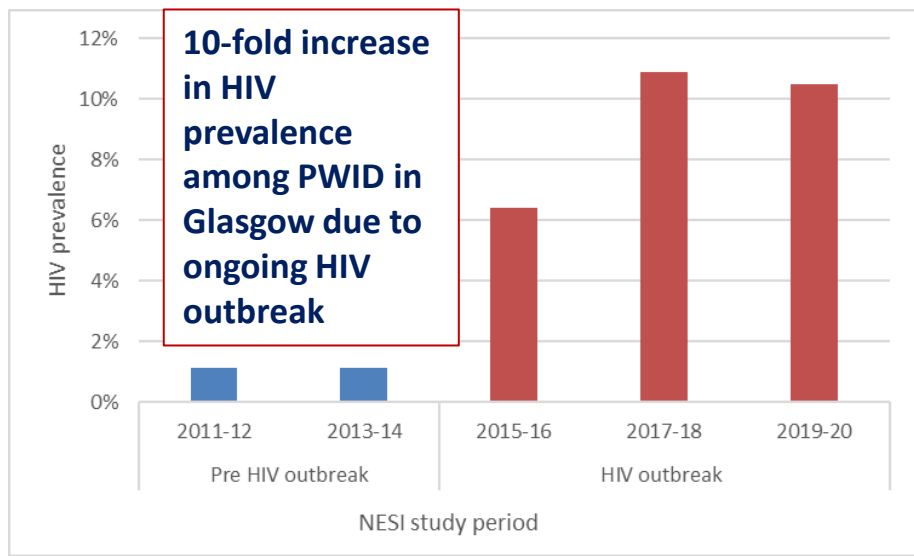
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Glasgow has seen the UK's worst outbreak of HIV in 30 years, according to the city's health workers, and the problem is still getting worse.

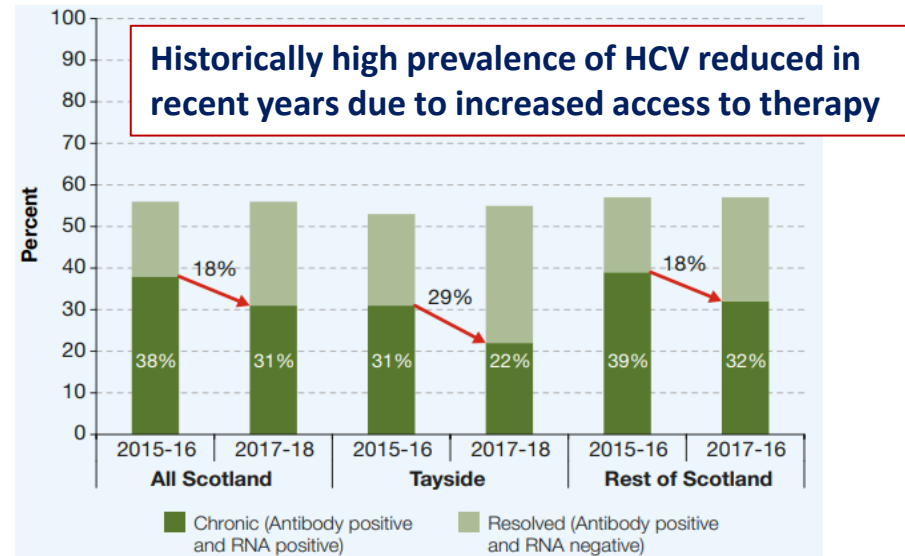
NEWS

Scotland has highest drug death rate in EU

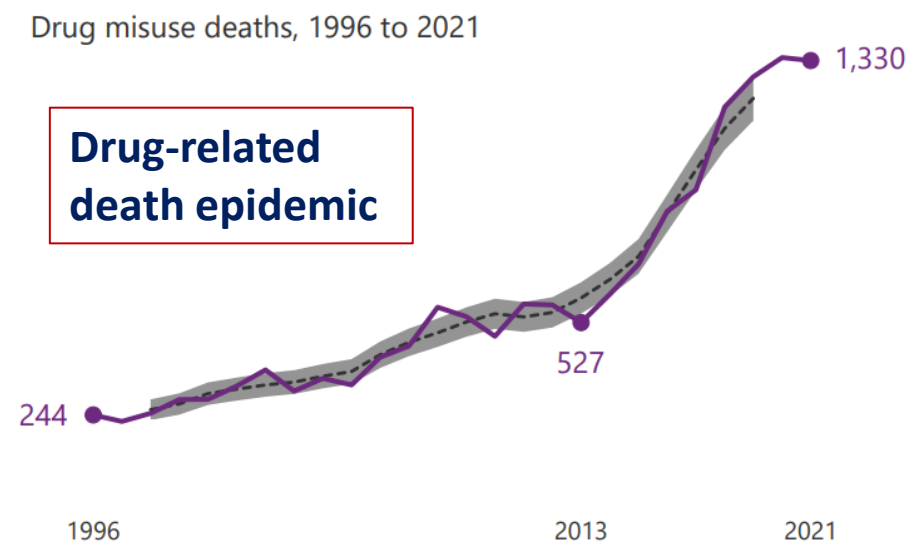
People who inject drugs in Scotland are currently experiencing a syndemic of drug-related harm.....



