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Substance Misuse Treatment Framework (SMTF) Service Framework for Needle and Syringe Programmes in Wales



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1. Purpose

This national guidance document provides a clear framework for the delivery of needle and syringe programmes (NSPs) in Wales, including community pharmacy, and replaces the '*Substance Misuse Treatment Framework - Needle Exchange Service Framework*' (2004). This guidance outlines best practice drawn from evidence, policy and professional opinion in relation to NSPs, previously referred to as needle exchange services, in Wales.

NSPs are provided in the context of a comprehensive substance misuse strategy for Wales that covers prevention, treatment and harm reduction.

This guidance concerns the provision of NSP services to:

- Individuals who inject illicit substances
- Individuals who inject non-prescribed anabolic steroids and other performance and image-enhancing drugs (PIEDs)
- Individuals at risk of initiation into injecting

It also covers all aspects of NSP service delivery for both adults and young people (under 18 years old).

NSPs deliver a range of interventions across a variety of settings and service models. The guidance is targeted primarily at those who have responsibility for the planning, commissioning and delivery of NSPs in Wales. This includes:

- local strategic partnerships - Substance Misuse Area Planning Boards (SMAPBs) and Community Safety Partnerships (CSPs)
- voluntary and statutory service providers
- pharmacy based services
- injecting drug users, their families and other members of the public

The guidance utilises a review of the international evidence undertaken by Public Health Wales (PHW) '*Evaluation of the range of safe, effective and cost effective interventions aimed at injecting drug users, primary stimulant users and prevention of drug related overdose and death*'¹ and draws on the National Institute for Health and Clinical Excellence (NICE) public health guidance '*Needle and syringe exchange programmes: providing people who inject drugs with injecting equipment*'² and Welsh Government '*Substance Misuse Treatment Framework Guidance on Good Practice for the provision of services for Children and Younger People who Use or Misuse Substances in Wales*'.³

This guidance should be considered in conjunction with:

- Welsh Government Substance Misuse Strategy for Wales '*Working Together to Reduce Harm 2008-2010*'⁴
- Welsh Government '*Substance Misuse Treatment Framework*' modules, available on the Treatment Framework pages at www.wales.gov.uk/substancemisuse

- Welsh Government Blood borne viral hepatitis action plan for Wales 2010-2015⁵
- Drug misuse and dependence: UK guidelines on clinical management⁶
- Welsh Government '*National Core Standards for Substance Misuse Services in Wales*'⁷ available on the publications pages at www.wales.gov.uk/subtancemisuse

2. Context

2.1 Background

Harm reduction approaches, and specifically NSPs, were established in the UK in response to the Human Immunodeficiency Virus (HIV) Acquired Immune Deficiency Syndrome (AIDS) epidemic in the late 1980's, with the first NSP opening in 1986. There followed a rapid expansion both of harm reduction and NSPs across the UK.

The most significant public health risk associated with injecting drug use remains the transmission of blood-borne viral (BBVs) infections (HIV, hepatitis B (HBV), and hepatitis C (HCV)), hereafter referred to as BBVs, through the sharing of needles, syringes and other injecting equipment. The most common means by which BBVs are spread is through the sharing of contaminated injecting equipment, unprotected sexual activity and medically acquired infections. It has been clearly established that infection of injecting drug users constitutes a significant pathway for the spread of blood-borne viral infections in the community. Injecting drug users (IDUs) are also susceptible to bacterial infections such as skin abscesses, endocarditis, cellulitis and tetanus.

It has been estimated that there are around 8,000 illicit IDUs in Wales, approximately 0.4% of the adult population in Wales. This estimate does not include people injecting PIEDS such as anabolic steroids or other substances such as the so-called 'legal highs' or new psychoactive substances.

The risk of death among IDUs is over ten times higher than for the general population. According to the Office for National Statistics (ONS), there were 132 drug misuse related deaths in Wales in 2009.

2.2 What are Needle and Syringe Programmes?

NSPs provide sterile Needles, Syringes and other injecting equipment (paraphernalia) to IDUs and facilities for the safe disposal of used injecting equipment. In addition, NSPs provide harm reduction information and advice related to reducing injecting related risk and signposting to other related agencies, including drug treatment providers and health care services. NSPs may represent the first or only contact an injector may have with a service relating to their drug use. NSPs may be delivered through a variety of different settings, service models and levels of service according to local need.

2.3 Aims and objectives

The aims of high quality NSP provision are to:

- Prevent transmission of BBVs between injecting drug users through the provision of sterile injecting equipment in sufficient quantities to allow for clean equipment to be used for each injecting event
- Prevent transmission of BBVs between injecting drug users through the provision of information on the risks associated with sharing injecting equipment and advice on routes of drug ingestion other than injecting (route transition)
- Provide a means of safe disposal of used injecting equipment
- Reduce sexual transmission of BBVs between injecting drug users and the wider population through safer sex information and the provision of condoms
- Increase awareness of the risks and harms related to injecting drug use including bacterial infection, risk of fatal/non-fatal poisoning.

