Public Health Guidance

Needle and syringe programmes (update) - Consultation on Draft Guidance
Stakeholder Comments Table

24 September - 5 November 2013

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Cheshire East Council – Public Health Department	0	0	Pleased the guidance includes young people under the age of 16	Thank you.
Cheshire East Council – Public Health Department	1.10	15	Pleased to see the guidance includes people who inject performance and image enhancing drugs, as these clients make up a significant proportion of people accessing needle & syringe programmes in Cheshire East	Thank you.
Cheshire East Council – Public Health Department	1.4	9	Is there a need to monitor the number of returns in terms of managing discarded needles in the community?	Thank you. PHAC did not see any evidence about monitoring returns affecting discarded needles in the community
Cheshire East Council – Public Health Department	1.6	11	Should the provision of places to safely dispose of needles be included to ensure that enough bins are located in the community throughout the area to prevent discarded needles in the community?	Thank you. This is addressed in recommendation 3
Cheshire East Council – Public Health Department	1.6	11	Should community safety be identified as a key group to take action, as they can ensure safe sharps bins are provided in the community?	Thank you. This is addressed in recommendation 3.
Cheshire East Council – Public Health Department	1.8	13	All providers should encourage those accessing the needle & syringe programmes to access hepatitis B vaccinations and hepatitis C testing. So even those providing lower level services (level 1 & 2) should still signpost to the relevant services for vaccination / testing.	Thank you. We believe this is covered.
County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.1**	5	A reduction in the fear of community drug related litter may reduce stigma associated with drug use and increase community involvement and awareness.	Thank you. We hope that is the case.

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County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.10**	**15**	Would this have training needs implications for staff providing NSPs in relation to the specific drugs used by those using Image and Performance Enhancing Drugs? • Gillick competence and who has parental responsibility legally • Safeguarding issues of reported 3rd party injecting of an under 18 year old.	Thank you. This recommendation may well have associated training needs.
County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.2**	6	Analysing data from these groups of injecting drug users should enable future interventions to be targeted local, improve engagement into local services and enable the mapping of any trends in drug use both locally and nationally.	Thank you.
County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.2**	6	In relation to young people and data collection may it be possible to consider the following points? • Percentage of young people injected by a third party • Number whose first use by injection was under the age of 18 years • Include mapping of attendance at A&E and sexual health/GUM services by injectors	Thank you. We have added a reference to being injected.
County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.3**	**8**	**Public Sharps boxes** A positive addition to the guidance which should help reduce levels of drug related litter, however there may need to be extensive discussions with partners and community about where public sharps bins are situated.	Thank you. We agree this needs buy in from a wide range of local partners.
County Durham Harm Minimisation Network (Previous comments were provided as	**1.3**	**8**	**Outreach or detached services** Where possible consider enabling young people's outreach and/or detached services to be based within other young people's services for under 16 year old injectors.	Thank you.

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Durham Drug and Alcohol Commissioning Team)				
County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.4**	**9**	Should LSCBs be expected to monitor numbers of under 18 and under 16 injectors in order to inform needs.	This is part of recommendation 2.
County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.5**	**10**	**Area wide policy: Should consideration be given to the following issues when developing local policies?** • Jointly agreed parameters of what behaviours/situations necessitate child in need referrals and child protection referrals. • Agree a specific point of contact at both strategic and practitioner level between the children's services/LSCB and the NSP services for information sharing and guidance where there are safeguarding concerns in respect of an under 18 NSP user • Develop a joint working protocol between adult NSP/pharmacy based NSP and children's NSP practitioners to facilitate a smooth transition into the children's NSP for those under 16 who present at adult orientated facilities • Ensure appropriate levels of training in Gillick competence and safeguarding thresholds/procedures.	Thank you. There has been substantial rewording of this recommendation.
County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.6**	**11**	The provision of vending machines is viewed as a positive addition to the guidance, and should increase access to services and further enable the advertising of services available.	Thank you.

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County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.8**	**13**	**Pharmacy Training** This may have training implications for pharmacy staff in relation to following areas when considering services for young people: • How to promote/motivate involvement of sub misuse service when appropriate • Gillick competence of under 16s • Transitions to safer modes of use	Thank you. It is clear that pharmacy staff involved in delivering NSP need to be trained to do so. This is covered in the first two bullet points.
County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.8**	**13**	Should consideration be given to the 'free at source' provision of BBV testing and Hepatitis B vaccination to those who inject and attend pharmacy based NSP	Thank you. PHAC believed this might prevent some pharmacies from delivering NSP. Not all pharmacies have the skills or clinical areas to be able to offer vaccination and testing.
County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.9**	**14**	Should the provision of "training" around overdose prevention be included alongside provision of overdose prevention advice? Should the provision of training re distribution and administration of Naloxone to service users and carers be included as a core element of specialist level 3 services?	Thank you. We recommend that people are competent to deliver the service. This infers training if the staff are not currently competent.
County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.9**	**14**	Including access for specialist services for people who use Image and Performance enhancing drugs in this guidance is vital to ensure services are delivered to meet the needs of this drug using population with specific harm reduction needs.	Thank you. This is covered in the recommendation, and also in recommendation 10

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County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	**1.9**	**14**	This may have training implications for specialist services in relation to following areas when working with young people: • Gillick competence and who has parental responsibility legally • Safeguarding issues of reported 3rd party injecting of an under 18 year old. • Thresholds and actions appropriate in respect of safeguarding, child in need and child protection both in respect of the child and alternatively parenting capacity at presentation • Identification of risk of sexual exploitation (children/young people) in association with injecting use.	Thank you. We recommend that people are competent to deliver the service. This infers training if the staff are not currently competent.
Cwm Taf APB Needle Exchange Group		10	Pharmacy provision - I don't think they do needle exchange for under 16's	Thank you.
Cwm Taf APB Needle Exchange Group	0	0	This is an English document, are we having the equivalent for Wales? If this covers us as well, did we have any input into it?	Thank you. NICE public health guidance does not cover Wales.
Cwm Taf APB Needle Exchange Group	0	0	No mention of CAMHS for young people's needle exchange	Thank you. CAMHS would be part of the full range of services that need to be considered in recommendations 3 and 5.
Cwm Taf APB Needle Exchange Group	0	4	Regarding pharmacists and distributing needle exchange kits/ items, the other harm reduction advice needs to be taken i.e. Naloxone, BBV testing etc into account and service users signposted to the correct organisation. Can this be included in the training for pharmacists. If service user is not in treatment, the pharmacists should offer DASPA	Thank you. The pharmacy recommendation has been reworded and

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			(local) information for support etc as these individuals are at higher risk of overdose if not regularly seen by drug agencies.	takes some of this into account. PHAC chose not to include a recommendation about Naloxone at this time because they had not considered the evidence for its use..
Cwm Taf APB Needle Exchange Group	0	5	Shouldn't APB's be included in "who should take action"	Thank you. There are no APBs in England
Cwm Taf APB Needle Exchange Group	0	19	English document – what about any Welsh context	Thank you. This guidance is specific to England.
Cwm Taf APB Needle Exchange Group	0	53	No representation from Wales ?	Thank you. NICE public health guidance is not commissioned for Wales.
Cwm Taf APB Needle Exchange Group	3.10	22	100% coverage – how realistic is this?	Thank you. This section reflects PHAC discussions. It does not set goals or provide recommendations.
Department of Health	0	0	The Department of Health has no substantive comments to make, regarding this consultation.	Thank you.
Exchange Supplies	**0**	0	We welcome this update to the guidance, and are generally supportive of the revisions which address the issues that had been identified with implementation of the original guidance.	Thank you. We value your support.

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Exchange Supplies	**1.1**	5	**Recommendation 1: Community consultation and involvement** **Suggest replacing:** "For example, explain how it will help reduce drug-related litter by providing safe disposal facilities such as drop boxes and sharps bins." with: **For example, explain how needle and syringe programmes have helped prevent an HIV epidemic in the UK, and provide a route into drug treatment for problematic drug injectors.** **Because:** 1. Drug litter is not a good example: providing needle and syringe programmes may or may not reduce drug related litter, which is a complex phenomenon with a number of other influencing factors. Promoting benefits which may not materialise may undermine the long term sustainability of services. 2. The benefits to wider society of avoiding a blood borne virus epidemic in the wider population and of providing a route into treatment for injecting drug users are self evident, and persuasive.	Thank you. This text has changed in the final guidance
Exchange Supplies	**1.10**	15	**Recommendation 10 Providing needle and syringe programmes for people who inject performance and image-enhancing drugs** We support the inclusion of this section in the guidance. **Suggest removing:** "specialist advice about stacking (using multiple products) and cycling (the length of time you take them for)"	Thank you. We have removed this.

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			Because: This general area is covered in the two following points: "specialist advice about performance and image-enhancing drugs" and "specialist advice about the side effects of these drugs", and is not a topic on which there is clear and unequivocal evidence on which to base advice, and therefore the focus of advice for this client group may change during the life of the guidance.	
Exchange Supplies	**1.2**	6	**Recommendation 2 Collating and analysing data** **Suggest replacing:** "Collate and analyse local data from Public Health England and other sources to estimate...:" with **Collate and analyse data from a range of sources (including national and local data from Public Health England) to build reliable local estimates of:** **Because:** 1.) current wording implies PHE will have local data other than that provided by the services and 2.) needs analysis is variable across the country, and as important decisions are made on the basis of these needs analyses it is important that NICE guidance is clear that the data should be as good as possible.	Thank you. We agree your suggested wording is clearer.
Exchange Supplies	**1.2**	6	**Recommendation 2 Collating and analysing data** **Suggest replacing**	Thank you. We have updated this.

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			"rates of poly-drug use" with: **rates of poly-drug injecting** and "number of performance and image-enhancing drugs users" with: **number of performance and image-enhancing drug injectors** **Because:** rates of non-injecting poly-drug and performance and image-enhancing drugs will not be of great assistance in planning NSPs.	
Exchange Supplies	**1.2**	7	**Recommendation 2 Collating and analysing data** **Suggest amending:** "Map other services that are commonly used by people who inject drugs, for example, opioid substitution therapy services, homeless services and custody centres." to **Map other services that are commonly used by people who inject drugs, for example, opioid substitution therapy services, Accident and Emergency departments, homeless services and custody centres.** **Because:** relationships with A&E need to be improved, and commissioners and providers should be looking beyond the services which are self-evidently serving the	The list of other services is exemplar, not exhaustive. We try to keep lists of examples short otherwise readers regard them as exhaustive.

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			same population.	
Exchange Supplies	**1.3**	8	**Recommendation 3 Meeting local need** **Suggest replacing:** Consider supplying low dead-space injecting equipment (if this can be obtained at equivalent prices). with **Supply and promote low dead space injecting equipment.** **Because:** The word consider is not necessary: *all* needle and syringe programmes should offer insulin-type low dead space syringes. Add "promote" because NSPs should be promoting low dead space equipment in preference to high dead space equipment because of the evidence that it may reduce blood borne virus transmission risk, and the 2 types of equipment are therefore not risk-equivalent. The reference to equivalent prices is not needed because a) no other intervention, printed information, or equipment in the guidance has the cost-equivalence proviso, which is correct because NSPs are a highly cost-effective service, and b) when the guidance was initially being drafted, low dead space needles were not available in the UK, and those available in the US were much more expensive than 'standard' detachable needles. This is no longer an issue in the UK – some low dead space needles are available, and they are broadly equivalent in cost.	Thank you. The wording has been changed to reflect what you suggest.

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Exchange Supplies	**1.3**	8	**Recommendation 3 Meeting local need** **We strongly support addition of:** Number and percentage of people who had more sterile needles and syringes than they needed (more than 100% coverage). **Because:** this is evidence based, and should help to drive policy and practice towards delivering adequate coverage.	Thank you.
Exchange Supplies	**1.4**	9	**Recommendation 4 Monitoring services** **Suggest replacing:** "Specialist services should collect more detailed data on..." with **Specialist services should, where possible, collect more detailed data on...** **Because:** The current wording might be a driver for services being asked to increase the information people have to give in order to get a service to a point where injectors avoid initial contact through fear of intrusive questioning. The addition of 'where possible' allows for the development of a therapeutic relationship within which these questions can be asked, and recognises the clinical reality of many Needle and Syringe Programme transactions during the initial contact period.	Thank you. We have changed this.
Exchange Supplies	**1.6**	11	**Recommendation 6 Providing a mix of services**	Thank you. We have

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			Suggest amending: "Coordinate services to ensure injecting equipment is available throughout the local area for a significant time during any 24-hour period." to: **Coordinate services to ensure injecting equipment is available throughout the local area for a significant time during any 24-hour period, and are provided at times and in places that meet the needs of people who inject illicit drugs.** **Because:** The injunction to site, and time, services to meet the needs of injecting drug users is important for maintaining effectiveness, it also harmonises the advice for illicit drug users with that in recommendation 10 on the provision of services for users of performance and image enhancing drug users.	amended this.
Exchange Supplies	**1.7**	12	**Recommendation 7 Providing equipment and advice** **Suggest changing:** "Where possible, make needles available in a range of sizes and colours and provide syringes in a range of sizes." to **Where possible, make needles available in a range of lengths and gauges, and provide syringes in a range of sizes.** **Because:** "size" is ambiguous, and many services do not stock a complete range of both	Thank you. We have amended this.

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			lengths and gauges (diameter), and might consider they are compliant with the guidelines if they have a range of needle lengths, when in reality they should stock most lengths, in a range of gauges. The reference to colour might be confused with supplying coloured items to prevent accidental sharing, when it's clinical meaning in this case is the needle gauge (which are colour coded).	
Exchange Supplies	**1.7**	12	**Recommendation 7 Providing equipment and advice** **Suggest changing:** "Do not discourage people from taking equipment for other people (secondary distribution), but ask them to encourage those people to use the service themselves." To Encourage people to take equipment for other people (secondary distribution) and to encourage others to use the services themselves. **Beacuse:** "Do not discourage" is a double negative and is therefore easy to misinterpret. Furthermore in this case it sounds equivocal, and misses an opportunity to maximise coverage and meet the "provide every injectors with equipment in excess of 100% of their needs" objective of the guidance.	Thank you. PHAC considered this wording very carefully and chose the wording they did because they felt overall that they wanted people to access services themselves, but not at the expense of forgoing clean equipment if they did not. They felt that although they did not want to actively encourage secondary exchange, they did not want to discourage it.
Exchange Supplies	**1.7**	12	**Recommendation 7 Providing equipment and advice** **Suggest amending:**	Thank you. PHAC considered this wording very carefully and chose the wording they did

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			"Encourage people who inject drugs to mark their syringes and other injecting equipment or to use easily identifiable equipment to prevent sharing." to **Encourage people who inject drugs to mark their syringes and other injecting equipment or to use easily identifiable equipment to prevent accidental sharing.** **Because:** not everyone reading and using the guidance is a specialist - the wording as it stands is unclear as marking and colour do not in and of themselves prevent sharing, but they do provide the means to prevent accidental sharing. Adding the word accidental makes this explicit and clear to those who may not be aware of this issue.	because they felt overall that they wanted people to access services themselves, but not at the expense of forgoing clean equipment if they did not. They felt that although they did not want to actively encourage secondary exchange, they did not want to discourage it.
Exchange Supplies	**1.7**	12	**Recommendation 7 Providing equipment and advice** **Suggest amending:** "...stop using drugs or to switch to safer methods if these are available (for example, opioid substitution therapy);" to **...switch to safer methods if these are available (for example, opioid substitution therapy), or to stop using drugs;** **Because:** Needle and Syringe Programmes are a low-threshold service that are aiming to move drug injectors down the hierarchy of harm, it therefore makes clinical sense to order the list in the likely order in which events will happen, and usual	Thank you we have amended this.

