NHS
National Institute for
Health and Clinical Excellence

Costing statement: Needle and syringe programmes

Introduction

It has not been possible to produce a national estimate of the cost to the NHS of implementing the recommendations made in 'Needle and syringe programmes: providing people who inject drugs with injecting equipment' (NICE public health guidance 18). This is because current needle and syringe schemes across England vary in terms of both the range of services on offer and the breadth of their coverage.

Non-NHS bodies may also incur costs, such as the cost of cleaning up drug-related litter. At the same time others may make savings, such as the criminal justice system from a reduction in crime (as needle exchange services can help people to tackle their drug addiction). These costs and savings are noted in this statement. They are not included in the costing template.

The costing template should be used to assess the local cost and resource implications for the NHS. The template focuses on the materials needed to support a needle and syringe programme – not the cost of any drug treatment service (although it is anticipated that people using the programme may progress to drug treatment). For an estimate of drug treatment costs, please refer to the costing templates that accompany NICE clinical guidelines on drug misuse services (http://www.nice.org.uk/Guidance/CG52).

Background

Needle and syringe programmes supply sterile needles and syringes. In addition, they often supply other equipment used to prepare and take illicit drugs (for example, filters, mixing containers and sterile water). The majority are run by pharmacies and drug services.

A key aim is to reduce the transmission of blood-borne viruses (such as hepatitis C and HIV) and other infections caused by sharing injecting equipment. Many programmes also aim to reduce other harms caused by injecting drugs.

While needle and syringe programmes can help reduce the harm caused to people who inject drugs, the consequent reduction in the prevalence of blood-borne viruses benefits wider society.

In 2005, it was estimated that there were just over 1700 needle and syringe programmes in England. The majority (over 70%) were provided by pharmacies, with the rest offered by specialist services, outreach and mobile services, custody suites and accident and emergency departments. The majority provided sharps bins and condoms, but the provision of equipment such as citric acid and spoons varied significantly. Other services may include:

- advice on safer injecting practices
- advice on how to avoid an overdose
- information on safe disposal of injecting equipment
- access to blood-borne virus testing, vaccination and treatment services
- help to stop injecting drugs, including access to drug treatment (for example, opioid substitution therapy) and encouragement to switch to non-injecting methods of drug taking
- other health and welfare services.

Target population

The recommendations aim to help people over the age of 18 who inject illicit substances. This includes opioids (for example, heroin) and stimulants (for example, cocaine) either separately or in combination (speedballing). Some of the recommendations are also relevant to adults who inject non-prescribed anabolic steroids and other performance- and imaging-enhancing drugs (PIEDs).

Estimates of the number of people who inject drugs in England vary from between 114,637 and 121,279 (Hay et al. 2008) to over 200,000. Prevalence varies across cities and regions. Groups that may require special consideration, linked to specific behaviours or lifestyles that put them at increased risk of HIV and hepatitis infection (such as sex workers, and homeless people) are highlighted in the recommendations

Cost impact

The guidance comprises six recommendations which, when implemented collectively, may increase the number of people using needle and syringe programmes. There may also be an increase in the number of needles provided to existing clients.

NHS commissioners and managers can use the costing template to assess the local cost of implementing this guidance.

Enter local data to estimate the number of people who inject drugs and the predicted number of people who will use the services once the recommendations have been implemented, along with typical numbers of needles distributed before implementation and the number to be distributed after implementation to achieve the desired level of coverage.

Some specialist services offer clients the ability to ’pick and mix’ the equipment they need, others may offer pre-assembled packs. The template allows you to determine the cost of equipment based on local need and budgets. Where additional services are needed (such as commissioning of community pharmacy services or equipment disposal services), you can enter a figure for the commissioning costs of the service and the number of providers required.

Recommendations 4 and 6 encourage people to use harm-reduction services, including opioid substitution therapy. For further information about the cost and resource impact of these two recommendations, please refer to NICE clinical guidelines CG51 and CG52, available on the NICE website. (The

clinical guidelines cover psychosocial interventions and opioid detoxification for drug misuse.)

Savings and benefits

Savings could be made from:

- reducing the number of attendances at accident and emergency departments (and subsequent hospital bed-days) for injection-site infections
- preventing the transmission of blood-borne viruses
- reducing the number of people who take or who inject drugs (the cost of providing health services to someone who injects drugs is estimated to be about £35,000 over their lifetime)
- reducing the crime associated with illicit drug use (related crime costs are estimated at £445,000 over the lifetime of someone who takes drugs).

Evidence suggests that needle and syringe programmes are the only contact that some people who inject drugs will have with health services. So they offer an opportunity to encourage them to stop using drugs or to switch to non-injecting methods (for example, opioid substitution therapy).

Conclusion

As the range of needle and syringe programmes varies considerably, it has not been possible to determine the national costs or savings involved in implementing this guidance.

A local costing template has been produced for managers and commissioners of services to estimate local costs resulting from an increase in the number of people using these services.

Expenditure on the recommended interventions would probably fall into programme budgeting category 205A, mental health disorders (substance misuse). Mental health services are currently outside of ‘Payment by results’.

Appendix A References

Hay G, Gannon M, MacDougall J et al. (2008) National and regional estimates of the prevalence of opiate use and/or crack cocaine use 2006/07: a summary of key findings. London: Home Office

McVeigh J, Beynon C, Bellis MA (2003) New challenges for agency based syringe exchange schemes: analysis of 11 years of data (1991–2001) in Merseyside and Cheshire, United Kingdom. International Journal of Drug Policy 14 (5–6): 399–405

National Treatment Agency (2007) The NTA's 2005 survey of needle exchanges in England. London: National Treatment Agency