

## **Derbyshire County Needle and Syringe Programme: Preliminary Health Needs Assessment**

### **1. Introduction**

Needle and syringe programmes are an essential component of drug misuse services and are often the only contact injecting drug users have with health and social care providers. Such programmes are known to be effective in:

- reducing blood borne viruses in injecting drug users<sup>1,2</sup>.
- reducing the number of used needles discarded in the community<sup>1</sup>
- not encouraging injecting drug use, increasing the duration of frequency of injecting or decreasing the motivation to reduce drug use<sup>1</sup>
- being cost effective and delivering substantial savings in HIV treatment<sup>1,2</sup>

Current NSP services in Derbyshire are provided by a mixture of community pharmacies, specialist services and minor injury units, all of which are commissioned in different ways. As such there is no overarching picture of NSP provision, and no satisfactory means of assessing the extent to which current services match the needs of the population. This paper aims to provide a preliminary overview by assessing levels of current service provision in Derbyshire and comparing with estimated need. Current NSP service models are described and recommendations made for further development.

A separate paper<sup>3</sup> gives the results of an audit of NSP service provision in community pharmacies, conducted recently by Derbyshire DAAT, which complements this paper.

### **2. Recommendations from NICE guidance**

Components of a needle and syringe programme are:<sup>2</sup>

- Providing needles, syringes and other injecting equipment together with information and advice on harm reduction.
- Providing a gateway to other services and ensuring access to blood-borne virus testing, vaccinations and drug treatment.

NICE public health guidance<sup>2</sup> recommends a balanced mix of services across three levels:

- level 1: distribution of injecting equipment either loose or in packs, with written information on harm reduction (for example on safer injecting or overdose prevention)
- level 2: distribution of 'pick and mix' (bespoke) injecting equipment plus health promotion advice (including advice and information on how to reduce harms caused by injecting drugs)
- level 3: level 2 plus provision of, or referral to, specialist services (for example vaccinations, drug treatment and secondary care)

