

Impact of the first wave COVID-19 and associated control measures on interventions to prevent blood-borne viruses among people who inject drugs in Scotland

Kirsten Trayner

PhD Candidate, Glasgow Caledonian University

Epidemiologist, Public Health Scotland

Email: Kirsten.Trayner@phs.scot

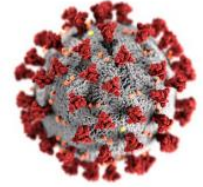
Twitter: @KirstenTrayner

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

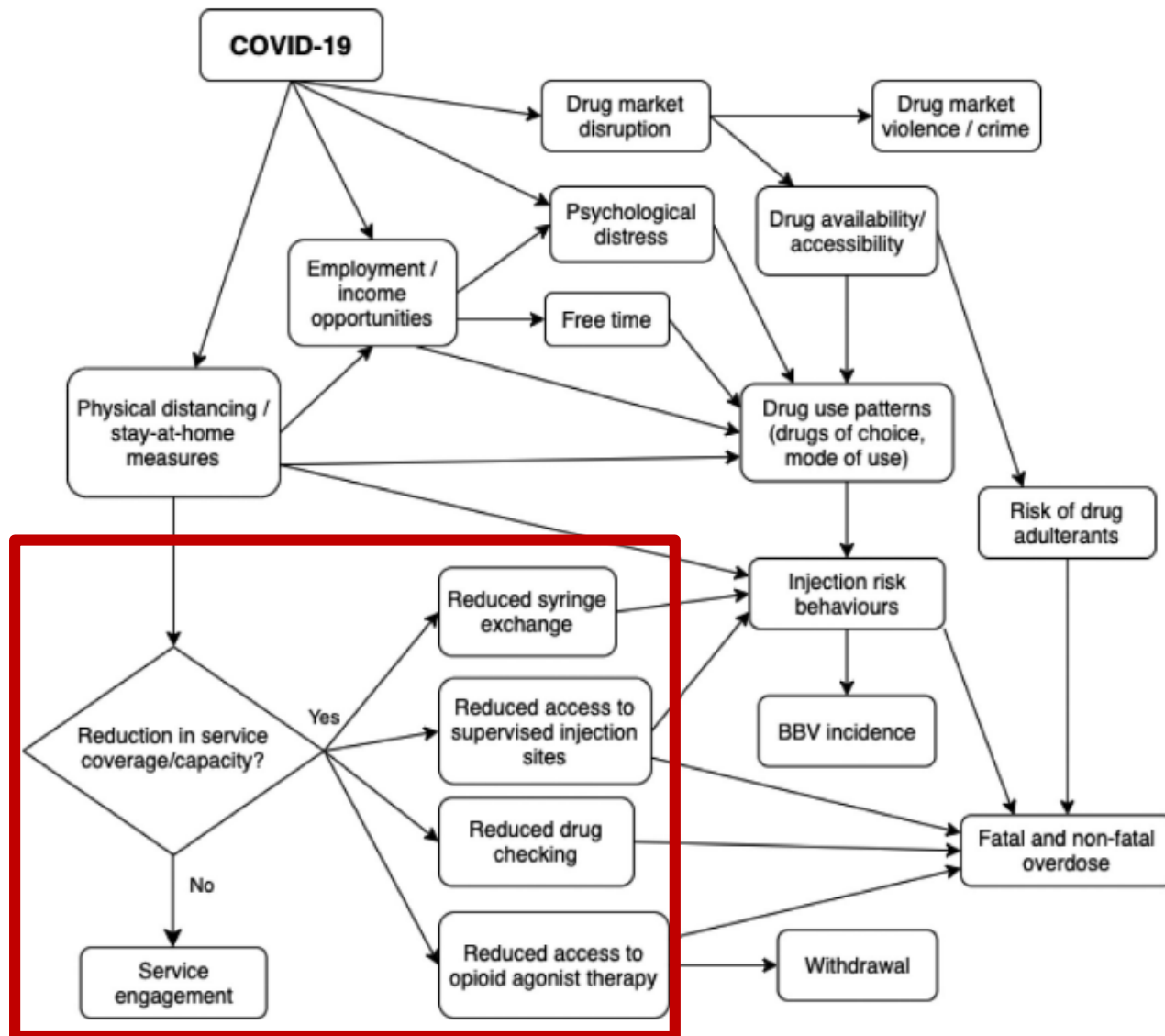
- None to declare

COVID-19 pandemic



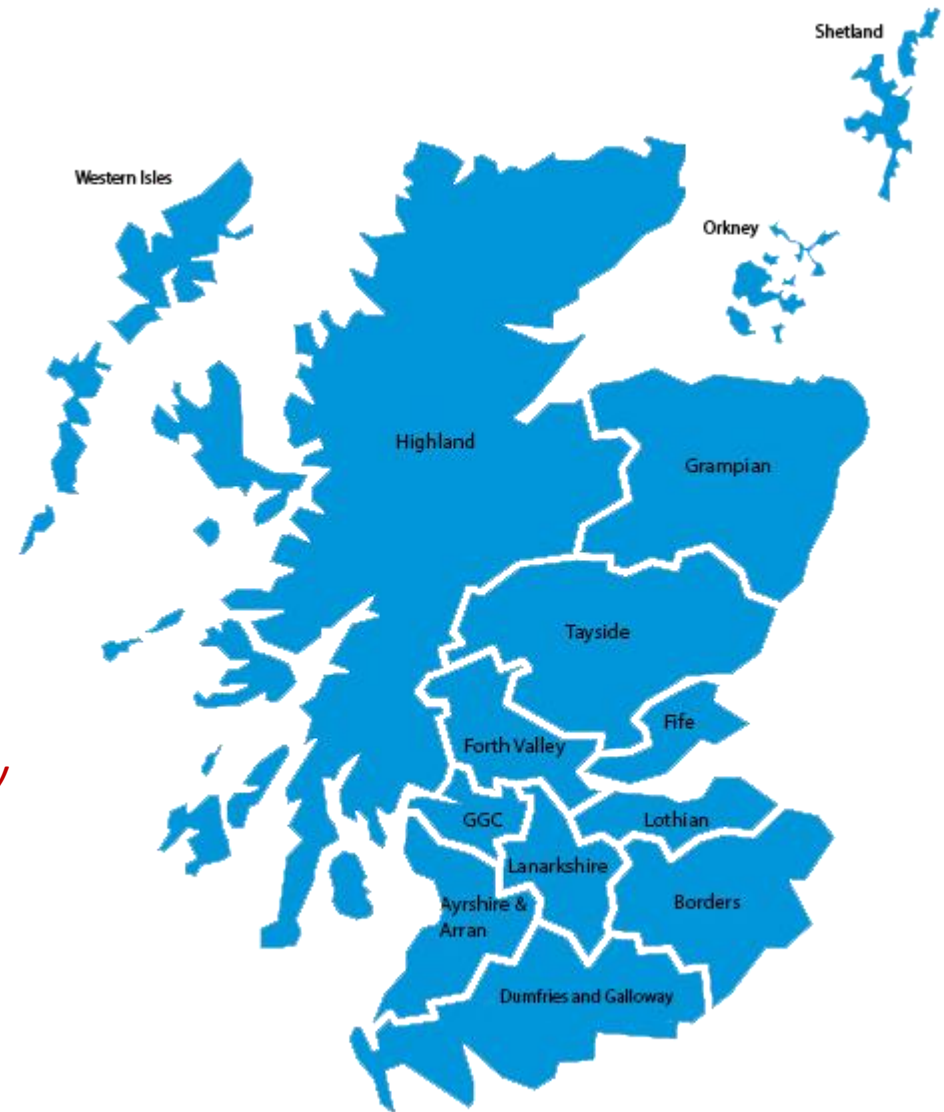
- Disease caused by infection with the novel coronavirus SARS-CoV-2
- Worldwide public health responses have been unprecedented
- Marginalised populations (such as people who inject drugs) likely most vulnerable to the direct and indirect effects of the pandemic

