



Blood Borne Viruses Position Statement

Turning Point Scotland's services work with individuals who are at risk of contracting or who already have a Blood Borne Virus (BBV). This statement sets out our vision for prevention, testing, treatment and support and outlines the contribution that we are making. As well as strengthening local practice we are committed to supporting the development of national policy.

BBV's are viruses that are carried in blood. Individuals with a BBV may show little or no symptoms of serious disease. BBV's are passed from one person to another by blood to blood contact, vaginal secretions, semen and breast feeding. Blood to blood contact can occur by sexual activity, sharing drug paraphernalia, sharing toothbrushes and tattoo's. The most prevalent BBV's in Scotland are HIV (human immunodeficiency virus, a disease affecting the body's immune system), Hepatitis C and Hepatitis B, both diseases affecting the liver.

As symptoms are often silent, people who have been at risk should be encouraged to take a test. Those who continue to take part in risky activities should be encouraged to be re-tested every 3-6 months. New treatments for Hepatitis C have minimal side effects, are more than 90% effective and can be completed in only 3 months. HIV Treatment reduces the amount of the virus in your blood (viral load). Once it can no longer be measured it's known as undetectable; this is usually reached after 6 months of treatment and the virus cannot be passed on to others at this stage. It is important that treatment is continued to ensure it stays undetectable.

Scotland's Current Policy

The Scottish Government's policy is set out in the Sexual Health and Blood Borne Virus Framework 2015-2020. More recently, the Scottish Government has committed to the World Health Organisation's (WHO) target to eliminate **Hepatitis C** by 2030 by supporting Hepatitis Scotland's three asks for elimination¹ – better prevention, more people diagnosed and treatment delivered at a time and place that suits the individual². There has been a sharp rise in the number of new cases of **HIV** in Glasgow's drug injecting population. NHS Greater Glasgow and Clyde have set out a number innovative approaches including supervised consumption facilities and Heroin Assisted Treatment that are being taken forward by the Alcohol and Drug Partnership³. Since 2015 Scotland has recorded an ever increasing number of **drug related deaths**. Many of these deaths are amongst **people aged 35+** with poly drug use and multiple health issues including BBV's. Evidence suggests a link between Hepatitis C and drug related deaths, and accidental overdose in particular⁴.

¹ <http://www.hepcscot.org/eliminating-hepatitis-c-in-scotland-a-discussion-with-the-first-minister>

² <http://www.hepcscot.org/three-asks-for-elimination>

³ **Taking away the Chaos: The health needs of people who inject drugs in public places in Glasgow city centre** NHSGG&C (2015)

https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf

⁴ **Why are drug related deaths among women increasing in Scotland** Scottish Government (2018)
Staying Alive in Scotland: Strategies to Combat Drug Related Deaths Scottish Drug Forum, Scottish Government & Hepatitis Scotland (2016)



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Turning Point Scotland Vision

Hepatitis C is eliminated in Scotland. People with HIV get quick access to treatment and support that enables them to live healthy lives. We are committed to:

- Building testing and support services around the needs of people at risk
- Encouraging engagement in testing, treatment and support
- Providing accurate up-to-date evidence based information, education and support
- A quality improvement approach that ensures we learn from our practice, from the people we support and from wider practice, experience and evidence to ensure that what we do remains responsive, relevant and continues demonstrate the best possible practice
- Contributing our learning to the wider evidence base, supporting the development of new and innovative harm reduction interventions and informing and influencing policy and practice at a local and national level
- Challenging and addressing stigma

Turning Point Scotland Current Actions

- *BBV Testing* – Dry Blood Spot (DBS) testing and retesting for those at risk in addiction, homelessness and criminal justice services
- *BBV Treatment* – provide education and support to attend appointments and we host outreach BBV clinic where they are available
- *Prevention* – We provide needle exchange services, free condoms and sexual health advice, BBV and sexual health education in our groupwork programs and we ensure our staff are trained in both BBV's and sexual health awareness
- *We are creative and innovative* – Through learning, a focus on quality and evidence we explore new ways to reach people, develop and improve the delivery of services and support. These include assertive outreach, incentivised BBV testing, back packing and mobile needle exchange, workforce development and robust partnership approaches

Turning Point Scotland's Ask for Scotland

- Hepatitis Scotland's **Three Asks for Elimination** implemented
- Low threshold '**point of care testing**' whereby people are tested, receive the results and are linked in to treatment all in one contact available throughout Scotland
- A policy and delivery structure that understands **multiple and complex needs** – such as homelessness, mental ill-health, drug and alcohol misuse, involvement in the criminal justice system – and delivers a coordinated and effective approach to tackling health inequalities
- Scotland commits to exploring and considering **new and innovative approaches** to delivering these services and achieving prevention, treatment and elimination
- Evidence base developed for **Pre-exposure Prophylaxis (PrEP)** for injecting drug users
- **Supervised consumption facilities** implemented throughout Scotland
- A Scotland wide campaign to tackle **stigma** around BBV and drug use