

# **Support for local authority planning committees**

Planning applications to establish or  
change needle and syringe programmes

Implementing NICE guidance

2009

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

This resource supports NICE public health guidance 18, 'Needle and syringe programmes: providing people who inject drugs with injecting equipment'.

The NICE guidance is based on the best available evidence and includes evidence of effectiveness (including cost effectiveness), fieldwork data and comments from stakeholders.

This is not NICE guidance. It should be read in conjunction with the quick reference guide for this topic which is at [www.nice.org.uk/PH18QuickRefGuide](http://www.nice.org.uk/PH18QuickRefGuide)

This checklist complements 'General planning guidance for residential and non-residential drug treatment centres' a planning application guide for drug treatment services and commissioners published by the Home Office (2004).

The NICE recommendations are for NHS and other professionals who have a direct or indirect role in, or responsibility for, needle and syringe programmes (NSPs). This includes those working in drug (and alcohol) action teams (D[A]ATs), pharmacies, local authorities and the wider public, voluntary and community sectors. It may also be of interest to people who inject illicit substances and non-prescribed drugs, their families and other members of the public.

The recommendations relate to people over the age of 18 who inject illicit substances and performance and image-enhancing drugs (including non-prescribed anabolic steroids).

## Introduction

This resource is designed to help local authority planning committees in their review of applications for needle and syringe programmes (NSPs) – whether they are new schemes or proposals for a revision of existing services. This checklist is not intended to be used for planning approval, it is an awareness raising tool, providing a summary of the NICE recommendations relating to the local authority planning process and background information regarding needle and syringe programme services.

The resource features a selection of NICE’s recommendations on needle and syringe programmes: the complete set can be viewed at [www.nice.org.uk/PH18/Guidance](http://www.nice.org.uk/PH18/Guidance)

In addition, NICE’s guidance on ‘Community engagement to improve health’ may also be helpful when consulting and working with local communities on needle and syringe programmes (NICE public health guidance 9).

### ***Definition of a needle and syringe programme***

NSPs supply 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). A range of specialist statutory and non-statutory services provide NSPs, but the majority are run by community pharmacies or specialist drug treatment services.

A key aim is to reduce the transmission of blood-borne viruses (BBV) and other infections caused by sharing injecting equipment. Many NSPs also aim to reduce other harms caused by injecting drugs.

NSPs provide an important ‘gateway’ function in bringing people who inject drugs into contact with a range of services. 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 [OST]) and encouragement to switch to non-injecting methods of drug taking
- other health and welfare services (including condom provision)

## ***Background***

### **Prevalence of injecting drug use**

According to Hay et al. (2008) between 115,000 – 122, 000 people inject drugs in England (other researchers suggest a figure of over 200,000).

A primary care trust or local strategic partnership with a population of 250,000 could have around 750 people who inject drugs<sup>1</sup> in their area (based on a prevalence of 0.37%). Prevalence varies across regions, ranging from around six per 1000 in Yorkshire and the Humber to around three per 1000 in London, the East of England and the South East.

### **Morbidity and mortality**

Blood-borne viruses can be transmitted by sharing needles, syringes and other equipment used for drugs such as filters, mixing containers and water. Almost a quarter of people who inject drugs reported sharing needles in the previous 4 weeks<sup>2</sup>.

There is increasing evidence of an association between crack cocaine use, high-risk injecting practices and hepatitis C infection: 59% of people who inject crack cocaine report being hepatitis C positive, compared to 34% who used but did not inject this drug<sup>3</sup>.

It is estimated that around one in 75 people who inject drugs are infected with HIV<sup>4</sup>, although it should be noted there is regional variation in incidence

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<sup>1</sup> This estimate does not include people who inject amphetamines and anabolic steroids.

<sup>2</sup> Health Protection Agency (2007) Shooting up: infections among injecting drug users in UK.

<sup>3</sup> Ibid

<sup>4</sup> Health Protection Agency (2008) Injecting drug users: United Kingdom HIV New Diagnoses to end of 2008.

reporting, with higher levels of HIV infection being reported amongst this population within London.

In 2006 there were 1469 deaths related to drug misuse in England. This included those who died as a result of accidental overdose, intentional self-poisoning and from drug use and drug dependence.

### ***Service delivery***

Currently, 90,000 people who inject drugs are in contact with drug treatment services in England.

NSPs are often the only contact that people who inject drugs have with the health and social care system, particularly users of performance and image-enhancing drugs.

In addition, providing such services helps local authorities consider the social needs and problems of different groups in the population, in line with Planning Policy Guidance Note 12, as well as delivering on targets for public health, crime and community safety.

Drug treatment and prevention services are commissioned from pooled treatment budget funding via drug (and alcohol) action teams (D[A]ATS). Services are commissioned in response to local priorities, which are identified through local needs assessment and treatment planning exercises.

Services are based on the government's national drug strategy 'Drugs: protecting families and communities' (HM Government 2008) and the earlier 'Tackling drugs to build a better Britain' (HM Government 1998).

'Models of care for drug misusers' (2006) the National Treatment Agency's service delivery guidance, outlines how the government strategy should be delivered. Access to sterile drug-injecting equipment is a core aspect of this strategy. Commissioned drug treatment services are also based on the Department of Health's guidance, 'Drug misuse and dependence: UK guidelines on clinical management' (2007).

In conclusion, the provision of needle and syringe programmes, in conjunction with local drug treatment services – especially structured opioid substitution therapy – are crucial in enabling areas to tackle injecting drug use. Local systems and processes are already in place to undertake the needs assessment, community consultation and treatment plans associated with implementing the NICE guidance.

## **Checklist: areas for consideration**

This checklist is informed by the evidence-based NICE guidance on Needle and syringe programmes. NSPs have been found to be a cost effective intervention.

