

# WHAT WORKERS NEED TO KNOW

A BRIEFING FOR THOSE WHO WORK WITH PEOPLE AT RISK OF HIV  
TRANSMISSION FROM INJECTING DRUG USE.

REVISED AND UPDATED 2021

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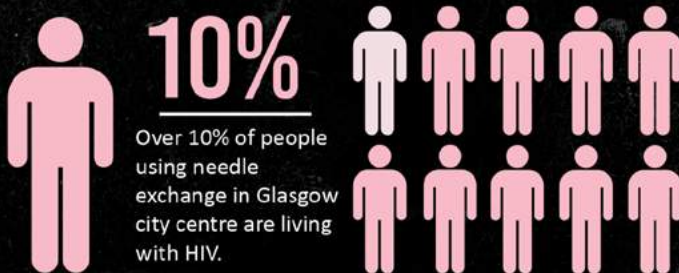
**REGULAR TESTING  
EARLY DIAGNOSIS  
ACCESS TO TREATMENT** **SAVES  
LIVES**

# INTRODUCTION

Over 10% of people using needle exchange in Glasgow city centre are living with HIV.<sup>1</sup>

This reflects that there has been an increase in HIV diagnoses in people who inject drugs in Glasgow and surrounding areas. Since 2015, there have been almost 200 people diagnosed with HIV as part of this outbreak.

This resource aims to inform staff across Scotland of HIV and the outbreak affecting people who inject drugs. It aims to increase workers knowledge of preventing HIV, understanding how treatment works and increase your confidence to support people at risk or living with HIV.



## WHAT IS HIV?



Human Immunodeficiency Virus (HIV) affects the immune system. If not treated, this will lead to the body being less able to fight other infections and illnesses.



HIV was identified in the 1980s; it used to be considered a terminal illness but treatments for HIV are now extremely effective - and very few people living with HIV in Scotland go on to develop HIV-related illness.

# KEY MESSAGES

**1 EVERY HIV INFECTION IS PREVENTABLE**

**2 REGULAR TESTING AND EARLY DIAGNOSIS SAVES LIVES**

**3 TREATMENT WORKS!**  
A. TO KEEP IMMUNE SYSTEM HEALTHY  
B. HELPS PREVENT ONWARD TRANSMISSION

**4 PEOPLE ON TREATMENT LIVE LONG HEALTHY AND FULFILLING LIVES**

**5 STIGMA PREVENTS PEOPLE ACCESSING HARM REDUCTION, TESTING AND TREATMENT SERVICES.**

# REDUCING STIGMA SAVES LIVES!



# HIV TRANSMISSION

HIV is found in 5 body fluids:

**1 BLOOD**

**2 SEMEN** (INCLUDING PRE-SEMINAL FLUID)

**3 VAGINAL FLUIDS**

**4 ANAL MUCOSA**

**5 BREAST MILK**



In Scotland, the most common way of getting HIV is from unprotected anal or vaginal sex.



There has been an increase in HIV diagnosis amongst people who inject drugs since 2015.



Mother to child transmission in Scotland is now near zero – as a result of testing, access to treatment, access to infant PEP and provision of formula milk.

# HIV CANNOT BE TRANSMITTED BY



**SWEAT**



**URINE**



**SNEEZING OR  
COUGHING**



**SOCIAL CONTACT SUCH AS  
SHARING FOOD, KISSING,  
SHAKING HANDS, HUGGING  
OR MASSAGE**



**BEING IN THE SAME PLACE AS  
SOMEONE WITH HIV, OR BY SHARING  
HOUSEHOLD ITEMS SUCH AS  
CROCKERY, CUTLERY, BED LINEN  
AND USING BATHROOM FACILITIES.**



*Evidence shows that healthcare workers who experience an occupational exposure, such as needle stick injury, do not become infected with HIV. The last time a health care worker got HIV from an occupational exposure was in 1999.<sup>2</sup> All workplaces should have procedures on occupational exposure.*

