

Quick reference guide

Needle and syringe programmes

This quick reference guide presents the recommendations made in 'Needle and syringe programmes: providing people who inject drugs with injecting equipment'. The guidance promotes the optimal provision of needle and syringe programmes (NSPs) among injecting drug users. It is for NHS and other professionals who have a direct or indirect role in, or responsibility for, NSPs. This includes those working in drug (and alcohol) action teams (D[A]ATs), pharmacies, local authorities and the wider public, voluntary and community sectors. It may also be of interest to people who inject illicit substances and non-prescribed drugs, their families and other members of the public.

The recommendations relate to people over the age of 18 who inject illicit substances and non-prescribed anabolic steroids.

The guidance complements and supports, but does not replace, NICE guidance on drug and substance misuse (see related NICE guidance on the back page for a list of publications).

Target population

All the recommendations aim to help people over the age of 18 who inject illicit substances. This includes opioids (for example, heroin) and stimulants (for example, cocaine) either separately or in combination (speedballing). Some of the recommendations are also relevant to adults who inject non-prescribed anabolic steroids and other performance and image-enhancing drugs (PIEDs).

NICE public health guidance 18

This guidance was developed using the NICE public health intervention process.

NICE public health guidance makes recommendations on the promotion of good health and the prevention of ill health. This guidance represents the views of the Institute and was arrived at after careful consideration of the evidence available. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

Definition of a needle and syringe programme

Needle syringe programmes (NSPs) supply needles and syringes. In addition, they often supply other equipment used to prepare and take illicit drugs (for example, filters, mixing containers and sterile water). The majority of NSPs are run by pharmacies and drug services. A key aim is to reduce the transmission of blood-borne viruses (BBV) and other infections caused by sharing injecting equipment. Many NSPs also aim to reduce other harms caused by injecting drugs.

Services may include:

- advice on safer injecting practices
- advice on how to avoid an overdose
- information on safe disposal of injecting equipment
- access to blood-borne virus testing, vaccination and treatment services
- help to stop injecting drugs, including access to drug treatment (for example, opioid substitution therapy [OST]) and encouragement to switch to non-injecting methods of drug taking
- other health and welfare services (including condom provision).

While NSPs can help reduce the harm caused to people who inject drugs, the consequent reduction in the prevalence of blood-borne viruses benefits wider society.

Recommendations

Recommendation 1 Planning, needs assessment and community engagement

Who should take action?

- Local strategic partnerships (LSPs), local drug partnerships (including drug [and alcohol] action teams [D(A)ATs]), drug joint commissioning managers and primary care trust (PCT) commissioners.
- Public health practitioners with a remit for substance misuse.

What action should they take?

- With the help of the Health Protection Agency and public health observatories, collect and analyse local data to estimate the:
 - prevalence and incidence of infections related to injecting drug use (for example, hepatitis C) and other problems caused by injecting drug use (for example, number of people overdosing)
 - numbers, demographics, types of drugs used and other characteristics of injecting drug users (for example, the number of sex workers or homeless people who are crack and speedball injectors)

- number and percentage of injections ‘covered’ by sterile needles and syringes (that is, the number and percentage of occasions when sterile equipment was available to use)
- the number and percentage of individuals who had more sterile needles and syringes than they needed (over 100% coverage)
- number and percentage of people who inject drugs and who are in regular contact with an NSP (that is, at least once a month).
- Use these data to ensure NSP services meet local need (for example, in terms of opening times and locations), taking the geography of the location into account (for example, whether it is in an urban or rural area).
- Consult people who inject drugs to help assess the need for – and to plan – NSPs.
- Consult local communities about how best to implement new or reconfigured NSPs. Promote the benefits of the service. For example, explain how it will help reduce drug-related litter by providing safe disposal facilities and sharps bins. Actively involve them in implementation.

For further recommendations on community engagement, see ‘Community engagement to improve health’ (NICE public health guidance 9).

Recommendation 2 Meeting need

Who should take action?

- LSPs, local drug partnerships (including D[A]ATs), drug joint commissioning managers and PCT commissioners.

What action should they take?

- Commission a mix of generic and targeted NSP services to meet local need within the area covered by the LSP (see recommendation 1). Targeted services should focus on specific groups (for example, homeless people and women who inject drugs). Services should aim to:
 - increase the proportion of people who have over 100% ‘coverage’ (that is, the number who have more than one sterile needle and syringe available for every injection)
 - increase the proportion of people from each group of injecting drug users who are in contact with NSPs
 - ensure syringes and needles are available in a range of sizes and at a range of locations throughout the area
 - offer advice and information on, and referrals to, services which aim to: reduce the harm associated with injecting drug use; encourage people to stop using drugs or to switch to non-injecting methods (for example, opioid substitution therapy); and address their other health needs.
- Develop plans for needle and syringe disposal, in line with ‘Tackling drug-related litter’ (Department for Environment, Food and Rural Affairs 2005).
- Encourage identification schemes (involving, for example, the use of coloured syringes).
- Commission ‘integrated care pathways’ for people who inject drugs.
- Audit and monitor services to ensure they meet the health needs of people who inject drugs and address the concerns of the local community.

Recommendation 3 Types of service

Who should take action?

- LSPs, local drug partnerships (including D[A]ATs), drug joint commissioning managers and PCT commissioners.

What action should they take?