### **3. NSP Service Models**

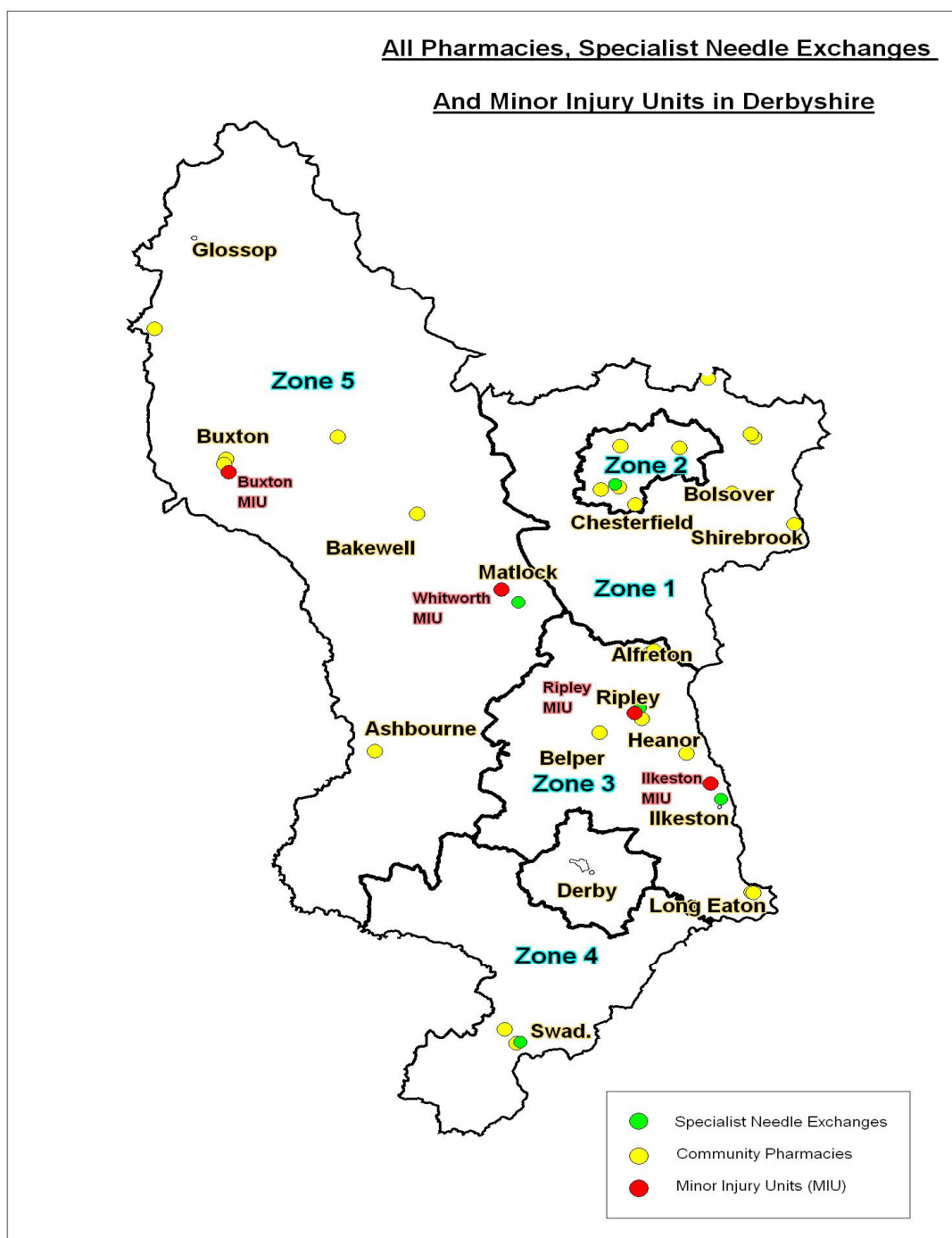
NSPs in England are delivered with a range of service models including specialist services, pharmacies, outreach/mobile services, police custody suites, walk-in centres and accident and emergency departments. Over 70% of NSPs are delivered by pharmacies. Because there is a lack of evidence on how to encourage specific groups of users (e.g. women, PIEDS, homeless people) to use NSPs, it may be appropriate to consider commissioning and evaluating novel ways of service delivery (e.g. vending machines, mobile vans, sports venues for PIED users).

NICE guidance also states that the quantity of injecting equipment dispensed should be adequate to meet the needs of the injecting drug user and not subject to an arbitrary limit.

#### 4. Current NSP services in Derbyshire

NSPs in Derbyshire are delivered by twenty-four community pharmacies, four minor injuries units (in Ripley, Whitworth, Buxton, Ilkeston) and five specialist NSPs run by the Mental Health Trust and Addaction (see figure 1).

**Figure 1 Location of NSPs in Derbyshire**



At present the most comprehensive information available on NSP activity data in Derbyshire, including the number of syringes distributed, is from community pharmacies. NSP activity information from MIUs has not yet been collated and at present there is some uncertainty about what information is available.

A more detailed description of NSP services provided by community pharmacies in Derbyshire, along with an assessment of current delivery against NICE quality standards for NSPs<sup>5</sup>, is given in the DAAT NSP audit report<sup>3</sup>.

## 5. Prevalence estimates

### 5.1 Injecting drug use

The national mean prevalence estimate of injecting drug use is 0.35% of the population aged 15-64 years.<sup>2,4</sup> In Derbyshire this would equate to approximately 1667 injecting drug users (based on PCT population). Table 1 gives prevalence estimates by local authority.