How might have people who inject drugs been affected by the COVID-19 pandemic?



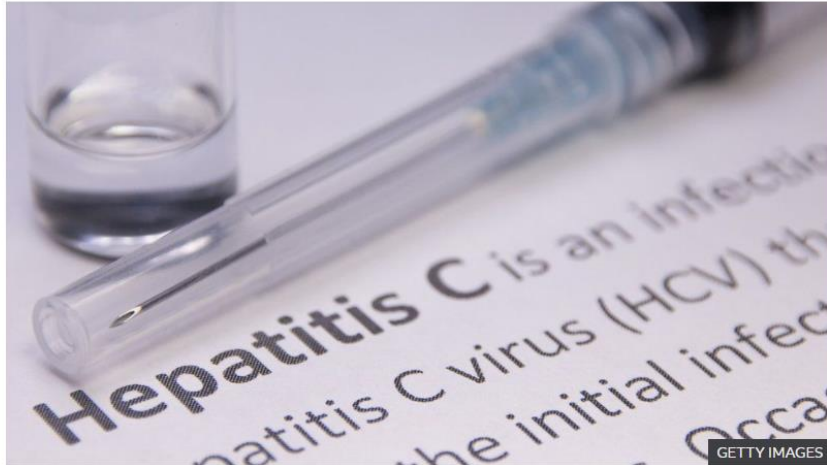
Context: Scotland

- 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
 - ~ 49% and 61% reported a HIV or HCV test in the last year, respectively, in 2017-18



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

31 July 2019



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

BBC Sign in

NEWS

Home UK World Business Politics Tech Science Health Family & Education

Scotland Scotland Politics Scotland Business Edinburgh, Fife & East Glasgow & West

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

By James Cheyne
BBC Scotland

18 August 2019

f b t e Share



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

nds

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.