This checklist is not intended to be used for planning approval, it is an awareness raising tool which may help committees in meeting their responsibility in relation to Planning Policy Guidance note 12: to consider how planning proposals may positively impact on the social needs and problems of different groups in the population.

### ***Planning, needs assessment and community engagement***

<b>Recommendations</b>	Area addressed in application?
<p><b>Recommendation 1: needs assessment</b></p> <p>With the help of the Health Protection Agency, public health observatories and other locally collated sources of information - local data should be collected and analysed to estimate the areas outlined below.</p>	
<ul style="list-style-type: none"> <li>• prevalence and incidence of infections related to injecting drug use</li> </ul>	
<ul style="list-style-type: none"> <li>• other problems caused by injecting drug use (including, for example, the number of people overdosing)</li> </ul>	
<ul style="list-style-type: none"> <li>• numbers, demographics, types of drugs used and other characteristics of people who inject drugs (for example, the number of sex workers or homeless people, or those who use stimulant and depressant drugs concurrently)</li> </ul>	

<ul style="list-style-type: none"> <li>• number and percentage of injections ‘covered’ by sterile needles and syringes (that is, the number and percentage of occasions when sterile equipment was available to use)</li> </ul>	
<ul style="list-style-type: none"> <li>• number and percentage of people who inject drugs and who are in regular contact with an NSP (that is, at least once a month)</li> </ul>	
<p><b>Recommendation 1: service planning</b></p>	
<ul style="list-style-type: none"> <li>• Local needs assessment data should be used to ensure NSP services meet local need (for example, in terms of opening times and locations), taking the geography of the location into account (for example, whether it is in an urban or rural area)</li> </ul>	
<p><b>Recommendation 1: consultation</b></p>	
<ul style="list-style-type: none"> <li>• Consult people who inject drugs to help assess the need for – and to plan –NSPs</li> </ul>	
<ul style="list-style-type: none"> <li>• Consult and actively involve the local community in how best to implement new or reconfigured NSPs</li> </ul>	
<ul style="list-style-type: none"> <li>• Promote the benefits of NSP services during consultations with the community. For example, explain how it will help reduce drug-related litter by providing safe disposal facilities and sharps bins</li> </ul>	

### **Background notes on consulting with the local community**

Where evidence of pre-application consultation with planning officers, statutory consultees and the public accompanies a planning application – this can be seen to demonstrate a responsible risk-management approach.

Those consulted could include:

- local resident and business communities
- local councillors
- people who inject drugs and users of drugs services
- service providers

- the police
- health service commissioners
- public health leads
- other D(A)AT and community safety partners.

There may at times be local resistance to an NSP service. However, evidence shows that they can benefit local communities by providing the opportunity for people who use drugs to access structured drug treatment. They also help to address existing local problems of drug-related litter. If a proposed development has met with local resistance in the past, it is worth publicising how plans were amended to take account of local concerns.

### **Addressing drug-related litter**

Local drug partnerships have a responsibility to ensure there is a balance between access to sterile NSP equipment while also ensuring effective and adequate disposal mechanisms are in place to ensure community safety. The NICE guidance advises local strategic partnerships to develop plans for needle and syringe disposal, in line with 'Tackling drug-related litter' (Department for Environment, Food and Rural Affairs 2005). This incorporates a clear, comprehensive policy regarding waste management and the removal of surgical sharps (needles and syringes).

### ***Change of use planning applications***

Needle and syringe programmes may apply to change from either A1 (retail) or B1 (offices) to D1 (healthcare). It is acknowledged that where NSPs are integrated within another appropriate healthcare service (for example, homeless services) they can reach more people from hard-to-reach populations.

When an NSP is being established or revised issues of governance should be key components of service planning. This includes addressing issues of liability, as well as ensuring comprehensive insurance coverage and costs are met.

## **Feedback**

This checklist has been designed to provide an overview of information relevant to local authority planning committees from the NICE Needle and syringe programmes Public health guidance.

As this is a new bespoke format of tool we would welcome your feedback on the following:

- whether the checklist has been useful or has helped in your work
- is the checklist clear and easy to understand
- any comments on the format or structure of the resource
- any other comments

### ***Sending us feedback***

We would welcome feedback on how useful this tool has been.

Please email your comments to [implementation@nice.org.uk](mailto:implementation@nice.org.uk)

## Acknowledgements

NICE is grateful to the following for their help in developing this guide:

- Annette Dale-Perera – Director of quality, National Treatment Agency
- Hugo Luck – National programme lead (policy), National Treatment Agency
- Sheonaidh Cumming, Policy Officer – National AIDS Trust
- Vivienne Evans OBE, Chief Executive – Adfam
- Charles Gore, Chief Executive Officer – The Hepatitis C Trust
- Hugh Jobber, Area Manager (West Midlands) – Addaction
- Lisa Mallen, Harm Reduction Lead and UKHRA Board Member – UK Harm Reduction Alliance
- Danny Morris, Development Manager – UK Harm Reduction Alliance
- Sarah Needham, Clinical Nurse Specialist – Drug and Alcohol Liaison Team (DALT)
- Barbara Parsons, Head of Pharmacy Practice – Pharmaceutical Services Negotiating Committee
- Graham Parsons, Medicines Management Adviser (Substance Misuse)
- Dr Stephen Pick, Royal College of General Practitioners Substance Misuse Unit
- David Regan, Director, Manchester Joint Health Unit
- Dr Marcul Roberts, Director of Policy – DrugScope
- Dr Eliot Ross Albert, Chair of Trustee – National Users Network
- Tony Schofield, Community Pharmacist – PharMAG
- John Silvester, Planning Officers Society
- Helen Wilks, Co-Chair – National Needle Exchange Forum