

National Institute for Health and Clinical Excellence

PUBLIC HEALTH INTERVENTION–NEEDLE AND SYRINGE PROGRAMMES - Consultation on the Draft Guidance from 15th September – 13th October 2008 Comments to be received no later than 5pm on Monday 13th October 2008

Stakeholder Comments

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1. Please put each new comment in a new row.
2. Please insert the **section number** in the 1st column. If your comment relates to the document as a whole, please put **'general'** in this column

Name:		Rachel Clarke, Communications and Development Officer
Organisation:		European Association for the Treatment of Addiction (UK)
Section number	Page Number	Comments
Indicate section number or 'general' if your comment relates to the whole document		Please insert each new comment in a new row.
	General	<p>The European Association for the Treatment of Addiction (UK) is the main representative body for the voluntary and independent drug and alcohol treatment and aftercare sector, working to ensure that people affected by substance dependencies get the treatment they need.</p> <p>Many of our members provide Needle and Syringe Programmes (NSPs) as part of their services and are familiar with the issues surrounding this topic. EATA would like to stress that the negative image of a needle exchange still undermines the work done by services to provide clean, safe equipment to injecting drug users and minimise the harms within the community. Prejudice continues to get in the way of progress.</p> <p>Overall, EATA and members who responded to our request for comments as part of the organisation's submission to this consultation exercise generally welcome the approach outlined in the document but have raised specific issues about areas within the guidance recommendations over pages 4-10.</p>
Section 1	5	Several comments highlighted that it is positive that the guidance recommends that Local Strategic Partnerships, local drug partnerships (including DAATs), drug joint commissioning managers and PCT commissioners, and public health practitioners with a remit for substance misuse should take action in this area.

Please add extra rows as needed

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Section 1	5	However, it must be stressed that the role of NSPs are particularly misunderstood by local communities and generate in many cases a great deal of NIMBY-ism and hostility. There needs to be more information about the role of NSPs in treatment and reducing harms and the involvement of the local community in planning and assessing needs is essential to addressing this hostility. This will be to the local community's benefit, because "communities know their communities best". Engaging local communities and networks leads to a greater understanding of which groups within the community need more access to treatment and advice, improved community safety and a sense of participation and shared responsibility, Engaging the whole community (including BME and other hard-to-reach communities) is a chance to facilitate social inclusion and de-stigmatise treatment services. However, similar to the need to emphasising the benefits to the community, strong relationships with the local community is required which will take stakeholders time and sensitivity to build.
Section 1	5	As well as community engagement to raise awareness about services and de-stigmatise treatment, informed and fully consulted communities are important so that staff delivering NSP are not subject to hostility/anger from community groups.

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Section 1	6	Part of the hostility towards NSPs from local communities does focus in part on the perceived "litter" problems and dangers associated with this litter for their families and communities. EATA believes that there is potential here for not only working with the communities by demonstrating how needles and equipment are disposed of safely but also for working with service users to provide proactive solutions. There also needs to be a commitment from Local Authorities to co-operate with commissioners/providers to monitor those areas with high rates of litter and develop schemes to ensure problem areas are regularly checked and cleaned.
Section 1	6 (and general)	Comments were also raised about "recommendation 2: accessibility and distribution". NSPs provide a valuable service for injecting drug users and for some users they may be their main contact with drug and alcohol services, particularly for those not accessing more structured interventions and treatment. NSP providers, commissioners, LSPs and public health practitioners should be extremely aware of how important this contact can be in starting on the journey towards recovery and rehabilitation, and EATA and our members believe this should be highlighted prominently within the guidance.

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Section 1	6 and 8	Again, it is positive to see that guidance recommends the commissioning of a wide range of services to ensure needles and syringes are widely available. However, there are gaps and barriers in this provision; some of which are noted within the guidance but others are not. For example, spoons, acidifiers, filters and water ampoules used in preparation process should be available from all NSPs alongside syringes/needle packs.
Section 1	6/7	We welcome the guidance recommendation that a range of NSPs are commissioned to meet local needs. More services are needed to target hard to reach groups in particular women; parents; ethnic minorities and homeless people. The latter, for example, are often resistant to accessing services and hard to find. They are also more likely to be preparing and injecting drugs in horrific/ inappropriate conditions and have bad injecting habits. Innovative services which provide better access and information are required. As noted on page 7, guidance recommendations of alternative service methods such as mobile vans, vending machines and non-pharmacy outlets are welcomed by EATA members but commissioners/providers should do more than just "consider" these options as recommended in the guidance.

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Section 1	7	Members welcome the guidance that NSPs are coordinated to ensure a service is available for a significant period of time during any 24-hour period. However, more consideration needs to be paid to addressing barriers to provision: lack of privacy, police pressure, fear of losing methadone prescription and stigmatisation. Barriers to treatment-based NSPs particularly focus on the fear of losing methadone prescriptions. This needs to be addressed so as not to alienate potential users who could benefit from services and reduce harms associated with injecting.
Section 1	8/9	Barriers to services run by pharmacies (especially retail pharmacies) include police presence, the lack of privacy and stigma. It is positive that the guidance recommends minimum awareness training for staff on the need for discretion and working with this client group. However, the layout and procedures for distributing syringe/packs/equipment may also require changes or further training in order to encourage injecting drug users to use their services. Any training provided should also be consistent and appropriate.
Section 1	9	NSPs, particularly in pharmacies, are on the frontline and an important point of contact for injecting drug users. It is positive to see that the guidance recommends that pharmacy staff should be able to provide information about agencies offering further support. It is, however, important that steps are taken to ensure that the information they provide is consistent, appropriate and non-judgemental or biased towards one form of treatment or orthodoxy or another.

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Section 1	9	It is positive to see that the guidance for agency-based NSPs include ensuring a selection of needles/syringes/injecting equipment, etc and offering comprehensive harm reduction services, including safer injecting practices. Members have highlighted how important the provision of information and education about safe injecting practice and injecting techniques by trained professionals is to reducing harms and health risks. But more education is needed about the culture of bad injecting, i.e. using needles when blunted. Greater efforts should also be paid to helping all NSP providers to use the potential of peer education to help reverse bad injecting practice.
Section 1	9	We are pleased to see that the guidance recommends that NSPs within a specialist drug service provides access to Blood Borne Viruses (BBV) testing, vaccination and boosters. However, the guidance should also recommend that testing should be followed with counselling if positive or information/communication/advice on minimising risks if negative.
Section 1	9	The direct and indirect costs of BBVs are huge and NSPs can play a vital role in the supply of information on both safer injecting practice and minimising the risks of BBVs. But there needs to be a consistent policy and adequate funding resources especially in testing for BBVs and in providing counselling and information.

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