BBC Sign in

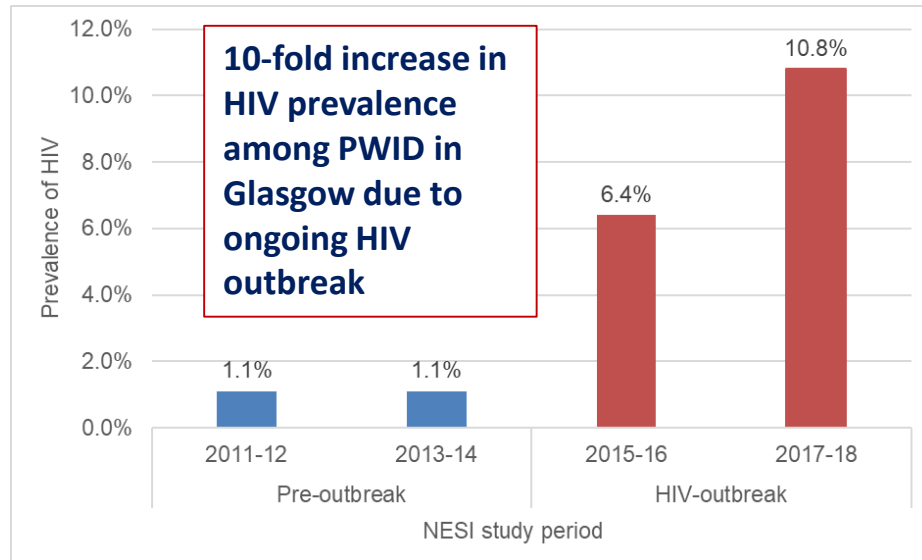
NEWS

Home UK World Business Politics Tech Science Health Family & Education

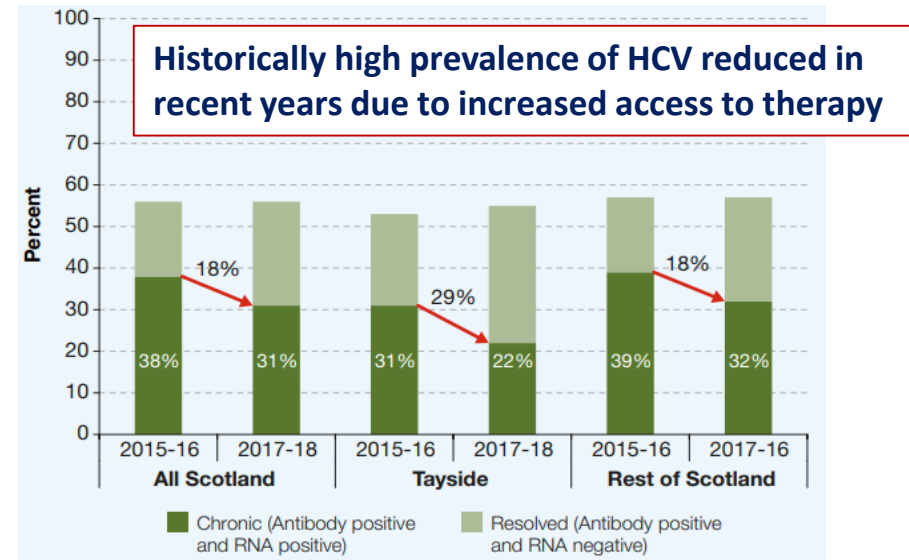
Scotland Scotland Politics Scotland Business Edinburgh, Fife & East Glasgow & West

Scotland has highest drug death rate in EU

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

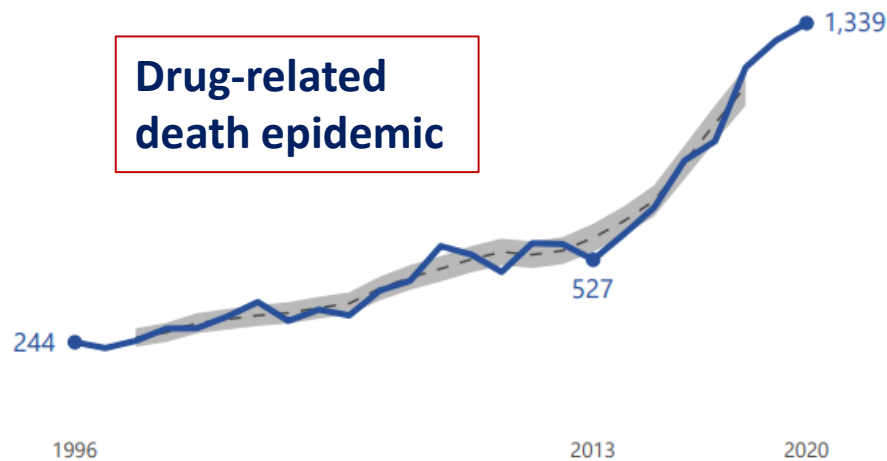


Data source: Needle Exchange Surveillance Initiative (NESI); McAuley et al, 2019 Lancet HIV



Data source: NESI; Palmateer et al, 2021 Addiction

Drug-related deaths, 1996 to 2020



Data source: National Records for Scotland, 2021; McDonald et al 2021, International Journal of Drug Policy

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 BBV prevention among people who inject drugs, through assessing changes in the provision of key harm reduction services** during the first wave of COVID-19 in Scotland, focussing specifically on:

