Guidelines For Services Providing Injecting Equipment
Best Practice Recommendations For Commissioners and Injecting Equipment Provision (IEP) Services in Scotland (Scottish Government 2010)

January 2014

Notes
The information in this resource is taken from the above guidelines.

Guidelines concern the provision of needles, syringes and other injecting paraphernalia to people who inject opioids.

Do not cover the provision of injecting equipment to young people under 16, people who use illicit drugs, but who do not inject. People who inject prescribed drugs for a medical condition, such as diabetes.
Guidelines for services providing injecting equipment

Who are the IEP guidelines for?

- All people who have responsibility for planning, commissioning and delivery of IEP services!

Notes

Includes senior NHS board managers, local authorities, police, front line service providers both in voluntary and statutory services, including NHS and social work staff, community pharmacists and pharmacy staff, prison and police officers involved in the provision of needle replacement schemes.
Why are guidelines needed?

- Numbers of drug users in Scotland
- Associated health risks associated with injecting drug use
- Injectors also susceptible to a range of blood-borne virus (BBV) infections
- Evidence base to support effectiveness of IEP services in reducing injection risk behaviour among drug users and HIV infections. Cost effective when compared with the lifetime cost of treating HIV infection

Notes

Estimated that there are approximately 24,000 injecting drug users in Scotland.

Health risks include bacterial infections, abscesses, cellulitis and collapsed veins. BBV infections of which Hepatitis C (HCV) is the most prevalent. 90% of new HCV infections in Scotland occur in people who have injected drugs.
Evidence based guidelines aim to...

- Promote good practice around planning and development of IEP services
- Improve accessibility of injecting paraphernalia to injecting drug users who are at risk of acquiring HCV and other BBVs
- Improve quality and consistency of IEP services
- Promote integration between IEP services and other services for injecting drug users
- Ensure that local areas are taking active steps to protect the health and safety of IEP service staff, clients and the community in relation to disposal of used injecting equipment

Notes
Guidelines for services providing injecting equipment

- All staff involved in the provision of injecting equipment should have read and understood the IEP guidelines.
- The aim of this resource is to embed the guidelines in practice settings and focuses on Recommendation 9 which covers the training of IEP service staff.
- This states that as a minimum, all individuals involved in the distribution of injecting equipment should receive appropriate training prior to providing a service or during induction.

**Notes**
Embedding the ‘guidelines for services providing injecting equipment’ in practice settings

The information in this resource is intended for use by either individuals or trainers to promote the embedding of the above guidelines by:

• Establishing current levels of knowledge and skills
• Identifying gaps in practice, and undertaking further training

Notes are provided which trainers, or individuals, may find useful to complement some slide material.
IEP guidelines - Recommendation 9: Pre-requisites of all individuals involved in distribution of injecting equipment

This resource is structured around the following headings of recommendation 9:

- Understanding drug use
- How to engage with drug users
- Risk behaviour
- Correct, single person use of injecting equipment
- Needs of different sub-populations of injectors, including those who are in treatment
- Prevention of HCV and other blood borne viruses
- Overdose prevention and management
- Procedures regarding safe disposal of used injecting equipment
- Procedures for managing needle stick injury
- Contact details of other local relevant services

Notes
Understanding drug use

Learning Outcome

• Understand the process of injecting drugs in order to improve harm reduction advice
Understanding drug use

- This learning outcome focuses on understanding drug use in relation to the process of injecting drugs and the steps and points where risk can occur.
- One resource, which provides an insight into this process was developed by Exchange Supplies and filmed drug injectors as they injected. This training DVD “The Injecting Process: Viral Transmission”, [http://www.exchangesupplies.org](http://www.exchangesupplies.org) describes the whole process of injecting and looks at the points at which risk arises.

Notes

Exchange Supplies is a unique social enterprise set up by drug workers to improve the harm reduction response to drug use by developing innovative quality products, publications, and conferences for drug services, needle exchanges, and injecting drug users, and providing employment and training opportunities for drug users.

