Needle and Syringe Programmes:
A Global Overview

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INJECTING DRUG USE

• Since 1900s
• 1920s / 1930s – Popular in USA (and Egypt)
• 1940s/ 1950s – Spread to Europe / Australia
• 1992 – 80 Countries (Stimson 1993)
• 2004 – 130 Countries (Aceijas 2004)
• In 2008...
2008 – 158 Countries (Cook & Kanaef 2008)

GLOBAL DISTRIBUTION OF INJECTING DRUG USE

- Reported IDU
- Not reported
RATIONALE FOR NSPs

• Injecting Drug Use is Very High-Risk
• Sharing of Equipment = Blood-Borne Viruses (HIV, Hepatitis)
• NSPs = Pragmatic ‘Harm Reduction’ Response
• Aim = Distribute Sterile, Safer Products to IDUs
• Collect and Dispose of Old Needles and Syringes
HISTORY OF NSPs

• First Informal Services in 1970s – USA?
• First Official NSP in Netherlands 1984 (before HIV)
• Spread Across World – ie Europe:
  – 1987: 6 Countries
  – 1990: 14 Countries (public funding in 12)
  – 2000: 28 Countries (public funding in 27)
• NSPs in All Cultural, Political and Economic Settings
Now: 77 Countries (IHRA)

GLOBAL AVAILABILITY OF NEEDLE AND SYRINGE PROGRAMMES

Available
Not Available
158 Countries Have Injecting Drug Use
Less Than Half Have NSPs

GLOBAL AVAILABILITY OF NEEDLE AND SYRINGE PROGRAMMES

- Available
- Not Available
NSP MODELS

• Specialist Drug Services (‘Fixed Site’)
• Outreach Workers / Back-Packs
• Mobile Schemes (Vans and Cars)
• Vending Machines
• Pharmacies
• Hospitals
• Prisons (Only 10 Countries)
MORE THAN NEEDLES (1)

• Various Paraphernalia Needed to Inject:
  – Cookers
  – Water
  – Filters
  – Acidifiers
  – Swabs
  – Tourniquets

• Sharing = Risks of BBVs and Other Harms
MORE THAN NEEDLES (2)

- Low Threshold Service
- Health Checks, Vaccinations, Referrals
- Information, Education and Risk Communication
- Overdose Prevention (Naloxone)
- Promote ‘Safer’ Routes of Drug Use
- Acupuncture, Relaxation, Skills-Building
- Needle Collection Schemes
THE EVIDENCE (1)

• Two Decades of Research

• Major Reviews Conducted:
THE EVIDENCE (2)


- 6 Studies = Direct Impact on HIV Infection
- 23 Studies = Impact on Risk Behaviours
- Positive Impacts on Injecting Frequency, Return Rates and Drug Treatment

- NSPs can reduce HIV infection ‘substantially’
- ‘No convincing evidence’ of unintended consequences
- NSPs are cost-effective
THE EVIDENCE (3)

Ecological Study – 99 Cities

• 63 cities did not have needle and syringe programmes
• HIV prevalence increased by 8.1% per year
• 36 cities did have needle and syringe programmes
• HIV prevalence fell by 18.6% per year
• “the study provides strong evidence that NSPs reduce the spread of HIV infection”

MacDonald et al (2003) IJDP, 14, 353-357
CHALLENGES / ISSUES

• One Part of UN ‘Comprehensive Package’
  www.who.int/hiv/topics/idu/harm_reduction/en/

• Good Coverage Required

• Service Access (Model, Location, Times)

• Service Quality (Good Products, Trained Staff)

• **Must Be Clear Response to LOCAL Needs**

• Set-Up = Costs, Insurance (Medical Waste?)

• Other Barriers = Public / Media / Law
NSPs: GUIDES / RESOURCES


- **International Federation of Red Cross and Red Crescent Societies (2003)** Spreading the Light of Science: Guidelines on Harm Reduction Related to Injecting Drug Use

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www.menahra.org
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Thank You!

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