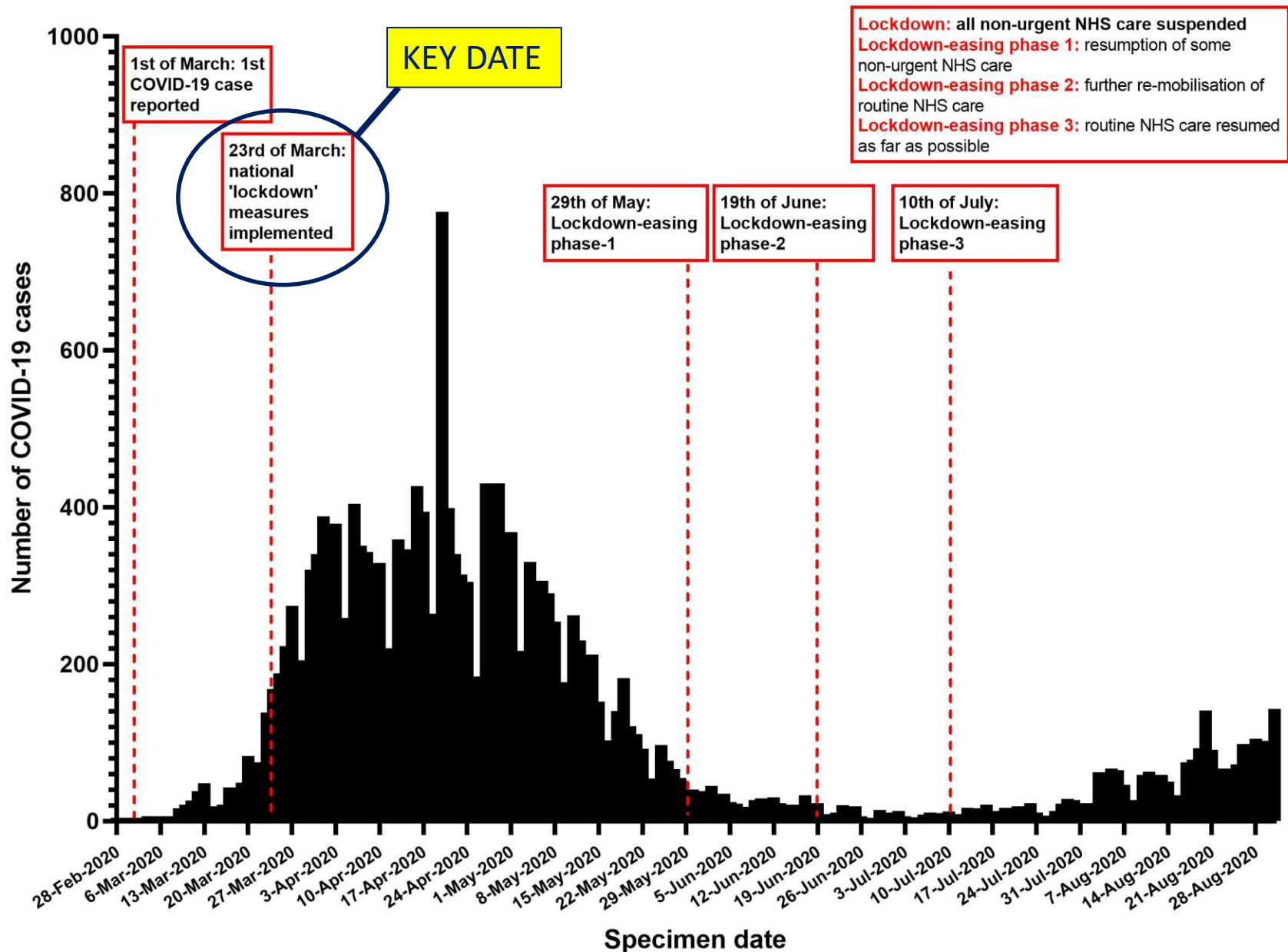
- Needle and syringe provision (NSP)
- Opioid agonist therapy (OAT)
- BBV testing (HIV and HCV)

Methodology

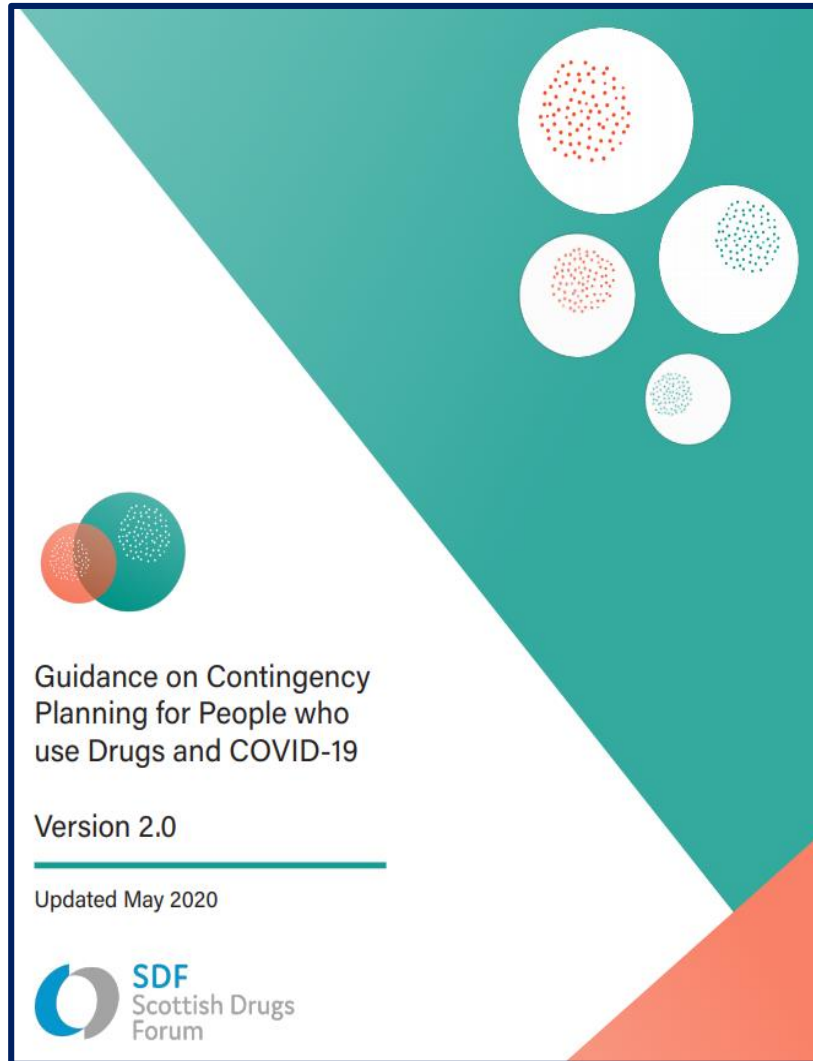
- **Interrupted time series study design:**
 - Allowed for comparison of changes in service provision before and after the start of the pandemic (*key date: first national lockdown, 23rd of March 2020*)
- **Four routine data sources analysed** (representing each intervention – NSP, OAT, HIV test and HCV test)
- 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 2020**
- Region and time period varied depending on data availability
- **Qualitative information was also collated on how the provision of interventions were impacted during the first wave of COVID-19** through consultation with public health, addiction and harm reduction leads

Results

First wave of COVID-19 in Scotland



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



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.