Data source: Needle Exchange Surveillance Initiative (NESI); McAuley et al, 2019 Lancet HIV



Data source: NESI; Palmateer et al, 2021 Addiction



Data source: National Records for Scotland, 2022

Any disruptions to the coverage/delivery of key interventions could have **serious consequences relating to the transmission of BBVs and exacerbation of other drug-related harms** among people who inject drugs in Scotland

Aims and objectives

Explore the **effects of COVID-19 and associated control measures on services for people who inject drugs, through assessing changes in the provision of key harm reduction services** during the COVID-19 pandemic in Scotland, focussing specifically on:

- Needle and syringe provision (NSP)
- Opioid agonist therapy (OAT)
- BBV testing (HIV and HCV)
- Take-home naloxone (THN)

Methodology

- **Interrupted time series study design:**
 - Modelled two key dates
 - **First national lockdown, 23rd of March 2020**
 - **Second national lockdown, 4th of Jan 2021 (*provisional analysis*)**
- **Five routine data sources analysed** (representing each intervention – NSP, OAT, HIV test, HCV test and THN)
- Region: NHS Greater Glasgow and Clyde, NHS Lothian, NHS Grampian and NHS Tayside were included:
 - Represents 63% of the population of people who use drugs problematically in Scotland
- Time period: **September 2018 – August 2021**
- Region and time period varied depending on data availability
- **Qualitative information was also collated on how the provision of interventions were impacted** through consultation with public health, addiction and harm reduction leads

Results

Impact of COVID-19 on service provision and mitigation measures introduced

Guidance on Contingency
Planning for People who
use Drugs and COVID-19

Version 2.0

Updated May 2020



Minister for Public Health, Sport and Wellbeing
Joe FitzPatrick MSP



Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0300 244 4000
E: scottish.ministers@gov.scot

Chief Executives of Health Boards
Chief Officers of Health and Social Care
Partnerships
Alcohol and Drug Partnership Co-ordinators

16 April 2020

Dear Colleagues

CONTINUATION OF DRUG AND ALCOHOL SERVICES

I am writing to seek assurance that you are, and will be, maintaining service-level provision for drug and alcohol services as part of your on-going commitment to tackling drug and alcohol related harm. We welcome the fact that COVID-19 Mobilisation Plans from several HSCPs already include some detail on drug and alcohol services. However, we require you to ensure that these services are being continued across the country. The CMO has been clear that drug and alcohol services are essential services, not elective services, and has therefore recommended that pre-COVID-19 service levels be maintained for this at-risk group.

Lord Advocate's guidelines: supply of naloxone during COVID-19 pandemic

For the period of disruption caused by COVID-19/ Coronavirus, the Lord Advocate has confirmed that it would not be in the public interest to prosecute any individual working for a service registered with the Scottish Government Population Health Directorate who supplies naloxone to another person for use in an emergency to save a life. Nor will it be in the public interest to prosecute employees of NHS bodies who supply such services with stocks of naloxone. This statement of policy is subject to the condition that appropriate instruction on the use of naloxone and basic life support training will be provided to persons receiving the medication for such use alongside the medication.

Impact of COVID-19 on service provision and mitigation measures introduced

Intervention	Impact of COVID-19 on service delivery	Mitigation measures introduced/enhanced
Needle and syringe provision (NSP)	<ul style="list-style-type: none"> • Closure, reduced opening hours and face to face services ceased/reduced • Reduced footfall at NSP sites • Increased waiting times/queues at NSP sites due to social distancing 	<ul style="list-style-type: none"> • Delivery, postal and 'click and collect' NSP • Extended opening hours (in some services that remained open) • Individuals encouraged to take an increased supply of injecting equipment at each transaction • Secondary NSP distribution encouraged • Outreach
Opioid agonist therapy (OAT)	<ul style="list-style-type: none"> • Reduction in capacity to see patients in person at routine clinics/primary care in some services • Reduced capacity to initiate new OAT patients (including those released from prison) in some services • Increased waiting/times queues in community pharmacies due to social distancing 	<ul style="list-style-type: none"> • Relaxing of dispensing policies and shift from supervised OAT to take home (for those appropriate) • Increase in dispensing instalment intervals (shift from daily dispensing to once/twice weekly) • Phone appointments • Home visits introduced in some services to replace appointments • Self-referral in some services • Peer support and OAT delivery for those shielding/isolating • Additional clinics set up to offer OAT to those not on prescription • Introduction and trials of long acting injectable OAT in some areas • Shift towards buprenorphine prescribing in some areas
BBV testing	<ul style="list-style-type: none"> • Dried blood spot testing (DBST) capacity reduced (due to laboratory capacity in some areas and staff sickness/shielding/reallocation) • Third sector BBV testing suspended/reduced • Reduced face-to-face contact and thus reduced testing opportunities 	<ul style="list-style-type: none"> • Self-sampling DBST • Point of care testing • Outreach • Prioritisation of key risk groups (e.g. homeless populations)
Take-home naloxone (THN)	<ul style="list-style-type: none"> • Reduced footfall, contact and support for patients and family/friends in services where THN kits are routinely distributed • Reduced training on overdose response and THN administration, including for new suppliers/prescribers • Service reduction for third sector THN providers • Postponement and reduction of Peer-to-Peer THN programmes 	<ul style="list-style-type: none"> • Outreach • OAT patients routinely prescribed THN • Delivery and postal THN service (local and national) • Legal change to allow non-drug treatment services to offer overdose response training and supply THN resulting in a large increase in services where THN could be supplied. • Online training on overdose response and THN administration for non-drug treatment services



