



SCOTTISH EXECUTIVE

Health Department

Dear Colleague

NEEDLE AND SYRINGE EXCHANGE SCHEMES

Summary

This Letter (HDL) draws attention to an increase in the limits on the number of needles and syringes (referred to as “sets”) which may be issued to clients attending needle exchange schemes, approved by NHS boards in line with the model specification set out in an Annex to the previous guidance – MEL (1998) 55. The new limits have been set by the Lord Advocate following a consultation exercise and advice from the Health Department. The limits have generally been increased to a maximum of 20 sets on the first visit and a maximum of 60 sets on subsequent visits, based on the return of used sets for safe disposal. The Lord Advocate’s guidelines are attached as an annex. This HDL provides background guidance on a range of issues related to needle exchange schemes.

Action

These new arrangements should be put in place immediately. Trust Chief Executives, Chief Executives of NHS boards and Chairs of Drug Action Teams are asked to ensure that the attention of all appropriate managers and staff (including local drug agencies) is drawn to this revised guidance.

Background

Needle and syringe exchanges schemes are now generally regarded as an essential part of strategies aimed at

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Addresses

For action

Chief Executives, NHS Trusts
Chief Executives, NHS Boards, NHS Special Health Boards
Chief Executive, CSA
Chairs, Drug Action Teams

For information

Directors of Public Health/CAMOs
Consultants in Public Health Medicine (CD & EH)
NHS Board AIDS Co-ordinators
Chief Executive, Health Education Board for Scotland
General Manager, Common Services Agency
Executive Director, SCPMD
Directors of Social Work
Medical Directors, NHS Trusts
General Manager, State Hospitals Board for Scotland
Scottish Partnership Forum
Head of Healthcare, SPS
ACPO(S)
DAT Association
Scottish Drugs Forum
Drug Co-ordinators/Drug Development officers
Community Pharmacists
Scottish Pharmaceutical General Council (SPGC)
Royal Pharmaceutical Society of Great Britain (RPSGB)

Enquiries to:

Policy Issues and further copies

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preventing the transmission of bloodborne viruses, particularly HIV/AIDS and hepatitis.

The numbers of needles and syringes set out in the Lord Advocate's guidance, last amended in August 1998, are now not considered to reflect accurately the current pattern of injecting drug misuse effectively. This HDL and the detailed guidance on numbers in the Annex aim to help reduce the increased sharing of dirty injecting equipment amongst drug misusers and hence the subsequent risks of transmitting bloodborne viruses. In view of the changing patterns of drugs misuse and the incidence and prevalence of hepatitis C, we intend to keep this revised guidance under continuous review. The Lord Advocate's revised guidance is set out in the Annex to this HDL.

Revisions

Following on from these consultations, it was agreed to revise current Lord Advocate's guidance and increase the numbers of sets which can be given at any one visit to a needle exchange to:

- 20 sets on the first visit – up from 5;
- 60 sets on subsequent visits – up from 15; and
- An exceptional upper limit of 120 for holiday periods when facilities are closed or where facilities are difficult to access.

It should be remembered that the revised numbers are intended as guidance only. Where exchange workers are not satisfied that the proper amount of used sets have been returned for safe disposal, or where they have other relevant concerns over the issue of sets, they are open to exercise their judgement on what number is appropriate within the newly revised limits.

NHS boards are advised that any additional costs incurred in consequence of putting in place these revised limits, should be met from within existing allocations.

Model Service Specification

The Model Specification Agreement, set out in Annex A of the 1998 guidance (MEL (1998) 55), should be amended to take account of the introduction of provisions in the Community Care and Health (Scotland) Act 2002 which aim to improve joint working between NHSScotland and local authorities under the Joint Future agenda. Some of those providing needle exchange facilities may wish to consider doing so in partnership with social work colleagues under these new arrangements. So that medical care and advice are at the forefront of any new arrangements, they should **ensure that a health professional leads on any such arrangement.**

It is acknowledged that some clients using needle exchange services may be under 16 years of age. Exchange workers should give due consideration to the particular needs of these clients and associated sensitivities.

Distribution

This HDL is available on the SHOW website at - <http://www.show.scot.nhs.uk/sehd/hdl.asp>

Yours sincerely

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Head of NHSScotland

LORD ADVOCATE'S GUIDANCE (revised December 2002)

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 primarily 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. However, the latter has been redefined, taking account of an improved understanding of the incidence and prevalence of Hepatitis C and the increased importance of effective measures to prevent the transmission of bloodborne viruses. This means that a client can now be offered up to 20 clean needles and syringes on his or her first visit to the exchange. On the second and subsequent visits, clients would receive up to 60 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 20 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 120. 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.

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