N.B There is a charge for the resources this organisation provide.
Engaging with drug users

Learning Outcomes

- Identify and respond to the individual client’s needs
- Identify and explore the multiple needs of the drug-injecting population in order to improve the uptake of IEP services
- Introduce mechanisms for obtaining and responding to client feedback

Notes
Engaging with drug users

Identify and respond to the individual client’s needs

- All clients should be welcomed to the service and basic information about injecting practices gathered
- Initial discussion in a private area ensuring client confidentiality and including verbal and written information about safer injecting practices and safe disposal of used injecting equipment

As a minimum ask about:

- Frequency of injecting
- What is being injected
- How often they usually or intend to visit the IEP services
- If they are collecting supplies for anyone else

Notes

The questions listed above should form basis of discussion which should take place with all clients the first time they attend the service. Main purpose is to ensure that clients receive sufficient injecting equipments for their needs to enable the use of one set of equipment per injection.
Engaging with drug users

Identify and explore the multiple needs of the drug-injecting population in order to improve the uptake of IEP services

The following sub-population of injectors may have specific needs:

- New injectors
- Women
- Sex workers
- Homeless injectors
- Users of performance and image-enhancing drugs (PIEDs)
- Minority ethnic groups
- People in custody (prison and police custody) or recently released from custody or court
- People receiving opiate substitution therapy, or who have recently relapsed following treatment

Notes

Participants could discuss the nature needs of the above groups which may include some of these points below:

- New injectors - greatest risk of being infected with HCV and HBV in their first year of injecting – may feel uncomfortable about disclosing their behaviour to individuals.
- Women - evidence (NICE http://www.nice.org.uk/ph18) that female injectors are more vulnerable than men to unsafe practices, due to incorrect beliefs about the risks of sharing equipment with a sexual partner, and increased risk of exposure. May have more negative feelings about pharmacy IEP services and to obtain equipment by secondary distribution.
- Sex workers - more chaotic lifestyle including high-risk drug use and multiple sexual partners. Also more likely to have poor use of health services, including IEP.
- Homeless - Lower level of syringe coverage than those who are not homeless and a greater risk of sharing and reusing injecting equipment. Have a higher incidence of abscesses, open sores or wounds at an injecting site and be infected with HCV.
- PIEDs (Performance and Image-enhancing drugs)- the nature of PIEDs and the way they are injected requires different injecting equipment (larger barrels for syringes) and therefore a different form of safer injecting advice and IEP staff need additional training to provide advice. May not class themselves with other injecting drug users and are reluctant to use IEP services. Often unaware of the risk of BBV transmission from sharing needles. Often in employment so may need evening services.
- Minority ethnic groups - cultural differences lead them not to identify with other injecting drug users so may be reluctant to attend IEP services. Also may be language barriers in some cases.
- People in custody - Overall higher rate of HCV is substantially higher in the prison population compared to the general population. High prevalence of HCV, combined with illicit sharing of injecting equipment, makes prisons a high-risk environment for transmission of HCV. A number of Police custody suites in Scotland provide injecting equipment to people released from custody through needle replacement schemes reaching people that would not normally use IEP services.
- People receiving opiate substitution therapy.
Engaging with drug users

Identify and explore the multiple needs of the drug-injecting population in order to improve the uptake of IEP services

- These groups are often unwilling or unable, for a variety of reasons, to attend IEP services
- As a result they are more at risk of acquiring HCV and other BBVs
- The particular needs of these groups should be taken into consideration when deciding on the models and locations for IEP services and opening times

Notes

Could ask participants for some suggestions which could include outreach models, longer opening hours or night time drop-in services.
Engaging with drug users

Introduce mechanisms for obtaining and responding to client feedback

- Any attempts to improve the quality of IEP services in Scotland must take into account the views and preferences of those who use the service.
- May be useful to have consistency of client feedback across services within a local area and NHS boards could assist with this.
- Client feedback should inform the on-going planning and development of local IEP services in NHS board areas.

Notes

Findings of the National Needle Exchange survey suggested that service user views currently play little part in IEP service provision.
Injecting risk behaviour

Learning Outcome

- Identify the importance of providing education to clients on safer injecting practices

Notes
Injecting risk behaviour

Provide education to clients on safer injecting practices

- Injectors do not often understand that sharing drug paraphernalia can result in HIV infection
- Staff in all services should be able to give clients basic information (verbal and written) about how to reduce risks associated with injecting and specialist IEP services should take more of an educational role with clients than staff in general IEP services

Notes

Despite evidence which shows that the sharing of needles among injecting drug users in Scotland is declining the reuse of needles and sharing of other injecting paraphernalia continues to be highly prevalent. 'Frontloading' and 'backloading' practices are also common. Frontloading - drawing up a drug solution into a donor syringe then measuring out appropriate amounts into one or more syringes.