The objectives for a high quality NSP provision are:

- To offer user-friendly, non-judgmental, service user-centred and confidential services
- To assist service users in remaining healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support
- To reduce the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support
- To reduce the rate of blood-borne infections amongst injecting drug users
- To reduce drug-related deaths (immediate death through overdose and long-term e.g. through blood-borne infections)
- To promote safer injecting and safer sexual practices
- To provide focussed harm reduction advice and initiatives, including advice on overdose prevention (e.g. risks of poly-drug use and alcohol use)
- To help service users access appropriate treatment by referral to other health/specialist agencies (e.g. treatment services, genito-urinary medicine, social care and family support services)
- To facilitate access to primary care where relevant
- To ensure the safe disposal of used injecting equipment
- To encourage the access and retention of all IDUs, especially the highly socially excluded, through the low-threshold nature of service delivery and interventions provided
- To discourage initiation into injecting and to encourage alternatives to injecting

- To discourage progression to higher risk practices such as groin or neck injecting
- To improve the health of local communities by preventing the spread of blood-borne viruses and by reducing the rate of discarded used injecting equipment
- To reinforce the benefits of NSP services and raise public awareness through information and education.

2.4 What is the evidence for the effectiveness of NSPs?

Summary of the key findings from reviews of the international evidence¹:

- There is compelling evidence that increasing the availability and utilisation of sterile injecting equipment by IDUs reduces transmission of HIV substantially
- There is no convincing evidence of any major unintended negative consequences
- NSPs are cost-effective
- NSPs have additional and worthwhile benefits apart from reducing BBV infection among IDUs
- Ready access to sterile injecting equipment does not cause an increase either in the number of IDUs or in the prevalence of injecting drug use in the community. In fact, some studies have indicated that the establishment of NSPs has led to a decrease in the number of IDUs by bringing them into contact with treatment services earlier in their drug using careers
- Pharmacies and vending machines increase the availability and probable utilisation of sterile injecting equipment by IDUs
- Participation in NSPs reduces injecting risk behaviours in IDUs e.g. sharing behaviours
- Prison-based NSPs may be feasible and can provide benefits in the reduction of risk behaviour and transmission of BBVs
- There is insufficient evidence to determine the impact of NSPs on HCV infection in IDUs
- Bleach and other forms of disinfection are not supported by good evidence of effectiveness for reducing HIV infection
- Vending machines can provide 24 hour availability and improve access in locations that are difficult to serve.

3. Service planning

Substance Misuse Area Planning Boards (SMAPBs), Community Safety Partnerships (CSPs) and public health specialists should ensure that the planning and development of NSPs are based on assessment of local need ensuring sufficient coverage, both geographical and service type (including voluntary and/or statutory static, mobile/outreach and community

pharmacy based), and that the local stakeholders, including service users, are consulted and fully engaged with. Coverage in this context refers to the accessibility and availability of sufficient (over 100%) injecting equipment for each injecting event.

3.1 Needs assessment and data collection

Assessment of local need should include a minimum of two measures:

- Community-based needs assessment focusing on the accessibility, coverage, quality, training and financial resources available for NSP delivery in the area
- NSP service activity data must be routinely collected via the Harm Reduction Database and analysed to record:
 - Numbers, demographics, types of drugs used and characteristics of IDUs e.g. sub-groups
 - Information provision, referral and signposting to relevant substance misuse/health/social care organisations
 - Prevalence and incidence of infections relating to injecting use, and other problems caused by injecting drug use.

The information should also be used to ensure that NSPs meet local need. For example opening times and locations, taking the geography and transport links of an area into account e.g. urban or rural.

Local injecting populations and their needs may change over time so it is important to review the needs assessment on an annual basis.

3.2 Stakeholder consultation and community engagement

It is essential to engage with local stakeholders in the planning of new NSP services and to maintain engagement over time to identify and address their concerns and promote the benefits of the services.

Local communities should be consulted on how best to implement new or redesigned NSP services. They should be actively involved in implementation.

Service users should be consulted in the planning of NSP services as well as in the assessment of local need.