**Table 1 Prevalence estimates for injecting drug use (excluding PIED estimate) and NSP activity data for community pharmacies by locality**

| District          | Number of community pharmacies with NSPs | Total syringes distributed by community pharmacies in 2008/09 | Population aged 15-65 | Estimated injecting drug users (0.35% of population aged 15-64) (nb excludes estimated PIED use) | Average number of syringes given out per injecting drug user per year |
|-------------------|--|---|-----------------------|--|---|
| Amber Valley      | 5  | 45494   | 79304                 | 278  | 164   |
| Bolsover          | 4  | 21989   | 48551                 | 170  | 129   |
| Chesterfield      | 5  | 99697   | 65924                 | 231  | 432   |
| Derbyshire Dales  | 2  | 245   | 44728                 | 157  | 2   |
| Erewash           | 2  | 36890   | 73734                 | 258  | 143   |
| High Peak         | 3  | 34693   | 61929                 | 217  | 160   |
| NE Derbyshire     | 1  | 1620  | 63548                 | 222  | 7   |
| South Derbyshire  | 2  | 4605  | 61899                 | 217  | 21  |
| Tot Derbyshire CC | 24                                       | 245233  | 499617                | 1749   | 140   |
| Derbys County PCT |  |   | 476377                | 1667   |   |

Nationally an estimated 0.1% of people aged 16-59 have injected performance and image enhancing drugs (PIED).<sup>2,4</sup> In Derbyshire this would equate to approximately 425 injecting PIED users. The total number of injectors who could potentially benefit from a NSP service is therefore estimated as 2092.

The proportion of people who inject drugs and receive opioid substitution therapy (OST) is between 50-75%.<sup>2,4</sup> Applying the 75% upper limit to Derbyshire would equate to 1569 injecting drug users receiving OST.

### 5.2 Problematic drug use (PDU)

In Derbyshire there are a number of estimates of problematic drug use (defined as opiate or crack users (who may or may not be injectors)). The rationale for these estimates is described more fully in the DAAT Needs Assessment 2009/10<sup>6</sup> but for the purposes of this paper the Glasgow smoothed estimate of 2994 is used.

Of these 1908 (63.7%) were seen in treatment in 2008/09, of which 1798 (60.1%) were classified as being in effective treatment (ie were in treatment for at least 12 weeks or receive a planned discharge within 12 weeks of starting treatment).

## 6. Methodology for estimating required service provision

The National Institute for Health and Clinical Excellence have published a commissioning toolkit for NSPs which gives a methodology for calculating required service provision.<sup>4</sup> The assumptions used in the toolkit are that:

- three needles/syringes needed per day per person injecting drugs not in treatment
- one needle/syringe needed every three days for people receiving OST (opioid substitution therapy)

Using the above assumptions the following table gives the number of needles it is estimated that should be distributed to injecting drug users in Derbyshire each year:

**Table 1 Estimated number of needles required in Derbyshire (based on injecting drug estimate from section 5.1 which includes estimated PIED use)**

| Person           | Amount of needles needed per person per year | Derbyshire numbers of injecting drug users (estimated) | Derbyshire amount of needles required (NICE recommendation) |
|------------------|--|--|---|
| Not in treatment | 1095   | 523  | 572685  |
| OST              | 122  | 1569   | 191418  |
| Total            | 1217   | 2092   | 764103  |

### 6.1 Comparative coverage data from other areas

The World Health Organisation uses three definitions of coverage:

- percentage of injections 'covered' by sterile needles and syringes
- number of needles and syringes supplied to each injecting drug user
- percentage of injecting drug users in regular contact with NSPs

The former definition is used by NICE whose estimates of local service levels<sup>4</sup> are based on their recommendation that optimal coverage should be over 100% (ie each individual has more than one sterile needle and syringe available for every injection).

A literature search identified a recent report from Birmingham from which some comparative data has been obtained.<sup>7</sup> Coverage in Birmingham is estimated as 28% (based on assumption that the average injector has two injections per day). The Birmingham HNA also reports coverage data from other cities as being broadly consistent with its own data (Brighton 27%, Liverpool 27% and London 20%).<sup>7</sup>

### 6.2 Derbyshire NSP usage

Table 2 show the number of syringes distributed by NSPs in Derbyshire. At present there is no information available from MIUs. Data on pharmacy NSPs is supplied by pharmacies to the PCT's finance department. This data should be treated with caution as the quality of the data is variable.

