



2019 surveillance of needle and syringe programmes (NICE guideline PH52)

Surveillance report

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Surveillance decision

We will not update the guideline on [needle and syringe programmes](#). Although no new evidence impacts on the current guideline recommendations, we recognise a need, as highlighted by Public Health England feedback, to clarify the broader care pathway for the management of drug misuse. We are therefore engaging with system partners with the aim of developing NICE guidance that is comprehensive and accessible.

Reasons for the decision

New evidence was identified but was considered to be consistent with current recommendations, or would need to be substantiated by further studies to have a potential impact.

Topic experts highlighted some areas that could be considered for review. However, these could be addressed through editorial amendments or were not supported by evidence of sufficient quality or relevance.

For further details and a summary of all evidence identified in surveillance, see [appendix A](#).

NICE will continue to clarify the broader care pathway for the management of drug misuse and engage with system partners to develop NICE guidance that is comprehensive and accessible. A planned workshop will consider integrating:

- NICE's guidelines on drug misuse
- NICE's guideline on needle and syringe programmes
- NICE's technology appraisal guidance on [methadone and buprenorphine](#), and [naltrexone](#), for the management of opioid dependence
- NICE's evidence summary that is being produced on depot buprenorphine.

Overview of 2019 surveillance methods

NICE's surveillance team checked whether recommendations in [needle and syringe programmes](#) (NICE guideline PH52) remain up to date.

The surveillance process consisted of:

- Feedback from topic experts via a questionnaire.
- A search for new or updated Cochrane reviews and national policy.
- Examining related NICE guidance and quality standards and National Institute for Health Research (NIHR) signals.
- A search for ongoing research.
- Examining the NICE event tracker for relevant ongoing and published events.
- Literature searches to identify relevant evidence.
- Assessing the new evidence against current recommendations to determine whether or not to update sections of the guideline, or the whole guideline.
- Consulting on the decision with stakeholders.
- Considering comments received during consultation and making any necessary changes to the proposal.

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Evidence considered in surveillance

Search and selection strategy

We searched for new evidence related to the whole guideline.

We found 27 studies in a search for quantitative studies published between

4 December 2012 and 17 September 2018.

We also included an additional 2 relevant studies from a total of 9 identified by topic experts.

From all sources, we considered 29 studies to be relevant to the guideline.

See [appendix A](#) for details of all evidence considered and references.

Selecting relevant studies

For the assessment of effectiveness: systematic reviews of experimental and observational studies, randomised controlled trials, controlled non-randomised studies, controlled and uncontrolled before and after studies, cross-sectional studies, cohort studies, case-control studies and ecological studies were eligible for inclusion.

For the assessment of cost effectiveness: economic evaluations conducted alongside trials, intervention studies, modelling studies and analyses of administrative databases were eligible.

Qualitative research was excluded because there was no indication from intelligence gathering that views and experiences of service users and providers of services had changed substantially. Qualitative research in this area would therefore be unlikely to impact on the current recommendations.

Ongoing research

We checked for relevant ongoing research; of the ongoing studies identified, 2 studies were considered to have the potential to change recommendations; therefore we plan to regularly check whether these studies have published results, and evaluate the impact of the results on current recommendations as quickly as possible. These studies are:

- [Eradicate hepatitis C virus: a treatment to prevent hepatitis C in active drug users](#)
- [Evaluating the population impact of hepatitis C direct acting antiviral treatment as prevention for people who inject drugs \(EPIToPe\)](#)

Intelligence gathered during surveillance

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to the NICE guideline.

We sent questionnaires to 8 topic experts and received 5 responses; 3 indicated that the guideline should be updated and 2 indicated that it should not. The topic experts were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty.

The main areas where topic experts felt the guideline should be updated were:

Collating and analysing data on drug use

An expert stated that Public Health England (PHE) no longer has a needle exchange activity monitoring system available nationally. Concern was also expressed about the collection of evidence from needle exchanges in England. A suggestion was made to consider a more strongly worded recommendation on the use of a database such as 'Pharmoutcomes' to enable more detailed analysis on drug use. However, further feedback indicated that PHE does have sentinel surveillance through the unlinked anonymous monitoring survey included in [People who inject drugs: infection risks, guidance and data](#). Data are also available via the national drug treatment monitoring system. As such, there is unlikely to be an impact on the guideline because the issues remain addressed in recommendation 2. However, this area may be explored further in a planned workshop for discussing the broader care pathway for the management of drug misuse.

Commissioning both targeted and generic services to meet local need

Experts stated that recommendation 3 advice for hepatitis testing could be strengthened given improvements in testing (particularly blood spot testing) and treatment. Treatment for hepatitis C in particular was considered to have been improved since the guideline was published. However, no evidence was cited or identified in the surveillance review that showed an impact on the recommendation, which is likely to remain valid. A cross reference will be made to the Department of Health and Social Care's [Drug misuse and dependence: UK guidelines on clinical management](#) to align with current national advice.

The NICE Pathway on [needle and syringe programmes](#) will also link to the hepatitis section of the NICE Pathway on [liver conditions](#), to cover hepatitis B and C testing and treatment technology appraisal guidance. This area may also be explored further in a planned workshop for discussing the broader care pathway for the management of drug misuse.

Use of low dead space equipment (LDS)

Recommendation 3 advises that services offer, and encourage the use of LDS injecting equipment. Recommendation 7 advises that needle and syringe programme providers should, where possible, make needles available in a range of lengths and gauges, provide syringes in a range of sizes and offer LDS equipment. New evidence highlighted by topic experts on LDS equipment supports the gradual implementation of this equipment, offered alongside existing equipment and supported by training and education. This is consistent with the NICE guideline and no impact is anticipated.