3.3 Meeting local need

SMAPBs and CSPs should ensure that NSPs offer:

- A mix of NSP services, including outreach and mobile units, to meet local need using models of service delivery and locations appropriate to local injecting populations and the geography of the area.
- Special consideration of the specific needs of sub-groups of IDUs, and other problematic drug users at risk of injecting, where these populations exist in an area, including:
 - New/recent initiates to injecting drug use

- IDUs from black and minority ethnic communities
- Commercial sex workers
- Female injectors
- Young injectors
- Users of anabolic steroids and other PIEDS
- Crack cocaine and speedballers (those injecting heroin and crack together)
- Homeless injectors
- Injecting or problematic drug users in custody (both prison and police custody) or recently released from custody or court.
- Accessible services ensuring that injecting equipment is available throughout the area for a significant time during any 24-hour period. Opening hours should take into account the times when service users are likely to need access to injecting equipment with appropriate provision for out-of-hours and weekend access with mechanisms for safe disposal
- Advice, information and referral to services to reduce harm associated with injecting drug use
- Help to stop using drugs, or where appropriate, to switch to non-injecting methods
- Training to ensure staff are appropriately trained to deliver the level of service on offer.

Due to existing gaps in the evidence-base on how best to meet the needs of sub-groups of IDU's indicated above, service planners/commissioners may wish to commission and evaluate novel methods of service delivery.

SMAPBs and CSPs should ensure that:

- Plans are developed for the safe disposal of used injecting equipment including multiple options and locations
- Integrated care pathways are available for IDUs
- NSPs are audited and monitored to ensure they meet the needs of IDUs and address the concerns of local communities.

3.4 NSP policies and procedures

NSP services should have in place a range of policies and procedures to ensure consistency of practice including:

- Operational policy
- Needlestick injury procedure
- Confidentiality and information sharing policies
- Young people's policy (Must be accepted by the Local area Child Protection Committee (LACPC) and the Local Children Safeguarding Board (LCSB)).

4. Levels of service

SMAPBs should utilise pharmacies, specialist NSPs and other service models to ensure the provision of a balanced mix of the following levels of NSP services:

Level 1: Distribution of a choice of injecting equipment and paraphernalia either loose or in packs, with written information on harm reduction, such as safer injecting or overdose prevention.

Level 2: Distribution of bespoke 'pick and mix' injecting equipment plus health promotion advice. This includes advice and information on how to reduce the harms caused by injecting drugs.

Level 3: Level two plus provision of, or referral to, specialist services such as Hepatitis A (HAV) & B vaccinations, substance misuse treatment services and secondary care.

Service users should be able to access any of the three levels of service without requiring referral.

5. Identifying individual service user's needs

In the context of NSPs, an assessment refers to a basic discussion, and registration on the Harm Reduction Database (HRD), which should take place with all service users attending the service for the first time and existing service users if not previously undertaken. The registration process requires, in the first instance, key identifiers for that individual: gender, a set of initials and date of birth. An individual utilising the service should provide these details at each presentation, regardless of the location of the NSP service being accessed. If an individual does not wish to provide any details, access to sterile injecting equipment must still be provided and recorded on the HRD using the appropriate facility. Following registration on the HRD, further details (assessment) should be established over time regarding: the type and frequency of injecting drug use; whether the individual is at particular risk of injecting related harms; their current BBV status; and other issues relating to their drug/alcohol use or general health that may benefit from referral to other agencies.

The main purpose of the initial assessment is to ensure that service users receive the appropriate injecting equipment and related paraphernalia, in sufficient quantities, to meet their needs. The initial assessment should also be used to educate the service user about safer injecting practices and safe disposal of used injecting equipment, and to provide information about other types of NSP services in the area.

The assessment should be repeated regularly to ensure that the service user's injecting needs are still being met. Service users should also be asked at frequent intervals if they are having any difficulties with the use of their injecting equipment, or if they have any questions about its use.

Assessment should be undertaken by all NSP services and referrals to relevant health and treatment services made as appropriate. Level 2 and level 3 NSP services may be able to undertake a more complete assessment of service users' needs and address identified health needs, including wound management and hepatitis B vaccination.

Wherever possible, services should conduct NSP service interventions and have discussions with service users in a private area.

6. Provision of equipment and advice

NSP service providers should take the following action in relation to provision of equipment and advice:

6.1 Provide sterile needles and syringes

A range of different sizes of needles and syringes should be made available to service users where possible. The quantity of injecting equipment should be sufficient to meet individual service user needs i.e. to achieve at least 100% coverage (clean equipment for each injecting event allowing for missed hits) and not subject to an arbitrary limit.

6.2 Provide related injecting paraphernalia

Related injecting paraphernalia such as acidifiers, filters, mixing containers and sterile water for injections should be made available in sufficient quantities to meet individual service user needs. These items should be supplied in sufficient quantities to enable use on each injecting event.

6.3 Provide foil and information/advice regarding alternatives to injecting 'Route transition' and prevention of initiation into injecting 'Break the cycle'

Written and verbal information and advice regarding alternatives to injecting drug use - Route transition information- should be provided along with foil. Information and advice should also be provided regarding the prevention of initiation of individuals into injecting. This should be made available to non-injecting drug users, those at risk of initiation into injecting and to current injecting drug users. NSP providers must ensure that appropriate staff training is undertaken regarding the delivery of this element of the service.