Backloading – removing the plunger from a recipient syringe and squirting the drug solution into the syringe through the back opening.

When responding to clients needs IEP services should take into account that different clients may have different preferences e.g. in relation to the size of needles and syringes they use. Services, including those that distribute needles/syringes through pre-packed bundles, should offer a choice of needles/syringes.
Injecting risk behaviour

Provide education to clients on safer injecting practices

Discussion with all clients attending IEP services for the first time or after a period of absence should include:

- Washing of hands with soap and water before injecting
- Correct use of each item of injecting equipment
- Risks of sharing injecting equipment, correct methods of disposal of used injecting equipment
- Distribution of injecting paraphernalia should be accompanied by a discussion about the correct single-person use of each item of paraphernalia

Notes

Use of acidifiers should be discussed. Should be explained that although the use of a sterile acidifier is safer than using a non-sterile alternative the use of a sterile acidifier is not entirely without risk.

Can cause burns or irritation during injections. When supplying acidifiers, IEP services should advise service users to add acidifiers in small amounts, a little at a time, until drug dissolved.
Injecting risk behaviour

Provide education to clients on safer injecting practices

- Questions should be repeated from time to time, to ensure that the clients' injecting needs are still being met
- Clients should be informed that all information is confidential and being asked to provide a better service

Notes
Correct, single person use of injecting equipment

Learning Outcome

• Identify the importance of providing one needle/syringe per injection
Correct, single person use of injecting equipment

Provide one needle/syringe per injection

- There is a need to reduce needle sharing substantially to make a real difference to the incidence of HIV
- IEP services should provide, free of charge, as many needles as an individual requires. Clients should be encouraged to take more needles and message that individuals should use a sterile needle for every injection reinforces
- Until recently, there were legal limits on the numbers of needles and syringes that could be distributed to injecting drug users in any one transaction

Notes

A review of the evidence by NICE found that higher needle coverage is associated with lower levels of injection risk behaviour among injectors, including needle sharing, sharing cookers and syringe re-use. Although a slow decline in intentional needle sharing among injecting drug users the re-use of previously used needles continues to be common.
Correct, single person use of injecting equipment

Provide one needle/syringe per injection

- As of March 2010 there are no legal limits on number of sterile needles and syringes that IEP services can give out to clients and any local polices that limit distribution should be removed
- Also no legal requirements for clients of IEP services to return used injecting equipment before new equipment can be distributed
- Service commissioners may need to consider new ways of maximising needle return perhaps through provision of specially-designed public disposal bins and home collections

Notes

Experts agree that it is poor practice to limit the distribution of injecting equipment when clients do not bring back equipment however clients should be encouraged to return used equipment and could be prosecuted if they dispose in a way that puts members of the public at risk.
Correct, single person use of injecting equipment

Provide other drug injecting paraphernalia

IEP services should provide, free of charge:

- Acidifiers
- Cookers
- Filters
- Water for injection
- Pre-injection swabs

All of these items for distribution are permitted under

- The Misuse of Drugs (Amendment) (No 2) Regulation 2003 (1 August 2003)
- Medicines for Human Use (Prescribing) (Miscellaneous Amendments) Order 2005 states that the distribution of water for injection is permitted without a prescription so long as it is in 2ml quantities or less

Notes

The sharing of injecting paraphernalia used in drug preparation process may present further opportunities for the transmission of BBVs. If provision is not free of charge then injectors will use their own home made supplies, which are not sterile and may be re-used thus increasing the risk of HCV transmission.

Acidifiers either citric acid or ascorbic acid do not contribute to prevention of HCV or other BBVs. They make diamorphine soluble for injecting and the provision may attract people to the service. If not supplied free of charge injectors may use other alternatives such as lemon juice or vinegar which can cause eye problems in injectors.
Needs of different sub-population of drug users

Learning Outcomes

• Explore factors which improve access to injecting equipment services
• Explore the advantages and disadvantages of secondary distribution in terms of preventing risk behaviour

Notes
Needs of different sub-population of drug users

Explore factors which improve access to injecting equipment services

IEP services should be delivered through a combination of models – with services at different venues tailored to meet the needs of different injecting populations.