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			clinical priorities, and brings the guidance in line with paragraph 3.7 'considerations'.	
Exchange Supplies	**1.8**	13	**Recommendation 8 Community pharmacy-based needle and syringe programmes** **Suggest changing** ..."It should also include training on how to treat people in a non-stigmatising way." to It should also include training on how to treat people in a non-judgmental way. **Because:** Injecting drug users are very sensitive to the way that they are treated by healthcare professionals, the level of humanity required to engage this hard to reach population is above simply avoidance of further stigma - which might be interpreted as simply protecting identity, or not revealing the services being provided to other customers.	Thank you. We have changed this.
Exchange Supplies	**1.9**	14	**Recommendation 9 Specialist needle and syringe programmes: level 3 services** Suggest moving: "ensure a selection of individual needles, syringes and other injecting equipment is available." To the top of the 'what action should they take?' list. **Because:** Although the list isn't numbered, and priority is not assumed by position in the	Thank you. We have moved this.

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			bullet lists, clearly the primary task for NSPs is making injecting equipment available. Providing sharps bins and advice on how to dispose of needles and syringes safely is a secondary aim and it's placement at the top of the list gives it undue prominence.	
Exchange Supplies	**6**	27	**Glossary** **suggest amending** **Low dead-space injecting equipment** **From:** "Low dead-space injecting equipment seeks to limit the amount of (potentially contaminated) drug that remains in the equipment after it has been used, by reducing the amount of 'dead space' it contains. It is believed that this may reduce the risk of transmission of infectious diseases among people who share injecting equipment." **To:** **Low dead-space injecting equipment** Low dead-space injecting equipment seeks to limit the amount of (potentially contaminated) blood that remains in the equipment after it has been used, by reducing the amount of 'dead space' it contains. It is believed that this may reduce the risk of transmission of infectious diseases among people who share injecting equipment. **Because:** The reference to drug is factually incorrect: it is blood residue after injecting that the provision of low dead space equipment seeks to limit.	Thank you. We have corrected this error.

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London Borough of Newham	0	2	Who is this guide for – add Director of Public Health	Thank you. DsPH have been added.
London Borough of Newham	1.1	5	Rec 1 – 5: Who should take action – add Director of Public Health	Thank you. D's PH are now in recommendations 1,2,3,5.
London Borough of Newham	1.2	6	Number and % of occassions when sterile equipment was available - is this as reported by individuals or is there another way to measure this?	Thank you. There are several ways this could be measured, including self-report.
London Borough of Newham	1.5	10	YP policy – how to assess service users: this is followed by a list of qualities some of which form the basis of competence to consent, but the list is not complete for assessment of competence. Please include assessment of competence to consent as per Fraser Guidelines	Thank you. The young person's capacity to consent is in the first bullet point.
London Borough of Newham	1.5	11	Skills, knowledge and awareness staff need – this is a bit woolly can more direction be given here so that the local policy gets it right – would need to include some DANOS competencies and some children and young people's competencies or National Occupational Standards	
London Borough of Newham	1.5	11	Parent and carer involvement – add to this strategies to address needs when parent and carer involvment is not recommended, this should include assessment of Competence as per Fraser Guidelines and assessment and necessary action to address safeguarding concerns.	Thank you.
London Borough of Newham	1.5	11	Disagree that pharmacy provision is suitable for young people under 16 years. Pharmacies are busy places where serious issues could be missed for lack of full assessment of need or potential safeguarding needs.	Thank you. PHAC discussed this at length but did not agree. Assessing young people risk and competence is a daily part of pharmacy practice.

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NAT (National AIDS Trust)	0	0	Equality: NAT welcomes NICE's update of the guidance on NSPs to take into account new injecting patterns, new drugs and altered commissioning patterns. However, we feel that the guidance does not adequately give guidance on newer injecting trends and in particular injecting amongst gay men who currently do not feel comfortable using NSP or other drug treatment services targeted towards people who inject more 'traditional' drugs such as heroin or crack cocaine. There is a need to ensure staff are trained to give support and advice to gay and bisexual men about the different drugs they inject and in the context in which they inject. There also needs to be clear care pathways established between NSPs, sexual health and HIV services.	Thank you. NICE guidance is based on the best available evidence of effectiveness and cost-effectiveness. Although PHAC were aware of this issue there was insufficient evidence to allow them to make a specific recommendation. The guidance mentions MSM in recommendation 2, and mentions sexual health services in recommendations 6, 9 and 10. It also refers to club injectors in recommendations 2 and 3.
NAT (National AIDS Trust)	0	0	Equality: We note that NICE reports there is currently not enough evidence on people who inject novel psychoactive drugs or evidence on those who inject occasionally. However, we still believe there is benefit in having a separate section in the guidance similar to the separate sections targeted towards people who inject performance and image enhancing drugs and for people injecting who are under 16. This may help to identify some of the specific issues that NSP services will have to address for these injecting drug users.	Thank you. Please see previous response.

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			This issue of MSM injecting, often associated with unsafe sex, should also be added to the list in section 4 of recommendations for research.	
NAT (National AIDS Trust)	0	0	When listing who should take action under the various recommendations it may be helpful to include an annex which lists the relevant commissioners and their responsibilities, particularly in light of the new commissioning arrangements. It would also help to establish more clearly the responsibilities of new organisations, such as Public Health England and their role in relation to NSPs.	Thank you. This is not the remit of NICE guidance.
NAT (National AIDS Trust)	0	1	What is this guidance about? Paragraph 3 describing how the term 'drugs' is used in this guidance should also refer to 'crystal methamphetamine' as an additional type of drug (alongside ketamine.)	Thank you. PHAC chose to give only one example of each type of drug to avoid the expectation of an exhaustive list.
NAT (National AIDS Trust)	0	4	The reference to other health and welfare services - should give sexual health services as an example, stating in brackets (including sexual health services and condom provision). Condom provision alone is too narrow a focus for sexual health needs of people who inject drugs.	Thank you. The text you are referring to is simply a description of the kinds of services NSP are currently providing. It is not a recommendation.
NAT (National AIDS Trust)	1.1	5	What action should they take? Here NICE should also include consulting with third sector organisations who work with and have expert knowledge of the issues facing people who inject drugs.	Thank you. This is included, but we have clarified.
NAT (National AIDS Trust)	1.1	5	Add to "For example, explain how it will help reduce drug-related litter by providing safe disposal facilities such as drop boxes and sharps bins" the further argument. For example, explain how needle and syringe programmes have helped prevent an HIV epidemic in the UK. NSPs also provide a route into drug treatment for injecting drug uses	Thank you. We have added this.

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			which helps them to reintegrate into society and their community. Providing needle and syringe programmes may or may not reduce drug related litter, and promoting benefits which may not materialise could undermine services. At the same time, the societal benefits of preventing HIV and of providing a route into treatment for people who inject drugs are self-evident and persuasive.	
NAT (National AIDS Trust)	1.10	15	What actions should they take? NAT welcomes the advice given on page 15 to provide outreach or detached services in gyms or services outside normal working hours. These services should also offer HIV tests. For example, where HIV tests have been offered in community settings these have helped to increase testing for hard to reach communities such as gay men and have been cost- effective. For more information please see: 'Commissioning HIV Testing Services- Appendices' (pp18)	Thank you. Outreach services try to bring users into mainstream services and would not offer HIV tests (or indeed any service). Detached services may do so, but PHAC did not see evidence for the effectiveness of this as an intervention.
NAT (National AIDS Trust)	1.10	15	What actions should they take? Ensure needle and syringe programmes: Prove the equipment **and advice** needed to support these users.	Thank you. We have added this.
NAT (National AIDS Trust)	1.10	15	What actions should they take? Add a new bullet emphasising the promotion of secondary exchange as a way to reach more gym users.	Thank you. PHAC noted in recommendation 7 that secondary exchange should not be discouraged, however overall they felt that they

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				would prefer people to contact services directly.
NAT (National AIDS Trust)	1.2	6	What action should they take? The first bullet point starting ' Prevalence and incidence of infectious diseases relating to injecting drug use' should also include HIV as an example, alongside hepatitis C. The first bullet point also includes collating and analysing 'other problems caused by injecting drug use (for example, number of people overdosing.) This point should be separated out and changed to: The mortality rates of injecting drug users and related harms (for example the number of people overdosing)	Thank you. We normally only give two examples otherwise people tend to view the list as exhaustive.
NAT (National AIDS Trust)	1.2	6	What action should they take? The number, demographics, types of drug used and other characteristics of people who inject should also include: - number of people injecting 'novel psychoactive drugs' . This would encourage data collection on this new phenomenon and is in line with NICE's ' Recommendations for research' stated on pp 25. **Men who have sex with men (MSM)** are another risk group that should be identified and information collected on. For example, research shows that gay men are more likely to use drugs. For more information please see: **http://www.stonewall.org.uk/what_we_do/research_and_policy/health_and_healthcare/3467.asp** Research shows MSM are also using and injecting performance and image enhancing	Thank you. We have added novel psychoactive users. People who inject in nightclubs are already in the recommendation.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			drugs and new psychoactive drugs in night clubs or in highly sexualised environments such as at sex parties. For more information please see NAT's report HIV and Injecting Drug Use	
NAT (National AIDS Trust)	1.2	6	What action should they take? Below the bullet points on - 'Number and percentage of people who inject drugs and who are in regular contact with a needle and syringe programme'	Sorry. We do not understand this comment.
NAT (National AIDS Trust)	1.2	6	What action should they take? The bullet point on 'map other services that are commonly used by people who inject drugs should include accident and emergency and prisons. A separate bullet point should also include mapping other services that are used by 'non traditional' injecting drug users. This could include sexual health services, mental health services.	Thank you. It includes all other services commonly used by people who inject drugs. Examples are not exhaustive lists.
NAT (National AIDS Trust)	1.3	8	What action should they take? We strongly support the inclusion of 'more than 100% coverage.'	Thank you.
NAT (National AIDS Trust)	1.3	8	What action should they take?	Thank you. The wording has been changed.

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			Replace “Consider supplying low dead-space injecting equipment (if this can be obtained at equivalent prices)” with “Supply and promote low dead-space injecting equipment”. This should not be optional, and should be actively promoted to clients. The reference to equivalent prices is not applied anywhere else in the document, and the low dead-space options available in the UK are broadly equivalent in cost anyway.	
NAT (National AIDS Trust)	1.3	8	What action should they take? There should be a bullet point in this section that describes how services should: 'aim to increase the proportion of people who have tested for BBVs in the last 12 months (for example an HIV test). The UK National Guidelines on HIV Testing 2008 recommend at least annual HIV testing for anyone with a history of injecting drug use.	Thank you. PHAC agreed and this has been added.
NAT (National AIDS Trust)	1.3	8	What actions should they take? The guidance should give clearer examples of how 'outreach of detached services' could work in practice.	Thank you. This is a matter for local decision
NAT (National AIDS Trust)	1.4	9	What actions should they take? As noted in recommendation 2, providers of NSP's that offer HIV tests should collect data on the number of HIV tests offered and how many tests taken as a result, and the number of reactive results.	Thank you.
NAT (National AIDS Trust)	1.4	9	What action should they take? Specialist services should monitor the context for injecting and in particular any drugs they are also using (even if not injecting) and whether sexual health risk (or other health risks) are associated with injecting. There is evidence of a strong association amongst MSM between unsafe sex and injecting.	Thank you. They are asked to collect demographic data and risk behaviour is covered in later recommendations.

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NAT (National AIDS Trust)	1.5	10	What actions should they take? Replace “as well as, or instead of, providing them with needles, syringes and injecting equipment” with “as well as providing them with needles, syringes and injecting equipment as required”.	Thank you. There has been substantial rewording of this recommendation.
NAT (National AIDS Trust)	1.6	11	What actions should they take? NICE needs to make clearer what is practically meant by the provision of a 'balanced mix' of level 1, 2 and 3 NSP services. What would be evidence of such a balance? Without such clarity this important point is not useful.	Thank you. The balance of services would be indicated by the needs assessment carried out in recommendation 1 and 2 and the strategy set out in recommendation 3.
NAT (National AIDS Trust)	1.6	11	What actions should they take? All level 3 services should be offering on site HIV testing. For example, rapid 4th generation Point of Care Testing (POCT) could easily be provided in this setting. Level 1 and 2 services should be regularly recommending and referring people for HIV tests in line with national guidance on HIV testing: UK National Guidelines for HIV Testing (2008) The text here should make this explicit. All services, whatever the level, should come with testing discussion/offer and also discuss BBV risk and how to prevent transmission. For more information on these recommendations please see NAT's report HIV and Injecting Drug Use	Thank you. HIV testing in level 3 services is specified in recommendation 9

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NAT (National AIDS Trust)	1.6	11	What actions should they take? After “any 24-hour period”, add “and are provided at times and in places that meet the needs of people who inject drugs”. This also harmonises with Recommendation 10.	Thank you.
NAT (National AIDS Trust)	1.7	12	What actions should they take? Replace "Do not discourage people from taking equipment for other people (secondary distribution), but ask them to encourage those people to use the service themselves” with “Encourage people to take equipment for other people (secondary distribution), to also distribute information and educational materials, and to encourage others to use the services themselves”. Opportunities should be taken to get feedback as to why some individuals will not access the service.	Thank you. Please see recommendation 1.
NAT (National AIDS Trust)	1.7	12	What actions should they take? Replace “stop using drugs or to switch to safer methods if these are available (for example, opioid substitution therapy)” with “switch to safer methods if these are available (for example, opioid substitution therapy), or to stop using drugs”. This ordering brings the recommendation in line with Paragraph 3.7 (page 21).	Thank you. We have amended this in line with your comment.
NAT (National AIDS Trust)	1.7	12	What action should they take? Advice should be on where they can access these services and also 'directly facilitate referrals where needed.	Thank you. We have amended this.
NAT (National AIDS Trust)	1.8	13	What actions should they take?	Thank you. The wording of this bullet has been

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			'Ensure staff who distribute needles and syringes have received appropriate training for the level of service they offer. As a minimum, this should include awareness training on the need for discretion and the need to respect the privacy of people who inject drugs. It should also include training on how to treat people in a non-stigmatising way. ' This paragraph should be replaced by: 'Ensure staff who distribute needles and syringes have received appropriate training for the level of service they offer. As a minimum, this should include awareness training on the need for discretion and the need to respect the privacy **and confidentiality** of people who inject drugs. It should also include training on how to treat **people equally and fairly** and in a non-stigmatising way.'	changed.
NAT (National AIDS Trust)	1.8	13	What actions should they take? 'Ensure staff providing level 2 or 3 services (see recommendation 6) are trained to provide advice about the full range of drugs that people may use. In particular, they should be able to advise on how to reduce the harm caused by injecting and how to prevent and manage an overdose. ' This text should be replaced by: **'Ensure staff operating NSPs** are trained to provide advice about the full range of drugs that people may use, **including newer/ novel drugs being injected such as crystal methamphetamine**. In particular, they should be able to advise on how to reduce the harm caused by **injecting and how to prevent and manage an overdose. They should also be able to refer people on to other services if appropriate to manage their other health needs.'**	Thank you. We would not expect level 1 staff, who may be delivering packs alongside many other unrelated duties to have this level of knowledge. Addressing their other health needs is, as you say, a generic requirement and is therefore covered in the previous recommendation.