6.4 Encourage safe handling and disposal of used injecting equipment

Sharps bins and advice on how to handle and dispose of injecting equipment safely should be provided to service users and NSPs must operate a service for the safe disposal of used injecting equipment. Where possible, provision of safe disposal facilities should be on a 24 hour basis through the use of secure static community bins.

6.5 Provide general safer injecting information and advice

As a minimum, provision of information and advice on:

- Improving injecting hygiene including hand washing before injecting
- The correct use of each item of injecting equipment and related paraphernalia
- The risks of sharing equipment including transmission of BBVs and other infections
- Injecting technique including specific injecting site risks
- What to do in the event of injecting site infections
- Reducing the risks of non-fatal poisoning (overdose)
- Safer sex and advice.

6.6 Provide specific safer injecting advice and information

Ensure that specific safer injecting advice and information is available when providing long needles and/or other equipment that could be used for more dangerous injecting practices such as groin injecting.

6.7 Encourage avoidance of accidental sharing

Encourage IDUs to use identification schemes e.g. marking their syringes and other injecting equipment or using easily identifiable equipment, to prevent accidental sharing when injecting with others.

6.8 Encourage IDUs to use services

Services should aim to reduce the harms associated with injecting drug use, provide information on non-injecting methods and address service user's health needs. Advice must be made available on how to find and access these services and onward referral provided as appropriate.

7. Models of service delivery

Where possible, SMAPBs and CSPs should ensure that NSP services are provided using a mixed-model approach (see section 4). In order to inform local decision-making on how best to structure NSPs to meet the needs of local injecting populations, a brief description of the main models of NSP service follows. In addition, a summary of the key strengths and limitations of different models of NSP service delivery is provided in Appendix 1. SMAPBs and CSPs should ensure that service level agreements and contracts reflect current guidance, clinical best practice and the legislative framework.

7.1 Specialist NSPs

Specialist NSPs may be either in the statutory or the voluntary sector and provide interventions through fixed site and/or outreach services. Some specialist NSPs are provided within a wider drug treatment service.

Many specialist NSPs undertake in-depth assessments of their service users' needs and offer a wide range of interventions in response to those needs.

Specialist NSP services should ensure that they:

- Provide sharps bins and advice on how to dispose of needles and syringes safely. In addition, provide a service for the safe disposal of equipment
- Ensure that staff receive or are offered a hepatitis B vaccination and the appropriate training for the level of service on offer
- Ensure the availability of a selection of individual needles, syringes and other injecting equipment as well as foil and condoms
- Offer comprehensive harm reduction services including advice on safer injecting practices, assessment of injecting site infections, advice on preventing overdoses, advice on safer sex, information on alternatives to injecting, where appropriate, offer a referral to opioid substitution therapy services
- Offer, or help people to access;
 - Opioid substitution therapy (OST)
 - Treatment of injection site infections
 - Vaccinations and boosters, including those offering protection from hepatitis A (HAV), hepatitis B (HBV) and tetanus
 - Pre and post test discussion and where appropriate, testing for HBV, HCV and HIV
 - Psychosocial interventions
 - Primary care services, including condom provision and general sexual health services, dental care and general health promotion advice
 - Secondary care services e.g. support with the treatment for HCV and HIV
 - Welfare and advocacy services e.g. advice on housing, financial and legal issues.

7.2 Pharmacy NSP services

Pharmacy NSP services are usually delivered within community pharmacy premises. This gives IDUs on-site access to a qualified health care practitioner and a full range of NHS pharmaceutical services. The contractual framework for community pharmacy services provides opportunities for developing the care of injecting drug users in a community pharmacy context with scope to develop some key sites to become specialist services.

Pharmacy NSP services should ensure that they:

- Provide sharps bins and advice on how to dispose of needles and syringes safely. In addition provide a service for the safe disposal of equipment

- Provide assessment and registration on HRD for each service user
- Ensure that staff receive appropriate training for the level of service on offer
- Ensure staff providing level two or three services (see section 4) are trained to provide health promotion advice and information, in particular, advice on how to reduce the harms caused by injecting and alternatives to injecting. Verbal, written and visual information formats should be made available.
- Ensure HBV vaccination is available for staff
- Ensure staff can provide people who inject drugs with information about, and onward referral to, local agencies offering further health, sexual health and substance misuse related support, including details about local OST services.

7.3 Outreach NSP services

'Outreach' is a generic term which may cover a variety of NSP services. An outreach service may take the form of a mobile unit e.g. van or bus, or a backpacking service on the street. Outreach may also be provided through home deliveries or a peripatetic service offered on the premises of another agency, such as homeless hostels and health centres, at certain times. Additionally, the term outreach may also apply to an NSP service that is delivered out-of-hours to a particular sub-population of IDUs.