# PREVENTION OF HIV

The main prevention methods for preventing HIV transmission are:



**CONDOMS,  
FEMIDOMS AND LUBE**



**STERILE INJECTING  
EQUIPMENT**



**PREP AND PEP**  
(MORE INFORMATION ON PAGE 12-13)



**REGULAR TESTING**



**SCREENING AT BLOOD  
DONATION AND  
MATERNITY SERVICES.**



**ACCESS TO  
TREATMENT**



# SIGNS AND SYMPTOMS OF HIV



**YOU CANNOT TELL BY LOOKING AT SOMEONE IF THEY HAVE HIV.  
THE ONLY WAY TO KNOW IS TO HAVE A TEST.**

Some people, but not all, who are infected with HIV experience a short, flu-like illness that occurs two to six weeks after infection. This is known as seroconversion illness and can last for one or two weeks.

After these initial symptoms disappear, HIV often does not cause any further symptoms for several years, perhaps as long as 10-15 years. During this period, known as asymptomatic HIV infection, the person will still be infectious. They may feel well, but the virus continues to be active and causes progressive damage to the immune system unless treated.

Eventually, if the immune system is weakened, people might present with an AIDS defining illness. Which for some people, but not all, this will lead to an early death.



**REGULAR TESTING, EARLY DIAGNOSIS AND ACCESS TO TREATMENT  
SAVES LIVES**



## 10-15 YEARS

**POTENTIAL PERIOD OF  
ASYMPTOMATIC HIV INFECTION**



# TESTING FOR HIV

HIV testing is **free and confidential**

HIV testing is widely available through sexual health, drug treatment and harm reduction services and pre-test counselling is no longer required.

It can take up to 12 weeks after being infected with HIV for the test to show positive - this is known as the window period.



**IF THE RISK, SUCH AS SHARING INJECTING EQUIPMENT OR HAVING UNPROTECTED SEX, IS ONGOING, IT IS IMPORTANT TO GET A TEST EVERY 12 WEEKS. ONGOING RISK = ONGOING TESTING**

**1**

**DRY BLOOD SPOT TEST (DBST)** - A FEW DROPS OF BLOOD FROM A FINGER ARE DROPPED ONTO A TESTING CARD THAT IS THEN SENT TO A LABORATORY FOR PROCESSING. DBST IS PARTICULARLY USEFUL IN OUTREACH SITUATIONS OR FOR TESTING PEOPLE WITH POOR VEIN ACCESS WHICH INCLUDES PEOPLE WHO HAVE REGULARLY INJECTED FOR A PROLONGED TIME.

**2**

**VENOUS BLOOD SAMPLES** - MOST NHS SERVICES USE A VENOUS BLOOD SAMPLE (A SMALL SAMPLE OF BLOOD THAT IS USUALLY TAKEN FROM AN ARM) WHICH IS THEN SENT AWAY TO A LABORATORY FOR TESTING.

**3**

**POINT OF CARE (POC) TESTING** - SOME SERVICES NOW OFFER A FINGER-PRICK TEST THAT WILL GIVE YOU A RESULT WITHIN MINUTES (RAPID OR INSTANT TESTING). POC TESTING INVOLVES A SMALL AMOUNT OF BLOOD. IF A POC TEST IS REACTIVE (SHOWS A POSITIVE RESULT), THE PERSON WILL REQUIRE AN ADDITIONAL BLOOD TEST TO BE SENT TO THE LAB FOR CONFIRMATION. IF THE RESULT IS NEGATIVE, THE PERSON CAN BE ASSURED THIS IS ACCURATE.

# HIV TREATMENT

Treatment is known as Antiretroviral Treatment (ARV or ART) or Combination Drug Therapy.

Most people take a combination of two to three drugs combined into one pill taken once a day. Thanks to HIV treatment, people with HIV can live a long and healthy life.

