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PSNC Briefing 013/14: NICE public health guidance 52 – needle and syringe programmes

This evidence based [NICE guidance \(PH52\)](#) makes ten recommendations on needle and syringe programmes (NSPs) and is for directors of public health, commissioners and providers of these programmes and related services, including those provided by pharmacies, for people who inject drugs, including image and performance enhancing drugs.

Background

The main aim of needle and syringe programmes is to reduce the transmission of blood borne viruses and other infections such as HIV and hepatitis B and C, caused by sharing equipment. Wider society then benefits from the resultant reduction of blood borne viruses and infections. The majority of NSPs are provided by pharmacies and drug services.

Figures suggest that the prevalence of opiate and crack cocaine injecting is in decline, although there is regional variation. Between 2001 and 2012, the number of people who injected drugs and reported sharing equipment decreased from 33% to 14%. The number of opiate related deaths, most of which related to injection, has also decreased.

Sharing needles and syringes is a key route for transmitting blood-borne viruses among users, particularly for hepatitis C which is still the most widespread infectious disease affecting people who inject drugs – in 2012 49% tested positive for antibodies. Hepatitis B rates have declined and HIV prevalence is relatively low amongst this cohort.

Information is limited regarding the number of people injecting performance enhancing drugs such as anabolic steroids, or image enhancing drugs such as botulinum toxin and melanotan.

Prevalence of drug injecting is higher in the 25-34 age group than the 15-24 age group, and among young people, vulnerable groups such as those who are homeless or in care, are more likely to inject drugs.

The Government's [2010 drug strategy](#) aims to reduce illicit and harmful drug use and places emphasis on recovery and prevention of drug related deaths and blood borne viruses.

Recommendations

The guidance makes 10 recommendations and most include actions required by service providers such as community pharmacies and pharmacy teams, and will be taken into account by local authorities when they review and commission local services. LPCs will therefore need to be aware of all the recommendations, both for pharmacies and commissioners, and recommendation 8 is specifically noted as an LPC action. The recommendations are summarised below:

Recommendation 1 – Consult with and involve users, practitioners and the local community

Health and Wellbeing Boards (HWBs), directors of public health, commissioners and practitioners should:

- Involve users and their families and frontline workers, including pharmacies when assessing the need for, and planning, expanding or improving an NSP; and
- Consult local communities about services and how best to implement them, and promote the benefits.

Recommendation 2 – Collate and analyse data on injecting drug use

HWBs, directors of public health, commissioners and practitioners should:

- Build reliable local estimates by regularly collating and analysing data of:
 - prevalence,
 - incidence of related infections e.g. Hepatitis C and other problems,
 - types of drugs injected,
 - details of the people injecting in specified groups,
 - number and percentage of injections covered by sterile equipment per specified group,
 - number and percentage of people who had more sterile equipment than needed (over 100% coverage), and
 - number and percentage of people who inject drugs and are in contact with an NSP ; and
- Map other services commonly used by people injecting drugs, such as supervised administration services.

Recommendation 3 – Commission both generic and targeted services to meet local need

Although providers of NSPs are not required to take action under this recommendation, they and LPCs should be aware of it as it will inform commissioning decisions about the local service. HWBs, directors of public health and commissioners should:

- Ensure the results of the analysis in the two previous recommendations inform the local joint strategic needs assessment (JSNA);
- Commission a range of services to meet local needs, based on these results to cover a range of times and locations and focussing on target groups where identified;
- Ensure services are accessible and
 - Increase the proportion of people with more than 100% coverage,
 - Increase the proportion of people who have been tested for hepatitis B and C and other blood borne viruses in the last 12 months,
 - Increase the proportion of people who inject drugs who are in contact with an NSP,
 - Ensure needles and syringes are available in a range of sizes and locations,
 - Encourage identification schemes such as use of coloured syringes, and
 - Increase the use of low dead space injecting equipment, to limit the amount of potentially contaminated blood remaining in the equipment once used, and
 - Provide advice, information on harm reduction and possible referral into other related services;
- Commission outreach and detached services (delivered away from the main venue) where there are high levels of people who do not currently use NSPs;
- Promote NSPs to under-represented groups such as club drug injectors and image and performance enhancing injectors;
- Develop plans for needle and syringe disposal, including public drop boxes where drug related litter is common;
- Commission integrated care pathways so movement between the full range of services, including treatment, is seamless.

Recommendation 4 – Monitor services

Action which should be taken by commissioners and staff working in NSPs, including pharmacy staff includes:

- Collection of relevant data on service usage, including the number and type of pack distributed;

- Ensure there is a mechanism in place to aggregate and analyse data at least annually, which should be used as part of the process outlined in Recommendation 2 and provide a picture of local injecting practices over time; and
- Ensure local data is available in anonymised form for relevant national bodies e.g. Public Health England, and research units.