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Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep



Examining the impact of the first wave of COVID-19 and associated control measures on interventions to prevent blood-borne viruses among people who inject drugs in Scotland: an interrupted time series study



Kirsten M.A. Trayner^{a,b,*}, Andrew McAuley^{a,b}, Norah E. Palmateer^{a,b}, Alan Yeung^{a,b}, David J. Goldberg^{a,b}, Megan Glancy^{a,b}, Carole Hunter^c, Trina Ritchie^c, Julie Craik^d, Fiona Raeburn^e, Stuart McTaggart^b, Lee Barnsdale^b, John Campbell^c, Samantha J. Shepherd^f, Amanda Bradley-Stewart^g, Rory N. Gunson^f, Kate Templeton^h, Sharon J. Hutchinson^{a,b}

Brief summary of the initial impact of COVID-19 and the first lockdown.....

- Immediately after the first lockdown (23rd March 2020):
 - **18% reduction in the number needles/syringes (N/S) distributed**
 - **Over 90% reduction in BBV tests** in drug services and prisons
 - **OAT prescribing remained stable**
- Recovery over March 2020 – August 2020:
 - **Increasing trend relating to BBV testing and N/S distributed but still below pre-pandemic levels**
 - **Change in methadone prescribing practice** evident:
 - The total amount of methadone remained stable, however, an **decrease in the number of prescriptions combined with an increase in the quantity prescribed per prescription** was observed

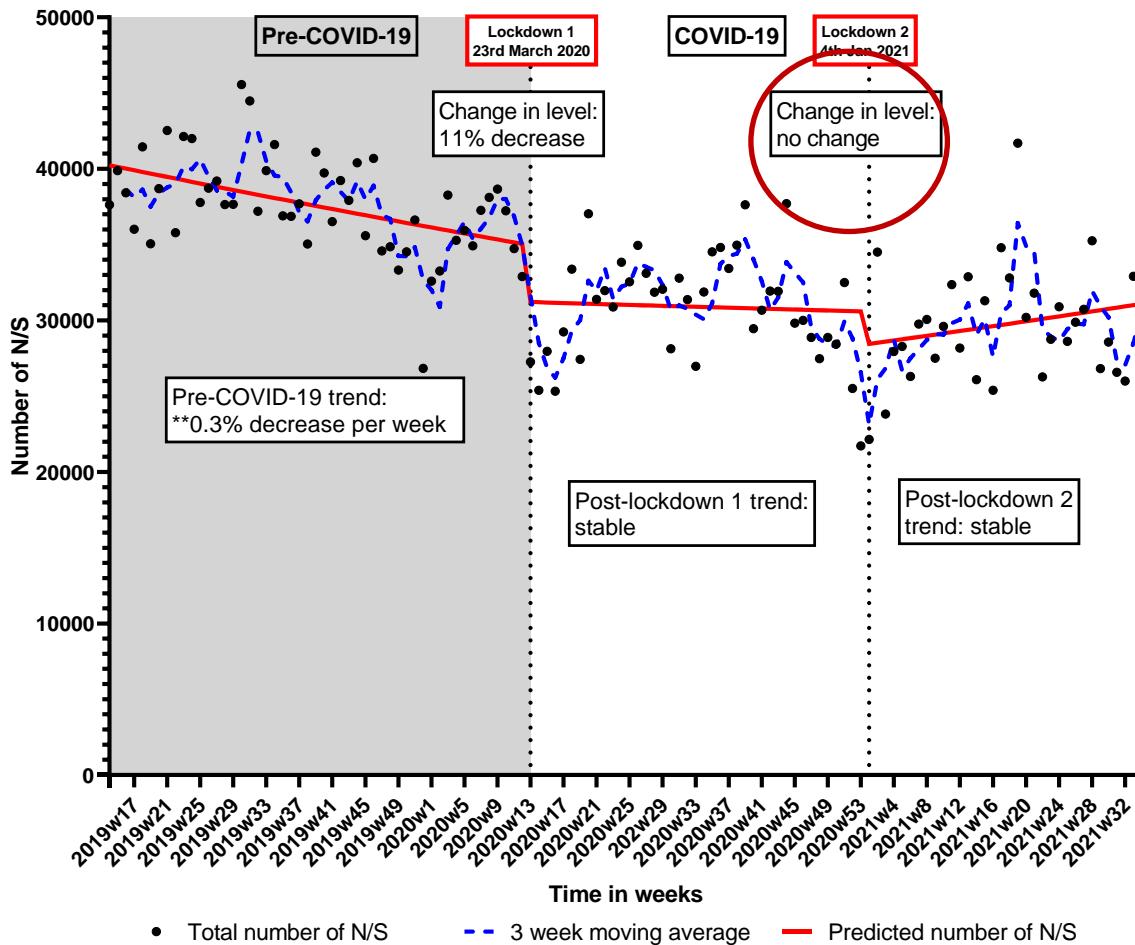
Needle and syringe distribution still not yet returned to pre-pandemic levels

Number of needles/syringes (N/S) distributed per week, April 2019 to August 2021

NHS Health Board: GGC, LO, GR and TY

Key date: 23rd of March 2020 (first national lockdown); 4th of January (second national lockdown)