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 (face-to-face available for those deemed highest risk) • 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

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 IEP 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 a 14 day supply 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 (face-to-face available for those deemed highest risk) 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

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

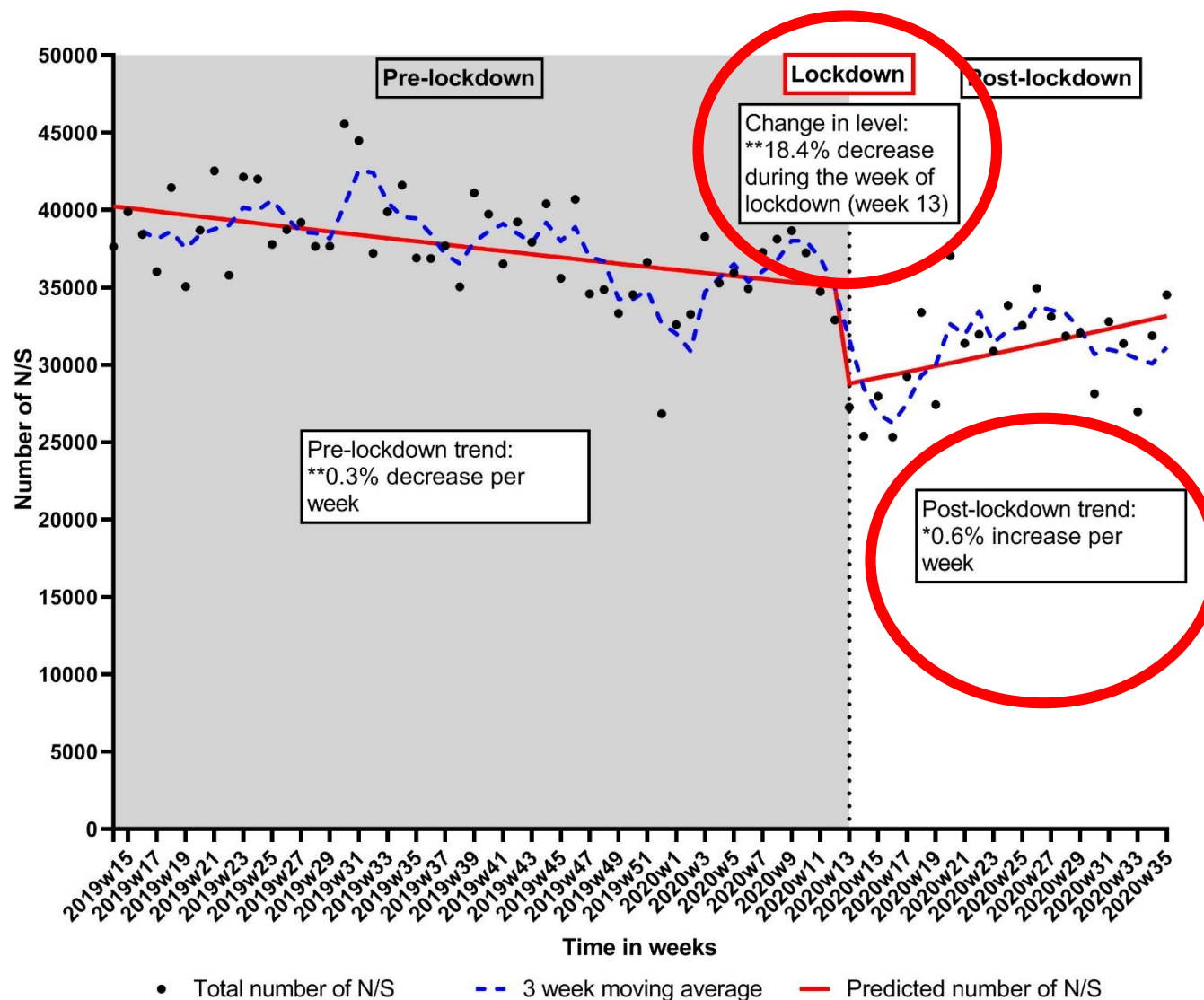
Intervention	Impact of COVID-19 on service delivery	Mitigation measures introduced/enhanced
Needle and syringe provision (NSP)	<ul style="list-style-type: none"> • Closure, reduced opening hours and face to face services ceased/reduced • Reduced footfall at NSP sites • Increased waiting times/queues at IEP 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 a 14 day supply at each transaction • Secondary NSP distribution encouraged • Outreach
Opioid substitution therapy (OST)	<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 OST 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 OST to take home (for those appropriate) • Increase in dispensing instalment intervals (shift from daily dispensing to once/twice weekly) • Phone appointments (face-to-face available for those deemed highest risk) • Home visits introduced in some services to replace appointments • Self-referral in some services • Peer support and OST delivery for those shielding/isolating • Additional clinics set up to offer OST to those not on prescription • Introduction and trials of long acting injectable OST in some areas • Shift towards buprenorphine prescribing in some areas
BBV testing	<ul style="list-style-type: none"> • Dried blood spot (DBS) testing 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 DBS testing • Point of care testing • Outreach

Needle and syringe provision: **number of needles/syringes (N/S)** distributed per week, April 2019 to August 2020

NHS Health Board: GGC, LO, GR and TY

Key date: 23rd of March 2020 (first national lockdown)

Data not included before April 2019 due to data quality issues



By the end of the study period (August 2020) the **number of N/S distributed was 15% lower** when compared to the equivalent period in 2019

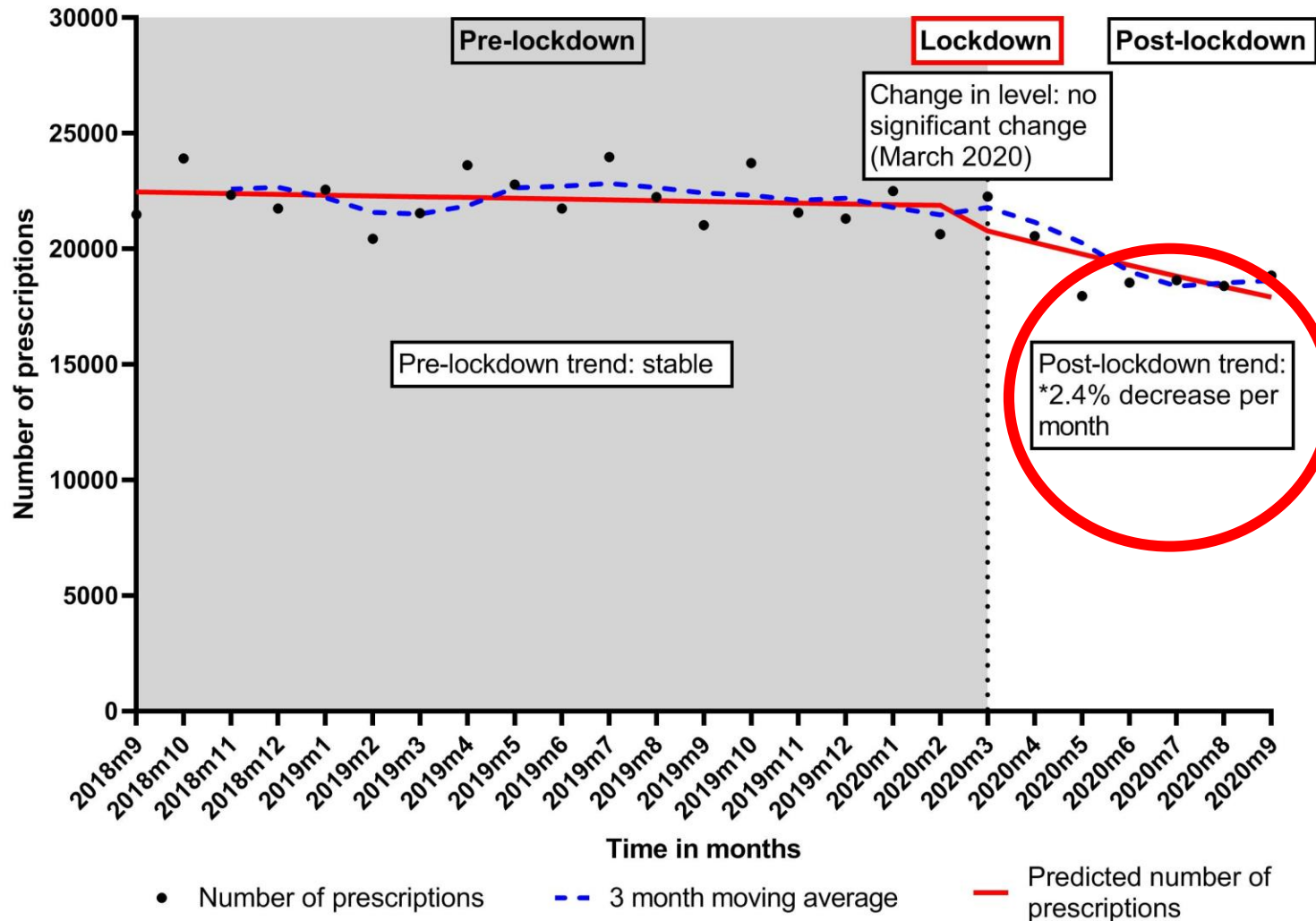
Data source: NEO 360

Opioid agonist therapy: **number of methadone prescriptions** distributed per month, September 2018 to September 2020

NHS Health Board: GGC, LO, GR and TY

Key date: March 2020 (first national lockdown)

Additional month of data (September 2020) included to account for data time lag



Change in methadone prescribing practice was observed

Decrease in the **number of prescriptions prescribed each month** post lockdown, combined with....

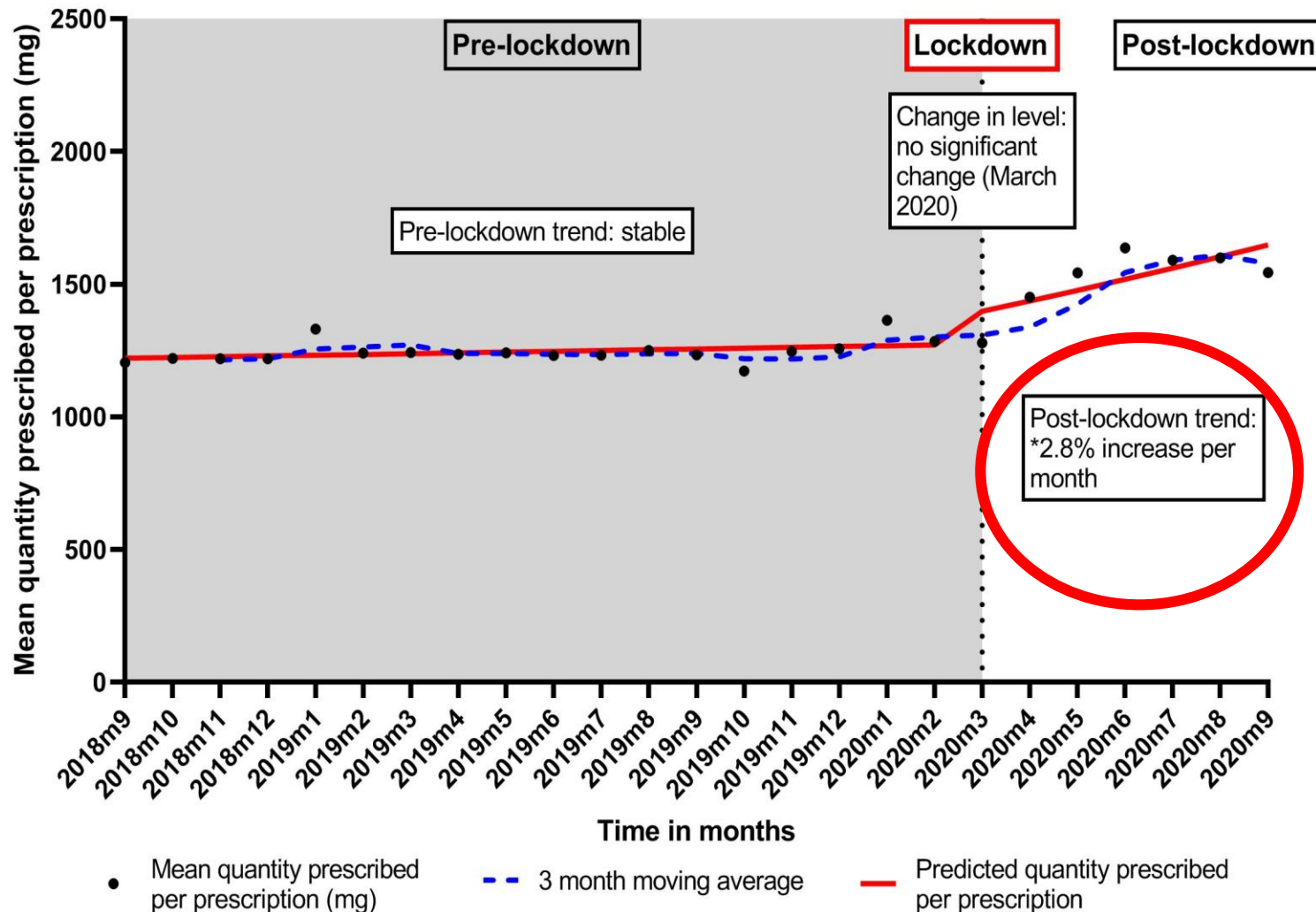
Data source:
Prescribing Information System

Opioid agonist therapy: mean quantity prescribed per methadone prescription per month, September 2018 to September 2020

NHS Health Board: GGC, LO, GR and TY

Key date: March 2020 (first national lockdown)

Additional month of data (September 2020) included to account for data time lag



... an increase in the **mean quantity prescribed per prescription each month post-lockdown**

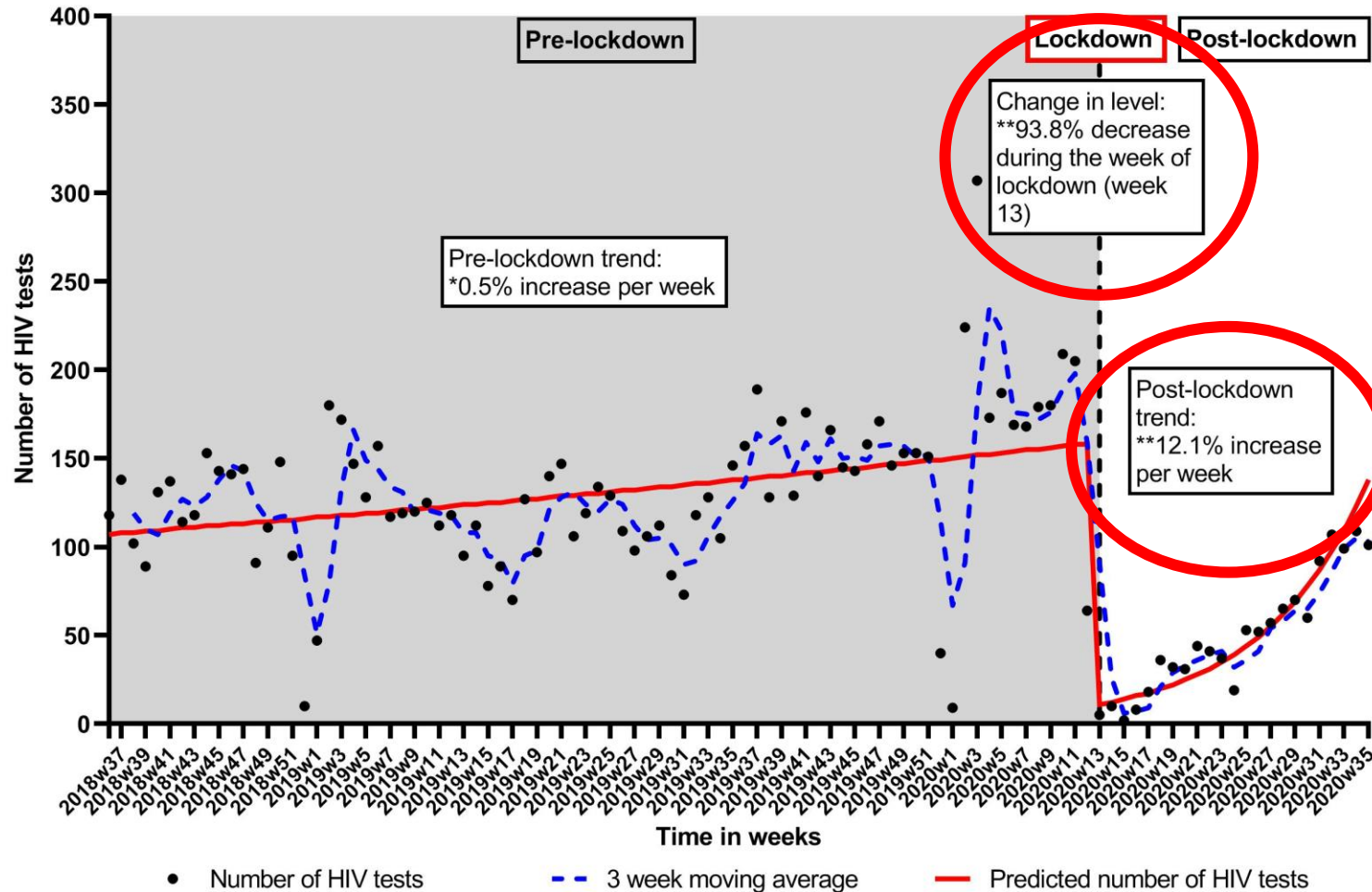
The total amount of methadone prescribed during the study period remained stable