Recommendation 5 – Develop a policy for young people who inject drugs

Commissioners, providers of NSPs and others should:

- Develop and implement an area-wide policy on service provision to meet the needs of young people who inject drugs;
- Ensure the policy has the right balance between provision and protection (safeguarding);
- Make governance responsibilities clear;
- Emphasise the need for provision to young people, which should preferably form part of a broader package of care, especially for under 16s;
- Ensure that the policy is responsive to the needs of young people in the local area – this includes taking into account the potential for using pharmacies to provide young people with needles, syringes and injecting equipment, if they also encourage the young person to make contact with specialist services; and
- Regularly review the policy.

In their considerations, the NICE panel felt that, with adequate support, many community pharmacists would have the skills in delivering NSPs and expertise in assessing young people from a safeguarding perspective.

Recommendation 6 – Provide a mix of services

HWBs and commissioners should:

- Use pharmacies, specialist needle and syringe programmes and other settings and approaches to provide geographical and demographic coverage, and provide a mix of the three levels of services to meet local needs;
- Establish links and referral pathways between the different levels of service to promote integration and to share learning and expertise;
- Co-ordinate services to ensure testing for hepatitis B and C and other blood-borne viruses is readily available to everyone who uses a needle and syringe programme;
- Co-ordinate services to ensure injecting equipment is available at times, and in places, that meet the needs of people who inject drugs, for example to encourage pharmacies with longer opening hours to provide needles, syringes and other injecting equipment; and
- Ensure services offering opioid substitution therapy also make needles and syringes available to their service users.

For reference, the following defines the three levels of service provision:

Level 1 – distribution of injecting equipment, either loose or in packs, suitable for different types of injecting practices with written information on harm reduction.

Level 2 – distribution of bespoke ‘pick and mix’ injecting equipment and referral to specialist services, plus health promotion. Additional services such as blood borne virus testing or vaccination may also be offered.

Level 3 – Level 2 plus provision of or referral to other specialist services such as vaccinations and drug treatment.

Recommendation 7 – Provide people with the right type of equipment and advice

Needle and syringe programme providers, including community pharmacies should:

- Provide people who inject drugs with needles, syringes and other injecting equipment. The quantity provided should not be subject to a limit but, rather, should meet their needs. Where possible, needles should be made available in a range of lengths and gauges, syringes provided in a range of sizes and low dead-space equipment;

- Not discourage people from taking equipment for others (secondary distribution), but rather, ask them to encourage those people to use the service themselves;
- Ensure people who use the programmes are provided with sharps bins, advice on how to dispose of needles and syringes safely, and means for safe disposal of used bins and equipment;
- Provide advice relevant to the type of drug and injecting practices, especially higher risk practices such as injecting in the groin or neck;
- Encourage people who inject drugs to mark their syringes and other injecting equipment, or to use easily identifiable equipment, to reduce the risk of accidental sharing;
- Encourage people who inject drugs to use other services and refer as needed.

Recommendation 8 – Providing community pharmacy-based needle and syringe programmes

As well as covering recommendation 7, community pharmacies, service co-ordinators and LPCs should:

- Ensure staff who distribute needles and syringes are competent to deliver the level of service they offer;
- Ensure staff providing level 2 or 3 services (see recommendation 6) are competent to provide advice about the full range of drugs that people may be using, how to reduce harm and prevention and management of overdose;
- Ensure staff have received health and safety training, for example, in relation to blood-borne viruses, needlestick injuries and the safe disposal of needles, syringes and other injecting equipment;
- Ensure hepatitis B vaccination is available for staff directly involved in the needle and syringe programme;
- Ensure staff are aware of, encourage and can refer people to, other relevant healthcare services; and
- Ensure pharmacy staff offer wider health promotion advice, as relevant, to individuals.

Recommendation 9 – Provide specialist (level 3) needle and syringe programmes

Specialist providers, which would include community pharmacy offering a level 3 service, should take into account recommendation 8 requirements and should also:

- Ensure a selection of individual needles, syringes and other injecting equipment is available;
- Provide sharps bins and advice on how to safely dispose of equipment, and provide safe disposal of used equipment; and
- Offer comprehensive harm reduction services and either offer or assist to access a range of advice and services such as testing for blood borne viruses and vaccinations and other primary, secondary, welfare and advocacy services.

Recommendation 10 – Provide equipment and advice to people who inject image and performance enhancing drugs

Commissioners and providers, including pharmacies, should:

- Ensure NSPs are provided by trained staff at all times and places necessary to meet local needs, and provide the relevant equipment, information and advice;
- Ensure Level 2 and 3 programmes, which are used by the majority of injectors of these drugs, provide additional specialist services for this group, including advice about the drugs and side effects, advice on alternatives, information about sexual and mental health services and referral when necessary, and information on specialist clinics if locally available.

NSPs need to be considered as part of a comprehensive substance misuse strategy that covers prevention, treatment and harm reduction, and there is cross reference to several other services such as substance misuse services (which would also include supervised administration), dry blood spot testing for blood borne viruses, and Hepatitis B vaccination, all of which could be provided by community pharmacies.

If you have queries on this PSNC Briefing or you require more information please contact [Barbara Parsons, Head of Pharmacy Practice](#).