Data not included before April 2019 due to data quality issues



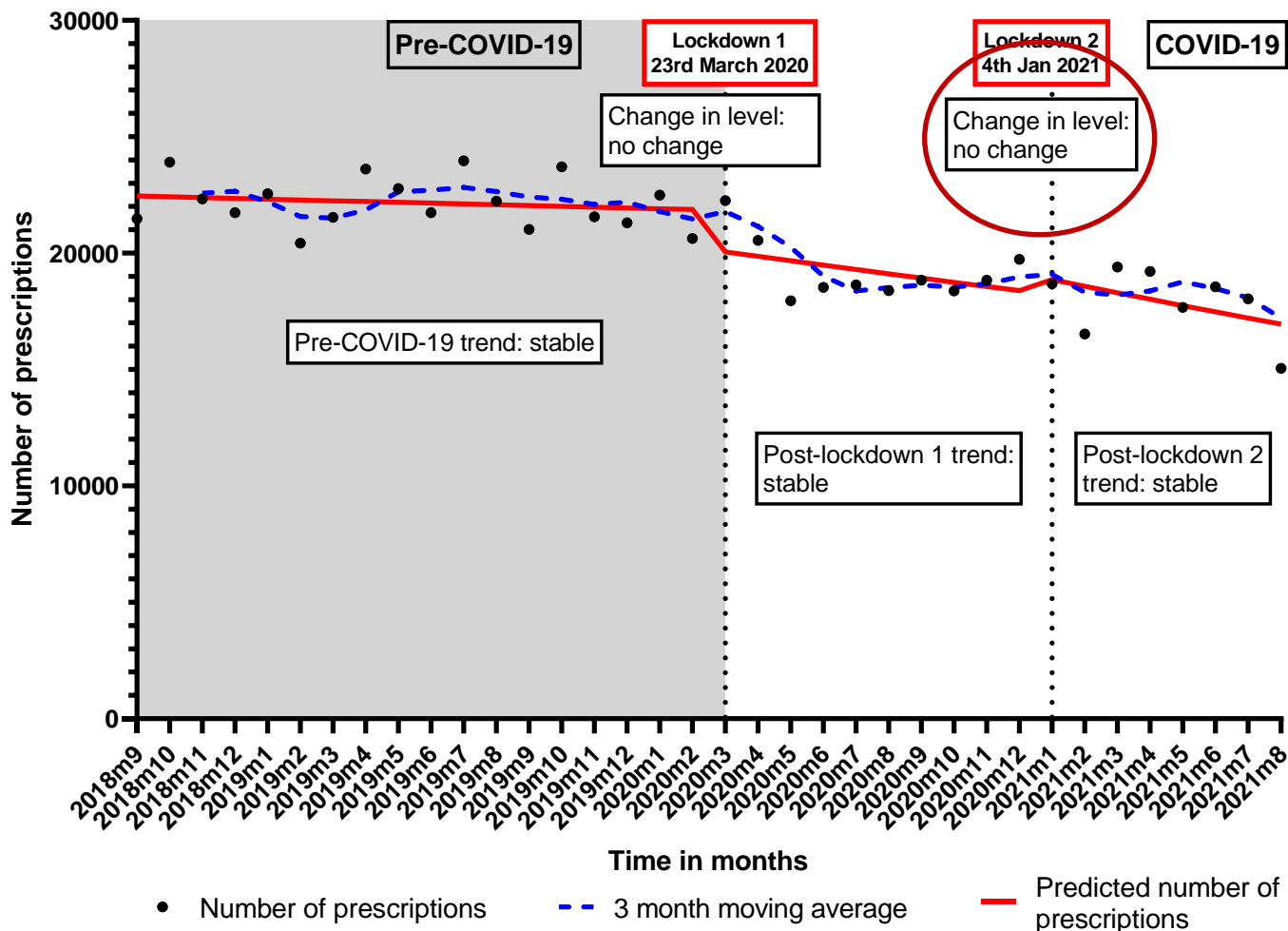
By the end of August 2021 the number of N/S distributed was 38% lower when compared to the equivalent period in 2019

Second lockdown did not effect the number of methadone prescriptions, and the number of prescriptions remains below pre-pandemic levels

Number of methadone prescriptions distributed per month, September 2018 to August 2021

NHS Health Board: GGC, LO, GR and TY

Key date: March 2020 (first national lockdown); January 2021 (second national lockdown)