Consideration of which model to use should aim to:

• Maximise the distribution of sterile injecting equipment and remove barriers to access
• Ensure that clients receive in-depth, user friendly advice and education about how to reduce injecting-related risks
• Offer clients access to a range of other services through IEP services

Notes

Participants could suggest factors within their own organisation or community which could improve access.
Needs of different sub-population of drug users

Explore factors which improve access to injecting equipment services

- IEP services should operate at times when injecting drug users are likely to need access to injecting equipment. There should be out-of-hours and weekend access within each Board area dependant on the needs of the local population.
- Boards should ensure that accurate information is made available to service users about the locations and opening hours of all local IEP services.
- Need for 24hr access to sterile injecting equipment should also be considered.

Notes

Out of hours provision includes evenings, weekends and 24/7 provision. Some evidence which shows that access to injecting equipment at the weekend is rated more highly than evening access and injectors often consider community pharmacy IEP services to be more accessible than drug agency-based services. Hard to reach groups may need some form of evening service directly targeted at this group. 24/7 access to sterile equipment services may include hospitals or other methods e.g. dispensing machines.
Needs of different sub-population of drug users

Secondary distribution

Involves the distribution of sterile injecting equipment to one service user, who then redistributes it to other in his/her social network

Advantages

• Increases the reach of IEP services to injectors who might not otherwise access sterile injecting equipment
• Services may use opportunity of secondary exchange to provide in-depth advice and education to secondary distributors

Notes

Secondary distribution is highly prevalent among injecting populations with some injectors preferring this method. Research undertaken by NICE (available at: http://www.nice.org.uk/guidance/index.jsp?action=download&o=42476) shows concerns about confidentiality and convenience as reasons for preferring this method. Women, due to some of these reasons, are more likely to obtain equipment by this method. Younger, or newer injectors are more likely to obtain needles through peers, rather than through IEP services.
Needs of different sub-population of drug users

Secondary distribution

Disadvantages

- Services have little control over the nature of secondary transaction or advice given out by secondary distributors to others
- Distributer may sell the equipment on to others, rather than distributing for free

Notes

Where the sale of equipment takes place, it is principally an indication of lack of adequate service coverage, and the response of services should be to increase equipment availability and supply.
Needs of different sub-population of drug users

Secondary distribution
Where services are aware that secondary distribution is happening IEP staff should ask the secondary supplier:

- How many people he is supplying to?
- Whether there is any sharing of needles or other injecting paraphernalia?
- To spend some time in the IEP service to discuss information about safer injecting and disposal practices that he can pass onto those he supplies
- To bring other injectors into the IEP services so that they can benefit from advice and information

Notes
Where services have a good relationships with a secondary supplier, they should consider whether it may be more appropriate to establish a more formal arrangement with an individual such as a peer-led outreach service.
Prevention of HCV and other blood-borne viruses

Learning Outcomes

- Provide advice on methods for syringe identification
- Identify the role of IEP in encouraging annual testing for HCV, HBV and HIV

Notes
Prevention of HCV and other blood-borne viruses

Provide methods for syringe identification

- Injectors should always be encouraged to use a sterile needle and related paraphernalia for every injection.
- Some injectors may continue to reuse needles
- Needles can be shared accidentally and injectors need some method of distinguishing their own equipment from other people's. This could include colour-coded plungers, labels or tags

Notes

At present time there is no robust evidence on the most effective method of identifying/distinguishing syringes however the inability to differentiate between used syringes has been recognised as a significant cause of syringe sharing and BBV transmission. Syringes that have design differences will be more effective than methods that require injectors to mark or label their syringes.
Prevention of HCV and other blood-borne viruses

Provide annual testing for HCV, HBV and HIV

- IEP services should encourage clients to be tested annually for HCV
- Wherever possible, all IEP services should make available vaccination for HAV, HBV and tetanus and testing for HCV, HBV and HIV on-site in a suitable private space
- Testing – including pre- and post-test discussion, sample collection, result-giving and onward referral – should always be delivered by appropriately trained staff

Notes
Prevention of HCV and other blood-borne viruses

Provide annual testing for HCV, HBV and HIV

- Where IEP services do not offer testing and vaccination facilities on-site, they should develop referral pathways that are user friendly and accessible to injecting drug users.
Notes
Contact details of other local relevant services

Improving integration between IEP services and other services

All IEP services should be able to signpost, and where possible, formally refer clients to treatment for drug misuse and other broader health and social support services, including:

- Well women, sexual health and family planning services
- Benefits advice
- Legal Aid
- Social and mental health services
- Training and employability services
- Homelessness services
- Primary healthcare, including dressings, wound care and antibiotic prescribing
- Dental care
- Counselling
- BBV treatment and support service