Outreach services may be delivered by a specialist NSP service provider and are often aimed at populations of IDUs that are difficult to reach through fixed-site services delivered during day-time working hours due to accessibility or work requirements.

7.4 Police custody suite injecting equipment replacement schemes

When taken into police custody any injecting equipment found on an individual must be safely disposed of. Injecting equipment replacement schemes allow for the provision of sterile injecting equipment to that individual on release from police custody and may be delivered either directly or via the use of vending machines. The sterile equipment packs should contain information on NSP and drug treatment services available to them in the area.

7.5 Prison NSP services

Whilst there are currently no prison-based NSP services in the UK, there is international evidence on their feasibility drawn from existing prison based services in operation across Europe.⁸

7.6 Secondary distribution

Secondary distribution involves the distribution of sterile injecting equipment to NSP service users who then redistribute it to others within their social network. This may increase the reach of NSP services to IDUs who might not otherwise access sterile injecting equipment and /or sufficient equipment required. Information on secondary distribution should be recorded on the Harm Reduction database. Information should be made available to the visiting service user on all means of safe disposal of injecting equipment to be passed on to secondary users.

NSP service providers should be encouraged to provide secondary distributors with in-depth advice and education on safe injecting techniques and be encouraged to engage others into NSP services.

7.7 Peer-led services

Peer-led distribution of injecting equipment is similar in some ways to secondary distribution, in that it involves IDUs, sometimes former IDUs, distributing sterile injecting equipment to other IDUs.

Peer distributors are formally trained and may be employed by NSP service providers to provide accurate advice and information to other IDUs not currently engaged with any services regarding their drug use.

7.8 Vending machines

Vending machines may be used to provide sterile injecting equipment and related paraphernalia outside of opening hours of NSP services. Where the machine is operated using a token, service users are required to obtain tokens in advance from an NSP service. Vending machines should include facilities for the safe disposal of used injecting equipment. If not, secure disposal bins can be located beside the machines.

7.9 Hospital-based NSP services

Hospital-based NSP services are delivered within hospital premises and provide 24 hour access to sterile injecting equipment.

8. Young people

8.1 Guidelines on the provision of NSP services for people under 18 years of age

In the provision of harm reduction services, including NSP, to young people, there is a balance to be sought between safeguarding a young person's welfare and deterring them from seeking help. Provision of NSP services represents a public health intervention. Reducing injecting related harms, particularly the risks associated with sharing injecting equipment in the absence of sterile equipment, must be considered when planning for and providing services for young people.

There are statutory and legal requirements pertaining to the provision of NSP services to young people (under 18 years) and these vary with the age of the individual. For all young people, NSP provision should always form part of a range of relevant interventions relating to the young person's substance misuse as outlined in a care plan.

The aims of the assessment include:

- to identify any treatable emergency situations
- to confirm drug use
- to ascertain complications of drug use/dependence
- to ascertain other physical/mental health needs
- to ascertain highly risky substance use behaviour and give appropriate advice on harm reduction, including overdose risk, risk of injecting, risk of exposure to blood-borne viruses and risky sexual behaviour
- to offer immunisation to/refer on for hepatitis B vaccination
- to ascertain capacity to consent to treatment - in this situation 'treatment' being the provision of sterile injecting equipment.⁹

8.1.1 Under 16 year olds

Where young people aged under 16 present, NSP services should be provided in the context of a care and treatment plan that is regularly reviewed.³ However, to safeguard health, there is a requirement to provide sterile injecting equipment if requested. NSP providers must ensure that all relevant staff are competent to:

- Assess competence of the young person to provide valid consent. Young people under 16 have a right to confidential healthcare advice and treatment if the provider assesses that (see 'Gillick' or 'Fraser' competence section 8.2)
- Complete the young person's NSP risk assessment (see Young Person's risk assessment appendix 2)
- Assess the young person's awareness and understanding of the risks related to injecting
- Establish that providing sterile injecting equipment lessens the potential risks to the young person.

In addition, they must:

- Ensure that ongoing NSP provision is part of a wider care plan
- Ensure that the young person is made aware of the issues relating to confidentiality and the service's duty in relation to child protection
- Take a holistic approach and encourage the involvement of an appropriate carer or parent.³

Where a non-specialist NSP provider e.g. community pharmacist is concerned that a service user is a child (under 16) and is an injecting drug user, the most appropriate course of action in the interests of safeguarding the health of the child would be to issue an emergency pack (2/3 needles and syringes) and refer the service user to a specialist NSP service where a full assessment can be undertaken. Where possible the name and contact details of a specific individual at the specialist NSP should be issued to the service user following liaison with that specialist service. Continued engagement with services must be encouraged.