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NAT (National AIDS Trust)	1.9	14	What actions should they take? The bullet point list in section 8 should be referenced to here as the basic requirements specialist needle and syringe programmes should have. This section should then make clear what responsibilities are **additional** for specialist needle and syringe programmes.	Thank you.
NAT (National AIDS Trust)	1.9	14	What actions should they take? Drug treatment clinics that have expertise in the needs of people injecting novel psychoactive drugs should also be given an example of 'other specialist clinics and services' Sexual health services should be mentioned here.	Thank you. PHAC were aware of a large variety of specialist clinics and therefore chose not to include examples.
NAT (National AIDS Trust)	2	17	Background: Paragraph 2 ("Hepatitis C is still…") should make a stronger link between the UK's low HIV rates and the roll-out of needle and syringe programmes since the 1980s – and between the decline in HBV rates and the roll-out of vaccination in the country.	Thank you. This section aims to provide a brief overview of the demographics and epidemiology. It is not intended to be comprehensive.
NAT (National AIDS Trust)	2	17	The second paragraph on performance and image enhancing drugs should read: UK data suggest that the majority of people who use anabolic steroids inject them (Advisory Council on the Misuse of Drugs 2010), putting them at risk of bacterial and fungal infections and the transmission of blood-borne viruses. The risk of blood-borne virus transmission among people who inject performance and image-enhancing drugs may be lower than among groups who inject other drugs. **However, recent research**	Thank you. We have added this important caveat.

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			showed that that the prevalence of HIV among men who inject these drugs is similar to that among people who inject psychoactive drugs. **The study also showed that few of the men injecting performance and image enhancing drugs had ever had an HIV test.** The authors urge targeted interventions for this group (Hope et al. 2013).	
NAT (National AIDS Trust)	2	19	Government action : Delete “In line with this emphasis on recovery, there is little mention of needle and syringe programmes”. Change the subsequent line to “The strategy specifically references how needle and syringes programmes can help ‘reduce the harms caused by dependence such as the spread of blood-borne viruses like HIV’”.	Thank you. This has been reworded.
NAT (National AIDS Trust)	3.12	22	NAT recommends that more research is done around people who inject drugs occasionally or inject novel psychoactive drugs such as gay men who inject drugs such as crystal meth at the weekends in night clubs or during 'sex parties.' More research on these injecting patterns will enable NICE to make more concrete recommendations, including guidance on the commissioning of new services to meet the needs of these types of users.	Thank you.
NAT (National AIDS Trust)	3.15	23	NAT fully supports consideration 3.15 and agree that an abstinence based approach should never compromise harm reduction initiatives.	Thank you.
NAT (National AIDS Trust)	4	25	Research should look at the current coverage of different sub groups who inject drugs- as listed within 4.2	Thank you. This would not be research, but audit or monitoring and is covered within the recommendations.
NAT (National AIDS Trust)	4	25	NICE should look at the mortality rate amongst people who inject drugs and how NSPs can reduce the chances of overdose amongst injecting drug users.	Thank you. It is not NICE’s remit to monitor mortality and morbidity.
National Needle Exchange Forum (NNEF)	0	0	It was very surprising to see that Public Health England are not mentioned under ‘Who should take action’ in any of the recommendations – especially those on data and	Thank you. Public Health England are mentioned

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			monitoring.	in recommendations 2 and 4.
National Needle Exchange Forum (NNEF)	0	5	Whose health will benefit: Include overdose in this paragraph.	Thank you.
National Needle Exchange Forum (NNEF)	1.1	5	It needs to be made clearer that this is an on-going process, not just something to do when starting a programme. For example, change “and to plan” with “and to plan, expand or improve”.	Thank you. We have changed this.
National Needle Exchange Forum (NNEF)	1.1	5	Replace "For example, explain how it will help reduce drug-related litter by providing safe disposal facilities such as drop boxes and sharps bins" with “For example, explain how needle and syringe programmes have helped prevent an HIV epidemic in the UK, and provide a route into drug treatment for drug injectors”. Providing needle and syringe programmes may or may not reduce drug related litter, and promoting benefits which may not materialise could undermine services. At the same time, the societal benefits of preventing HIV and of providing a route into treatment for people who inject drugs are self-evident and persuasive.	Thank you. We have added this.
National Needle Exchange Forum (NNEF)	1.10	15	Replace “Providers of needle and syringe programmes (NSP)” with “All needle and syringe programme (NSP) providers, including specialist services and pharmacy providers”.	Thank you. This is an unnecessary change.
National Needle Exchange Forum (NNEF)	1.10	15	After “Provide the equipment”, add “, information and advice”.	Thank you, we have added this.
National Needle Exchange Forum (NNEF)	1.10	15	Add a new bullet emphasising the specific promotion of secondary exchange as a way to reach more gym users.	Thank you. PHAC noted in recommendation 7 that secondary exchange should not be discouraged, however overall they felt that they

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				would prefer people to contact services directly.
National Needle Exchange Forum (NNEF)	1.2	6	It needs to be made clearer that this is an on-going process, not just something to do when starting a programme.	Thank you. We believe the new wording conveys this.
National Needle Exchange Forum (NNEF)	1.2	6	Replace “Collate and analyse local data from Public Health England and other sources to estimate the” with “Collate and analyse data from a range of sources (including Public Health England) to build reliable local estimates of”. The current wording implies PHE have local data other than that provided by services, and is too limiting.	Thank you.
National Needle Exchange Forum (NNEF)	1.2	6	Replace “rates of poly-drug use” with “rates of poly-drug injecting”.	Thank you
National Needle Exchange Forum (NNEF)	1.2	6	Replace “number of performance and image-enhancing drugs users” with “number of people who inject performance and image-enhancing drugs”.	Thank you.
National Needle Exchange Forum (NNEF)	1.2	7	After “for example, opioid substitution therapy services”, add “Accident and Emergency departments”.	The list of other services is exemplar, not exhaustive. We try to keep lists of examples short otherwise readers regard them as exhaustive.
National Needle Exchange Forum (NNEF)	1.3	8	We strongly support the inclusion of “more than 100% coverage”.	Thank you.
National Needle Exchange Forum (NNEF)	1.3	8	Replace “Consider supplying low dead-space injecting equipment (if this can be obtained at equivalent prices)” with “Supply and promote low dead-space injecting equipment”. This should not be optional, and should be actively promoted to clients. The reference to	Thank you. This wording has been changed.

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			equivalent prices is not applied anywhere else in the document, and the low dead-space options available in the UK are broadly equivalent in cost anyway.	
National Needle Exchange Forum (NNEF)	1.4	9	Regarding “Specialist services should collect more detailed data on”, care must be taken that services do not deter clients by raising their data collection threshold.	Thank you. We agree, and recommendation 4 specifically addresses this issue:.
National Needle Exchange Forum (NNEF)	1.4	9	The final bullet point could reference Public Health England and the NEXMS system.	Thank you. PHAC did not consider that they had enough evidence to support a specific mechanism for data collection.
National Needle Exchange Forum (NNEF)	1.5	10	Replace “as well as, or instead of, providing them with needles, syringes and injecting equipment” with “as well as providing them with needles, syringes and injecting equipment as required”.	Thank you. There has been substantial rewording of this recommendation.
National Needle Exchange Forum (NNEF)	1.5	10	Regarding “how mature they are”, this seems an impossible factor to quantify meaningfully so we suggest removing it.	Thank you. There has been substantial rewording of this recommendation.
National Needle Exchange Forum (NNEF)	1.5	10	Regarding “Parental and carer involvement”, extra care must be taken to avoid breaches of client confidentiality.	Thank you.
National Needle Exchange Forum (NNEF)	1.6	11	This recommendation could mention custody suite programmes, as well as naloxone provision.	Thank you. Custody suites have been added. The PHAC did not feel able to comment on Naloxone at this time,

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				because they had not examined the evidence of its effectiveness.
National Needle Exchange Forum (NNEF)	1.6	11	The three levels, as described, seem arbitrary and overlapping. For example, Level 1 refers to “loose” equipment and “information on harm reduction”, while Level 2 refers to “pick and mix” equipment and “health promotion advice” – which sound very similar. At the same time, the relegation of services such as HBV vaccination to just ‘Level 3’ underplays their importance.	Thank you. The levels are by nature quite arbitrary as they represent a continuum of services from distributing packs to providing specialist services. The intention of level two was to acknowledge that some services may want to provide a higher level of service than simply and exchange/ distribution system, but at the same time were not able to focus on delivering a specialist level 3 service.
National Needle Exchange Forum (NNEF)	1.6	11	After “any 24-hour period”, add “and are provided at times and in places that meet the needs of people who inject illicit drugs”. This also harmonises with Recommendation 10.	Thank you.
National Needle Exchange Forum (NNEF)	1.7	12	Replace “Needle and syringe programme (NSP) providers” with “All needle and syringe programme (NSP) providers, including specialist services and pharmacy providers”.	Thank you. Our definition of NSP covers all of those.
National Needle Exchange Forum	1.7	12	Replace “a range of sizes and colours” with “a range of lengths and gauges”, for greater	Thank you. We have

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
(NNEF)			clarity.	changed this.
National Needle Exchange Forum (NNEF)	1.7	12	Replace "Do not discourage people from taking equipment for other people (secondary distribution), but ask them to encourage those people to use the service themselves" with "Encourage people to take equipment for other people (secondary distribution), to also distribute information and educational materials, and to encourage others to use the services themselves". Also, opportunities should be taken to get feedback as to why some individuals will not access the service.	Thank you. PHAC considered this wording very carefully and chose the wording they did because they felt overall that they wanted people to access services themselves, but not at the expense of forgoing clean equipment if they did not. They felt that although they did not want to actively encourage secondary exchange, they did not want to discourage it.
National Needle Exchange Forum (NNEF)	1.7	12	Replace "Encourage people who inject drugs to mark their syringes and other injecting equipment or to use easily identifiable equipment to prevent sharing" with "Encourage people who inject drugs to use easily identifiable equipment and/or mark their syringes and other injecting equipment to prevent accidental sharing". These interventions alone will not prevent sharing, hence the addition of 'accidental'.	Thank you. We have added' accidental'
National Needle Exchange Forum (NNEF)	1.7	12	Replace "stop using drugs or to switch to safer methods if these are available (for example, opioid substitution therapy)" with "switch to safer methods if these are available (for example, opioid substitution therapy), or to stop using drugs". This ordering brings the recommendation in line with Paragraph 3.7 (page 21).	Thank you.
National Needle Exchange Forum	1.7	12	After "Advise them where they can access these services", add "and directly facilitate	Thank you. We have

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(NNEF)			referrals where needed".	amended this.
National Needle Exchange Forum (NNEF)	1.8	13	Given the comment above regarding the arbitrary division between levels in Recommendation 6, we would recommend merging Recommendations 8 and 9 together, as there is so much overlap between the two.	Thank you.
National Needle Exchange Forum (NNEF)	1.8	13	Replace "who distribute needles and syringes" with "who operate the needle and syringe programmes".	Thank you. The term is used as it is because in a busy pharmacy (for example) staff who do not 'operate' the NSP may be asked to dispense packs.
National Needle Exchange Forum (NNEF)	1..8	13	Replace "treat people in a non-stigmatising way" with "treat people in a non-judgmental way", reflecting the broader approach needed.	Thank you. We have changed this.
National Needle Exchange Forum (NNEF)	1.8	13	Replace "providing level 2 or 3 services (see recommendation 6)" with "who operate the needle and syringe programmes".	Thank you. We would not expect level 1 staff, who may be delivering packs alongside many other unrelated duties to have this level of knowledge.
National Needle Exchange Forum (NNEF)	1.8	13	Move the bullet on HBV vaccination into Recommendation 7, where it sits alongside the other services and interventions provided rather than the staffing requirements etc.	Thank you. The bullet related to HBV vaccination FOR STAFF
National Needle Exchange Forum (NNEF)	1.8	13	Delete the bullet on access to other healthcare services, as this duplicates Recommendation 7.	Thank you.

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National Needle Exchange Forum (NNEF)	1.8	13	Replace “safe disposal of used bins” with “safe disposal of used equipment”, and move to Recommendation 7.	Thank you. It is also in recommendation 7 in another form. This bullet is to ensure that pharmacies handing out equipment are also equipped to collect used sharps bins.
National Needle Exchange Forum (NNEF)	1.9	14	Move the last two bullet points (“Offer comprehensive…” and “Offer (or help people to access)…”) into Recommendation 7, where they will sit alongside the other services and interventions provided rather than the staffing requirements etc. Add naloxone provision to these lists.	Thank you. PHAC did not feel that all NSP services would necessarily be able to provide these.
National Needle Exchange Forum (NNEF)	1.9	14	Given the comment above regarding the arbitrary division between levels in Recommendation 6, we would recommend merging Recommendations 8 and 9 together, as there is so much overlap between the two. For example, the first two bullet points are already covered (with better language) in Recommendation 8.	Thank you
National Needle Exchange Forum (NNEF)	1.9	14	Delete “Ensure a selection of individual needles…” as this duplicates Recommendation 7.	Recommendation 7 is aimed at all NSP and allows for the provision of packs or limited ranges of equipment (‘Where possible supply…’). Specialist NSP however should ensure that they have a selection.

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National Needle Exchange Forum (NNEF)	2	17	Background: Paragraph 2 ("Hepatitis C is still…") should make a stronger link between the UK's low HIV rates and the roll-out of needle and syringe programmes since the 1980s – and between the decline in HBV rates and the roll-out of vaccination in the country.	Thank you. This section aims to provide a brief overview of the demographics and epidemiology. It is not intended to be comprehensive.
National Needle Exchange Forum (NNEF)	2	19	Government action : Delete "In line with this emphasis on recovery, there is little mention of needle and syringe programmes". Change the subsequent line to "The strategy specifically references how needle and syringes programmes can help 'reduce the harms caused by dependence such as the spread of blood-borne viruses like HIV'". The important point to make is that NSPs are UK policy and are in the strategy.	Thank you. This has been reworded.
National Needle Exchange Forum (NNEF)	3.10	22	Replace "bloodborne" with "blood-borne", and elaborate on the sub-populations mentioned (possibly using the list in 4.2 on page 25). This suggestion should also be included in the Recommendations.	Thank you. This reflects PHAC discussions. It is not part of the recommendations because PHAC did not feel the evidence was strong enough.
National Needle Exchange Forum (NNEF)	3.15	23	Replace "a societal" with "the government's".	Thank you. This has been reworded.
National Needle Exchange Forum (NNEF)	3.2	19	Replace "to reduce some of the risks" with "reduce many of the risks".	Thank you. We have changed this.
National Needle Exchange Forum (NNEF)	3.3	20	Replace "NSPs can reduce only some" with "NSPs cannot reduce all". In addition, we suggest deleting the section on disadvantages ("Furthermore… their habit together"), as we have not seen evidence to support this.	Thank you. The considerations reflect PHAC discussions.