## WHY GET TREATMENT?

Everybody should get started on treatment as soon as they are diagnosed regardless of route of transmission or other life circumstances. Treatment is important to keep people healthy and prevent damage to the immune system.

The amount of HIV in the body is called viral load. HIV treatment suppresses the amount of HIV in the body to the point where tests are unable to detect any HIV.



**ONE OF THE GOALS OF HIV TREATMENT IS FOR PEOPLE TO HAVE AN UNDETECTABLE VIRAL LOAD.**

When people living with HIV are on treatment and have an ongoing undetectable viral load, they are not able to pass the virus onto their sexual partners.

# UNDETECTABLE = UNTRANSMISSABLE

All the evidence shows that when people take their HIV treatment and have an undetectable viral load there is no risk of transmitting HIV to sexual partners.<sup>3</sup> This is known as:

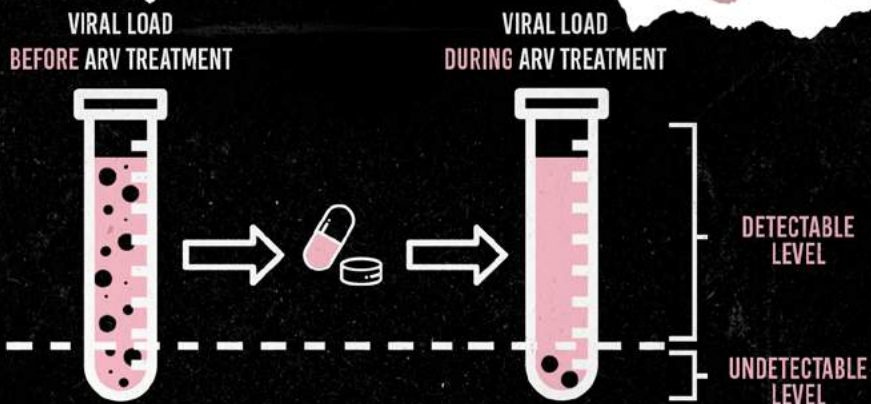
**! UNDETECTABLE = UNTRANSMISSABLE, OR U=U\***

There is currently not enough evidence to state there is no risk of transmission from sharing injecting equipment. However, any risk is greatly reduced when people living with HIV take their treatment as prescribed.

The viral load will remain undetectable as long as people take their medication every day as prescribed and have their viral load checked regularly.

**This is not a cure.**

**If people stop taking their treatment the viral load will increase and they could then pass HIV onto their sexual partners.**





# PrEP

Pre-Exposure Prophylaxis (PrEP) - PrEP is a course of medicine taken by people who are HIV negative to lower their risk of getting HIV from sexual transmission. PrEP is prescribed for 3 months at a time.

PrEP is available to people over the age of 16 who live in Scotland, are at high risk of acquiring HIV through sexual transmission and meet certain criteria.

PrEP does not protect against any STIs other than HIV and it only protects the person taking PrEP. Condoms are still the best way to prevent STIs.

PrEP must be taken as prescribed and you must also have an HIV test every three months.

You will have a follow-up/check-up appointment every 3 months and this will include an HIV test as well as a full sexual health screen.

PrEP is not currently available to prevent HIV transmission from injecting risk. However, as there is increase prevalence of HIV in Glasgow, there is a PrEP outreach service for people who inject drugs available in Glasgow.

For more information on PrEP visit [www.prep.scot](http://www.prep.scot) or your local sexual health team.



**16**

PREP IS AVAILABLE TO PEOPLE OVER THE AGE OF 16 WHO LIVE IN SCOTLAND, ARE AT HIGH RISK OF ACQUIRING HIV THROUGH SEXUAL TRANSMISSION AND MEET CERTAIN CRITERIA.

PREP IS PRESCRIBED FOR 3 MONTHS AT A TIME.

PREP MUST BE TAKEN AS PRESCRIBED, AND YOU MUST ALSO HAVE AN HIV TEST EVERY THREE MONTHS.

