

**A Brief Survey on  
Drug Paraphernalia Distribution  
following Amendments to  
the Misuse of Drugs Act (1971)**

*on behalf of the  
Scottish Needle Exchange Workers' Forum*

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## Summary

### Survey Background

Amendments to the Misuse of Drugs Act (1971) in August 2003 allowed specific services to supply additional drug paraphernalia including spoons, citric acid (acidifiers), filters and water ampoules.

### Aim

Identify *barriers* and *opportunities* faced by services distributing or planning to distribute additional drug paraphernalia.

### Methodology

26 coordinating agencies involved in the provision of needle/syringe services were asked to complete a postal questionnaire and to circulate it to local agencies offering this service.

### Results

39 questionnaires were returned with 3 respondents providing more than 1 service – a total of 42 services.

Main responses were Pharmacy (48%), Harm Reduction Services (26%) and Voluntary Sector Agencies (17%).

The 3 most common paraphernalia items *being* distributed were sharp disposal boxes (97%), loose needles/syringes (92%) and sterile swabs (87%). Fewer than 30% supply citric acid and only 1 respondent supplied sterile water.

Almost two thirds *would like* to supply sterile water and acidifiers, and half *would like* to supply stericups and filters.

22 responses cited organisational barriers including uncertainty about what can be distributed, training needs and lack of clarity surrounding Patient Group Directives for dispensing sterile water for injections.

12 responses cited organisational solutions including the need for centralised ordering/distribution of paraphernalia, up-to-date order forms, basic information on accessing supplies and an overhaul of the pharmacy payment system. Adding paraphernalia to existing 'pre-packs' may cut down pharmacy workload.

17 responses cited financial barriers – uncertainty that monies would be available, and additional costs had not been anticipated. One respondent estimated an extra £120,000 would be required annually, within their region.

16 responses cited financial solutions - funding available following completion of research, planning to examine end-of-year budgets, funders and providers need to make contingency plans.

### Recommendations

It is recommended that Citric/Ascorbic Acid and Sterile Water are additional paraphernalia items that should be supplied/distributed in the future.

Identified organisational and financial issues need to be addressed to allow services to provide additional paraphernalia.

Lead stakeholders should ensure that a) the new legal amendments are clearly communicated to all local services b) relevant training is provided and c) alternative methods of sourcing/distributing supplies - locally and nationally - are explored.

## Survey Background

From the 1 August 2003, amendments to the Misuse of Drugs Act (1971) came into force allowing those employed or engaged in the lawful provision of drug treatment services (including employees of needle exchange schemes, pharmacists, nurses and medical practitioners) to supply certain items of drug injecting paraphernalia. The items include swabs, utensils for preparation (including spoons, bowls, cups, dishes etc), citric acid, filters and ampoules of water for injection.

These amendments were discussed, as an agenda item, at the Scottish Needle Exchange Workers' Forum (SNEWF) quarterly meeting in September 2003. Regional differences in practice were raised as a concern and the forum agreed to set up a short-term working group to explore the impact of the amendments throughout Scotland.

The short-term working group agreed there was a need to carry out a brief, Scotland-wide survey with the key aims of identifying *barriers* and *opportunities* faced by services distributing, or planning to distribute, the additional drug-injecting paraphernalia.

It was agreed that the survey findings would feed into the Scottish Drug Forum's (SDF) response to the Scottish Executive's review of drug treatment and rehabilitation services in Scotland. Feeding in to this important, national review, by December 2003, placed time constraints on the scope and depth of this survey.

## Methodology

Twenty-six key individuals, with a coordinating role, were sent a covering letter (see *Appendix A*) and a postal questionnaire (see *Appendix B*). They were asked to complete and return this brief questionnaire and to distribute it to other key services within their locality offering needle/syringe services for injecting drug users.

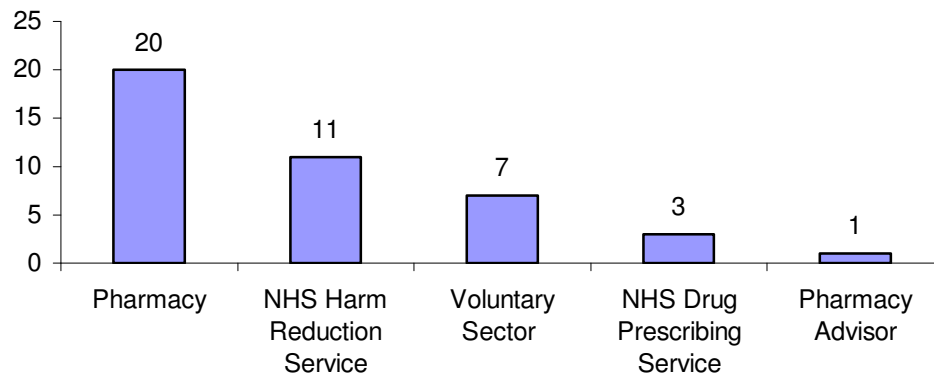
The survey target group comprised mainly of NHS-based Harm Reduction Teams, Pharmacists and key Voluntary Sector agencies.