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National Needle Exchange Forum (NNEF)	4.3	25	Add adult NSP users here, not just young people and those who use performance- and image-enhancing drugs.	Thank you. This research recommendation focuses on the two areas of poorest evidence.
National Needle Exchange Forum (NNEF)	4.3	25	We suggest deleting this – such outcomes have yet to be proven in countless studies on NSPs and do not warrant further investigation.	Thank you. The research recommendations have been changed.
National Needle Exchange Forum (NNEF)	4.4	25	Replace “increasing safer drug practices” with “promoting safer drug use practices and reducing the incidence of overdose”.	Thank you. We have changed this
National Needle Exchange Forum (NNEF)	4.7	25	Replace “affect the amount of drug-related litter” with “affect the rate of returned equipment and the amount of drug-related litter”.	Thank you. We have added this
National Needle Exchange Forum (NNEF)	6	27	Glossary: The paragraph beginning “In 2013, the Advisory Council…” requires updating. The Home Office have now accepted the recommendation from the ACMD, and the amendment will be made to the Misuse of Drugs Act accordingly – possibly before the NICE guidelines are released.	Thank you. We have noted this.
National Needle Exchange Forum (NNEF)	6	27	In the entry for low dead-space injecting equipment, replace “(potentially contaminated) drug” with “(potentially contaminated) blood”. The reference to drug is factually incorrect, as it is blood residue after injecting that the provision of low dead space equipment seeks to limit.	Thank you. We have corrected this error.
NHS Health Scotland	0	0	We support the updated guidelines, the draft recommendations and note with interest the research recommendations concluded by the PHAC, with a few observations and comments below.	Thank you for your support and your comments.
NHS Health Scotland	0	0	*Extension of guidance to focus on providing NSPs for young people aged under 16:* This is currently out of scope for Scottish Guidelines for services providing injecting equipment. NICE’s consideration of the issues are noted and will enable reflection by	Thank you. As you know, NICE guidance is currently not

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			national BBV Prevention Leads based on current local needs assessment.	commissioned for Scotland, however we hope you will find the guidance useful.
NHS Health Scotland	0	0	Suggest inclusion of foil provision as opportunity to promote reverse transition among injectors through NSPs. This is noted as a gap as the Guidance states several times for advice to 'encourage people who inject drugs to switch to a safer method, if one is available' but makes no specific mention of provision of foil or transition to smoking as an option. Given the aim is to reduce harms related to injecting this would appear in scope, in addition several mentions are included of referral & access to drug treatment/ OST to encourage people to stop injecting, promoting the provision of foil would also meet this end.	Thank you. Currently foil is illegal in the UK, though that may be changing in the near future. It would be inappropriate for NICE to recommend illegal activity.
NHS Health Scotland	0	0	Strengths in updated guidelines noted: Mix of services and inclusion of vending machines to increase access [Rec 6]; Specific citation of OST services to also ensure NSPs offered to clients [Rec 6]; Unlimited provision of equipment, secondary distribution & full range of paraphernalia [Rec 7]; and evidence of cost-effectiveness of programmes emphasised throughout.	Thank you.
NHS Health Scotland	6	27	- out of date note in the glossary regarding provision of foil following the Home Secretary's recent *acceptance* in July 2013 of ACMD advice, pending legislative changes for exemption from the Misuse of Drugs Act 1971.	Thank you. We have noted this.
NHS Health Scotland	10	56	point No.[10] *FOR INFORMATION:* As part of the Scottish Hepatitis C Action Plan (Phase 2), such was the assumption and	Thank you for this interesting information.

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			concern regarding transmission of blood borne viruses that consideration of needle exchange provision within Scottish Prisons was under active debate until very recently. Increasingly, however a dual approach of harm reduction education and opiate substitute therapy (OST) to initiate recovery from drug use within prisons is demonstrating effectiveness in managing and preventing transmission and reducing incidence – see a recent research study by University of West of Scotland (Taylor, Munro et al. 2013 Addiction 108(7):1296-304. *Low incidence of hepatitis C virus among prisoners in Scotland*)	
Public Health England	0	0	The document focuses on needle and syringe programmes (NSP) in drug services, pharmacy and primary care services. We suggest that the guidance more explicitly widens the settings (and therefore target commissioners of services) to include prison estates, GUM / sexual health clinics, and A&E.	Thank you. This guidance covers all NSP provision, except in prisons. When the decision was taken to update the guidance, we stated that the provision of NSPs in prisons would be considered as a topic for the referrals on offender health.
Public Health England	0	0	The draft guidance has very little reference to novel psychoactive substances (NPS), which are briefly mentioned in the intro and research recommendations. Since this is a growing area of interest, with anecdotal evidence of increases in people injecting NPS, we think there needs to be an additional brief section on the need for being alert to a possible increase in people starting to inject new(er) drugs which are not the 'traditional' heroin and crack.	Thank you. NICE guidance is based on the best available evidence of effectiveness and cost-effectiveness. Although PHAC were aware of this issue there

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				was insufficient evidence to allow them to make a recommendation. These groups are mentioned in recommendation 2, and the research recommendations address the lack of evidence in this area..
Public Health England	0	0	The role of NSPs in delivering other important harm reduction and health protection interventions, particularly hepatitis B vaccination, is underplayed in the draft update. Though the focus of this guidance is on providing injecting equipment through NSPs, this will only be fully effective if it is integrated with the provision of other harm reduction and health protection interventions. Provision of hepatitis B vaccination in services attended by drug users is particularly important to controlling hepatitis B. It is especially important to ensure that young people, and others who are new to injecting, have easy access to the vaccination. Access to hepatitis A vaccination and tetanus immunisation, when appropriate, are also important. In addition, easy access to diagnostic testing for HIV and hepatitis C is the route in to enter care pathways for the treatment for these infections. Access to TB screening, when appropriate, should also be noted.	Thank you. All of those things are in the updated guidance document in recommendation 9.
Public Health England	0	0	The guidance should be clear about the importance of providing advice and a hepatitis B	Thank you. PHAC did

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			vaccination to non-injecting household contacts, living with injecting drug users (such as children and sexual partners).	not see any evidence to support providing this through NSP.
Public Health England	0	0	Whilst sex workers and homeless are mentioned and young people have a recommendation specific to them, other groups who may have specific service needs are not mentioned. These groups include men who have sex with men (MSM) and black and ethnic minority groups. Patterns of drug use may be different among these groups, and there are current concerns about injection of drugs and poor NSP use among some sub-groups of MSM.	Thank you. PHAC did not see any evidence to support this and therefore were unable to make a recommendation about it. Recommendation 1 requires commissioners to consider the needs of different groups of people who inject drugs in a local context and specifically mentions black and minority ethnic groups. MSM are specifically mentioned in recommendation 2.
Public Health England	1	4	NSPs aim to reduce the other harms caused by drug use, not just by "injecting"	Thank you. We have corrected this.
Public Health England	1.2	6	Add 'providers of needle and syringe programmes' to the list of who should take action.	Thank you. We would not expect this task to be led by local NSP providers.
Public Health England	1.2	6	We would suggest rephrasing:- "Collate and analyse local data from Public Health England and other sources to	Thank you. We have changed the wording to

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			estimate the:..." to: "Collate and analyse data from a range of sources, including national, regional and local data (where available) from Public Health England, to estimate the local:…" We are suggesting this wording because not all of the required data items will be available at local level, and some important data, due to the nature and relative rarity of injecting drug use, are difficult to ascertain. This section also refers to "users", e.g. performance and image and enhancing drug users, rather than injectors. The number of injectors will be more useful than the number of users, as not all people using drugs inject them. "Users" should be changed to "injectors". "Map other services that are commonly used by people who inject drugs, for example, opioid substitution therapy services, homeless services and custody centres." There are other services that should be added here specifically sexual health services (used by sub-groups such as MSM) and accident and emergency departments.	that suggested by a different stakeholder, but we believe it addresses your concern. The list of other services is exemplar, not exhaustive. We try to keep lists of examples short otherwise readers regard them as exhaustive.
Public Health England	1.3	8	Recommendation to ensure that services aim to offer advice and information to "encourage people to stop using drugs or switch to a safer approach if one is available (for example opioid substitution therapy". But OST is a medical treatment, not a safer approach to using drugs. This needs rewording.	Thank you.
Public Health England	1.3	8	"reduce harm associated with injecting drugs" – add as an example: "for example, on accessing hepatitis B (and A) vaccination and testing for HIV and hepatitis C."	Thank you.
Public Health England	1.4	9	We support the recommendations for NSP providers to collect data on service usage and for there to be local mechanisms to aggregate and analyse the data. This will support PHE work in trying to improve data NSP collection and make the data more reliable.	Thank you. This would benefit NSP nationally and we are pleased to

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				be able to support PHE with our recommendations.
Public Health England	1.4	9	We suggest rephrasing the action bullet point to: "Commissioners of needle and syringe programmes and public health practitioners should ensure a local mechanism is in place to aggregate and analyse the data collected on *at least an* annual basis. *They should* aim to build up a picture of injecting *and how this may be changing over time* in the local area. This data should be used as part of the collecting and analysing data process (see recommendation 2)." We feel this is important because good local data on the extent and nature of injecting drug use and how this is changing is important. This data is needed a) to ensure sufficient and appropriate services are maintained and b) to inform timely service development in response to changes in patterns of drug use. We suggest rephrasing the final action bullet point to: "Ensure local service use data are *provided*, in an anonymised form *to PHE, and anonymised data are available* to other relevant national bodies and research units." This change is important to permit national assessment of whether sufficient and appropriate NSP services are being provided. It is also needed to provide national intelligence on changes in patterns of use, need and possible risk.	Thank you. We have changed this.
Public Health England	1.5	9	We welcome the recommendation on developing a local policy for needle exchange provision for young people in partnership with the local children's safeguarding board. However, we have some concerns about how the recommendation is framed. The guidance doesn't seem to take account of the fact that the legislative framework for under-18s is different to that for adults (the term 'child' in the Children Act 1989 and 2004 refers to any young person under the age of 18). All local authorities have obligations around the safeguarding of children and young people and protecting them from harm	Thank you. There has been substantial rewording of this recommendation.

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			and NICE may wish to take account of this when issuing guidelines for the 16 to 18 year olds. We suggest adding 'commissioners of young people's specialist substance misuse services' to the list of who should take action (page 9). We think that the local policy on providing NSP programmes to under-16s should also cover more about the role of specialist young people's substance misuse services, and we suggest that this is added to the list on p10. • Specialist young people's substance misuse services, including specialist provision of needle and syringe programmes for under-16s.	
Public Health England	1.5	9	At present the balance and the focus of the wording is too weighted to endorsing role which pharmacists can play in the provision of needles and syringes to this age group whereas the starting point should be for NICE to indicate that all local authority areas need to have arrangements in place to ensure immediate access to needles and syringes for the small number of under 18 drug users who are injecting. It would be helpful if this NICE guidance then stated that, as the evidence indicates that most under 18s who inject are very vulnerable and generally have multiple health and social care needs of which the substance misuse is only one, it is in the best interests of the CYP to be offered a comprehensive assessment of need undertaken by a specialist worker and the provision of needles/syringes should ideally be delivered within the context of a care plan which addresses these needs holistically We have some concerns about the suggestion that pharmacy provision could be made for under-16 year olds, as part of local policies. Although we agree that this provision should be available, and it's better that young people have access to needles and	Thank you. There has been substantial rewording of this recommendation.

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			syringes in this setting than are denied access, we think that the recommendations for the local policy need to be re-framed to take account of the vulnerability of young people who inject drugs.	
Public Health England	1.5	9	inject drugs. Young people who inject drugs are usually very vulnerable and have a range of health and social problems, of which drug misuse is only one. Comprehensive assessments and care plans for young people need to address their full range of needs, taking into account their health, personal, social, economic, educational, mental health and cultural backgrounds and circumstances. Specialist substance misuse services carry out these assessments and work with a range of professionals to ensure that young people are able to access specialist substance misuse interventions, including specialist harm reduction, along with a range of other support services. Merely encouraging many of these young people to make contact with specialist service may not be sufficient and it is possible that in some cases, provision of injecting equipment could increase the risks of overdose and injury. Encouraging pharmacy needle exchange may also conflict with existing good practice guidance used in the sector (e.g. SCODA and The Children's Legal Centre, NTA guidance, QNCC practice standards for YP with substance misuse problems) which says that young people should only have needle and syringe provision as part of a care-planned package of care following a full assessment, and should not adopt the adult NSP model, which usually has minimal information gathering and contact.	Thank you. There has been substantial rewording of this recommendation.
Public Health England	1.5	9	as part of a care-planned package of care following a full assessment, and should not adopt the adult NSP model, which usually has minimal information gathering and contact.	Thank you. There has been substantial rewording of this

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			We are not convinced that pharmacy staff have the competence to support vulnerable young people who present to their needle exchange services. The guidance talks about pharmacy staff trained in assessing young people's competence to consent, but this is only part of what would be necessary to provide a service to this vulnerable group. Not only would pharmacy staff need to be able to assess the young person's competence to consent, and have the range of training described in Recommendation 8, they would also have to have specific expertise in working with young people's substance misuse issues, which are often quite different from adult substance misuse problems and may involve child protection measures. It seems from the young people's evidence review that the recommendation that pharmacy needle exchanges may be suitable venues is based on Eastern European research which found a protective effect of using pharmacies compared to informal sources. However, this is not the same as comparing pharmacy needle exchange to a network of specialist young people's substance misuse and other support services which are available in this country and are likely not present in these Eastern European countries.	recommendation.
Public Health England	1.5	10	Add, under "Ensure the policy covers . . . " hepatitis B (and A) vaccination.	Thank you. PHAC did not include this. It is covered in other recommendations that should also apply to the policy for young people.
Public Health England	1.6	11	Levels of service: the distinction between levels 1 and 2 is not clear, and perhaps some of the services provided at level 3 (e.g. hepatitis B vaccination should be offered at a lower level).	Thank you. The levels are by nature quite arbitrary as they represent a continuum of

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				services from distributing packs to providing specialist services. The intention of level two was to acknowledge that some services may want to provide a higher leverl of service than simply and exchange/ distribution system, but at the same time were not able to focus on delivering a specialist level 3 service..
Public Health England	1.6	11	add for levels 1 and 2: "provide information on hepatitis B (and A) vaccination, and testing for HIV/hepatitis C" and for level 3: "provide *on-site* hepatitis B (and A) vaccination and testing for HIV/hepatitis C". examples of specialist services given could also include sexual health services	Thank you. The role of level three services is set out more clearly in recommendation 9. Levels one and two are already required to provide information.
Public Health England	1.6	11	May have to re-word "a balanced mix of the following levels of service". The point must be to have a locally-appropriate mix of the three service levels, not necessarily "a balanced mix". An unbalanced mix might be better, for example, in a rural area that needs more level 1.	Thank you.
Public Health England	1.6	11	The recommendation needs to ensure that the reference to vending machines is clear	Thank you

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			that these won't be generally available to the public.	
Public Health England	1.7	12	Suggest adding the following to the second bullet point: "Do not discourage people from taking *sterile* injecting equipment from other people" Otherwise it looks like an encouragement to take any equipment from other people.	Thank you. The wording is 'FOR other people' rather than from. We would expect all equipment provided by NSPs to be sterile.
Public Health England	1.7	12	Needles in a "range of sizes and colours" means a range of lengths and gauges and so probably needs to say this. Although colour is used to indicate needle gauge it can vary. Colour in and of itself is an issue for the coloured syringes that are being used to stop them being mixed up and shared but it's the plunger that is coloured and they have fixed needles.	Thank you. We have amended the wording.
Public Health England	1.8	13	This should be re-drafted to reflect that community based provision of NSPs can be through services other than pharmacies. For example, provision through GUM / sexual health clinics may be particularly important in reaching some groups such as sex workers and MSM.	Thank you. We agree that this is important, however this recommendation is about pharmacy based provision. PHAC felt there were specific issues relating to pharmacy.
Public Health England	1.8	13	Rec 8 and 9: One-third of current PWID surveyed report injecting with a needle/syringe that had been cleaned during the preceding 28 days (UAM Survey of PWID). Thus we feel that both of these recommendations should specifically include the provision of advice on a) effective strategies for cleaning of used needles and syringes and b) on the management of injecting equipment.	Thank you. PHAC did not see evidence that allowed them to recommend this specifically .