**3**



# PEP

Post-Exposure Prophylaxis (PEP) - PEP is a combination of HIV drugs taken after a person has put themselves at risk of HIV transmission. PEP is not guaranteed to work and is an emergency measure to be used as a last resort, for example, if a condom fails during sex.

PEP must be taken within 72 hours (three days), and ideally should be taken within 24 hours.



**PEP IS A 4-WEEK COURSE OF TREATMENT**



**PEP CAN BE ACCESSED AT SEXUAL HEALTH CLINICS**

Over the weekend or outside of office hours it is also available at Accident and Emergency departments.



**PROPHYLAXIS  
MEANS  
PREVENTATIVE  
TREATMENT**

# SUPPORTING PEOPLE AT RISK OF HIV

People who inject drugs can have many challenges going on in their lives.

Therefore, we must ensure that those at risk of HIV have access to harm reduction services such as needle exchanges that are supportive, non-stigmatising and accessible.

HIV testing needs to be easy and routine. Incentivising testing can make the difference between someone coming forward for testing and not. Glasgow has seen great success in increasing testing through the WAND initiative.

**THE WAND INITIATIVE** is a 3-month harm reduction intervention for people who use drugs. Once completed every part of the 4 interventions below, a £20 cash voucher is given. People are re-eligible every 3 months.



**WOUND CARE**



**ASSESSING  
INJECTING RISK**



**NALOXONE**



**DRY BLOOD  
SPOT TEST**

# SUPPORTING PEOPLE LIVING WITH HIV

Staff should ensure they are having conversations with people that are informed, non-judgemental and supportive. Linking people to support organisations or local peer support groups can help people feel less isolated.

Discuss with people you are supporting if they are experiencing any difficulties accessing their treatment or support.



# OUTBREAK OF HIV IN GLASGOW

There has been an ongoing outbreak of HIV affecting people who inject drugs in Glasgow since 2015. This is the largest outbreak of HIV amongst people who inject drugs in the UK in 30 years.

Recent experiences of homelessness and injecting cocaine have been identified as two main contributing factors to this outbreak.

Cocaine injecting leads to increases in HIV transmission due to increased frequency of injecting, increased incidences of sharing injecting equipment and increased libido resulting in sexual transmission of HIV.

Recent data shows that between 2013 and 2017 there was a 10-fold increase in HIV infection amongst people who inject drugs in Glasgow City. With prevalence currently estimated at around 10% of those who use needle exchanges in Glasgow.

Services in Glasgow had to adapt to ensure this population had access to prevention, testing, treatment, and support that was accessible to them. Examples include:



**POINT OF CARE TESTING IN GLASGOW CITY CENTRE**



**TREATMENT CLINICS SET UP IN THE CITY CENTRE**



**TREATMENT PRESCRIBED DAILY WITH ORT**



**INCENTIVISED TESTING**

**TO READ MORE ABOUT HOW GLASGOW SERVICES ADAPTED VISIT:**

[HTTPS://WWW.NCBI.NLM.NIH.GOV/PMC/ARTICLES/PMC7467274/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7467274/)

# WHERE TO GET MORE INFORMATION

|                                  |  |
|----------------------------------|--|
| <b>Aids Map</b>                  | <a href="http://www.aidsmap.com">www.aidsmap.com</a>                           |
| <b>BASSH Guidelines</b>          | <a href="http://www.bashh.org/guidelines">www.bashh.org/guidelines</a>         |
| <b>BHIVA Guidelines</b>          | <a href="http://www.bhiva.org/guidelines">www.bhiva.org/guidelines</a>         |
| <b>Drug Services Directory</b>   | <a href="http://www.scottishdrugservices.com">www.scottishdrugservices.com</a> |
| <b>Hepatitis Scotland</b>        | <a href="http://www.hepatitisscotland.org.uk">www.hepatitisscotland.org.uk</a> |
| <b>HIV Scotland</b>              | <a href="http://www.hiv.scot">www.hiv.scot</a>                                 |
| <b>Needle Exchange Directory</b> | <a href="http://www.needleexchange.scot">www.needleexchange.scot</a>           |
| <b>NHS Choices</b>               | <a href="http://www.nhsinform.scot">www.nhsinform.scot</a>                     |
| <b>PrEP.Scot</b>                 | <a href="http://www.prep.scot">www.prep.scot</a>                               |
| <b>Terrence Higgins Trust</b>    | <a href="http://www.tht.org.uk">www.tht.org.uk</a>                             |
| <b>Waverley Care</b>             | <a href="http://www.waverleycare.org">www.waverleycare.org</a>                 |

