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► [The provision of non-needle/syringe drug injecting paraphernalia in the primary prevention of HCV among IDU: a systematic review.](#)

Gillies M., Palmateer N., Hutchinson S. et al. [Request reprint](#)

**BMC Public Health: 2010, 10:721.**

Authors who worked on Scotland's hepatitis C plan conclude that limitations in the research mean the best that can be said is that attending needle exchanges which provide injecting paraphernalia may be associated with reduced sharing of this equipment.

**Original abstract** *Background* Sharing drug injecting paraphernalia other than needles and syringes has been implicated in the transmission of hepatitis C virus (HCV) among injecting drug users. We aimed to determine whether the provision of sterile injecting paraphernalia other than needles and syringes reduces injecting risk behaviours or HCV transmission among injecting drug users.

*Methods* A systematic search of seven databases and the grey literature for articles published January 1989–February 2010 was undertaken. Thirteen studies (12 observational and one non-randomised uncontrolled pilot intervention) were identified and appraised for study design and quality by two investigators.

*Results* No studies examined the association between the provision of sterile injecting paraphernalia and incident HCV infection. One cross-sectional study found that individuals who frequently, compared to those who infrequently, used sterile cookers and water, were less likely to report prevalent HCV infection. Another found no association between the uptake of sterile injecting paraphernalia and self-reported sharing of this paraphernalia. The remaining observational studies used attendance at needle and syringe exchange programmes or safer injection facilities that provided injecting paraphernalia as a proxy measure. Eight studies presented adjusted odds ratios, ranging from 0.3 to 0.9, suggesting a reduced likelihood of self-reported sharing of injecting paraphernalia associated with the use of syringe exchange programmes or safer injection facilities. However, there was substantial uncertainty associated with these estimates.

Three unadjusted studies reported a reduction in the prevalence of sharing of injecting paraphernalia over time among syringe exchange programme users. Only one study reported an adjusted temporal trend in the prevalence of sharing injecting paraphernalia, finding higher rates among non-syringe exchange users than syringe exchange users at each time point, and a greater reduction in sharing among non-syringe exchange than syringe exchange users over time. Study limitations included the use of convenience samples, self-reported exposure and outcome measures, flawed classification of the exposed and unexposed groups, and inadequate adjustment for potential confounding variables.

*Conclusions* The evidence to demonstrate that the provision of sterile injecting paraphernalia other than needles and syringes reduces HCV transmission or modifies injecting risk behaviours is currently limited by an insufficient volume and quality of studies. Further research is required to inform practice and policy in this area.

Last revised 05 February 2011

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