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Public Health England	1.9	14	Level 3 services should provide a broad range of harm reduction and health protection services on-site. The "Offer (or help people to access)" bullet should be split in to two bullets. The first should be: "Offer *on-site*: • vaccinations and boosters (incl. hepatitis B and A vaccination and tetanus immunisation) • testing for HIV, hepatitis C and B • condom provision" The second should be: "Provide access through referral, or on site when appropriate, to the following services". Followed by rest of the services currently listed plus TB screening.	Thank you. Not all level 3 NSP offer those services.
Public Health England	1.9	14	In addition to the above suggested amendment, we would also suggest that the recommended actions of offering (or helping to access) opioid substitution therapy is too narrow to cover people injecting non-opiates (e.g. stimulants, steroids, NPS), and anyone who wants residential, or detox or abstinence-based treatment. We suggest that the reference to OST should be augmented: • Opioid substitution therapy and other appropriate drug treatment interventions Also, the recommended actions also include offering (or helping to access) specialist youth services. Although this is necessary, we think that there should be a specific reference to specialist substance misuse services for young people. We suggest the bullet point should read: • Specialist substance misuse services and specialist youth services (for young people under 16 who inject)	Thank you. We have added this

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Public Health England	2	16	Background: The fact that PWID should be targeted for hepatitis A and B vaccination is part of national guidance as outlined in Immunisation against Infectious Diseases (the green book). This publication should be referenced with respect to hepatitis A and B. Immunisation should be emphasised especially the ability for it to be provided in various settings.	Thank you. This section is to set out the epidemiology and demographics in a very brief way.
Public Health England	2	16	Background: Some of the data reported in this section is out of date. Reference to HPA UAM study on sharing filters is from 2007. Suggest using more up-to-date data. Use 2013 UAM data in this section. Also, use latest 2013 drug-related deaths data.	Thank you. We have updated this.
Public Health England	2	16	Background: Use consistent terminology: both the unlinked anonymous prevalence monitoring programme (UAPMP) and unlinked anonymous survey are used. These actually refer to data from the Unlinked Anonymous Monitoring Survey of PWID.	Thank you. We have made the two uses of this consistent.
Public Health England	2	18	Young people who inject drugs : Use the 2012-13 young people drug treatment data, which will be published by the time the NSP update is published. Similarly use the 2013 UAM survey data on young people. The reference to young people involved in sex work is inappropriate. Young people involved in sex work are most likely to be victims of sexual exploitation and abuse. We suggest adding more on the multiple vulnerabilities of injecting young people, as shown in the NDTMS data set we submitted. 52% of those presenting to young people's treatment services and receiving injecting needle exchange were girls. Often those reporting injecting also reported poly drug use, self-harming and being looked after	Thank you. This section aims to provide a brief overview of the demographics and epidemiology. It is not intended to be comprehensive.

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			children. Also, 4% of young people in treatment are experiencing sexual exploitation and therefore are highly vulnerable who require a multiagency response.	
Public Health England	2	18	Young people who inject drugs : The evidence suggests that girls represent a large proportion of young injectors (over a third in some samples). Over a third of young injectors said that they have been injected by someone else. One study noted increased odds of hepatitis C if they were initiated into injecting by a sex partner. We need to ensure that these very vulnerable young people are supported and actively engaged in services.	Thank you. We agree. However, the public health need and practice section of NICE NSP guidance is not the place to do that.
Public Health England	2	19	Government action : This section is too thin and doesn't adequately represent government action in this area. Some suggestions to enhance this section: It could acknowledge that the strategy includes "Prevention of drug related deaths and blood borne viruses" as one of its eight best practice outcomes that are key to successful delivery in a recovery orientated system. It could refer more explicitly to the young people's section of the drug strategy. Add other strategic documents in which NSP commissioning would fit, such as the Public Health Outcomes Framework and the goal to reduce inequalities and morbidity and mortality.	Thank you. This has been reworded.
Public Health England	3.7	21	Add bullets: "encouraging people to be vaccinated against hepatitis B (and A) and are immunised against tetanus" "supporting access to TB screening where appropriate".	Thank you. This was not part of the PHAC discussion.

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Public Health England	3.8	0	3.8 and general: This updated guidance extends the focus to young people who inject drugs and users of performance and image-enhancing drugs. However in the considerations section, PHAC noted that only a small amount of evidence has been published in these areas and mainly outside the UK. Therefore, if most of the recommendations are based on the PHAC's members "own knowledge and experience to extrapolate from the evidence and further detail to the recommendations", this should be more explicitly stated upfront.	Thank you. The evidence used to inform the guidance is published on the NICE website. The published evidence in these areas was poor, however a piece of primary research was also commissioned to canvas the views of a group of international topic experts in the case of young people.
Public Health England	4.5	25	Add low dead space syringes as an example of injecting equipment for which effectiveness and cost effectiveness should be evaluated further.	Thank you. We have added this
Public Health England	5	26	Update the list of NICE guidance relating to diagnosis, treatment and care of patients with hepatitis B and C, e.g. 2012 guidance on new direct acting antivirals for hepatitis C, 2013 guidance on treatment of hepatitis B.	Thank you.
Release	0	0	I am disappointed in a number of points. The lack of focus on overdose and lifesaving interventions –Naloxone.	Thank you. The PDG did not consider the evidence for Naloxone and therefore were unable to recommend it.
Release	0	0	No mention of HCV treatment in referral Recommendation 9	Hepatitis C referral is

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				currently in recommendation 9
Release	0	0	The implausibility or lack of recognition of the specialist legal/practical young person's worker role. Having employed one at Mainliners (albeit with an under 18 remit it is an important role and my experience of services is that too often needle/syringe provision/return is delegated to whoever is free at the time.	Thank you.
Release	0	0	The lack of provision for 'neck' and 'groin' (jugular/femoral) injecting.	There is a focus throughout the guidance on providing the specific equipment that people need along with advice and information. See for example recommendation 7.
Release	0	0	The guidance appears to me too reliant on 'data'. This is not to say 'data' is not important but experience/common sense have a key role in service implementation. I am concerned that an over-reliance on 'data' from clients can dissuade them from accessing services. There is too little on 'Homelessness' in my view. There is too little emphasis on sexual health and sex working, There is nothing on stimulants which imply multiple injections per day. There is too little emphasis on new trends (injecting Mephedrone?)..	Thank you. We hope all of these issues are covered in recommendation 2, in the considerations section or highlighted in the recommendations for research.
Release	1.1	5	Reduced drug related litter not only improves the sense of community safety but also should logically reduce the risk of accidental needle-stick infection. In my experience the public may not differentiate between jettisoned sealed or used syringes.	Thank you for your comment.
Release	1.10	15	I am uncertain of the meaning of 'outside normal working hours' in the section 'What Action should they take'. As most people attend Gyms 'outside normal working hours'	Thank you. That is exactly the point.

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			this needs to be more specific and should address the clients' accessible time window, not the outreach workers'.	
Release	1.2	6	This implies PHE have local data other than that provided by services, and these are at best guess –estimates in my experience. It is deeply unfortunate some services insist on actual names from clients as this dissuades attendance .Poly-drug use (?) or poly- drug injecting?	Thank you.
Release	1.2	6	This is an unnecessary emphasis on data which from my experience running an NSP can provoke the invention of 'data' so as to be seen as efficient. I note that many users cannot plan how many they need, people with poor venous structures and varying incomes are rarely in a position to anticipate demand for themselves. So are communal dwellers where users co-habit. The 100% rate seems ideal but understanding this concept particularly at community pharmacies and where litter pollution is an issue is a challenge.	Thank you. PHAC felt that collecting data was an important part of tailoring services to ensure they best meet the needs of those who use them, however they were also clear that it should not be overly onerous for services or intrusive for service users.
Release	1.2	7	Add- Seasonal homeless centres/services and A and E units.	The list of other services is exemplar, not exhaustive. We try to keep lists of examples short otherwise readers regard them as exhaustive.
Release	1.3	7	I agree that consideration of times and location is important but many users have little money to travel and some consideration of a reliable daily mobile service combining all tools and possibly a wound care specialist weekly should be considered. I found this	Thank you. This was the thinking behind the next bullet point urging local

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			very well received by clients and a great way to get people who feel stigmatised at A and E etc. to attend	areas to think about offering detached and outreach services
Release	1.3	7	Dead space and 'Never share'- Supply and promote low dead-space injecting equipment". The reference to equivalent prices is asking 'what price do we put on the reduction of infection' where the cost in options is marginal	Thank you.
Release	1.4	9	Again I am concerned about the balance between gaining data and obtaining misleading numbers. I can cite cases oif staff filling large 'cin-bins' (see comment 8/13 below) with paper and waste knowing they will not be opened to increase 'returns' and I am aware of people deterred by an insistence on personal details. I myself as manager of a programme was travelling to deliver training in the North of England and went to an evening exchange of a full set of needles/syringes for the training. I gave my name and told the worker who I was in conversation. This was reported to my employer by the time I returned 2 days later.	Thank you for your comment.
Release	1.5	10	Young people-My experience would be that each area should have a specialist in this area. It is often difficult to know if a young person is actually under 16. As the document says some are more mature than others but what is the cut-off and methodology to assess and it is not unusual that a 'couple' may appear when one may be overage and one (usually the female in my experience under). It may be the case the younger person is being injected by the older. See R v Kennedy (Appeal. Law Lords) which has complicated legal consequences. Pharmacy staff trained to this level is unrealistic in my opinion. This should be removed in my view.	Thank you. There has been substantial rewording of this recommendation. However pharmacies remain in the recommendation. All pharmacists are trained to assess competence to consent in young people.
Release	1.6	11	I do not think that packs are economic or best practice and too often get discarded or have a ratio of parts that is wasteful or unhelpful to users. The Loose and bespoke options are in my view (while less discreet and more time consuming) preferable.	Thank you.

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Release	1.7	12	Replace 'make needles available in a range of sizes and colours' with 'provide a range of different lengths and gauge needles and provide syringes in ordinary, colour coded and dead space in a range of sizes'.	Thank you. We have amended the wording.
Release	1.7	12	Warn of the dangers and potential long and short- term repercussions of injecting in the neck (jugular vein) and groin (femoral vein). Make sure users can differentiate between pink arterial blood and dark venous blood.	Thank you. These are some of the risky practices we refer to in the recommendation
Release	1.8	13	Replace "safe disposal of used bins" with "safe disposal of used equipment", Interesting point in stigma. These were called 'cin (incineration) bins' but many clients thought it was 'sin bin'. Could we mention this?	Thank you. This is not the place to correct that misinterpretation.
Release	1.9	14	Delete "Ensure a selection of individual needles…" as this is covered (See Recommendation 7/12).	Recommendation 7 is aimed at all NSP and allows for the provision of packs or limited ranges of equipment ('Where possible supply…'). Specialist NSP however should ensure that they have a selection.
Release	1.9	14	Offer (or help people to access) 'Specialist services (NSP should be at top of list or moved into 7 – I think this is confusing overlap. I note no mention of HCV treatment.	Thank you. This has been reworded.
Release	1.9	14	? 'specialist **non**-needle and syringe programme [NSP]…'?- CONFUSING.	Thank you. This has been reworded.
Release	1.9	15	Add overdose training for staff and clients (peer education). Some mention of Naloxone and appropriate training in resuscitation.	Thank you. PHAC did not consider the

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				evidence for Naloxone.
Royal College of General Practitioners	0	0	I am in agreement with the points covered in this guidance document.	Thank you.
Royal College of Nursing	0	0	The Royal College of Nursing welcomes proposals to update this public health guidance.	Thank you.
Royal College of Nursing	1.1	5	*Who should take action* – surely CCGs should be in here? As it is their community who will benefit from such services, they are also a major stakeholder on the health and well being boards. As well as having responsibility for overseeing primary care.	Many of the commissioners who should take action will sit in CCGs and CCGs are part of the health and wellbeing board.
Royal College of Nursing	1.1	5	*What action should they take* - Consult – surely it would also be useful to consult with service users who formally injected but no longer do, they would be able to give good information re these services. As well as mutual aid groups – many of their members have probably had experience of such services.	Thank you. PHAC felt that ex users were overconsulted already and that it was more important to give a voice to those who are actually using (or not) the service.
Royal College of Nursing	1.10	15	Performance and image enhancing drugs – there may also be a need to refer to mental health services if there are underlying issues with a person's perception of their appearance	Thank you. This has been reworded.
Royal College of Nursing	1.3	8	Re disposal – should be mentioned here that pharmacy needle exchange often will offer disposal as part of their model.	Thank you. In the recommendation about pharmacy provision it states that pharmacies should provide disposal

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				facilities.
Royal College of Nursing	1.4	9	Health and well being boards should in some way have oversight of the monitoring of such services, especially if they have commissioned such services.	Thank you. HWB are listed in the" who should take action" for this recommendation.
Royal College of Nursing	1.4	9	*What action should they take* Is annual data analysis frequent enough? Most services are in the habit of producing quarterly reports to ensure that any changes in pattern can be responded to swiftly.	Thank you. Local areas are free to analyse data as frequently as they need,
Royal College of Nursing	1.5	10	Pharmacy schemes feature strongly here in the section regarding children and young people, however, are not mentioned in the adult section. These schemes are well established in a number of areas, and should not be seen as an either or option for children or adults. It should be recommended for both age ranges and potentially pharmacies could provide for both needs.	Thank you. There is a whole recommendation about pharmacy schemes.
Royal College of Nursing	1.7	12	There is no mention here of staff competency and skill set, when often staff are handing out equipment which could cause significant harm. If handing out bespoke equipment for specific injection sites, a high level of clinical skill will be needed and provider must ensure that staff are trained to a high enough level to reduce harm.	Thank you. This recommendation does not address the issue of staff at all. Your concern is addressed in recommendations 8 and 9.
Royal College of Nursing	2	18	The paragraph which begins - 'Although it is not known...' this paragraph is not clear. Is it trying to say that there is the potential for an increase in people self injecting with botox? If this is the case then there are a significant number of risks associated with this practice – not least the use of prescribed medication in an illegal and ill advised manner. If this risk is not made clear then it might be best to leave this out.	

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Royal College of Paediatrics and Child Health	0	0	We have not received any responses for this consultation	Thank you.
Royal Pharmaceutical Society	0	0	The Royal Pharmaceutical Society welcomes the update to the NICE public health guidance on needle and exchanges programmes (NSPs), and agrees with the overall scope and recommendations made. We are pleased that the role of pharmacy, in particular community pharmacists has been highlighted as key providers of NSPs in this guidance. Community pharmacists play a vital role in the provision of services to substance misusers as part of harm reduction programmes, including the supervision of medicines used to manage opiate addiction (such as methadone and buprenorphine), supply of injecting equipment and advising on safe injection. As pharmacists come into regular contact (usually daily) with substance misuse patients, they are able to build relationships and support them with other healthcare needs. They are also more likely to identify any issues with treatment and thus make appropriate referrals to substance misuse teams and other NSP providers.	Thank you.
Royal Pharmaceutical Society	0	0	Some community pharmacies are also involved in harm reduction strategies to minimise the risks associated with hepatitis B and C, through the provision of screening and vaccination services. Many pharmacists also have a commissioning role in their local area and will be responsible for delivery of local services.	Thank you. We hope that with the support of this guidance these pharmacies will be able to offer level 2 or 3 NSPs.
Royal Pharmaceutical Society	0	0		Thank you.