**Free condoms** are available in every health board across Scotland. For more information visit your local NHS board website or contact your local sexual health service.

Scottish Drugs Forum offers training around HIV, other blood borne viruses and sexual health.

You can contact the Scottish Drugs Forum: [enquiries@sdf.org.uk](mailto:enquiries@sdf.org.uk) or alternatively keep up to date with the work SDF does, visit our website: [www.sdf.org.uk](http://www.sdf.org.uk)

To find out about any relevant eLearning, or training visit:  
[www.sdftraining.org.uk/online-learning](http://www.sdftraining.org.uk/online-learning)

# GLOSSARY

- AIDS** Acquired Immune Deficiency Syndrome. A collection of specific illnesses and conditions which occur because the body's immune system has been damaged by HIV.
- AIDS defining illness** Any HIV-related illness included in the list of diagnostic criteria for AIDS, which in the presence of HIV infection result in an AIDS diagnosis. They include opportunistic infections and cancers that are life-threatening in a person with HIV.
- ART / ARV** Antiretroviral Treatment (or therapy) - the treatment for HIV – a combination of three or more antiretroviral drugs that target different stages of the HIV lifecycle.
- HIV** Human Immunodeficiency Virus – a virus which affects the immune system and can lead to AIDS.
- ORT** Opiate replacement therapy - Providing users of opiates (such as heroin) with a replacement drug (such as methadone or buprenorphine).
- PEP** Post-Exposure Prophylaxis - A 4-week course of antiretroviral treatment taken after exposure or possible exposure to HIV, to reduce the risk of acquiring HIV. It must be started within 72 hours of exposure.
- PrEP** Pre-Exposure Prophylaxis - Antiretroviral drugs used by a person who does not have HIV to be taken before possible exposure to HIV in order to reduce the risk of acquiring HIV infection.



# GLOSSARY

**Seroconversion** The transition period from infection with HIV to the detectable presence of HIV antibodies in the blood. When seroconversion occurs (usually within a few weeks of infection), the result of an HIV antibody test changes from HIV negative to HIV positive. Seroconversion may be accompanied with flu-like symptoms.

**U=U** Stands for Undetectable = Untransmittable.

**Undetectable = Untransmissible** When a person living with HIV is on regular treatment that lowers the amount of virus in their body to undetectable levels, there is zero risk of passing on HIV to their sexual partners.

**Undetectable Viral Load** When antiretroviral treatment has reduced the virus in their body to such low levels that blood tests cannot detect it.

**Viral Load** A person's viral load is the amount of HIV virus in their blood. It is measured by a simple blood test. It can tell you how well a person's antiretroviral treatment is working.

**Window period** The amount of time it takes after infection for the body to produce enough HIV antibodies to be detected on an HIV test, in order to get an accurate result. This is between 2 and 12 weeks depending on the type of test.

# NOTES

## References

1. <https://www.hps.scot.nhs.uk/web-resources-container/needle-exchange-surveillance-initiative-nesi-2008-09-to-2017-18/>
2. <https://www.gov.uk/government/publications/bloodborne-viruses-eye-of-the-needle>
3. <https://i-base.info/partner-study/>



**SDF**  
Scottish Drugs  
Forum

**SCOTTISH DRUGS FORUM**

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