8.1.2 16 - 17 year olds

Young people aged 16 – 17 are presumed in law to be competent to give consent for themselves and as such should be considered under the Mental Capacity Act (2005) as if 18 or over, however, it is good practice to encourage involvement of family/carer. Again, NSP providers must ensure that all relevant staff are competent to:

- Obtain valid consent.
- Complete the young person's NSP risk assessment (see Young Person's risk assessment Appendix 2).
- Assess the young person's awareness and understanding of the risks related to injecting.

and must

- Ensure that ongoing NSP provision is part of a wider care plan.

It is vital that all staff undertake appropriate training in NSP delivery with young people and that continued engagement with NSP services is promoted.

In order to assess the risk of significant harm and the most appropriate service intervention, staff will be expected to use the Young Person's risk assessment at Appendix 2. The assessment also forms part of the continual assessment of risk.

Again in settings such as pharmacy NSP services, where a pharmacist is concerned that a service user is a young person (under 18) and is an injecting drug user, the most appropriate course of action in the interests of safeguarding the health of the young person would be to issue an emergency pack (2/3 needles and syringes) and refer the service user to a specialist NSP service where a full assessment can be undertaken. Where possible an individual contact name and details at the specialist NSP should be issued to the service user following liaison with that specialist service. Continued engagement with NSP services must be encouraged.

8.1.3 Confidentiality

NSP services to young people should be offered within a framework of confidentiality, however, boundaries to confidentiality must be discussed. For example, confidential information may be disclosed to

other professionals if the young person is suffering or is likely to suffer significant harm (child protection issues). All providers must ensure that they have a confidentiality policy in place and a clear understanding of child protection issues.

8.2 Fraser Guidelines

Lord Fraser set out guidelines in his judgment (referred to subsequently as the Fraser Guidelines) which apply specifically to contraceptive advice:

“...a doctor could proceed to give advice and treatment provided he is satisfied in the following criteria:

- 1) that the girl (although under the age of 16 years of age) will understand his advice;*
- 2) that he cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice;*
- 3) that she is very likely to continue having sexual intercourse with or without contraceptive treatment;*
- 4) that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer;*
- 5) that her best interests require him to give her contraceptive advice, treatment or both without the parental consent.”*

Gillick -v- West Norfolk And Wisbech Area Health Authority and Department of Health and Social Security [1985] 3 WLR 830 [HL]

The Fraser guidelines have been applied to cover other healthcare provision, and other healthcare staff, including the provision of needle exchange to under 16s.

The key issue is the competence of the assessor and his/her ability to demonstrate that the above conditions have been met.

Under such circumstances, all efforts should be made for assessments and any subsequent NSP provision to be undertaken by the most experienced and appropriate personnel. Wherever possible it is good practice to undertake such an assessment with a co-worker. However, in the absence of another member of staff, the assessment should not be delayed.

If workers are satisfied that the tests of capacity are met, it is then appropriate to provide NSP services without parental involvement, but this does not preclude an obligation to refer the case to social services. Agencies working in a statutory capacity will be obliged, where they feel that the child is exposed to significant risk, to make a referral to Social Services.

Voluntary sector organisations may not have this statutory obligation, but are advised to voluntarily adhere to the same practice, and make such a referral if they felt that the child was at risk of significant harm.

In any such situations it may be useful to discuss the case on a 'hypothetical' basis with Trust Safeguarding Team in the first instance, and see whether ongoing referral to Intake and Assessment is warranted.

It is essential that good records be kept of any such assessment and referral; these should detail the process of assessment and the reasons for decisions taken.

Appendix 1: Key strengths and limitations of difference models of NSP Services

Model	Strengths	Limitations
Specialist NSP services	<ul style="list-style-type: none"> • In-depth education and advice • Provision of injecting equipment can be tailored to individual service user need • Able to provide a wide range of interventions • Option for locating other services on-site • Equipment is cheaper to distribute 	<ul style="list-style-type: none"> • Hours of operation • Lack of consistent training among staff
Community pharmacy NSP services	<ul style="list-style-type: none"> • Longer (including weekend) hours of operation • Multiple locations • Less stigmatising/more anonymous • Relatively inexpensive • No planning permission required • Access to a full range of NHS pharmaceutical services • Access to qualified health care professional for general health advice 	<ul style="list-style-type: none"> • Generally does not provide a full range of harm reduction interventions, in-depth advice and education (although these may be provided in enhanced services) • Needles/syringes generally given out in pre-packed bundles rather than tailored to service user need • Can be difficulties with staff attitudes and lack of training/support
Outreach NSP services, including: Mobile services (eg, bus or van)	<ul style="list-style-type: none"> • Increases accessibility (ie, the service goes to where the service users are) - particularly useful for covering a large geographic area • More attractive than fixed-site services for certain hard-to-reach and high-risk groups of IDUs 	<ul style="list-style-type: none"> • Depending on the size of the vehicle, may have insufficient space for counselling sessions; arranging referrals; BBV testing; etc. • If they operate for only a short time at each location, there is a high chance that they will be missed