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			Community pharmacists also have a significant role in public health helping to raise awareness, tackle issues, and minimise harm associated with substance misuse and abuse, and the injection of drugs. The RPS are currently drafting professional standards for public health to help lead, support and develop pharmacists and pharmacy teams across Great Britain, to enable delivery of high quality public health services.	
Royal Pharmaceutical Society	1.4	9	We agree that NSP providers should collect relevant information on the usage of services to increase understanding of who accesses these services and give a picture of the scale of injecting drug use. It will also help inform the development of services to make sure they meet local needs and improve the health and wellbeing of the wider community. Pharmacies that are part of commissioned NSPs already collate data on service usage to support research. IT initiatives have been developed in Wales and Scotland to allow community pharmacies to capture information electronically. This information can be linked up with patient medical records to enable pharmacists provide better care. The RPS draft professional standards for public health also include standards for 'Surveillance and assessment of the population's health and wellbeing' and 'Public health intelligence'.	Thank you for this useful information.
Royal Pharmaceutical Society	1.5	10	Pharmacists are required to follow standards and guidance around consent and have the necessary training to appropriately assess young people's competence to consent, therefore the we recommend that the statement about pharmacy provision is made	Thank you. There has been substantial rewording of this recommendation.

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			stronger and "may" is deleted.	
Royal Pharmaceutical Society	1.6	11	Pharmacies are well places to provide level 1-3 services; many already offer such services. We agree that services should be coordinated to ensure patients can access care when needed. We would encourage more focus on referral to pharmacies with longer opening hours to ensure that injecting services are available when needed, as opposed to increasing the capacity of the use of vending machines. Use of pharmacies ensures that people using NSPs are able to access a professional who can provide additional health advice as necessary. In larger cities in the UK, some community pharmacies are open 24 hours, with many opening late into the evening, weekends and bank holidays, making them very accessible to those who may not have contact to other health professionals or NSPs.	Thank you. We agree and would be pleased to see specialist NSP in appropriate pharmacies.
Royal Pharmaceutical Society	1.8	13	We would suggest that information about the role of pharmacists in health promotion is added to this section. For example pharmacists can provide public health advice on wound management, reducing alcohol consumption, and sexual health.	Thank you. This has been added
Sophia Forum	0	0	We are a second tier charity supporting women living with HIV. Thus we support the recommendations in this consultation that aim to reduce the harm caused to people who inject drugs, including the acquisition of blood-borne viruses (such as HIV and hepatitis). We are aware that violence can be both a cause and consequence of HIV in women, and	Thank you.

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			this is an important factor also in drug and substance use. See http://sophiaforum.net/resources/Finalweb_SophiaForum_HIV_GBVreport2013.pdf	
Sophia Forum	0	5	It is not clear that the advice is directed to prison health services. Whether prisons provide NSPs or advise those about to leave prison about NSPs, they house a high risk group for drug injection. People in prison are only mentioned specifically in research recommendations as 'ex-prisoners'.	Thank you. The advice is not directed to prison services. They are outside the scope of this guidance.
Sophia Forum	1.5	9	Although safeguarding of children is mentioned, there is a tension between assessing the authentic 'consent' of young people especially when they use drugs, and frightening them away from services. There does not appear to be any special concern directed to the background circumstances of young females who use drugs under the age of 16. See ACE study regarding adverse childhood experiences leading to long term health and social disadvantages http://acestudy.org/home. There have been several recent high profile examples of statutory services 'labelling' girls as "willing" and "promiscuous" when they were indeed victims of grooming and assault by criminal networks for sexual exploitation, or indeed trafficked. This ought to apply to boys also.	Thank you. Safeguarding issues for young people are key when providing them with NSP services.
Sophia Forum	1.5	9	ADD to "Work together to agree a local, area-wide policy on providing needle and syringe programmes and related services". This recommendation would be improved if it stated that the policy MUST include referral pathways to specialist domestic and sexual violence services, and those assisting girls and women to exit sex work, if they want to.	Thank you.
Sophia Forum	4	24	Women are only specifically mentioned in terms of the effectiveness of the service (of using NSP). We believe that women's needs (especially when related to sexual and reproductive health, and as mothers) require more investigation than merely how effective NSP services are. We would welcome more research on models of care that engaged women (who may or may not have HIV) and dealt with all their needs, rather than just drug injection.	Thank you. Broader women's health is beyond the remit of this guidance which is about providing NSP.
St Mungo's	0	0		Thank you. The

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			Access to needle exchange services should not be made conditional on accessing any other type of support The guidance currently mentions that needle and syringe programmes should offer help to stop injecting drugs, including access to drug treatment and encouragement to switch to safer drug taking practices. The guidance should explicitly state that access to needle exchange services should not be made conditional on accessing any other type of support.	guidance makes clear, especially though recommendation 7, that this is the case.
St Mungo's	0	0	**Needle exchanges for people with multiple needs can be more effective when incorporated into 'wrap around' services** The guidance should recognise that needle exchange services can be more effective for clients with multiple needs when integrated into specialist 'wrap around' services. These services can support people to address physical health, housing and relationship issues, which make continued harmful drug use more likely. (see http://findings.org.uk/count/downloads/download.php?file=tr_wrap.hot for more information and evidence on the effectiveness of wrap around services)	Thank you. We believe this is covered in the range of services that we expect NSP to be able to refer to and the exhortation to commission integrated care pathways for people who inject drugs so that they can move seamlessly between the full range of services, including treatment services.
St Mungo's	0	0	**Needle exchange programmes should work closely with a range of detoxification and/or stabilisation services**	Thank you. Please see our previous response.

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			The most effective type of drug treatment for an individual depends on a range of factors such as their level of use, drug use history and other support needs. (see Opioid detoxification: National Clinical Practice Guideline Number 52). Needle exchange services should therefore ensure that they are able to refer each individual to the most effective drug treatment for their individual set of needs, rather than taking a 'one size fits all' approach. This should be clearly stated in the guidance.	
St Mungo's	0	0	**Appropriate mental health and substance use services should exist for people with multiple needs - suitable assessment and referral mechanisms to these services should be in place** Within the drug injecting population there is a group of people with both drug and mental health issues. These people are unlikely to be able to address the underlying issues that drive high levels of drug use without access to suitable mental health treatment. It is often the case that people with this mix of needs find it difficult to access appropriate treatment (see NICE clinical guideline 120: Psychosis with coexisting substance misuse). The guidance should state that needle exchange services should work with providers and commissioners to ensure that appropriate mental health and substance use services exist for people with these multiple needs, and that suitable assessment and referral mechanisms are in place.	Thank you. Please see our previous response.
St Mungo's	1.3	8	**The guidance should state that onsite needle exchanges can be an effective means of targeting specific groups**	Thank you. This would be an example of an outreach or detached service.

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			The guidance recognises that services should be targeted at specific groups. It should state that onsite needle exchanges, for example hostels for people who are homeless, can be an effective means of targeting these groups. In St Mungo's experience needle exchanges in hostels are an extremely valuable, cost effective and efficient way of receiving high rates of returns and engaging and reaching a core group of injecting drug users who may not otherwise attend and make use of community based resources.	
St Mungo's	1.4	9	**Needle exchange services should proactively engage with commissioners and other agencies to ensure that local gaps in provision are filled** Needle exchanges are well placed to identify people for whom effective local drug treatment services are not in place. The guidance should state that needle exchanges proactively engage with commissioners and other agencies to ensure that these gaps are filled.	Thank You. This is covered in recommendations 1-3
Thames Reach	0	0	The emphasis throughout the guidance seems to focus significantly on reference to needle and syringe; would the term injecting equipment and definition of this be more encompassing and extend to injecting parapheralia beyond needle/syringe, if a primary aim to be seeking to reduce transmission of infection.	Thank you. We use the phrase injecting equipment to refer to the full range of needles, syringes and other paraphernalia.
Thames Reach	0	0	In achieving a decrease in infection considerable focus is given to an increase in coverage. Could further outcomes also be achieved by greater recommendation of accompanying advice with supply of equipment? Our consideration is that in supplying	Thank you. Please see recommendation 7

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			equipment can there be an emphasis of responsibility to offer and provide advice and instruction on safe use. This needs to be balanced with accessibility and ensuring this does not create barriers to use of needle exchange but recognition that the appropriate and safe use is key to reduction in harm and infection. We would like to see guidance and further detail related to how to inject and safely use the equipment provided, recognising that initiation and instruction often comes from other users.	
Thames Reach	0	5	Whose health will benefit? - Emphasis of aim to reduce short and long term harm caused to people who inject drugs. This is to recognise fairly immediate, possibly acute and short term risks and the longer term impact, possibly beyond the cessation of injecting, including BBVs, but also circulatory problems.	Thank you. This section is no longer part of the guidance.
Thames Reach	1.1	5	Could the 'Who should take action' be extended to health and social care practitioners in contact with drug/alcohol users, injecting or at risk or commencing injecting.	Those practitioners may be an important part of the consultation, but it would not be their responsibility to make sure the consultation was done.
Thames Reach	1.2	7	Inclusion of GP surgeries, A&E departments and hospital wards/departments as mapped services commonly used by people who inject drugs.	The list of other services is exemplar, not exhaustive. We try to keep lists of examples short otherwise readers regard them as exhaustive.
Thames Reach	1.3	8	In addition to agreeing the location for drop boxes it may also be useful to recommend a local protocol/agreement regarding the use of this in the local community by all parties. Service users have at times expressed reticence in using boxes as they believe them to be observed/subject to police local activity. Local protocol can assist in local relations.	Thank you. The recommendation states that this needs to be done in liaison with all

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				parties.
Thames Reach	1.4	9	Should the use of service user surveys be recommended in this section, or possibly within recommendation 4. This could be used to provide anonymised data giving a more detailed and qualitative understanding of who uses needle exchange; why, key motivators, perceived benefits, and potential changes in delivery i.e. use of incentives.	Thank you. This could form part of the needs assessment in recommendation 1
Thames Reach	1.5	10	The involvement of parent/carer involvement should we believe be part of the service user assessment, and is in the context of assessing the service users support network, potentially within their drug using network and outside of this.	Thank you
Thames Reach	1.6	11	What action should they take? Could Level 1 also recommend 'offer of verbal advice i.e. signposting to Level 2/3'. Could Level 2 & 3 within the health and promotion advice more explicitly state the provision of guidance and instruction on the safe use of the equipment provided.	Thank you. Level 3 specifies this in recommendation 9.
Thames Reach	1.7	12	It is stated that action to be taken includes provision of advice relevant to type of drug, injecting practices and especially risky practices – will standard guidance and advice accompany or be included within this document or be signposted/referenced?	Thank you. The guidance will not provide guidance and advice on this issue. It is beyond our remit.
Thames Reach	1.7	12	Should the statement related to the encouragement to mark syringes have greater explanation. This is potentially contradictory to other advice as the guidance has a strong emphasis towards 100% coverage, needles and syringes not being re-used and safe disposal following use. Should this guidance be qualified to state in the event of limited needle/syringe supply?	Thank you. NICE avoid putting explanations in recommendations, and in this case we believe that it is clear throughout the guidance that we are advocating a clean needle and syringe for every injection, where this is possible.

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Thames Reach	1.7	12	Could this recommendation and section include reference to immunisation (HepatitisB).	Thank you. Please see recommendations 8 and 9.
Thames Reach	1.7	12	Re 7 – 9: It may be helpful if these recommendations are made with reference to the mix of services in recommendation 6, i.e. it is clarified if the recommendation is applicable to all levels or a particular level (as in recommendation 9)	Recommendation 7 is applicable to all NSP. Recommendation 8 refers to all NSP delivered in pharmacies. Recommendation 9 refers to all specialist level 3 NSPs. We believe this is reflected in the titles of the recommendations.
Thames Reach	1.9	14	Could the offer of comprehensive harm reduction services give greater detail and guidance on relevant/standardised training for practitioners – how, where, when, who, with greater emphasis on assessment of injecting practices and sites prior to evidence of infection.	Thank you. This is beyond the remit of this guidance.
Thames Reach	1.9	14	Could the offer of testing for hepatitis B/C & HIV, also state and be accompanied by referral to treatment, when necessary.	Thank you. This has been reworded.
Thames Reach	3.1	19	Point 3.1 is a very well made statement.	Thank you.
Thames Reach	3.11	22	Signposting information to alternative supply sources level 1-3 to be placed on vending machines.	Thank you. This section reflects PHAC discussions. It does not set goals or provide recommendations.
Thames Reach	3.18	23	Is this not a group which are also potentially likely to be injected by others, rather than	Thank you. This

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			self-administering, which presents issues related to use of equipment and control over their injecting 'environment' and 'process'. Reference to this practice does not seem to appear within the guidelines.	consideration relates to economic factors.
Thames Reach	3.19	24	The lower incidence of Hepatitis C amongst this group could also be attributable to the mode of preparation of drugs to inject, and the difference in paraphernalia required and, in the preparation of heroin/crack, a potential source/carrier of infection.	Thank you for this information.
Thames Reach	3.3	20	In considering the ethical issues, we are interested by the consideration of what and how much advice is required to be given when supplying equipment which in itself, when used incorrectly, has the potential to cause harm (i.e. damage to veins/capillaries, circulatory system). How far should we attempt to offer instruction alongside the supply of injecting equipment, and would this potentially restrict or deter involvement in the supply?	Thank you
Thames Reach	3.7	21	Could a further point be added – encouraging people to adopt practices which avoid transmission of infection and blood borne viruses?	Thank you. This was not part of the PHAC discussion.
Thames Reach	3.9	21	In the recommendation of secondary distribution, could this be extended to suggest that distributors have a level of training to be able to provide advice and guidance along with the supply of equipment, effectively peer advisors?	Thank you. This is not a recommendation, it is a consideration. It reflects PHAC discussions.
Thames Reach	4	25	Could a further recommendation seek to understand the motivating factors for using needle exchange amongst user groups, possible considering different groups and impact of self-esteem, confidence, self-worth. Motivators may not be as envisaged and could guide and inform effective delivery.	Thank you. PHAC did not see any evidence relating to this.
Thames Reach	4.2	25	Peer needle exchange/injecting advisors may deliver positive impact for specific groups and effective could be tested.	Thank you. PHAC did not see any evidence to support this.
The Hepatitis C Trust	0	0	Given the first overarching question is about BBV transmission we feel the guidance lacks enough reference to BBVs	Thank you. Page 1 of the final guidance states clearly that the main aim

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				of NSP is to reduce BBV transmission.
The Hepatitis C Trust	1.10	15	Here too advice on BBVs should be provided (especially as this is for public health practitioners with a remit for infectious disease prevention)	Thank you.
The Hepatitis C Trust	1.2	6	The collation of data should be used to estimate the prevalence of all BBVs (not simply 'e.g. hepatitis C') and also the rates of sharing of injecting equipment	The bullet point asks about the "Prevalence and incidence of infections related to injecting drug use". BBVs are infections. We do not understand your point?
The Hepatitis C Trust	1.6	11	All levels of service should provide information on BBVs, especially hepatitis C. NSPs should be seen as a key intervention to reach people not in touch with other services and inform them of transmission risk and how to get tested and the availability of treatment. This is critical to lower HCV incidence and increase diagnosis and should be clearly commissioned and monitored	Thank you.
The Hepatitis C Trust	1.7	12	We believe that two more bullet points should be added 'Provide advice on BBVs, how and where to get tested, how to access treatment and the effectiveness of (especially hepatitis C) treatment' 'Provide advice on maintaining venal integrity' (this has been shown to be a much more important driver of new syringe use than avoidance of BBVs and is also very important for hepatitis C testing, care and treatment)	Thank you. Please see recommendations 8 and 9
The Hepatitis C Trust	1.8	13	As a minimum staff should also receive training in BBVs, especially hepatitis C. WE would also like to add the same extra two bullet points outlined above	Thank you.
The Hepatitis C Trust	2	16	Why are you suing UAM survey data from 2006 not 2012?	Thank you. We have updated this
The Hepatitis C Trust	2	17	The latest figures (hepatitis C in the UK 2013) say 49% of PWID are anti-HCV+	Thank you.