A total of **39** questionnaires were returned with **3** respondents providing more than one service (Total: **42** services).

## Service Description

Figure 1 illustrates the **42** services involved – 48% were from pharmacies, 26% from NHS Harm Reduction Services, 17% from the voluntary sector and 7% from NHS drug prescribing services. One Pharmacy Advisor replied and there were no replies from Social Work Drug Services.

**Figure 1: Service Description**

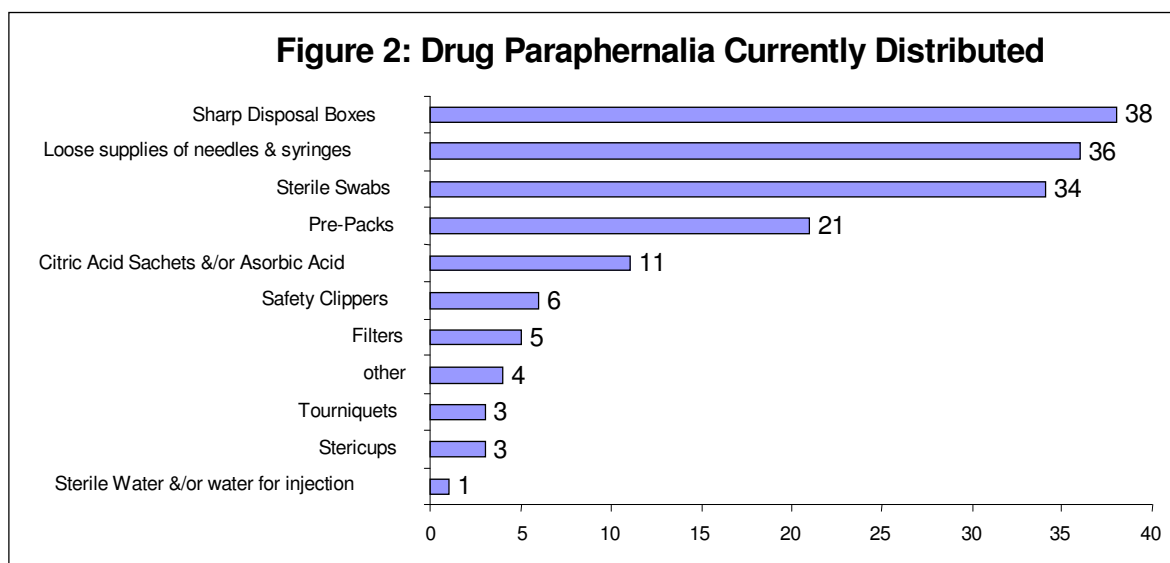


### Drug Paraphernalia: Current Distribution

Figure 2 shows in *ascending order* the types of paraphernalia currently distributed by respondents – 97% and 92% were supplying sharp disposal boxes and loose needles/syringes respectively. Sterile swabs were the next most frequently noted paraphernalia (87%). Sterile water was the least frequently supplied with one NHS Harm Reduction Service being the sole supplier in this sample.

Other drug paraphernalia offered included condoms (2), safer injecting information (1), creams (1) and one service was 'pending citric acid and stericups.

**Figure 2: Drug Paraphernalia Currently Distributed**



## Additional Drug Paraphernalia: Future Distribution?

When asked what items the services “do not provide but would like to” the following responses were received and are shown in figure 3.

Almost two thirds of the respondents would like to supply citric acid sachets and/or ascorbic acid and sterile water for injection. Fewer than 30% supply citric acid at present and, as noted, only one service supplies sterile water. Half the respondents would like to supply stericups and filters and one quarter would like to supply safety clippers. Tourniquets do not appear to be considered a priority - 8% are already supplying and 10% wish to supply tourniquets.

Respondents were asked to rate paraphernalia they do not provide but would like to in order of importance - 1 as most important and 3 least important (see Table 1). A number of respondents ticked the boxes without indicating level of importance.

