

## 5.8 Change of gear needed if needle exchanges are to combat hepatitis infection

**Findings** A Swedish study confirmed fears that syringe exchanges do not necessarily prevent hepatitis spreading, while in Scotland sporadic attendance has been highlighted as an obstacle to disease prevention.

For two years, [study 1](#) at the Malmö exchange tracked new HIV and hepatitis B and C infections among clients initially negative for at least one of the viruses. At baseline over 70% under 26 years of age were already infected with hepatitis C. Over a typical follow-up of 31 months there were no new HIV infections, but a quarter previously free of hepatitis B became infected and over half with hepatitis C (about 1 in 4 per year). Typically users visited about once every six weeks. Infrequent attendance also typified an exchange in a Scottish city which in 1998 saw a dramatic increase in hepatitis B infection [study 2](#). Apart from limited sales, the exchange was the sole legal source of injecting equipment in the city. Despite substantial requirements (over three-quarters of all attenders used heroin and even among once-off attenders, over half injected daily) 28% of attenders in 1997 attended only once or twice more in the next 12 months and only about a third attended at least once a month on average.

**In context** In the context of an overall harm reduction approach, exchanges reduce spread of the HIV virus. However, evidence is lacking for hepatitis. In Britain, after three years 1 in 10 injectors are infected with hepatitis C; after a few more years, studies have found infection the norm. Compared to HIV, the robustness, infectivity and prevalence of hepatitis C mean that its spread can be minimised only by achieving greater levels of risk reduction at an earlier stage in injecting careers. Though now mainly confined to close associates, residual sharing of needles and syringes may have increased recently and even among exchange attenders, sharing of other injecting paraphernalia is the norm. Since most people infected with hepatitis C escape virtually unscathed, just providing information seems unlikely to sway a population who regularly run considerable risks.

Disease prevention is improved by decreasing the time used equipment stays in circulation. Where needle exchanges operate one-for-one return policies, this means increasing the attendance rate. This may be difficult as users prefer not to carry injecting equipment in the street. In the featured studies and elsewhere, limiting supplies to just a few days' worth does not induce frequent attendance and may contribute to continued sharing of equipment.

**Practice implications** Uniquely, specialist needle exchanges have access to large numbers of high-risk injectors in a situation where their disease risk can be acknowledged and responded to. The task in relation to hepatitis is to exploit this access to intervene more actively to reduce risk without jeopardising it by making users feel so pressured that they leave. Ways forward might include: proactive outreach; reducing paraphernalia sharing (relaxation of paraphernalia laws may be required); safe disposal options which do not require return of used syringes; providing sufficient equipment for exchange users to supply other injectors; providing opportunities to move away from injecting, such as discussion of treatment options and reciprocal referral links with treatment services; forging links with welfare services to counter poor housing and poverty; encouraging and skilling injectors to refuse requests to re-use their equipment and/or to initiate others into injecting; intervening with the dyads and small networks within which residual needle and syringe sharing commonly occurs; and recruiting peer educators to alter social norms supportive of sharing. Exchanges should also be bases to campaign for hepatitis B vaccination and hepatitis testing, preferably provided on-site.

**Featured studies** [1](#) Månsson A-S., *et al.* "Continued transmission of hepatitis B and C viruses, but no transmission of human immunodeficiency virus among intravenous drug users participating in a syringe/needle exchange program." *Scandinavian Journal of Infectious Diseases*: 2000, 32: p. 253–258 [2](#) Hay G., *et al.* "The attendance pattern of clients at a Scottish needle exchange." *Addiction*: 2001, 96, p. 259–266. Copies: for both apply DrugScope.

**Additional reading** Department of Health. *Hepatitis C – guidance for those working with drug users*. 2001. Copies: download from [www.hepc.nhs.uk/resources.html](http://www.hepc.nhs.uk/resources.html).

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