

Diversity of needle exchange provision in the UK: findings from a national survey

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Needle exchanges are key to reducing transmission of bloodborne viruses (BBVs) in injecting drug users (IDUs) through the provision of sterile injecting equipment and related interventions [1]. In the United Kingdom (UK), the extent and type of service provision by needle exchanges has received little attention [2]. Information on the availability, use and coverage of harm reduction measures for IDUs is needed to help assess the effectiveness of existing, and inform the development of future, services [3]. A national survey of needle exchange facilities was undertaken in 2005, and reports of the findings from Scotland have recently been released Scottish Executive [4]. The National Treatment Agency for Substance Misuse (NTA) has released summary finding from England and will shortly be publishing a report on the full findings [5]; results for Wales and Northern Ireland are not yet available.

The survey was initiated in response to the Department of Health's 2004 *Hepatitis C Action Plan for England* [6], and examined the extent, nature, and commissioning of needle exchange provision in the UK. Three postal questionnaires and three focus groups were used to collect quantitative and qualitative data from pharmacy exchange coordinators, non-pharmacy needle exchange providers and drug action team (DAT) coordinators, commissioning managers or their equivalents. Each country is split into DAT regions (149 in England and 22 in Scotland), which are partnerships responsible for overseeing and commissioning drug services at a local level. There was a good overall response rate, but incomplete questionnaires meant that some questions had a much lower response rate.

The survey identified 188 needle exchange facilities in Scotland, and at least 1326 in England; the total number of facilities in England could not be ascertained due to the lack of response from around a quarter of the DATs. Pharmacies made up 80% of services for which responses were received in England and 72% in Scotland. The remainder were specialist services, some of which were mobile or outreach in nature. There were only a small number of exchanges based in police custody facilities and hospital accident and emergency departments. Although there are benefits to having different types of services, both reports noted that pharmacy services should be developed to complement specialist services rather than as an alternative.

A low number of responses to questions on the distribution of injecting equipment made it difficult to estimate the national levels of needle and syringe provision. Overall, data suggested that 'on average, clients of specialist needle exchange services and pharmacy schemes were given the equivalent of approximately one syringe for every two days' [4]. Although pharmacies made up the majority of needle exchange facilities in both England and Scotland, approximately half of all syringe distribution was through pharmacy exchanges and half through non-pharmacy exchanges, with a notable variation in the amount distributed in different regions within both countries.

There was geographical variation in the types of injecting related equipment provided by services. The majority of services provided swabs, sharps bins and citric acid. English services were more likely to distribute filters, sterile water and vitamin C, while Scottish services were more likely to distribute wipes or swabs. There was also geographical variation in the provision of BBV interventions. For example, almost 80% of specialist services in northwest England reported offering hepatitis C testing, compared with under 20% in the southwest. Half of the specialist services in England offered on-site hepatitis B vaccination, compared with only 29% in Scotland. English centres were more likely to offer other BBV interventions such as testing for HIV, hepatitis C or hepatitis B (Table). However, data were not collected on the uptake of BBV interventions and therefore it was not possible to assess the extent of BBV testing or

vaccination at these services.

Table. Proportion of specialist needle exchanges offering bloodborne virus interventions in England and Scotland.

Bloodborne virus intervention	Proportion of exchanges providing service	
	England	Scotland
Hepatitis A vaccination	25%	16%
Hepatitis B vaccination	50%	29%
HIV testing	31%	29%
Tetanus vaccine	11%	2%
Hepatitis C testing	43%	40%
Hepatitis B testing	42%	33%

A recurring theme in both reports was the inconsistency in services provided by needle exchanges. The English report concluded that 'what interventions injectors received was often not determined by their needs but by where they lived'. [5]

Transmission of BBVs among IDUs continues to be a problem in the UK [7]. It is important that needle exchanges are developed to deliver a range of services to clients, including the provision of sufficient sterile injecting equipment and other BBV interventions (such as vaccination, testing, counselling and awareness raising), and that the effectiveness of these services at preventing the spread of BBVs among IDUs are also evaluated. The reports from Scotland and England make a number of recommendations to develop standards for needle exchange services, including guidelines for paraphernalia (drug taking equipment) distribution.

References:

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