- Use pharmacies, specialist NSPs and other healthcare settings to provide a balanced mix of the following levels of service:
 - level one: distribution of injecting equipment either loose or in packs, with written information on harm reduction (for example, on safer injecting or overdose prevention)
 - level two: distribution of 'pick and mix' (bespoke) injecting equipment plus health promotion advice (including advice and information on how to reduce the harms caused by injecting drugs)
 - level three: level two plus provision of, or referral to, specialist services (for example, vaccinations, drug treatment and secondary care).
- Coordinate services to ensure injecting equipment is available throughout the LSP area for a significant time during any 24-hour period. As an example, PCTs could ensure that NSPs form part of the 'necessary enhanced services' offered by '100 hour' pharmacies. Commissioners could also consider providing NSPs through community pharmacies that operate extended opening hours.
- Ensure services offering opioid substitution therapy also make needles and syringes available to their clients, in line with the National Treatment Agency 'Models of care' (2006).

Recommendation 4 Equipment and advice

Who should take action?

- NSP providers (community pharmacies and specialist NSPs).

What action should they take?

- Provide people who inject drugs with needles, syringes and other injecting equipment. The quantity dispensed should not be subject to an arbitrary limit but, rather, should meet their needs. Where possible, needles and syringes should be made available in a range of sizes.
- Ensure people who use NSPs are provided with sharps bins and advice on how to dispose of needles and syringes safely.
- Ensure safer injecting advice and information are available when providing long needles and other equipment that could be used for more dangerous practices. (Long needles, for example, could be used for injecting into the groin.)
- Provide other injecting equipment associated with illicit drug use and encourage people who inject drugs to switch to other methods of drug use. (At the time of publication, legally permitted equipment included filters, mixing containers and sterile water.)
- Encourage people who inject drugs to mark their syringes and other injecting equipment or to use easily identifiable equipment to prevent mix-ups.
- Encourage people who inject drugs to use services which aim to: reduce the harm associated with injecting drug use; encourage them to stop using drugs or to switch to non-injecting methods (for example, opioid substitution therapy); and address their other health needs. Advise them where they can access these services.

Recommendation 5 Community pharmacy-based NSPs

Who should take action?

- Community pharmacies that run an NSP (regardless of the level of service they offer – see recommendation 3).
- Coordinators of community pharmacy-based NSP services.

What action should they take?

- Provide sharps bins and advice on how to dispose of needles and syringes safely. In addition, provide a service for safe disposal of used equipment.
- Ensure staff who dispense needles and syringes receive appropriate training for the level of service they offer. As a minimum, this should include awareness training on the need for discretion and the need to respect the privacy of people who inject drugs. It should also include training on how to treat them in a non-stigmatising way.
- Ensure staff providing level two or three services (see recommendation 3) are trained to provide health promotion advice, in particular, advice on how to reduce the harm caused by injecting.
- Ensure staff have health and safety training.
- Ensure hepatitis B vaccination is available for staff.
- Ensure staff can provide people who inject drugs with information about local agencies offering further support (this includes details about local opioid substitution therapy services).

Recommendation 6 Specialist NSPs: level three services

Who should take action?

- Specialist NSPs.

What action should they take?

- Provide sharps bins and advice on how to dispose of needles and syringes safely. In addition, provide a service for safe disposal of used equipment.
- Ensure staff receive appropriate training for the level of service on offer.
- Ensure a selection of individual needles, syringes and other injecting equipment is available.
- Offer comprehensive harm-reduction services including advice on safer injecting practices, assessment of injection-site infections, advice on preventing overdoses and help to stop injecting drugs. Where appropriate, offer a referral to opioid substitution therapy services.
- Offer (or help people to access):
 - opioid substitution therapy
 - treatment of injection-site infections
 - vaccinations and boosters (including those offering protection from hepatitis A, hepatitis B and tetanus)
 - testing (and counselling, where appropriate) for hepatitis B, hepatitis C and HIV
 - psychosocial interventions
 - primary care services (including condom provision and general sexual health services, dental care and general health promotion advice)
 - secondary care services (for example, treatment for hepatitis C and HIV)
 - welfare and advocacy services (for example, advice on housing and legal issues).

Implementation tools

NICE has developed tools to help organisations put this guidance into practice. For details see our website at www.nice.org.uk/PH18

Further information

You can download the following from www.nice.org.uk/PH18

- A quick reference guide (this document) for professionals and the public.
- The guidance – the recommendations, details of how they were developed and evidence statements.
- Details of all the evidence that was considered and other background information.

For printed copies of the quick reference guide, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote N1789.

Related NICE guidance

For more information about NICE guidance that has been issued or is in development, see www.nice.org.uk

- Community engagement. NICE public health guidance 9 (2008). Available from www.nice.org.uk/PH9
- Interventions to reduce substance misuse among vulnerable young people. NICE public health guidance 4 (2007). Available from www.nice.org.uk/PH4

- Drug misuse: opioid detoxification. NICE clinical guideline 52 (2007). Available from www.nice.org.uk/CG52
- Drug misuse: psychosocial interventions. NICE clinical guideline 51 (2007). Available from www.nice.org.uk/CG51
- Methadone and buprenorphine for the management of opioid dependence. NICE technology appraisal 114 (2007). Available from www.nice.org.uk/TA114
- Naltrexone for the management of opioid dependence. NICE technology appraisal 115 (2007). Available from www.nice.org.uk/TA115
- Adefovir dipivoxil and peginterferon alfa-2a for the treatment of chronic hepatitis B. NICE technology appraisal 96 (2006). Available from www.nice.org.uk/TA96
- Peginterferon alfa and ribavirin for the treatment of mild chronic hepatitis C. NICE technology appraisal 106 (2006). Available from www.nice.org.uk/TA106
- Interferon alfa (pegylated and non-pegylated) and ribavirin for the treatment of chronic hepatitis C. NICE technology appraisal 75 (2004). Available from www.nice.org.uk/TA75

Updating the recommendations

This guidance will be updated as needed. Information on the progress of any update will be posted at www.nice.org.uk/PH18

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