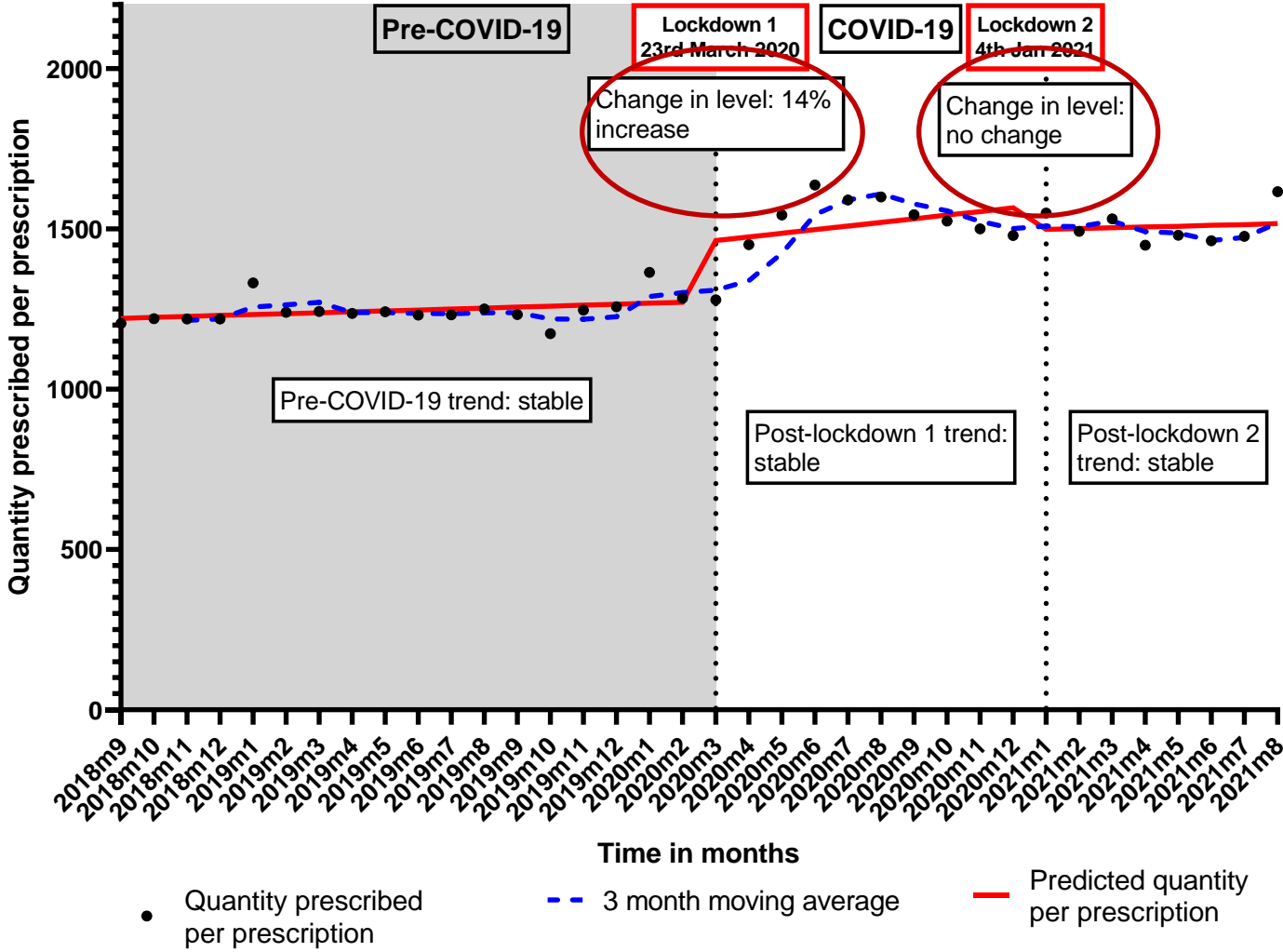
By the end of August 2021 the number of prescriptions was 48% lower when compared to the equivalent period in 2019

Data source: Prescribing Information System

Second lockdown did not affect the quantity prescribed per methadone prescription, but quantity prescribed remains above pre-pandemic levels indicating change in prescribing practice

Quantity prescribed per methadone prescription distributed per month, September 2018 to August 2021

NHS Health Board: GGC, LO, GR and TY
 Key date: March 2020 (first national lockdown); January 2021 (second national lockdown)