Table 2

| NSPs in Derbyshire              | Number | Number of syringes distributed |
|---------------------------------|--------|--------------------------------|
| Community pharmacies            | 24     | 245223 (2008/09)               |
| Specialist NSPs (MHT/Addaction) | 6      | 180369 (2009/10)               |
| MIUs                            | 4      | not available                  |
|                                 |        |                                |
| Total                           | 34     | 425592                         |

Approximately 425,600 syringes are distributed by NSPs in Derbyshire each year. This is just over half of the amount recommended by NICE (table 1). A recent needs assessment in Birmingham estimated 2895 PDUs and 590,180 syringes distributed per year. This equates to approximately 204 syringes per person per year (0.6 per day). The number of syringes given out per person per year in Derbyshire is around 203 and the percentage coverage is estimated as 28%; which is very similar to the reported coverage in Birmingham.<sup>6</sup>

## 7. Summary

This is a preliminary health needs assessment which has been based on locally available NSP activity data and extrapolations from national prevalence estimates of injecting drug use. Comparisons have been made with NSP coverage data from other areas where known and with the NICE recommended level of coverage. There are concerns about the quality of available information; therefore further work needs to be done to test the assumptions and recommendations made here with the local expert group, with service providers and with service users.

### Key findings

- The level of NSP service provision in Derbyshire is about half of that recommended by NICE, but is comparable with the level of service provision known to exist in other geographical areas (e.g. Birmingham)
- There is apparent inequity of NSP service provision by locality.
- Current data on NSP activity is incomplete, limited, of variable quality and not collated centrally
- As far as is known all NSPs provided in Derbyshire are generic (ie not targeted at specific user groups such as women or the homeless population).

## 8. Recommendations

### 8.1 Recommendations from NICE:

Commissioners should ensure that services:

- Include a mix of generic and targeted NSP services in order to meet local need. Targeted services should focus on specific groups (e.g. homeless people and women)
- Aim to increase the proportion of people who have over 100% 'coverage' (the proportion of injections made with sterile equipment)
- Aim to increase the proportion of people from each group of injecting drug users who are in contact with NSPs
- Ensure that needles and syringes are available in a range of sizes and at a range of locations throughout the area
- Should be provided for a significant proportion of any 24-hour period

## **8.2 Additional recommendations for Derbyshire DAAT**

- Review commissioning arrangements of NSP services to improve coordination/consistency across the county
- Develop regular (e.g. quarterly) reports in incidence/prevalence of infections relating to injecting drug use (Public Health to work with HPA and PHO)
- Work with pharmacies, MIUs etc to improve quality of service usage information collected; explore feasibility of developing electronic data recording systems
- Develop regular (as appropriate) reports on NSP coverage (ie number of injections made with sterile equipment)
- Address issues around geographical inequity (if identified) (e.g. provision in rural areas such as Ashbourne and lack of access to services by public transport)

## **9. References**

1. Reducing Injecting Related Harm: Consensus Statement on Best Practice (by the National Needle Exchange Forum, Exchange Supplies.org and the UK Harm Reduction Alliance)
2. National Institute for Health and Clinical Excellence. Needle and Syringe Programmes: Providing people who inject drugs with injecting equipment. NICE public health guidance 18; February 2009
3. Eves M, Derbyshire DAAT, An Audit of Community Pharmacies and MIUs Delivering the Needle and Syringe programme in the County. April 2010.
4. National Institute for Health and Clinical Excellence. Determining local service levels for needle and syringe programmes  
[www.nice.org.uk/usingguidance/commissioningguides/nsp](http://www.nice.org.uk/usingguidance/commissioningguides/nsp)
5. National Institute for Health and clinical Excellence. Needle and Syringe Programmes Audit support: Implementing NICE guidance 2009. NICE public health guidance 18
6. Derbyshire Drug and Alcohol (DAAT) Needs Assessment 2009-10
7. Loaring J, Best D; Needle exchange provision in Birmingham: a systematic needs assessment, Birmingham Drug and Alcohol Action Team, September 2008.

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