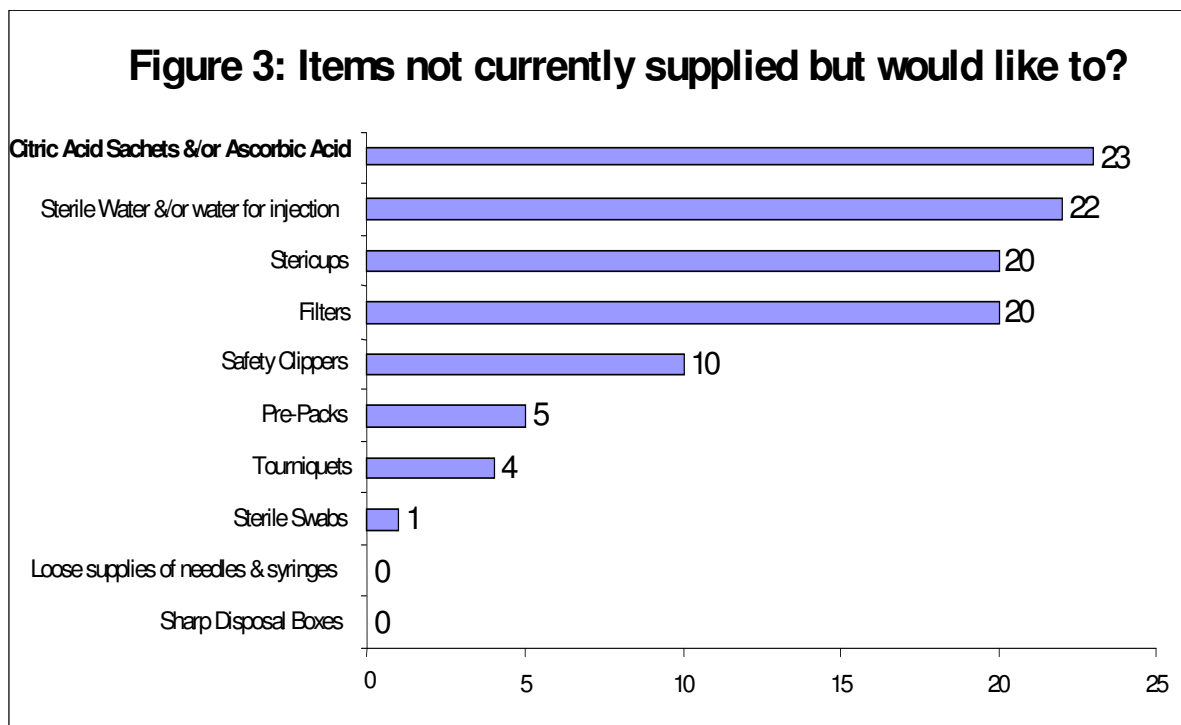


TABLE 1	DESCENDING ORDER OF IMPORTANCE			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	No order given
Citric Acid Sachets &/or Ascorbic Acid	13	2	0	8
Sterile Water/Injectable water	3	6	6	7
Filters	2	3	9	6
Stericups	3	9	2	6
Safety Clippers	1	3	2	4
Pre-Packs	3	0	2	0
Tourniquets	3	0	0	1
Sterile Swabs	1	0	0	0
Sharp Disposal Boxes	0	0	0	0
'Loose' Needles & Syringes	0	0	0	0

### **Additional Drug Paraphernalia: Barriers & Opportunities?**

The remaining section of this brief survey was of a qualitative nature - allowing respondents the opportunity to outline possible reasons why their service did not distribute the drug paraphernalia they would like to; what, if any, solutions they could offer; and, any other comments. For the purpose of this short paper the responses have been categorised according to the responses supplied.

### **Reasons for not distributing paraphernalia? (See Table 4)**

Organisational Issues were the most frequently cited issue mentioned by 22 respondents. Key issues highlighted focussed on communication and uncertainty about what drug paraphernalia services can/will offer for dispensing: "Did not know we were able to..." "Never been offered." "No consultation yet with pharmacies providing service." The need for training in dispensing additional paraphernalia was also mentioned, as was clarity surrounding NHS Patient Group Directives (PGD) for dispensing sterile water. The dispensing of sterile water highlighted the second most frequently mentioned issue – financial issues.

Financial Issues were cited in 17 responses. No examination of anticipated cost involved or the possibility of monies being available was mentioned. One respondent stated that dispensing Prescription Only Medicine sterile water for injections would almost double their costs and another respondent estimated that £120,000 of new monies would be required per annum, within their region, to distribute paraphernalia. One respondent noting the financial situation within their region was predicated on a low HIV prevalence pointed out that they have a high Hepatitis C prevalence.