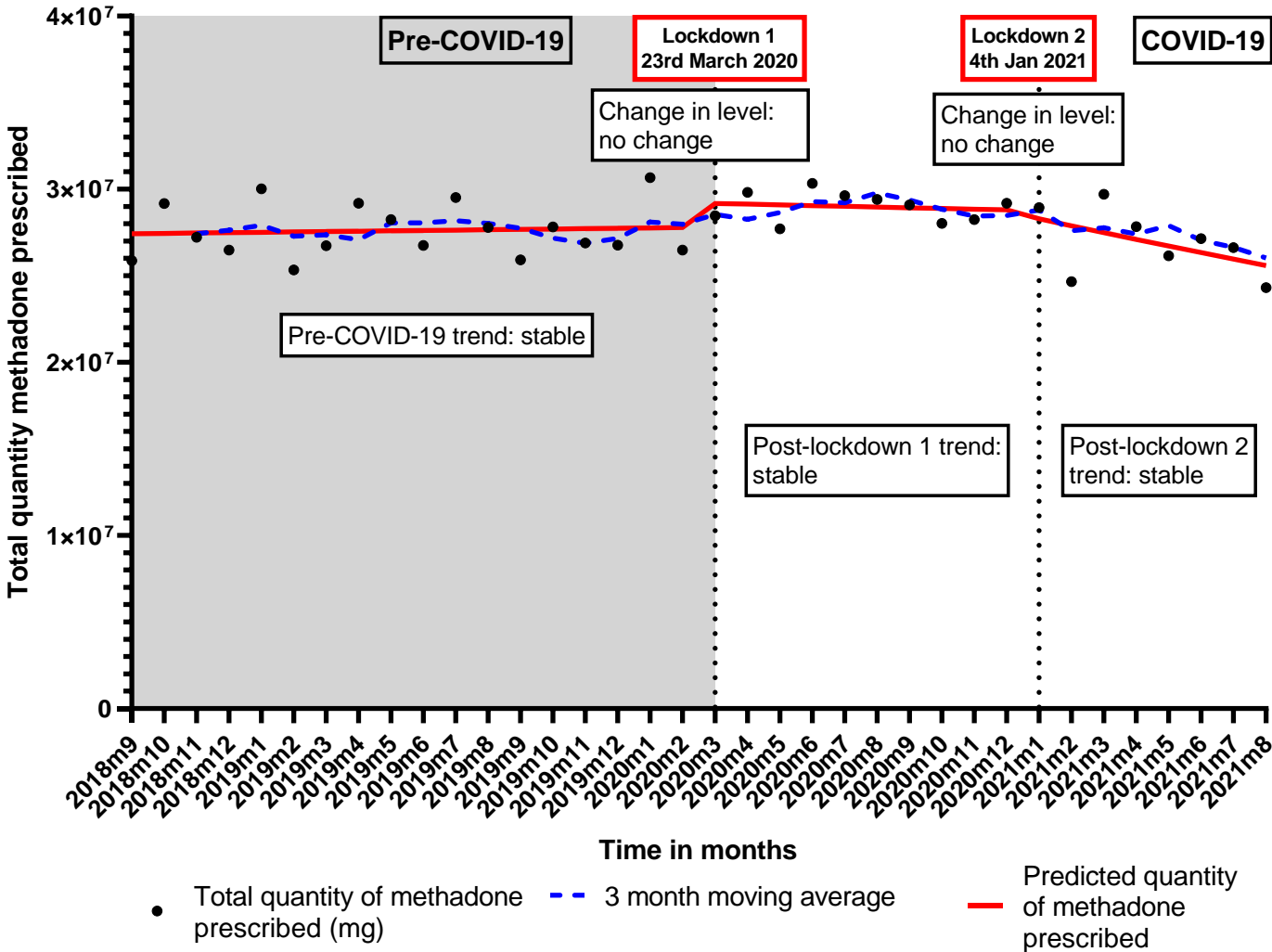
By the end of August 2021 the quantity per prescription was 23% higher when compared to the equivalent period in 2019

Data source: Prescribing Information System

Some evidence that the total amount methadone prescribed has decreased over the course of the pandemic

Total quantity prescribed per methadone distributed per month, September 2018 to August 2021

NHS Health Board: GGC, LO, GR and TY
 Key date: March 2020 (first national lockdown); January 2021 (second national lockdown)



By the end of August 2021 the **total amount of methadone prescribed was 14% lower** when compared to the equivalent period in 2019

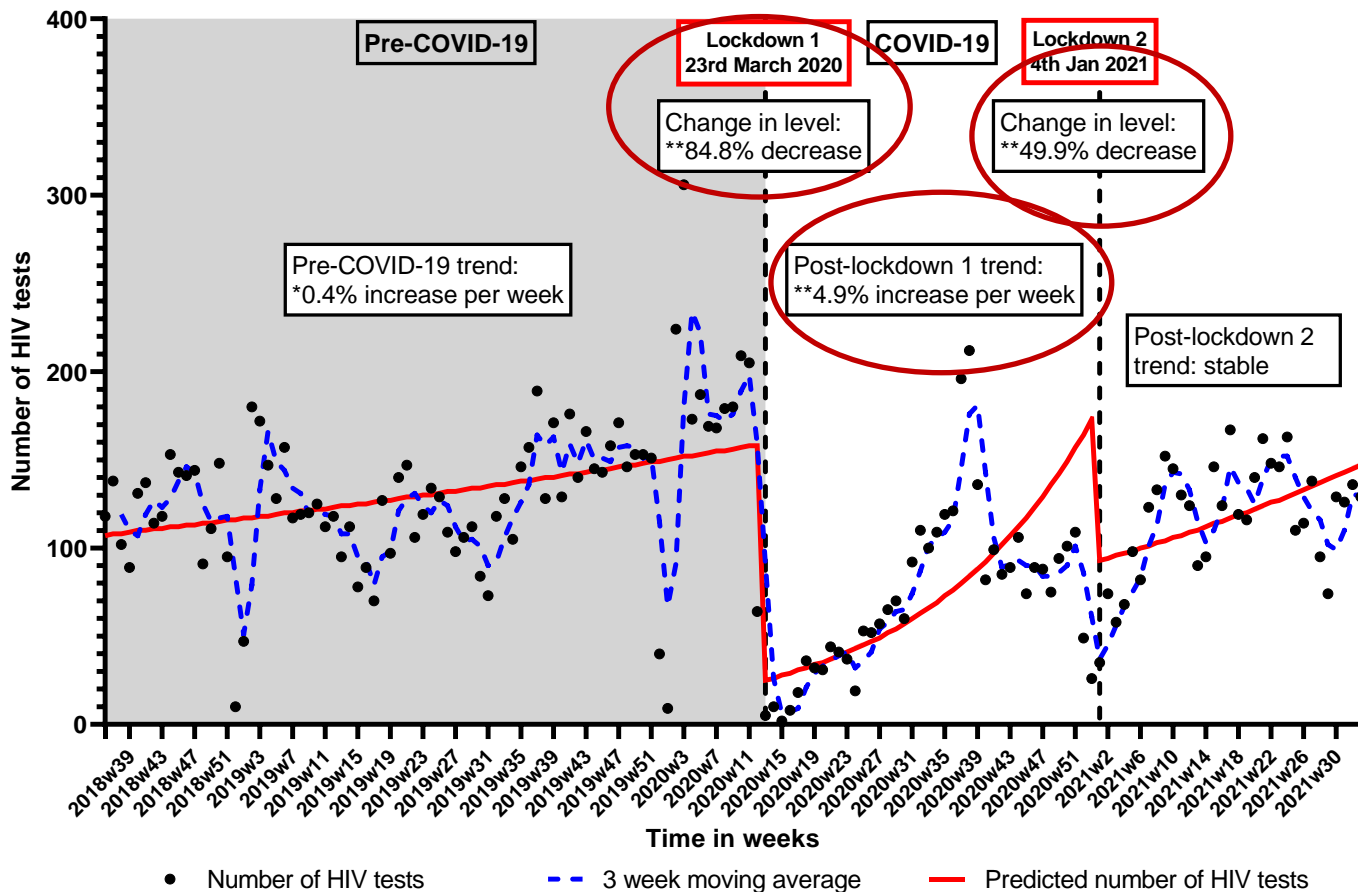
Data source: Prescribing Information System