Model	Strengths	Limitations
<p>Home visits</p> <p>Peripatetic NSP services (provided as part of a wider service, for example, within a health centre or social work service)</p>	<ul style="list-style-type: none"> • Potential for in-depth education and advice to be made available • Relatively inconspicuous to the public • Able to reach hard-to-reach IDUs (e.g. women in particular) • Better returns of used injecting equipment • May attract different groups of IDUs • Improves accessibility in terms of location, time, culture and age group • Peripatetic services delivered in health centres may improve IDUs' access to other primary care services • Relatively inexpensive 	<ul style="list-style-type: none"> • Cost and maintenance of the vehicle • Safety for staff • Potentially intrusive for service users • Resource-intensive
<p>Prison/custody suite needle replacement</p>	<ul style="list-style-type: none"> • Ensures that known IDUs have access to sterile injecting equipment and information about local Injecting Equipment Provision (IEP) services upon release from custody • May reach some IDUs who are not otherwise in contact with IEP services 	<ul style="list-style-type: none"> • Little or no harm reduction advice given
<p>Prison injecting equipment provision</p>	<ul style="list-style-type: none"> • Reduces sharing of needles, and other high-risk injecting practices among prisoners 	<ul style="list-style-type: none"> • Can be opposition from politicians, prison staff and prisoners • Concerns among IDUs about anonymity

Model	Strengths	Limitations
Secondary distribution	<ul style="list-style-type: none"> • Improves reach to groups of IDUs who will not (or cannot) use other forms of IEP services 	<ul style="list-style-type: none"> • Lack of control over provision of, or accuracy of, harm reduction advice and information to recipients • Continued high-risk injecting behaviour
Peer-led distribution	<ul style="list-style-type: none"> • Peer knowledge of drugs and drug use • Improves reach to groups of IDUs who will not (or cannot) use other forms of IEP services • May provide education, employment skills and income for peer distributors • Convenient/accessible for service users • Peers have credibility and can be important role models 	<ul style="list-style-type: none"> • Training/supervising of peers can be costly • Conflicting identities as peer worker and injector • High turnover of peer workers
Dispensing machines	<ul style="list-style-type: none"> • 24-hour access • Anonymous • Location can be wherever the need requires • Convenient and easy to use • Limited staffing required 	<ul style="list-style-type: none"> • No face-to-face education or advice can be provided • No way to regulate access to the machine (by under-16s for example), unless a token system is used • Difficult to maintain anonymity when located in a public place • Potential for public opposition
Hospital-based NSP services	<ul style="list-style-type: none"> • 24-hour access 	<ul style="list-style-type: none"> • Can be opposition from hospital staff

Source: Scottish Government. *Guidelines for services providing Injecting Equipment. Best practice recommendations for commissioners and injecting equipment provision (IEP) services in Scotland.* Edinburgh: Scottish Government, 2010.

Appendix 2 - Generic Young Person's risk assessment/record sheet

(registration should also be undertaken on Harm Reduction Database)

NAME/INITIALS: _____ DOB _____ (state reason why initials used)
ADDRESS/LOCATION:
SECTION A - TO BE COMPLETED WITH CLIENT
DETAILS OF SUBSTANCE USE What drugs do you use and how do you use them? How much do you use and how often? Are you injecting drugs yourself or allowing others to inject you?
HEALTH RISKS How do you dispose of your injecting equipment? Are you aware of any health risks, eg, risk of contracting Hep B/C, HIV, via sharing equipment? Are you at risk of getting pregnant, ie, condom use/safer sex?

SOCIAL RISKS

Do you hang around with others who use substances?

Do your parents/carers know of your drug use and are they generally supportive?

Have you tried to get help before, if so, what happened?

Are you, or have you been in trouble with the police?

Have you got stable accommodation?

SECTION B – TO BE COMPLETED BY WORKER

Have you explained about confidentiality and the process of notifying relevant authorities if you believe the young person is considered to be at risk?

Do you believe the young person understands the advice and information you are giving them?

Do you believe the young person will inject regardless of the information and/or equipment you provide?

SECTION B – TO BE COMPLETED BY WORKER

Do you feel the young person's physical or mental health will suffer if you do not issue equipment or offer more advice?

Can the young person be encouraged to inform their parents/carers?
Will you inform their parents or carers? If not, why not?

