



National Health Service in Scotland  
Management Executive

St Andrew's House  
Edinburgh EH1 3DG

28 November 1994

Dear Colleague

**NEEDLE AND SYRINGE EXCHANGE SCHEMES**

**Summary**

1. This letter draws attention to an increase in the upper limit on the number of needles and syringes which may be issued to clients attending exchange schemes approved by The Scottish Office and operated in accordance with the Lord Advocate's guidance.

**Action**

2. General Managers and Trust Chief Executives are asked to ensure that the attention of all appropriate managers and staff is drawn to the revised guidance, and that applications for the introduction or extension of needle and syringe exchange schemes are addressed to the Chief Executive, NHS Management Executive, St Andrew's House, Edinburgh.

**Background**

3. In its report published in October 1994, the Ministerial Drugs Task Force endorsed the vital contribution of needle and syringe exchange schemes in combating the spread of HIV, Hepatitis B, C and D amongst injecting drug misusers, and recognised their role in prevention and harm minimisation strategies. While concluding that such exchanges must continue to operate within a defined framework, the Task Force took the view that there was scope for raising the current upper limit on the number of sets of equipment which may be issued at any one time.

4. With the approval of the Lord Advocate, therefore, it has been agreed that the number of sets which may be issued on the second and subsequent visits to an exchange should be increased from 10 to 15 (providing the quantity issued on the previous occasion is returned safely for disposal). In exceptional cases - for example, when a client is collecting equipment on behalf of a spouse or where there are particular difficulties in

Addressees

For action:

General Managers,  
Health Boards  
Chief Executives,  
NHS Trusts

For Information:

Directors of Public  
Health Medicine/  
CAMOs

Health Board AIDS  
Co-ordinators  
Medical Directors, NHS  
Trusts  
Directors of Social  
Work  
General Manager,  
Common Services Agency

Enquiries to:

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Senior Medical Officer  
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EH1 3DE  
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W Davidson  
HIV/AIDS Branch  
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rural situations - the upper limit will be raised to 30. On his or her first visit to an exchange, the client will continue to be offered up to 5 clean needles and syringes as at present.

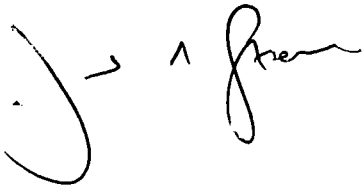
5. The new limits are introduced forthwith, and a copy of the Lord Advocate's guidance, duly revised, is attached.

6. The new upper limits apply also to the free needle and syringe exchange services provided by community pharmacists.

7. Further guidance about the relative responsibilities of purchasers and providers in ensuring appropriate operation of needle and syringe exchange schemes will be issued in due course.

8. Applications for new exchanges or for an extension of existing schemes should follow the existing pattern of communication between Boards and the Management Executive and be addressed by General Managers to the Chief Executive.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D R Steel', with a large, stylized initial 'D' and a flourish at the end.

**DAVID R STEEL**  
Director of Corporate Affairs

**LORD ADVOCATE'S GUIDANCE (revised November 1994)**

The supply of needles and syringes to be used for injecting controlled drugs is not a criminal offence under statute. However, the existence of common law crimes in Scotland - and in particular the crime of reckless conduct - makes it impossible to say that such supply could never amount to the commission of a criminal offence here. That does not mean that such supply would generally or normally be a criminal offence. The Lord Advocate's view is that the crime of reckless conduct would only arise very exceptionally as regards the supply of needles and syringes by doctors and pharmacists. But to ensure that even the remote possibility of the commission of an offence does not have any inhibiting effect on the special schemes the Lord Advocate has stated that he will not authorise the prosecution of any participating registered medical practitioner (or staff under the supervision of such a practitioner for this purpose and properly authorised by him) in respect of controlled supply in accordance with approved schemes.

In giving that undertaking, the Lord Advocate's expectation was that the special schemes would be based on the main recommendations of the McClelland Committee\*, such as those relating to counselling and the exchange of needles and syringes, with these only being issued in small numbers and not in bulk. This means that a client can be offered up to 5 clean needles and syringes on his first visit to the exchange. On the second and subsequent visits the client would receive up to 15 sets of equipment, provided the number issued on the preceding occasion had been returned safely for disposal. Where a client failed to return used equipment, the number given on the subsequent visit would be reduced to 5 or fewer. In certain circumstances, for example, where a client was collecting equipment on behalf of a spouse or a regular partner who was registered with the exchange, or where, in rural situations, the client experiences significant difficulty in travelling to the exchange, or immediately prior to Christmas or New Year's Day when the exchange was closed, the maximum number of sets issued on one visit would be 30. On the basis of these arrangements, registered medical practitioners (and staff acting as above) who participate in the schemes will be immune from prosecution even if the supply of needles and syringes were in any circumstances to constitute a common law offence - provided that they have acted within the approved schemes and followed the proper procedures.

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\*Report of the Scottish Committee on HIV Infection and Intravenous Drug Misuse (SOHHD, September 1986)