



# GUIDE TO STARTING AND MANAGING NEEDLE AND SYRINGE PROGRAMMES



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World Health Organization, Department of HIV/AIDS

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# I. WHY, WHAT, WHERE, HOW?

## A. Why this guide?

The transmission of HIV among injecting drug users and related populations of sex workers, youth and other vulnerable people is greatly adding to the burden of disease in countries worldwide. Evidence from 20 years of research shows that needle and syringe programmes (NSPs) *prevent, control and ultimately reduce prevalence of HIV and other blood-borne infections among injecting drug users*. These programmes are now operating in more than 60 countries in all regions of the world; yet it is estimated that less than 2% of injecting drug users are able to access sterile needles and syringes through NSPs [1]. The need for needle and syringe programmes, their role in a comprehensive response to HIV among injecting drug users and evidence for their effectiveness can be found in recent documents such as:

- ▶ *Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS among Injecting Drug Users*. Geneva, World Health Organization (WHO), 2005 (Evidence for action on HIV/AIDS and injecting drug use technical paper and policy briefings);
- ▶ Wodak A, Cooney A. Effectiveness of sterile needle and syringe programmes (and other articles in) *Evidence for Action: Special Issue of the International Journal of Drug Policy*, 2005, S31-S44;
- ▶ *Policy and programming guide for HIV/AIDS prevention and care among injecting drug users*. Geneva, WHO, 2005; and
- ▶ *Advocacy Guide: HIV/AIDS Prevention among Injecting Drug Users*. Geneva, WHO, 2004.
- ▶ *Preventing HIV Infection among Injecting Drug Users in High Risk Countries: an Assessment of the Evidence*. Institute of Medicine of the National Academies (2006) Washington DC: The National Academic Press.

This guide is designed to assist in expanding the response to HIV among injecting drug users globally. To do this, many more NSPs will need to be established. Sections I and II of this guide aim to foster this process. Many existing NSPs also need to expand the services that they offer and greatly increase their coverage. How to do this is the topic of sections III and IV. The scaling up of programmes must also include the establishment of many more NSPs in prisons and detention centres. The particular needs of NSPs in such “closed settings” are the subject of section V. The end of this guide provides a list of useful web sites, publications and networks, followed by annexes and notes.

## B. What principles should guide NSPs?

Principles and approaches to be used in addressing HIV among injecting drug users are articulated in the UN Drug Control Conventions, the Declaration on the Guiding Principles of Drug Demand Reduction and UN human rights and health promotion policies. These emphasize the following points.

- ▶ Protection of human rights is critical for preventing HIV as people are more vulnerable to infection when their economic, health, social or cultural rights are not respected. Equally, a punitive approach, based overly on criminal justice measures, succeeds only in driving underground those people most in need of prevention and care services.
- ▶ Needle and syringe programmes are a key component of the comprehensive package of harm reduction interventions needed to address HIV among injecting drug users. The comprehensive package includes measures in support of three goals: 1) providing drug users with information and the means to protect themselves and their partners and families from exposure to HIV, including targeted information and education through outreach, provision of condoms and sterile injecting equipment and access to voluntary testing and counselling, 2) facilitating entry into drug dependence treatment, in particular opioid substitution therapy for people dependent on opioids; and 3) encouraging the uptake of other medical care, including general primary care and access to HIV care and ART [2].
- ▶ HIV prevention among injecting drug users should begin as soon as possible, as the virus can spread rapidly in this population and beyond.
- ▶ Interventions should be based on a regular assessment of the nature and magnitude of drug use, as well as trends and patterns of HIV infection.
- ▶ For prevention measures to be effective in a country, it is essential that these reach as many individuals as possible in at-risk populations.
- ▶ HIV prevention and drug-demand reduction programmes should be integrated into broader social welfare and health promotion policies and preventive education programmes.
- ▶ Effective responses to HIV among injecting drug users require the engagement of these people in all phases of programme development and implementation.

- ▶ HIV prevention and drug treatment programmes should provide for voluntary counselling and testing for HIV and other infectious diseases to help injecting drug users change behaviours that place themselves or others at risk.
- ▶ HIV prevention programmes should also focus on sexual risk behaviour among people who inject drugs or use other substances.
- ▶ Outreach work, peer education and specific measures outside normal service settings and working hours are often needed to reach injecting drug users, including prisoners, youth, women and sex workers.
- ▶ Flexible, easy-to-access opioid substitution therapy and other drug treatment services are critical to meeting the needs of injecting drug users.
- ▶ Care and support, with community participation, must be provided to injecting drug users living with HIV, and to their families.

### C. What elements distinguish effective NSPs?

Needle and syringe programmes vary widely in terms of their location (within or near targeted communities of injecting drug users), hours, distribution policies, and their clientele and the drugs used by this group. Furthermore, while some provide outreach services and alternate sources for the distribution of needles and syringes (such as vending machines) others do not; and the social, political and economic context in which NSPs are situated differs from one place to the next, as does the availability of treatment and social services for people who are dependent on drugs and living with (or at risk of acquiring) HIV. Despite this diversity, effective NSPs tend to share

needles and syringes. In all other cases, it is best to conduct a careful assessment of the situation prior to starting, as this will improve the programme's effectiveness and sustainability. An assessment should describe the nature of drug problems and the factors influencing them at a local level. It should also look at the adverse health consequences of drug use and identify resources that might be available to respond to drug problems and interventions that are socially, politically and economically appropriate. Above all, the assessment should provide a foundation for starting an NSP. The WHO/UNAIDS rapid assessment and response (RAR) methodology for injecting drug use provides tools that help in this work [4].

**Community mobilization:** Effective NSPs engage injecting drug users in decision-making from the earliest moment: assessments, planning, and critical decisions about sites, types of commodities and services to be provided and so on. It is also recommended that NSPs be guided by advisory committees that are broadly representative of stakeholders and the injecting drug users to be served (see text box "Developing NSPs with drug users: Australia's experience", section II A).

**Quick start:** They begin promptly, so that injecting drug users benefit before HIV spreads widely.

**Comprehensive, flexible, easy to access:** NSPs cannot prevent HIV and other diseases on their own so they need to provide a comprehensive range of well-coordinated and flexible services aimed at improving the health and well-being of injection drug users. Their services are often provided at multiple locations with varied hours of operation, making sterile injecting equipment and other services easy to access.

**Range of commodities:** As well as sterile needles

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