Are you acting in the best interest of the young person at this time?
Give reasons:

PLAN OF ACTION

Action required? Yes/No

Equipment given? Yes/No

Referral to other agency? Yes/No

Date, time and to whom referral was made:

Comments:

Signature:

Date:

Glossary

AIDS	Acquired Immune Deficiency Syndrome
BBVs	Blood Borne Viral Infections
CSPs	Community Safety Partnerships
HAV	Hepatitis A Vaccine
HBV	Hepatitis B Vaccine
HCV	Hepatitis C Vaccine
HIV	Human Immunodeficiency Virus
HPA	Health Protection Agency
HRD	Harm Reduction Database
IDU	Injecting Drug Users
IEP	Injecting Equipment Provision
LACPC	Local Area Child Protection Committee
LCSBs	Local Childrens Safeguarding Boards
NICE	National Institute for Health and Clinical Excellence
NSPs	Needle and Syringe Programmes
ONS	Office for National Statistics
OST	Opioid Substitute Therapy
PHW	Public Health Wales
PIEDS	Performance and Image Enhancing Drugs
SMAPBs	Substance Misuse Area Planning Boards

References and further reading

1. Craine N, Smith J. *Evaluation of the range of safe, effective and cost-effective interventions aimed at injecting drug users, primary stimulant users and prevention of drug related overdose and death - stage1*. Cardiff: Public Health Wales, 2010. Available at: [http://nww2.nphs.wales.nhs.uk:8080/BloodBorneVirusesDocs.nsf/3dc04669c9e1eaa880257062003b246b/c1a80799178d508a802577ed00519c0d/\\$FILE/FINAL%20VERSION%20%20FOR%20INTERNET%20PUBLICATION%20dEC%202010%20.doc](http://nww2.nphs.wales.nhs.uk:8080/BloodBorneVirusesDocs.nsf/3dc04669c9e1eaa880257062003b246b/c1a80799178d508a802577ed00519c0d/$FILE/FINAL%20VERSION%20%20FOR%20INTERNET%20PUBLICATION%20dEC%202010%20.doc)
2. NICE. *PH18 Needle and syringe programmes: review of effectiveness and cost effectiveness revised full report October 2008*. Available at: <http://www.nice.org.uk/guidance/index.jsp?action=download&o=43372>
3. Welsh Government. *Substance Misuse Treatment Framework - Guidance on Good Practice for the provision of services for Children and Younger People who Use or Misuse Substances in Wales*. 2008. Available under the Treatment Framework section at: www.wales.gov.uk/substancemisuse
4. Welsh Government. *Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2010*. 2008. Available under the Publications section at: www.wales.gov.uk/substancemisuse
5. Welsh Government. *Blood borne viral hepatitis action plan for Wales 2010-2015*. 2010. Available at: <http://wales.gov.uk/topics/health/protection/communicabledisease/publications/blood/?lang=en>
6. Department of Health (England) and devolved administrations. *Drug misuse and dependence: UK guidelines on clinical management*. London: DH, 2007. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009665
7. Welsh Government. *National Core Standards for Substance Misuse Services in Wales*. 2010. Available under the Publications sections at: www.wales.gov.uk/substancemisuse
8. EU Directorate - General for Health and Consumers: *Drug Policy and harm Reduction. Final Report on Prevention, Treatment, and Harm Reduction Services in Prison, on Reintegration Services on Release from Prison and Methods to Monitor/Analyse Drug use among Prisoner*. April 2008. Available at: <http://www.ohrn.nhs.uk/resource/policy/PreventionTreatmentHarm.pdf>
9. Department of Health. *Guidance for the pharmacological management of substance misuse among young people*. London: DH, 2009. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_106429.pdf

Further Reading

EMCDDA. Statistical bulletin, 2007. Available at:
<http://www.emcdda.europa.eu/stats07/main>

HPA. Shooting Up: *Infections among injecting drug users in the United Kingdom 2008. An update: October 2009*. London: HPA, 2009. Available at:
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1254510657318

NICE. *PH18 Needle and syringe programmes: economic modelling, revised full report October 2008*. Available at: <http://www.nice.org.uk/guidance/index.jsp?action=download&o=43370>

NICE. *PH18 Needle and syringe programmes: fieldwork report October 2008*. [Online]. Available at:
<http://www.nice.org.uk/guidance/index.jsp?action=download&o=43371>

NICE. *PH18 Needle and syringe programmes: review of qualitative evidence revised full report August 2008*. Available at: <http://www.nice.org.uk/guidance/index.jsp?action=download&o=43373> [Accessed 24th Aug 2010]

NICE. *Needle and syringe programmes: providing people who inject drugs with injecting equipment*. NICE public health guidance 18. London: NICE, 2009. Available at: <http://guidance.nice.org.uk/PH18>

Scottish Government. *Guidelines for services providing injecting equipment. Best practice recommendations for commissioners and injecting equipment provision (IEP) services in Scotland*. Edinburgh: Scottish Government, 2010. Available at: <http://www.scotland.gov.uk/Publications/2010/03/29165055/0>

Welsh Government. *Substance Misuse in Wales 2009-10*. Available under the Substance Misuse Statistics section at:
www.wales.gov.uk/substancemisuse