

1.8 Specialist needle exchanges: more proactive intervention could help safeguard clients' health

Findings Services provided by specialist needle exchanges in south-east London were compared with pharmacy-based exchanges. Interviews with a representative sample of 280 clients revealed that customers of both were typically unemployed men injecting heroin. Over three-quarters had relied on the same type of service for at least a year, client satisfaction was high, and safe injecting was the norm, with 80% normally using each syringe only once.

However, a minority continued to risk infection spread. In the previous four weeks 1 in 10 had used the same syringe as a sexual partner; significantly more of the agency sample (12% compared to 5%) had shared with a close friend. Over the last six months twice as many of the agency group (26% v. 12%) had used (cleaned) injecting equipment after someone else. Many more clients had regularly shared injecting paraphernalia (spoons, water containers, and filters); in the agency sample in the last four weeks 49% had shared with a close friend compared to 35% in the pharmacy sample.

Saliva tests showed that probably 3 in 4 of each group were infected with hepatitis C and nearly a third with hepatitis B, against which less than 30% had been vaccinated. Significantly fewer of the agency sample (1% v. 5%) were HIV positive. Medical problems were common and often severe; during the last year, a third had survived overdoses and a quarter had abscesses which required medical attention. Nearly a third had felt their alcohol use was out of control.

Agency exchangers typically spent half an hour at the service. Many more than at pharmacies received (and read) health leaflets (eg, 70% v. 25% on injecting) and sought advice from staff (52% v. 10%). In the last year 50% had been counselled by staff, 59% had discussed their injecting, 55% had shown injecting sites to staff, 46% had been referred elsewhere including 41% advised to visit their GP, and 22% had seen a doctor or nurse at the agency.

In context Hassle-free access has been key for UK needle exchanges since HIV put a priority on attracting injectors to the schemes. In pursuit of this objective, opportunities to further safeguard health may have been missed. Expectations are highest for specialist schemes. The scope for these to deliver additional services can be appreciated by reversing the current study's statistics – looking at what was *not* done. Despite poor health, most clients could not recall being advised to see their GP and over three-quarters had not received qualified medical help at the agency. In the last year 4 in 10 had not discussed injecting with staff and nearly half had not had injecting sites inspected. Sharing injecting paraphernalia was common and though most were infected with hepatitis C, many drank enough to aggravate any infection. These findings are in line with those from Glasgow (► *Secondary sources*) where nearly all exchange attenders had injecting-related health problems but just a quarter had recently received health care at the exchange.

Nuggets 1.7 **LINKS**

Practice implications Commissioners will want to be assured that specialist exchanges deliver sufficient added value to justify their greater cost. There seems scope for specialist exchanges to more actively (but not intrusively) probe health problems among clients, improve injecting practice, and address residual infection risk behaviours, particularly in the light of the transmissibility of hepatitis C. Much of this might be achieved by more structured use of existing contacts with agency staff. Additionally, on-site sessional medical services could offer hepatitis B vaccination and identify and treat problems before they require emergency attention. On-site facilities of this kind are indicated by the Glasgow study's finding (► *Secondary sources*) that many clients do not action referrals to outside medical help.

Main sources Griffith P., Noble A., Clarke K., et al. *Needle exchanges and injecting risk: a comparison of south east London exchanges based in pharmacies and specialist agencies*.

Secondary sources Morrison A., Elliott L., Gruer L. "Injecting-related harm and treatment-seeking behaviour among injecting drug users." *Addiction*: 1997, 92(10), p. 1349–1352. Copies: apply ISDD.

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