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The Hepatitis C Trust	3.7	21	Please add 'and vaccinated against hepatitis B' into the bullet point on testing and treatment for hepatitis C and HIV	Thank you. This was not part of the PHAC discussion.
The Hepatitis C Trust	4	25	We would like to see a recommendation for research into the effect of NSPs on hepatitis C prevalence and into whether NSPs can increase testing for BBVs, especially hepatitis C	Thank you. PHAC prioritised other research recommendations.
The South London and Maudsley NHS Foundation Trust	1.1	5	Could NICE clarify their meaning of consultation? The recommendation states that it will "consult" with the local community and injectors, particularly around the needs assessment and planning process for NSPs. It then goes on to suggest, "Provide local people with information". Consult and provide information have distinct meanings and there is potential for confusion. This is an opportunity for NICE to clarify its intended meaning behind "consultation". The local population and user groups should have their voices heard in relation to the need for NSP in any local area. However, this contribution must be balanced by evidence-based research into the prevalence and the need for NSP services in a local area. This should feed into local planning of services. Local people should be informed about the general issue of the local response to drug related litter and any action plan for dealing with the issue. However, providing local people with any more than basic information could be counter-productive with communities feeling blighted by the knowledge that a NSP is operating in their area. Users views are important and, given the illegal nature of drug use, make organising services in the same way as other 'patient groups' difficult. We would suggest that a reference group and/or focus group(s) of current users of services be established to	Thank you. NICE has produced guidance on consulting and engaging with local communities and this is referenced in the recommendation. NICE will not be providing guidance on NSP consultation.

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			gauge patient response to services Could you please clarify who are the other stakeholders (those who do not use NSP) who need to be including in the consultation. Is there any evidence on what is optimal consultation for NSPs? Will NICE be providing DAAT, partnerships and CCG's with guidance on NSP consultation?	
The South London and Maudsley NHS Foundation Trust	1.2	6	This is a missed opportunity to implement a national minimum NSP data set for services. The collecting of this range of data though exchange sites and other service providers presents considerable challenges for NSP staff and commissioners. The only realistic method of collecting this data is though a central database similar to the NTA NEXMES NSP data collection database. I am aware this proposal comes with resource issues.	Thank you. This is beyond the remit of NICE.
The South London and Maudsley NHS Foundation Trust	1.4	9	NICE should consider the role of a co-ordinator in a locality. For example, by ensuring that staff collect appropriate data, are trained, and are provided with appropriate governance of the scheme. The South London and Maudsley NHS Foundation Trust (SLaM) also see this as an opportunity for NICE to recommend that all agency based services consider the role of a fully trained and dedicated needle exchange practitioner as a member of every substance misuse team providing NSP. Local and national drug and alcohol services targets have evaporated staff time to operate needle change especially in tier 2 & 3 services. Without dedicated champions, many of the important interventions that should take place are rushed transaction not interventions.	Thank you. PHAC did not see any evidence to support this as an effective intervention.

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			The collecting of this range of data though exchange sites and other service providers presents considerable challenges for NSP staff and commissioners. The only realistic method of collecting this data is though a central database similar to the NTA NEXMS NSP data collection database. I am aware this comes with resource issues.	
The South London and Maudsley NHS Foundation Trust	1.5	10	Within any large organisation there are a number of views on any issues. Nevertheless, with regards the provision of NSP to young people many professionals hold strong views in relation to practice I have tried to represent the spectrum opinions and views. However, all stakeholders agree that the current draft of young people and NSP lacks mandatory safeguarding assumptions and is unacceptable in its current format. Safeguarding tenets must be overt and clearly outlined within the guidance. One point of view is that this draft guidance is relaxed and it doesn't really put the trust under any obligation and/or responsibility for safeguarding when faced with a young person seeking NSP. Safeguarding is a higher priority for this vulnerable group and this draft guidance seems to neglect the safeguarding processes needed to protect young people. Other professionals view under 18's who inject drugs present a real risk of significant harm and the fact that under 18's are legally considered, as children must be paramount. Any guidance in relation to children injecting drugs must be concerned about the impact on the young persons of OD, BBVs, emotional, psychological risks etc. and societal well-being. They are extremely concerned about the situations and risks that the young person is exposing themselves to. A number of experienced senior clinical practitioners	Thank you. There has been substantial rewording of this recommendation.

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			are of the opinion that the current and future level of harm in these instances is significant enough to require a direct referral of all under 18s accessing NSP to Children Social Care mandatory position. This is supported by some colleagues in Children Social Care who would want to be part of a multi-agency network looking to act in the best interest of such a young person experiencing significant harm. A young person injecting illicit drugs meets the threshold for significant harm and therefore referral to enable multi-agency intervention would be in their best interest. However, another evaluation of the issue is held by a number of equally senior and experienced clinical practitioners. They consider it is imperative that under 18s should be comprehensively assessed for safeguarding issues as well as health, physical well being etc. In the assessment process the young person's needs are paramount. Automatic safeguarding referrals could mean that young people will be discouraged from attending services. They could be placed in more danger through referral if, for example, they were a child being looked after; there may be a need for lengthy contact before the young person becomes fully engaged, automatic referral may lead to 17 year olds being referred but not getting services due to local priorities. Finally, the automatic referral will stop comprehensive assessments by NEX staff thereby losing an excellent opportunity to identify and meet young people's needs. There should however be procedures and guidelines about risk and injecting drug use. Substance misuse assessment of under 18s can only proceed with the understanding that if any safeguarding issues are identified a safeguarding referral must take place. The time frame for the referral needs to be agreed by all concerned and built into the care plan. All young people receiving any form of NSP should only do so as part	

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			of a care plan that is constantly under review. If there were immediate safeguarding issues then referral should occur. If there were any doubt cases would be discussed with child protection team staff with the YP not being named. If risk was identified then referral should occur; if not child protection and drug service should regularly review the young person circumstances. Safeguarding protocols should also identify the competency of professionals undertaking treatment or needle exchange for vulnerable young people. These competencies must include the ability to assess YP injecting and other drug use, competency in YP consenting to treatment and fit enough to consent to treatment as well as competency in assessing risk to young people. Staff in treatment services should be identified as competent to fulfill these functions. The South London and Maudsley NHS Foundation Trust believes it is unlikely that most pharmacists would have the capacity, experience and time to carry out an in-depth NSP young people's assessment.	
The South London and Maudsley NHS Foundation Trust	1.7	12	The number of young people accessing services is small. However, this number may grow with the number of young people starting to experiment with performance enhancing drugs and so called 'legal highs' substances that can be injected. Many of the new stimulants including Crystal meth and Methedrone are increasingly be used by men having sex with men and is also spreading into the wider society. There is a need for enhanced sexual health guidance that includes the universal provision of lubrication with the dispensing of condoms though services. The provision of lubrication is patchy across many DAAT areas in the UK.	Thank you. This is beyond the remit of this guidance.

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			There is an important role for recreational drug use in the sexual transmission of BBVs, STIs and unwanted pregnancy. Infection prevention that focuses only on consistent condom use could be too narrow in its scope and overlook potentially more important risk behaviours. The use of performance enhancing drugs, erectile dysfunction drugs and or the many other new stimulant drugs being used can increase the frequency, duration and intensity of sex, meaning there is a greater risk of trauma to the body and damage to condoms. Studies show that after about half an hour of intercourse with a condom continued use will make it more likely to break. Using a fresh condom and lubrication after about 30 minutes should lower the risk of splits. Absence or the restriction of lubrication could lead to clients using *oil-based* lubricants (like Vaseline or baby oil); this weakens condoms in seconds, making them more likely to split. However, *water-based* or *silicone-based* lubricants do not weaken them and can be used with all condoms. Guidance should advise against the use of lubrication that contains a spermicide called Nonoxynol-9 (N-9). Nonoxynol-9 can cause internal irritation. Providing lubricant will encourage the collection of condoms, make sex more comfortable as well as reduce risks of unwanted pregnancy, BBVs and STIs for this diverse client group.	
UK Harm Reduction Alliance	0	5	The recommendations aim to reduce the harm caused to people who inject drugs. This,	Thank you. We refer to

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			in turn, will reduce the prevalence of blood-borne viruses and bacterial infections, **and reduce opiate injecting overdoses** so benefiting wider society.	overdose prevention several times in the recommendations.
UK Harm Reduction Alliance	0	5	Replace different with **'varying'** as injecting practices are evolving across the UK and typically the notion of different ie distinct groups applies less now in the evolving culture of injecting drug use than previously. It should be emphasised that people who inject drugs should be central to any local needs assessment process.	Thank you.
UK Harm Reduction Alliance	1.1	5	Commissioners of: drug services infectious disease services pharmacy services primary care services **Include homeless support services including homeless hostels – hostels play an important role is stabilizing and securing homeless people many are people who inject drugs and these stings require clear guidance and support to manage and improve injecting practices when they occur in hostel settings**	Thank you. This recommendation is about commissioners conducting needs assessments for the siting of NSPs. Homeless support services are one of the groups we would expect them to consult.
UK Harm Reduction Alliance	1.1	5	Replace "For example, explain how it will help reduce drug-related litter by providing safe disposal facilities such as drop boxes and sharps bins" with "**For example, explain how needle and syringe programmes have helped prevent an HIV epidemic in the UK, and provide a route into drug treatment for drug injectors".** Providing needle and syringe programmes may or may not reduce drug related litter, and promoting benefits which may not materialise could undermine services. At the same time, the societal benefits of preventing HIV and of providing a route into treatment for people who inject drugs are self-evident and persuasive.	Thank you. We have added your suggestion.
UK Harm Reduction Alliance	1.10	15	We fully support the inclusion of this section in the guidance	Thank you.
UK Harm Reduction Alliance	1.10	15	Replace "Providers of needle and syringe programmes (NSP)" with "**All needle and**	Thank you. This is an

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			syringe programme (NSP) providers, including specialist and pharmacy providers, peer providers, hostel settings, accident and emergency and other hospital settings' (in line with Recommendation 7).	unnecessary change.
UK Harm Reduction Alliance	1.10	15	After "Provide the equipment", add ", **information and advice".**	Thank you, we have added this.
UK Harm Reduction Alliance	1.10	15	Add a new bullet emphasising the promotion of secondary exchange to extend to supply of injecting equipment particularly in areas where PIED users are reticent to use established NSP	Thank you. PHAC noted in recommendation 7 that secondary exchange should not be discouraged, however overall they felt that they would prefer people to contact services directly.
UK Harm Reduction Alliance	1.10	15	Add a new bullet emphasising the promotion of secondary exchange to extend to supply of injecting equipment particularly in areas where PIED users are reticent to use established NSP	Thank you. PHAC noted in recommendation 7 that secondary exchange should not be discouraged, however overall they felt that they would prefer people to contact services directly.
UK Harm Reduction Alliance	1.10	15	Remove 'specialist advice about stacking (using multiple products) and cycling (the length of time you take them for)' as apart from generic information about restricting stacking, reduce length of cycles and increase post cycle periods/therapy specialist advice around specific stacking combinations is problematic with little if any unequivocal guidance on this.	Thank you. We have removed this.
UK Harm Reduction Alliance	1.2	6	Who should take action? **Include: homeless support services including homeless hostels (as Recommendation 1/5)**	Thank you. We would not expect homeless

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				services to collate and analyse data about NSP use.
UK Harm Reduction Alliance	1.2	6	Replace "Collate and analyse local data from Public Health England and other sources to estimate the" with "**Collate and analyse data from a range of sources (including Public Health England) to build reliable local estimates of"**. The current wording implies PHE have local data other than that provided by services, and is too limiting.	Thank you.
UK Harm Reduction Alliance	1.2	6	Replace "rates of poly-drug use" with **"rates of poly-drug injecting"** It should be noted that poly drug use describes both the use of concurrent and combined drug injecting ie heroin and crack (speedballing) and also where various drugs maybe injected due to accessibility and choice. Poly drug injecting is a normalised practice among many people who inject drugs (PWID) and not unusual in practice as is often and inaccurately implied.	Thank you.
UK Harm Reduction Alliance	1.2	6	Numbers, demographics, types of drugs used and other characteristics of people who inject, for example**: include men who have sex with men**	Thank you.
UK Harm Reduction Alliance	1.2	6	Replace "number of performance and image-enhancing drugs users" with "**number of people who inject performance and image-enhancing drugs".**	Thank you.
UK Harm Reduction Alliance	1.2	7	Map other services that are commonly used by people who inject drugs, for example, opioid substitution therapy services, homeless services and custody centres **to include accident and emergency departments, secxual health and mental health services** as both the later have key roles in providing support to some groups of PWID particularly including MSM and other clubb drug injectors who are less like attend drug treatment services if their injecting drug use maybe seen as more recreational although still associated with high risk and poorly informed injecting behaviours.	The list of other services is exemplar, not exhaustive. We try to keep lists of examples short otherwise readers regard them as exhaustive.
UK Harm Reduction Alliance	1.3	8	Replace "Consider supplying low dead-space injecting equipment (if this can be obtained at equivalent prices)" with "**Supply and promote low dead-space injecting**	Thank you. This wording has been changed.

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			equipment". This should not be optional, and should be actively promoted to clients with growing international evidence showing how low dead space injecting equipment has the potential to dramatically reduce the viral load in any BBV infected used equipment and consequently should be standard. The reference to equivalent prices is not applied anywhere else in the document, and the low dead-space options available in the UK are broadly equivalent in cost anyway.	
UK Harm Reduction Alliance	1.3	8	We strongly support the inclusion of "more than 100% coverage" and strongly recommend that performance indicators are established to show how "more than 100% coverage" is applied across any commissioned area to ensure adequate coverage is gained.	Thank you. This is beyond the remit of NICE.
UK Harm Reduction Alliance	1.3	8	Offer advice and information on services that aim to: reduce the harm associated with injecting drug use; encourage people to stop using drugs or to switch to a safer approach if one is available (for example, opioid substitution therapy); and address their other health needs. Where possible, offer referrals to those services **should include reverse drug route transitions including promotion, education and distribution of foil to support those who inject to consider alternative routes that can reduce or help curtail injecting**	Thank you. The distribution of foil is currently illegal in England and therefore NICE cannot recommend it at this time.
UK Harm Reduction Alliance	1.3	8	Commission integrated care pathways for people who inject drugs so that they can move seamlessly between the full range of services, including treatment services but also in a way that reflects the growing number of NPS injectors whose pattern of use doesn't require structure drug treatment but whose health, well being and reduction in injecting related harm can be attended to by low threshold services, including NSP, outreach, sexual health clinics, club drug services and LGBG services	Thank you.
UK Harm Reduction Alliance	1.4	9	Regarding "Specialist services should collect more detailed data on", care must be taken that services do not deter clients by raising their data collection threshold. The addition **of 'where possible'** allows for the development of a therapeutic relationship within which	Thank you. We have changed this.

