

NEEDLE & SYRINGE PROGRAMME

Your health challenge

- In 2016/17, around 1 in 12 (8.5%) of adults aged 16 to 59 in England and Wales had taken an illicit drug in the last year¹
- There has been a 40% increase in hospital admissions due to poisoning by illegal drugs since 2006/07¹
- Almost 642,200 people aged between 16-59 in England and Wales used anabolic steroids in 2016²

Fact: Deaths related to drug misuse are at their highest level since comparable records began in 1993¹



How can community pharmacies help?

Pharmacists and their teams can provide a needle and syringe programme which ensures that clients have the opportunity to exchange used needles for new ones and receive safer injection information.

This helps reduce the transmission of blood-borne viruses and other infections caused by sharing injecting equipment, including HIV, hepatitis B and C.

Many pharmacy services also provide needles for those who inject performance and image enhancing drugs, such as anabolic steroids and growth hormones.

The National Institute for Health and Care Excellence has issued guidance³ on needle and syringe programmes and recommends that commissioners use pharmacies, especially those with longer opening hours, to provide this service to help ensure geographical and demographic coverage.

The guidance also recognises the potential for using pharmacies to provide young people with this service especially as they can also encourage young people to make contact with specialist services.

1. NHS Digital, *Statistics on Drugs Misuse: England (2018)*
2. Home Office, *Drug Misuse: findings from the 2015-2016 CSEW (2016)*
3. NICE, *Needle and syringe programmes, PH52 (2014)*

CHOOSEPHARMACY

What the experts say

“Warrington LA has stated in its Pharmaceutical Needs Assessment a desire to extend the range of pharmacies that currently provide the needle and syringe programme which demonstrates that there is an identified need for the service and it delivers tangible benefits.”

Helen Murphy, previous CEO, Cheshire & Wirral LPC

“Needle exchange is an important element of maintaining health; having access to services in local areas for individual patients is key to securing engagement in treatment programmes. For me it’s not about these sole services but the potential there is with pharmacies for the delivery of a wider range of services for the future. Pharmacies are seen as trusted services in local areas.”

Lucia Scally, Senior Public Health Commissioning Manager, Cheshire East Council

THINKPHARMACY

Potential benefits of a community pharmacy needle and syringe programme

1. Reducing the risk of harm to others in the community

The risk of transmission of blood-borne viruses through needle stick injuries resulting from discarded needles is a concern and services like this give clients somewhere to take their used equipment that is better for their community's safety.

2. More convenient for patients

Community pharmacies can offer a convenient way for clients to exchange needles, avoiding lengthy journeys to centralised drug clinics which clients often struggle to fund. They are therefore very effective at ensuring needles can be exchanged as soon as the need arises, thus ensuring harm to the client is minimised.

3. More accessibility in socially disadvantaged areas

Community pharmacies are accessible to vulnerable patients and populations, with many located in socially disadvantaged areas (over 99% of people living in areas of the highest deprivation are within a 20 minute walk of a community pharmacy).⁴ This means they can more easily provide support for some groups of people who are unable to access, or uncomfortable accessing, other health services.

4. Can provide longer opening hours

Being seen without needing to make an appointment and longer opening hours are key features of the community pharmacy service. Clients may not keep sociable hours and will most likely want to be in and out with minimal fuss; pharmacy teams are used to handling matters of a delicate nature and so can provide a discreet and non-judgemental service.

How might your local service work?

Creating a safe, regular place where clients can exchange used for clean equipment creates stability in the client's routine and provides opportunities for pharmacy teams to reinforce harm reduction messages. This might include safe sex advice and guidance on how to prevent overdoses, or complementing existing drug and alcohol services by referring patients to other agencies where further support is available.

East Lancashire's needle and syringe programme has two levels of operation: the first is where users are provided with standard needle packs, whereas the level two service allows pharmacy teams to offer a wide range of injecting equipment to users in a 'pick-and-mix' style.

Commissioners may also decide to incorporate extra dimensions, such as coupling it with a pharmacy supervised consumption service or focusing on certain types of clients as seen in Staffordshire where there is an aim to pick up any clients who may have left rehabilitation services or anyone who is particularly susceptible to drug use such as the homeless.

CHOOSEPHARMACY

Performance and image enhancing drug users

A growing cohort of injecting drug users are those who use anabolic steroids and performance enhancing drugs to assist in increased stamina and muscle gain, despite associated side effects such as severe mood swings and heart and liver problems.

Another problem is the large scale infiltration of counterfeit versions into the steroid market. These fake goods may contain much more harmful contents.

Whilst these types of drug are not physically addictive, many users have reported withdrawal like symptoms and injecting equipment is reportedly shared, placing steroid users at a risk of blood-borne virus infection.

Needle and syringe programmes are therefore just as suitable for those injecting non-prescribed anabolic steroids as they are for those who are injecting illicit drugs.

4. *The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England, BMJ Open (August 2014)*