

Needle and Syringe Programmes in Europe;

State of Affairs, challenges and ways forward

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Drug use in Europe 1960s - 2000

60s:

- wide range of substances become part of alternative youth culture

70s, 80s

- increased use of heroin/amphetamine/cocaine -> 'epidemics' among vulnerable populations:
- introduction of HIV, HBV, HCV in IDU populations

90s

- new generation of synthetic drugs (e.g XTC)
- part of new youth cultures (rave and nightlife) culture

Drug use in Europe; 2000 onward

Globalisation and internet

- 'stable' rates of heroin and cocaine use
- increased rates of amphetamines and synthetic drugs e.g. Ketamine, GHB, Mephedrone, fentanyl, captagon, Spice, MDPV and other 'legal highs'
- Drug supply: new producer regions (e.g. China, South Asia)
- internet crucial in drug supply and consumer info

NSP part of comprehensive policy

- NSP is part of Harm reduction: a set of practical strategies to reduce negative consequences of drug use and drug policies
- NSP and other HR measures:
 - no ‘One-size fits all’; but offers different options
- NSP and other HR measures:
 - no ‘End point”, but offers an entry point to generic services and referral

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

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 (I)

Various Paraphernalia Needed to Inject:

- Cookers
- Water
- Filters
- Acidifiers
- Swabs
- Tourniquets

Other paraphernalia to use:

- Lighters
- Aluminium foil
- Crack pipes
- Screens/filters

More than needles (II)

- Low threshold service = ENTRY POINT
- 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

Comprehensive package of interventions (WHO, UNAIDS/UNODC), 2002

1. Needle and syringe programs (NSPs)
2. Opioid substitution therapy (OST) and other drug dependence treatment
3. HIV testing and counselling
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections
6. Condom distribution programs for people who inject drugs and their sexual partners
7. Targeted information, education and communication for people who inject drugs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis

International Endorsement

Harm reduction and NSP is supported by:

- UNAIDS, UNODC, UNDP, UNICEF, WHO, Global Fund, World Bank
- UN Committee on Economic, Social & Cultural Rights
- UN Special Rapporteur on the Right to the Highest Attainable Standard of Health

Scientific evidence

- Two Decades of Research
- Major Reviews Conducted:
 - Palmeteer et al. (2010) 'Evidence for the effectiveness of sterile injecting equipment provision in preventing hepatitis C and human immunodeficiency virus transmission among injecting drug users: a review of reviews.'
 - WHO, UNAIDS, UNODC (2007) Effectiveness of Interventions to Manage HIV in Prisons: Needle and Syringe Programmes and Bleach and Decontamination Strategies.
 - US Institute of Medicine (2006) Preventing HIV Infection among Injecting Drug Users in High Risk Countries: An Assessment of the Evidence.
 - Wodak & Cooney (2004) Evidence for Action Technical Papers: Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS among Injecting Drug Users. (WHO)
 - World Health Organisation (2004) Evidence for Action Technical Papers: Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users."
 - Hunt et al (2003) Review of the Evidence-Base for Harm Reduction Approaches to Drug Use.

Scientific evidence (II)

Meta-analysis:

48 Studies on NSP and HIV (1989-2002)

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

Wodak & Cooney (2004)

Scientific evidence (III)

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,

Scientific evidence (IV)

There are proven financial and health benefits to investing in NSP implementation and scale up: early and progressive implementation of NSP is most cost- saving.

- For instance, the cost of NSPs to Australian governments 1988-2000 was \$AUD 122 million. It prevented 25,000 HIV infections by year 2000; and by 2010, it prevented 4,500 AIDS deaths.
- Savings were estimated to be between \$AUD 2.4 billion (discounted at 5% per annum) or \$AUD 7.7 billion (unadjusted).

Health Outcomes International Pty. Ltd. (2002)

Australia Commonwealth Dpt on Health and Ageing (2002).

- **Second cost-effectiveness analysis in Australia in 2009 found that for every dollar invested in needle and syringe exchange, more than four were returned in health care savings.**^{32 33}

Australian Government, Department of Health and Ageing (2009)

Scientific evidence (V)

- Studies on NSP cost-effectiveness have also found favourable results, particularly in saving foregone HIV lifetime treatment costs, in:
 - **the United States** Holtgrave et al. (1998)
 - **Belarus** Kumaranayake et al. (2004)
 - **China** Zhang et al. (2011)
 - **Ukraine** Vickerman et al. (2006)

Scientific evidence (VI)

Especially effective in combination with other health measures ('full scale harm reduction')

References:

- Palmeteer et al. (2010) 'Evidence for the effectiveness of sterile injecting equipment provision in preventing hepatitis C and human immunodeficiency virus transmission among injecting drug users: a review of reviews.' *Addiction*. 105.5.
- 'HIV in People Who Use Drugs' *Lancet Series* July 2010.
<http://www.thelancet.com/series/hiv-in-people-who-use-drugs>

Challenges

1. limited coverage of services in all countries
2. limited drug user involvement in services and policy development
3. eroding quality of services
4. swing towards issues on security, safety and public order
5. new political and funding agenda's

1. Limited coverage of HR

- significant gaps on local level,
- and in prison settings
- access to HIV/HepC treatment
- responses for stimulant users
- new generations of (internet) drugs and users

2. Under-developed user participation

- recent inventory: limited number of user initiatives. Also in 'old harm reduction countries'
- 30 organisations in Europe
- Including 4 networks (4-50 initiatives)
- Prominent in Northern & Western Europe

- Under-representation Southern & Eastern Europe

3. Eroding of HR services

- mainstreaming and roll out of services is leading to medicalisation and technocracy of service delivery
- leading to decreased quality of services

4. More Public order

- increased role of public order and nuisance control (e.g. coercive treatments, compulsory treatment)
- enlarged range of law enforcement tools: CCTV cameras and general municipal ordinance (in specific areas, gathering ban, alcohol/drug free zones)

5. New political agenda's

- economic crises, severe pressure on funding
- new administrations:
 - ‘small government’, reduce ‘welfare state’, focus on deregulation & cutting costs
 - push for Security and Safety agenda
 - in drug policy: ‘recovery’ and ‘health for growth’

Ways forward for Harm Reduction (eg NSP)

- Don't assume successes are permanent
- Be pro-active in advocacy
- 'Get organised'. National and international networks and partnerships
- Beware of changes in the drug field (new trends, different patterns, other substances)
- 'Build your case', document your work/experience
- invest in linkages with other elements from comprehensive approach, like 'recovery-services'
- invest in partnerships between academics, politicians, services and drug user communities
- Invest in MEANINGFUL involvement of community and user initiatives
- ...
- ...

Thank you for your attention!

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