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			these questions can be asked, and recognises the clinical reality of Needle and Syringe Programme transactions during the initial contact period. Collection of data, while supporting a deeper understanding of equipment distribution patterns and an indication of the numbers of PWID in any one area this data should not be collected as conditional to supply injecting equipment. It must be noted that secondary distribution of injecting equipment is a common and valid mechanism to ensure more comprehensive NSP coverage across communities of PWID and that contacts with NSP will invariably be an underestimate of actual number of PWID – this is relevant to dependant, recreational and PIED injectors and particularly if there is wariness in accessing formalised treatment services.	
UK Harm Reduction Alliance	1.4	9	The final bullet point could reference Public Health England and the NEXMS system.	Thank you.
UK Harm Reduction Alliance	1.5	10	We fully support this inclusion into the guideline and additionally would recommend the inclusion of **on-going support and supervision** to 'Make the governance responsibilities of drug services and safeguarding boards clear. The safeguarding board should approve the local policy' to ensure that the best practice is delivered while balancing both the safeguarding needs of young injectors while ensuring they are educated and given adequate supply of injecting equipment to reduce the significant harms associated with injecting. This is of relevance to young people with drug dependant injecting behaviours and also PIED and club drug injectors.	Thank you. We believe this is covered by regular review of the policy.
UK Harm Reduction Alliance	1.6	11	Who should take action? **Include: homeless support services including homeless hostels (as Recommendation 1/5)**	Thank you. We would not expect homeless services to be commissioning these services.
UK Harm Reduction Alliance	1.6	11	Replace "Coordinate services to ensure injecting equipment is available throughout the local area for a significant time during any 24-hour period." With:	Thank you

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			Coordinate services to ensure injecting equipment is available throughout the local area, through a variety of distribution mechanisms and outlets during any 24-hour period, and are provided at times and in places that meet the needs of people who inject illicit drugs. The injunction to site, and time, services to meet the needs of injecting drug users is important for maintaining effectiveness, it also harmonises the advice for illicit drug users with that in recommendation 10 on the provision of services for users of performance and image enhancing drug users and also club drug users. The term 'significant' is far to vague and open to interpretation in a way that could be unhelpful, limit access and distribution.	
UK Harm Reduction Alliance	1.6	11	What action should they take? Should also include access to overdose prevention and naloxone distribution programmes.	Thank you. PHAC did not make recommendations about Naloxone because they had not looked at the evidence for it. Overdose prevention is mentioned within the recommendations..
UK Harm Reduction Alliance	1.6	12	We fully endorse 'Ensure services offering opioid substitution therapy also make needles and syringes available to their clients, in line with the National Treatment Agency Models of care for treatment of adult drug misusers: update (2006)' and that there is particular need for tis to be emphasised in an evolving recovery oriented drug treatment culture where the significance of reducing injecting related harm is both essential to all injectors in the treatment system but also aligned with the Government's Drug Strategy	Thank you. We are aware that it has always been contentious.
UK Harm Reduction Alliance	1.7	12	Replace "Needle and syringe programme (NSP) providers" with **"All needle and syringe**	Thank you. We feel that

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			programme (NSP) providers, including specialist and pharmacy providers, peer providers, hostel settings, accident and emergency and other hospital settings'	all of your suggestion is covered in the current wording.
UK Harm Reduction Alliance	1.7	12	Replace "a range of sizes and colours" with "a range of lengths and gauges", for greater clarity.	Thank you. We have amended this.
UK Harm Reduction Alliance	1.7	12	Replace "Do not discourage people from taking equipment for other people (secondary distribution), but ask them to encourage those people to use the service themselves" with **"Encourage people to take equipment for other people (secondary distribution), to also distribute information and educational materials, and to encourage others to use the services themselves".** This builds on an evolving community development and mutual aid model that ensures that those with limited aces to services are well supported by drug injecting peers within their own communities. Also, opportunities should be taken to get feedback as to why some individuals will not access the service.	Thank you. PHAC considered this wording very carefully and chose the wording they did because they felt overall that they wanted people to access services themselves, but not at the expense of forgoing clean equipment if they did not. They felt that although they did not want to actively encourage secondary exchange, they did not want to discourage it.
UK Harm Reduction Alliance	1.7	12	Replace "Encourage people who inject drugs to mark their syringes and other injecting equipment or to use easily identifiable equipment to prevent sharing" with "**Encourage people who inject drugs to use easily identifiable equipment and/or mark their syringes and other injecting equipment to prevent accidental sharing".** These interventions alone will not prevent sharing, hence the addition of 'accidental'	Thank you. We have added accidental.
UK Harm Reduction Alliance	1.7	12	Replace "stop using drugs or to switch to safer methods if these are available (for example, opioid substitution therapy)" with "**switch to safer methods if these are**	Thank you. We have changed this.

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			available (for example, opioid substitution therapy, reverse route transmissions including the use of foil to smoke as an alternative to injecting), or to stop using drugs". This ordering brings the recommendation in line with Paragraph 3.7 (page 21).	
UK Harm Reduction Alliance	1.7	12	After "Advise them where they can access these services", add "**and directly facilitate referrals where needed".**	Thank you. We have amended this.
UK Harm Reduction Alliance	1.8	12	Given the comment above regarding the different levels provided, we would recommend merging Recommendations 8 and 9 together, as there is so much overlap.	Thank you for your comment
UK Harm Reduction Alliance	1.8	13	Replace "who distribute needles and syringes" with "**who operate the needle and syringe programmes".**	Thank you. The term is used as it is because in a busy pharmacy (for example) staff who do not 'operate' the NSP may be asked to dispense packs.
UK Harm Reduction Alliance	1.8	13	Replace "treat people in a non-stigmatising way" with **"treat people in a non-judgmental way and actively provide services that help reduce the stigma associated with injecting drug use**, which is the broader approach needed.	Thank you. We have added non-judgmental.
UK Harm Reduction Alliance	1.8	13	After 'the above comment ' add - **training should be delivered to support practitioners understand injecting behaviors and how injecting behaviours, determined by setting, culture and drug, are individualised and how this understanding informs behavioural change and targeted interventions appropriate to the persons patterns of use.**	Thank you. PHAC is not see any evidence to support this and so were unable to recommend it.
UK Harm Reduction Alliance	1.8	13	Replace "providing level 2 or 3 services (see recommendation 6)" with "**who operate the needle and syringe programmes".**	Thank you. We would not expect level 1 staff, who may be delivering packs alongside many other unrelated duties to have this level of

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				knowledge.
UK Harm Reduction Alliance	1.8	13	Move the bullet on HBV vaccination into Recommendation 7, where it sits alongside the other services and interventions provided rather than the staffing requirements etc.	Thank you. The bullet related to HBV vaccination FOR STAFF
UK Harm Reduction Alliance	1.8	13	Delete the bullet on access to other healthcare services, as this duplicates Recommendation 7.	Thank you.
UK Harm Reduction Alliance	1.8	13	Replace "safe disposal of used bins" with "**safe disposal of used equipment"**, and move to Recommendation 7.	Thank you.
UK Harm Reduction Alliance	1.9	14	Move the last two bullet points ("Offer comprehensive…" and "Offer (or help people to access)…") into Recommendation 7, where they will sit alongside the other services and interventions provided rather than the staffing requirements etc. Add naloxone provision to these lists.	Thank you. We would not expect all NSP to offer these services.
UK Harm Reduction Alliance	1.9	14	Given the comment above regarding the different levels provided, we would recommend merging Recommendations 8 and 9 together, as there is so much overlap. For example, the first two bullet points are already covered (with better language) in Recommendation 8.	Thank you for your comment.
UK Harm Reduction Alliance	1.9	14	Delete "Ensure a selection of individual needles…" as this duplicates Recommendation 7.	Recommendation 7 is aimed at all NSP and allows for the provision of packs or limited ranges of equipment ('Where possible supply…'). Specialist NSP however should ensure that they have a selection.
UK Harm Reduction Alliance	2	17	Background: Paragraph 2 ("Hepatitis C is still…") should make a stronger link between	Thank you. This section

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			the UK's low HIV rates and the roll-out of needle and syringe programmes since the 1980s and the corresponding extensive development of readily accessed opiate substitution therapy. There is a direct link between the decline in HBV rates and the roll-out of HBV vaccination throughout drug treatment services and primary care.	aims to provide a brief overview of the demographics and epidemiology. It is not intended to be comprehensive.
UK Harm Reduction Alliance	2	19	Government action: Delete "In line with this emphasis on recovery, there is little mention of needle and syringe programmes" as this is misleading and contradicts the notion of of an integrated response to supporting people who want to recover from drug use – managing and reducing injecting related harms is often the first step to engaging structured treatment services if needed. Additionally, the notion of recovery is seen as an obstacle to the growing proportions of of PIED and club drug/NPS injectors who don't necessarily identify with a problem requiring recovery oriented treatment. Change the subsequent line to "**The strategy specifically references how needle and syringes programmes can help 'reduce the harms caused by dependence such as the spread of blood-borne viruses like HIV'".**	Thank you. This has been reworded.
UK Harm Reduction Alliance	3.1	19	Needle and syringe programmes (NSPs) need to be considered as part of a comprehensive substance-misuse strategy that covers prevention, treatment and harm reduction – **This should be a recommendation not a consideration**	Thank you. This kind of policy level statement as a recommendation is beyond the remit of the guidance.
UK Harm Reduction Alliance	3.10	22	Replace "bloodborne" with "blood-borne", and elaborate on the sub-populations mentioned (possibly using the list in 4.2 on page 25). This suggestion should also be included in the Recommendations.	Thank you. This reflects PHAC discussions. It is not part of the recommendations because PHAC did not feel the evidence was strong enough.

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UK Harm Reduction Alliance	3.15	23	Replace “a societal” with “the government’s”.	Thank you. This has been reworded.
UK Harm Reduction Alliance	3.16	23	Last five years has shown significant shift in injecting patterns across the UK. There has been a decline trend in the number of people injecting heroin and cocaine and a decline in sharing of injecting equipment - as a result of easier access to drug treatment and needle and syringe programs. However here are reports from across the UK of people of a dramatic rise of mephedrone and methamphetamine injecting with corresponding increases in injecting related harms. These trends are associated with high risk behaviours through sharing used injecting equipment and unprotected sex increased soft tissue damage and elevated HIV and HCV infection. The reasons for harms are multifactorial and although unlikely to be completely unique to mephedrone/methamphetamine injecting there are certainly indications that injecting it well and injecting it safely are compromised by specific education around use and insufficient access to supplies of injecting equipment. **We strongly urge that the emerging trends of injecting NPS and amphetamine type drugs across certain communities of MSM, club drug users and those with a history of heroin and crack injecting are specifically addressed in this guidance**	Thank you. PHAC were aware of these trends but in the absence of evidence of effective interventions were unable to make recommendations about them. They were included in the research recommendations.
UK Harm Reduction Alliance	3.2	19	Replace “to reduce some of the risks” with “**reduce many of the risks by supply sterile injecting equipment and supporting the transition to safer injecting techniques’**	Thank you.
UK Harm Reduction Alliance	3.3	20	The following: ‘Furthermore, NSPs might have disadvantages; for example, they may deter people who inject drugs from using safer forms of drug taking or from quitting their habit altogether’ has no evidence to support this and is unhelpful. It doesn’t describe best or expected practice and it contradicts that NSPs – as described within the proposed guidance - are part of a drug treatment continuum where the fundamentals of harm	Thank you. The considerations reflect PHAC discussions.

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			reduction approaches are applied and ensure that PWID are always given options to change behavior and reduce risks of injecting drug use and other drug related harm through being given access to a system range of interventions as referred to throughout this draft.	
UK Harm Reduction Alliance	4.3	25	Add **adult NSP users here**, not just young people and those who use performance- and image-enhancing drugs.	Thank you. This research recommendation focuses on the two areas of poorest evidence.
UK Harm Reduction Alliance	4.4	25	Replace "increasing safer drug practices" with "**promoting safer drug use practices and reducing the incidence of overdose".**	Thank you. We have changed this
UK Harm Reduction Alliance	4.7	25	Replace "affect the amount of drug-related litter" with "**affect the rate of returned equipment and the amount of drug-related litter".**	Thank you. We have added this
UK Harm Reduction Alliance	6	27	The paragraph beginning "In 2013, the Advisory Council…" requires updating. The Home Office have now accepted the recommendation from the ACMD, and the amendment will be made to the Misuse of Drugs Act accordingly – possibly before the NICE guidelines are released.	Thank you. We have noted this.
UK Harm Reduction Alliance	6	27	In the entry for low dead-space injecting equipment, replace "(potentially contaminated) drug" with "(**potentially contaminated) blood"**. The reference to drug is factually incorrect, as it is blood residue after injecting that the provision of low dead space equipment seeks to limit.	Thank you. We have corrected this error.
UK Harm Reduction Alliance	6	27	**The term poly drug use is misleading** – it is a term that applies to most people who use drugs and is probably more typical than not among all groups and communities of drug users not just PIED users as indicated.	Thank you. This was intended as supplementary information, not implying that IPED users were exclusively singled out. We have changed it to

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				make this clear that the reference to IPED users relates specifically to using one drug to mitigate side effects of another.
UK Harm Reduction Alliance	6	28	**Secondary exchange should more explicitly describe where people who inject drugs distribute injecting equipment and educate around safer use and disposal** and ensure greater penetration into drug using communities and support the overcoming of barriers and facilitate pathways into formal treatment as needed.	Thank you.

Document processed	Stakeholder organisation	Number of comments extracted	Comments
Cheshire East Council.doc	Cheshire East Council – Public Health Department	6	**1.**
Department of Health.doc	Department of Health	1	**2.**
Durham County Council.doc	County Durham Harm Minimisation Network (Previous comments were provided as Durham Drug and Alcohol Commissioning Team)	14	**3.**
Exchange Supplies.doc	Exchange Supplies	17	**4.**
London Borough of Newham.doc	London Borough of Newham	7	**5.**
Merthyr Tydfil County Borough Council.doc	Cwm Taf APB Needle Exchange Group	8	**6.**

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National AIDS Trust.doc	NAT (National AIDS Trust)	38	**7.**
National Needle Exchange Forum (NNEF).doc	National Needle Exchange Forum (NNEF)	50	**8.**
NHS Health Scotland.doc	NHS Health Scotland	6	**9.**
Public Health England.doc	Public Health England	38	**10.**
Release.doc	Release	22	**11.**
Royal College of General Practitioners.doc	Royal College of General Practitioners	1	**12.**
Royal College of Nursing.doc	Royal College of Nursing	10	**13.**
Royal College of Paediatrics and Child Health.doc	Royal College of Paediatrics and Child Health	1	**14.**
Royal Pharmaceutical Society.doc	Royal Pharmaceutical Society	7	**15.**
Sophia Forum.doc	Sophia Forum	5	**16.**
St Mungo's.docx	St Mungo's	6	**17.**
Thames Reach.doc	Thames Reach	24	**18.**
The Hepatitis C Trust.docx	The Hepatitis C Trust	10	**19.**
The South London and Maudsley NHS Foundation Trust.doc	The South London and Maudsley NHS Foundation Trust	5	**20.**
UK Harm Reduction Alliance.doc	UK Harm Reduction Alliance	59	**21.**

Public Health Guidance

Needle and syringe programmes (update) - Consultation on Draft Guidance
Stakeholder Comments Table

24 September - 5 November 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline