Release's Written Submission to the HIV Commission

Release is the national centre of expertise on drugs and drugs law in the UK. The organisation, founded in 1967, is an independent and registered charity. Release provides free non-judgmental, specialist advice and information to the public and professionals on issues related to drug use and to drug laws. The organisation campaigns directly on issues that impact on its clients - it is their experiences that drive the policy work that Release does and why Release advocates for evidence-based drug policies that are founded on principles of public health rather than a criminal justice approach. Release is a NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

1. People who inject drugs at greater risk of contracting HIV

UNAIDS has included People Who Inject Drugs (PWID) as "one of five main key population groups" that are at significant risk contracting HIV and who frequently lack adequate access to services.[1] Increased vulnerability of contracting blood borne infections such as Hepatitis C Virus (HCV) and the Human Immunodeficiency Virus (HIV) amongst this group is fuelled by risk behaviour including the shared use of needles or injecting equipment.[2] Consequentially, the prevalence of HIV transmission is greater in PWID than the general population - estimates suggest that the risk of contracting HIV for PWID is 22 times greater than for people who do not inject drugs[3]. This underscores the stark reality that Injecting Drug Use (IDU) remains a crucial driver for HIV transmission but of which can be alleviated by implementing and widening the availability of evidence-based harm reduction initiatives.

Incidence trends: re-emergence of HIV amongst injecting drug users

Localised HIV outbreaks have been documented among marginalised populations of PWID in Glasgow and has been associated with IDU.[4] In 2018, 15 per cent (n=14) of the 95 new HIV diagnoses associated with IDU in the United Kingdom were registered in Scotland.[5] Despite there being a decline in Scotland since the detection of the outbreak in 2015, HIV transmission amongst PWID in the region is ongoing. In the first 6 months of 2019, 15 new HIV diagnoses were reported among PWID in Greater Glasgow and Clyde.[6] Given that prevention and early HIV diagnosis benefits patients and lessens the risk of onward transmission[7], Release is particularly concerned by the late diagnosis of HIV among PWID[8] which has been attributed to failures in testing those at risk of contracting HIV. In England it was

reported that 67 per cent of PWID engaging with a healthcare service in 2017 had not been tested for HIV[9] highlighting systemic failures to detect, test and prevent the onward transmission of HIV.

2. Combination Prevention: Harm reduction interventions should be scaled up to mitigate HIV risks among injecting drug users

Overdose Prevention Sites (OPS) – otherwise called "Drug Consumption Rooms"– are professionally supervised healthcare facilities where people can consume illicit drugs in a safe and non-judgemental environment.[10] Evidence and experience shows that OPS reduce high-risk injecting behaviour associated with HIV transmission with the provision of sterile injecting equipment on site.[11] Furthermore, OPS can facilitate access to treatment and healthcare services for PWID, including HIV testing. Despite the expressed need in Glasgow and public injecting cited as a key factor for the localised HIV outbreak[12] the UK government has continued to block efforts to establish an OPS in the UK[13], despite the support for such sites by the Scottish Parliament[14].

Needle and Syringe Programmes (NSPs) - provide people who inject drugs with needles, syringes and other injecting equipment. NSPs are effective at improving health outcomes among PWID and reducing Blood Borne Virus infections such as HIV.[15] Particularly, the provision of Low-Dead Space (LDS) syringes which have been associated with significantly reducing HIV transmission among PWID.[16] However, an absence of monitoring makes it difficult to determine whether coverage is sufficient in community settings. It is, however, well-evidence that a significant proportion of injecting drug users are engaging in high-risk drug taking behaviour. In England, Wales and Northern Ireland, 18% of Unlinked Anonymous Monitoring (UAM) survey respondents reported direct sharing of needle and syringes in the former 4 weeks in 2018; a rise "from 14% in 2012 when sharing levels were lowest".[17] Furthermore, in the UK only around 3 in 5 PWID have reported NSP provision as sufficient for their needs.[18]

Prison NSP – PWIDs in prison should be able to access NSPs, as under international law, they are entitled to enjoy the right to the highest attainable standard of health and to receive health care in prisons equivalent to that in the community[19]. The lack of NSPs in UK prisons leaves PWIDs in prison extremely vulnerable to HIV infections and other health harms. Currently there are no prison-based NSP in the UK but are operating in at least 10 countries internationally including Macedonia, Spain and Canada.[20] Prison-based programmes should be rolled out across the UK, and particularly in areas of need, in recognition of the right to health and principle of equivalence of care.

Opioid Substitution Therapy (OST) – Whilst there has been an estimated 37.3% reduction in central government funding for drug treatment between 2010/11 and 2015/16[21] evidence has associated OST with a 50 per cent reduction in the risk of HIV infection among PWID.[22] Methadone and buprenorphine have been linked to reductions in illicit opioid use, and risk behaviour including injecting use and sharing of injecting equipment.[23] OST also assists those living with HIV to "maintain adherence to their daily regimen of antiretroviral therapy"[24]. However, concerns have also be raised about the quality of treatment in the UK with evidence of underdosing and over-supervision of clients in addition to arbitrary restrictions on the amount of time a patient can be in OST.[25]

Decriminalisation – Portugal decriminalised the possession of all controlled drugs in 2001 by ending criminal sanctions for such offences, in addition to reinvesting in harm reduction initiatives, treatment and prevention. Prior to the reforms, Portugal had the highest prevalence of HIV amongst injecting drug users in the European Union[26] however, between 2000 and 2008 the proportion of new HIV diagnosis significantly reduced among drug users from 907 to 267[27]. The decline can be attributed to the decriminalisation of coupled with the up-scale of harm reduction. Moreover, the United Nations has also put forth a recommendation that laws criminalising drug use or possession should be reformed or repealed in recognition of the damaging impact they have on health outcomes.[28]

3. Opportunities for addressing the wider determinants of HIV transmission: Stigma, discrimination and criminalisation

Following reports that's the UK had reached the UNAIDS '90-90-90' target ahead of its 2020 deadline, a new goal to end HIV transmission by 2030 was announced. While Release strongly welcomes the target it is imperative to recognise the restricted prospect of achieving this in the UK without first addressing IDU. Anecdotally we have heard of the reluctance to test for HIV among PWID due to the stigma and discrimination they encounter. Stigma, discrimination and the demonisation of PWUD is reinforced through the use of dehumanising language. This can present significant barriers particularly to accessing health services, thereby undermining of HIV prevention and drug treatment. Furthermore, the UK's government ongoing reluctance to implement comprehensive harm reduction interventions that prioritises a public health approach as oppose to a criminal justice one exacerbates health-related harms experienced by people who use drugs. Criminalisation and the UK's enforcement-led approach to drugs also has an unfavourable impact on HIV prevention and treatment. Such punitive laws act as a barrier to service implementation by promoting societal stigma, isolation and discrimination against PWID, it also hampers access to services when they are available.

Fear of detection by law enforcement and the possibility of further criminalisation is a crucial driver for high-risk drug taking behaviours, including sharing (and use of) nonsterile injecting equipment[29]; and rushed consumption of drugs in unhygienic and unsupervised environments increasing the risk of overdose or injury[30]. While there is a high prevalence of HIV among PWID than the general population they risk being left behind and further marginalised due to punitive legal environments and pervasive societal stigma.

POLICY RECOMMENDATIONS

HIV transmission in the UK has reduced but there is much more to be done to eliminate HIV in the UK.

1. Reviewing punitive drug laws that criminalise the use of drugs as this would have the biggest impact on reducing the harms experienced by PWUDs and criminalised communities.
2. Widening the availability of evidence-based harm reduction programmes such as the provision of needle and syringe in particular access to low dead space needles and low-threshold high quality access to opioid substitution therapy.
3. Monitoring the availability and accessibility of needle and syringe programmes; and measure the quality of OST.
4. Tackling institutionalised stigma and discrimination in primary healthcare settings.

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