HIV testing in drug services and prisons impacted by second lockdown, but evidence of recovery

Number of HIV tests in drug services and prisons per week, September 2018 to August 2021

NHS Health Board: GGC

Key date: 23rd of March 2020 (first national lockdown); 4th of January (second national lockdown)



By the end of August 2021 the number of HIV tests conducted was 18% higher when compared to the equivalent period in 2019

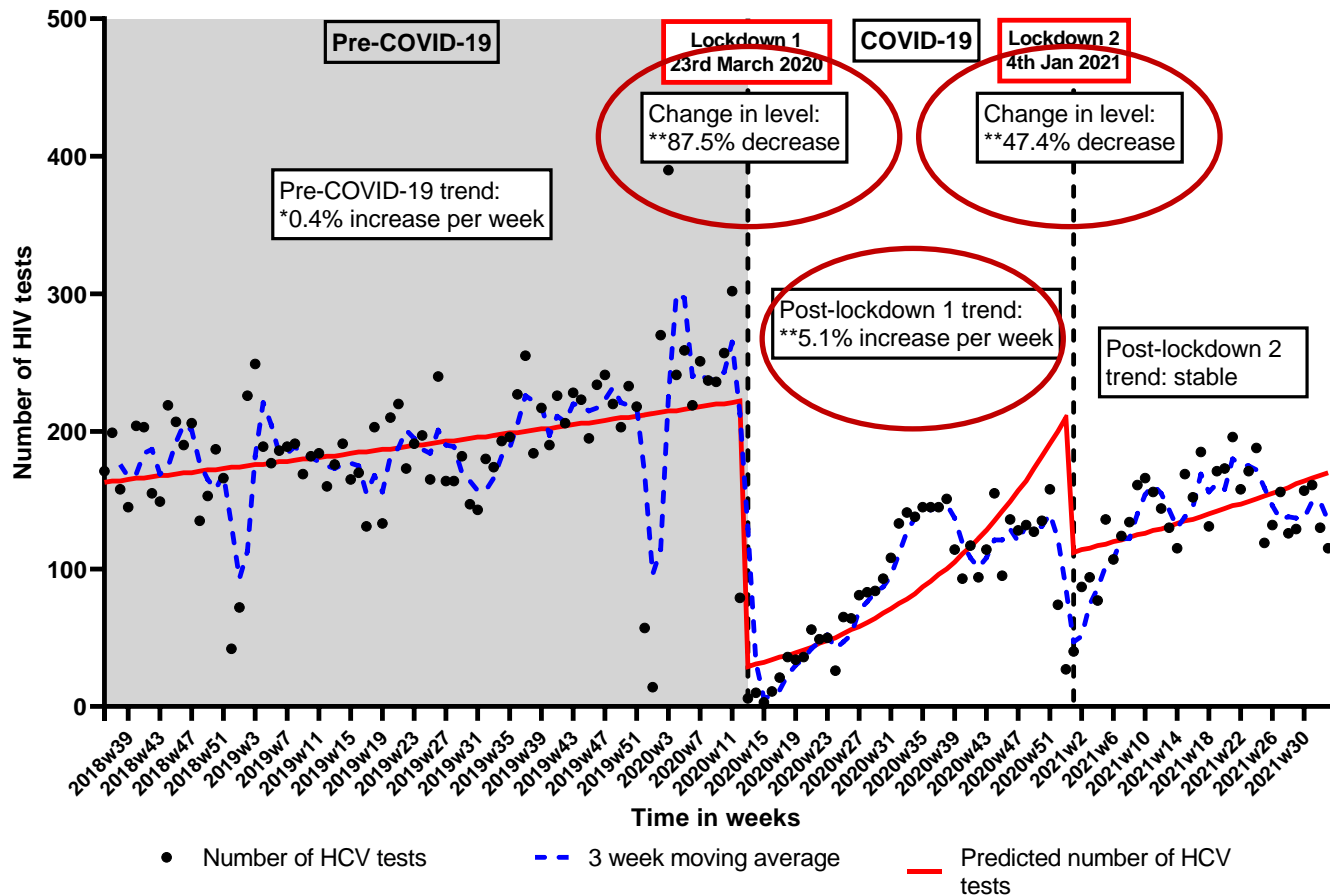
Data source: West of Scotland Specialist Virology Centre

HCV testing in drug services and prisons impacted by second lockdown, and still not yet returned to pre-pandemic levels

Number of HCV tests in drug services and prisons per week, September 2018 to August 2021

NHS Health Board: GGC, LO, TY, GR

Key date: 23rd of March 2020 (first national lockdown); 4th of January (second national lockdown)



By the end of August 2021 the number of HCV tests conducted was 23% lower when compared to the equivalent period in 2019

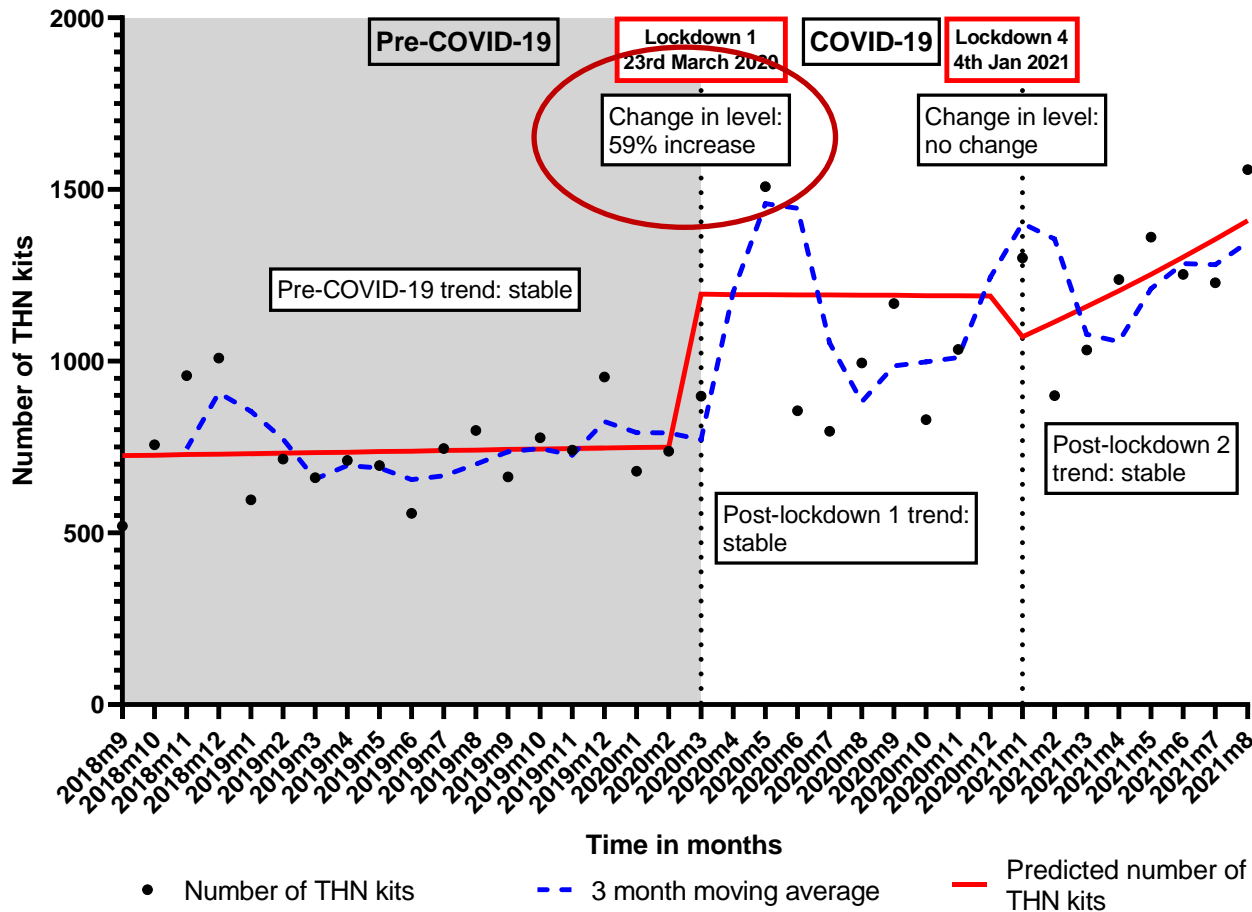
Data source: ECOSS HCV test database

The supply of THN increased at the start of the first lockdown, and supplies are higher than pre pandemic levels

Number of THN kits distributed per month, September 2018 to August 2021

NHS Health Board: GGC, LO, TY, GR

Key date: March 2020 (first national lockdown); January 2021 (second national lockdown)



By the end of August 2021 the number of THN kits distributed was 44% higher when compared to the equivalent period in 2019

Data source:
Prescribing Information System & Naloxone Monitoring Database

Take home messages....

- **COVID-19 severely impacted the delivery of key harm reduction services for people who inject drugs in Scotland**
- **Evidence of mitigation measures and recovery, with second lockdown not having as large an impact as the first,** but some interventions not yet returned to pre-COVID levels
- **Has the pandemic established a 'new normal'** in service provision?
- **Continued surveillance of intervention coverage is important** to ensure previous gains in relation to the prevention of harm among PWID is not eroded
- **Further intelligence is required** to understand the impacts of the pandemic on injecting risk behaviours, BBV transmission and other drug-related harms, both in Scotland and internationally

Thank you!

Kirsten.Trayner@phs.scot

@KirstenTrayner

