Guidelines For Services Providing Injecting Equipment

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

January 2014
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!
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
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
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.
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
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) describes the whole process of injecting and looks at the points at which risk arises.
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
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
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
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
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
Injecting risk behaviour

Learning Outcome

• Identify the importance of providing education to clients on safer injecting practices
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
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
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
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
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
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
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
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
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.
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 others 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.
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
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
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
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.
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
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
Contact details of other local relevant services

Learning Outcome

• Identify methods of improving integration between IEP services and other services
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
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
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
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.
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
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
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.
Overdose prevention and management

The Scottish Drugs Forum (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)
End of Resource