Data source:
Prescribing Information System

BBV testing: **number of HIV tests** in drug services and prisons per week, September 2018 to August 2020

NHS Health Board: GGC

Key date: 23rd of March 2020 (first national lockdown)



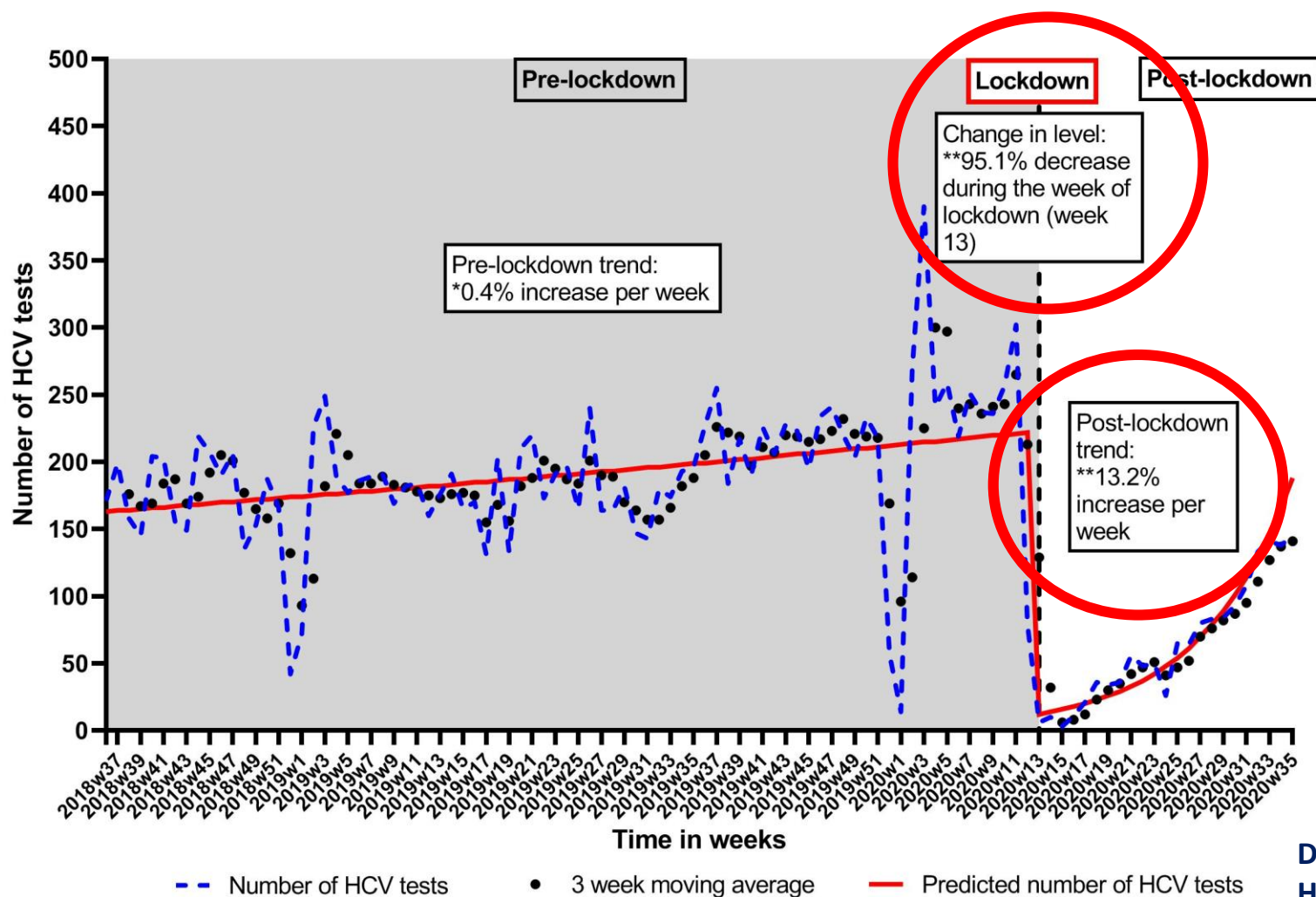
By the end of the study period (August 2020) the **number of HIV tests conducted was 18% lower** when compared to the equivalent period in 2019

Data source: West of Scotland Specialist Virology Centre

BBV testing: **number of HCV tests** in drug services and prisons per week, September 2018 to August 2020

NHS Health Board: GGC, LO, GR and TY

Key date: 23rd of March 2020 (first national lockdown)



By the end of the study period (August 2020) the **number of HCV tests conducted was 25% lower** when compared to the equivalent period in 2019

Data source: ECSS
HCV test database

Take home messages....

- **First wave of COVID-19 severely impacted the delivery of key BBV prevention services for people who inject drugs in Scotland** (most notably in relation to BBV testing)
- **Evidence of mitigation measures and recovery** but some interventions (NSP and BBV testing) not yet returned to pre-COVID levels
- **Continued surveillance of intervention coverage is important in the context of subsequent waves of COVID-19** and to ensure previous gains in relation to the prevention of BBVs among PWID are not reversed
- **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