Notes

A review carried out by NICE found evidence to show that hospital-based IEP services may increase the accessibility to outpatient services among injectors attending these services. http://www.nice.org.uk/guidance/index.jsp?action=download&o=42476
Contact details of other local relevant services

Improving integration between IEP services and other services

• IEP services should not prevent injectors from being referred for treatment for HCV (or other BBV) infection on the basis that they are still injecting

• IEP service providers should also be aware that it is not uncommon for drug users to continue to inject even after entering a programme of substitute prescribing treatment

• NICE reviewers found evidence to suggest that the combination of methadone maintenance therapy and full participation in an IEP programme reduces the incidence of HIV and HCV among drug users

• IEP services should not discourage injectors from accessing sterile needles and other injecting equipment on the basis of receiving treatment for drug misuse

Notes

Sign Guideline 92 on the management of hepatitis C states that: Current injecting drug users infected with HCV should not be excluded for consideration for HCV clinical management, including antiviral therapy, on the basis of their injecting status
Health and safety of staff, clients and the community

Learning Outcomes

- Identify the policies and procedures for the safe disposal of used injecting equipment
- Describe the procedures for managing needle stick injuries

Notes
Health and safety of staff, clients and the community

Safe disposal of used injecting equipment

- NHS boards should ensure that all services in their area have robust policies and procedures in place in relation to the safe disposal of used injecting equipment.
- To prevent the transmission of BBVs through improperly discarded injecting equipment, IEP services should address the following:
  - Educate staff and clients to safely handle and dispose of used injecting equipment.

Notes
Health and safety of staff, clients and the community

Safe disposal of used injecting equipment

- Provide multiple options and locations for safe disposal of used injecting equipment
- Inform staff and clients that they could be prosecuted if they are found disposing of used injecting equipment in a way that could put the public at risk
Health and safety of staff, clients and the community

Safe disposal of used injecting equipment

- DEFRA guidance states that drug services (including needle exchange) premises should have posters or written material that carries safe disposal messages
- Regularly changing this material helps motivate users to look at it each time
- Service users should always be encouraged to take away sharps bins that suits their needs and should be encouraged both to use them and return them
- Homeless, new and younger users should be especially targeted for this type of information, with clear information on safe disposal

Notes

Appropriate disposal of equipment by injectors can be hindered by lack of facilities, particularly outside IEP service hours. DEFRA recommend that local partnerships fully explore the potential for public sharps bins. Users should be given information that encourages them to think responsibly about needles and other drug litter. Where necessary, and appropriate, the dangers of unsafe disposal of needles should be explained, including explicitly outlining the facts that it can increase negative attitudes to all users in the community and in extreme cases may result in closure of facilities.
Health and safety of staff, clients and the community

Safe disposal of used injecting equipment

- Robust procedures should also be in place to protect IEP service staff from accidental needle stick injury which can be defined as a penetrating stab wound from a needle or sharp that may result in exposure to blood or other body fluids
- When estimating the number of returned needles in the bins (or monitoring purposes), please follow local guidelines

Notes

For training on management of needle stick injury please access http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/online-short-courses/needlestick-injury.aspx. It should also be noted that The Health and Safety Executive (HSE) is undertaking a three month consultation on the proposal to introduce new regulations to protect workers in the hospital and healthcare sector against sharps injuries. This consultation will end in November 2012.
Health and safety of staff, clients and the community

Needlestick Injury

- An on-line short programme on managing needlestick injury can be accessed via the Healthcare Associated Infection link on the NHS Education for Scotland website
- This resource is provided for all Scottish NHS and non-NHS health and social care staff. It is also available for students in Scottish Higher or Further Education Institutions

Notes

To access this please go to the following web address: http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/online-short-courses/needlestick-injury.aspx. Click on-line short courses. The programme is delivered by Learn Pro. Further information about registration and access can be found on the learnPro information page.
Overdose prevention and management

The Scottish Drugs Forum ([http://www.sdf.org.uk/index.php/drug-information](http://www.sdf.org.uk/index.php/drug-information)) provide online information on overdose intervention:


The world’s first Smartphone application which talks people through how to give lifesaving Naloxone at opiate overdose emergencies is now available free for download:

- Android: [http://www.u-turntraining.com/208](http://www.u-turntraining.com/208)

Notes
End of Resource

Notes