Provision of equipment and advice to people who inject image- and performance-enhancing drugs (IPED)

Topic experts highlighted data from PHE's [Shooting Up: infections among people who inject drugs in the UK](#). However, this was limited to prevalence data, and the lack of evidence on the effectiveness of needle and syringe programmes for IPED users means there is unlikely to be any impact.

Experts indicated that there may be new evidence in the following areas, but did not cite any studies:

- The provision of needle exchange equipment to prisons, which was identified as a gap in the evidence in the NICE guideline.
- Equipment provided as part of the service of supervised consumption rooms.
- The provision of naloxone and its role in preventing drug-related deaths. The Department of Health and Social Care's [Drug misuse and dependence: UK guidelines on clinical management](#) was highlighted, which includes guidance on the wider provision of naloxone. A cross reference will be made to this guidance from the NICE guideline. This area may also be explored further in a planned workshop for discussing the broader care pathway for the management of drug misuse.
- Provision of information by services selling needle and syringe equipment online.

- Provision of bins and collecting needles.

New evidence identified through the surveillance review in these areas was considered to be consistent with current recommendations, or would need to be substantiated by further, higher quality or more directly relevant studies to have a potential impact on the NICE guideline.

Views of stakeholders

Stakeholders are consulted on all surveillance reviews except if the whole guideline will be updated and replaced. Because this surveillance proposal was to not update the guideline, we consulted with stakeholders.

Overall, 11 stakeholders commented, of whom 6 agreed with the proposal, 4 disagreed and 1 did not have any comments on the proposal. The stakeholders included professional bodies, charities, government organisations and pharmaceutical companies.

Detachable LDS syringes

A stakeholder commented that the guideline recommendations should distinguish between LDS fixed all-in-one needle and syringes, and detachable needle and syringes. Although recommendations 3 and 7 in the NICE guideline, do not distinguish detachable from fixed needle and syringes, they do highlight the importance of LDS injecting equipment provision. This advice is consistent with the recently updated Department of Health and Social Care's [Drug misuse and dependence: UK guidelines on clinical management](#), which advises clinicians who work with people who inject drugs to offer and encourage the use of LDS injecting equipment to reduce infection and transmission risk.

Supervised consumption rooms (SCRs)

A stakeholder commented that the guideline should take account of new evidence supporting SCRs, to address the needs of people who inject drugs and are at risk of very high levels of mortality and morbidity. Recommendation 7 advises provision of equipment to people who inject drugs, and to encourage people who inject drugs to use other services as well as needle and syringe programmes. New review evidence indicates the potential value of SCRs, but was from non-UK settings and was limited by indirectness to England. A stakeholder submitted additional evidence applicable to Scotland. However, the [UK government position](#) is that there is no legal framework for the provision of SCRs in

the UK and there are no plans to introduce them. As such, the guideline will not be extended to include SCRs at this time.

Additional areas

Stakeholders highlighted areas that they considered to be insufficiently covered by the guideline recommendations. This included the provision of take-home naloxone, hepatitis C testing, and advising against sharing needles and syringes when discussing harm reduction with service users. A cross reference will be added to the NICE guideline to the Department of Health and Social Care's [Drug misuse and dependence: UK guidelines on clinical management](#), which provides national advice in these areas (see [editorial amendments](#)). An editorial correction is also proposed to ensure that the NICE Pathway on [needle and syringe programmes](#) will link to the hepatitis section of the NICE Pathway on [liver conditions](#), to cover hepatitis B and C testing and treatment technology appraisal guidance.

Additional areas that stakeholders suggested for inclusion in the guideline were general health; involvement of nursing staff; skin infections; dental complications; sexualised drug use, sexual health and referral; and mobile needle and syringe units. However, because no evidence was provided in these areas, there is no impact on the guideline recommendations.

See [appendix B](#) for full details of stakeholders' comments and our responses.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

During surveillance of the guideline, we identified the following points in the guideline that should be amended.

Recommendation 1

The cross reference to the NICE guideline on community engagement should be updated to the NICE guideline on [community engagement: improving health and wellbeing and reducing health inequalities](#).

Recommendation 3

The cross reference to the Department for Environment, Food and Rural Affairs' Tackling drug-related litter (2005) should be replaced by [Tackling drug related litter: guidance and good practice](#) (2013). The existing link is still correct in directing to the replacement guidance and only the text needs updating.

Recommendation 6

The link is broken and the document has been archived in the recommendation 'Ensure services offering opioid substitution therapy also make needles and syringes available to their service users, in line with the National Treatment Agency Models of care for treatment of adult drug misusers: update (2006)'.

The text should be amended to state:

'Ensure services offering opioid substitution therapy also make needles and syringes available to their service users.'

Short version of the NICE guideline

The following text should be added to the end of the section on what is this guidance about?

See also the Department of Health and Social Care's [Drug misuse and dependence: UK guidelines on clinical management](#), also known as the 'Orange Book', which provides advice to healthcare professionals on the delivery and implementation of a broad range of interventions for drug misuse, including those interventions covered in the present guideline.

Overview page of the guideline

A link should be added to NICE's quality standard on [drug use disorders in adults](#).

NICE Pathway

Links should be inserted in the NICE Pathway on [needle and syringe programmes](#) to:

- the [hepatitis section](#) of the NICE Pathway on liver conditions, to cover hepatitis B and C testing and treatment technology appraisal guidance
- the NICE Pathway on [HIV testing and prevention](#).

Social care

The following text should be inserted at the start of the recommendations section of the NICE guideline as per newer NICE guidelines:

People have the right to be involved in discussions and make informed decisions about their care, as described in [your care](#).

[Making decisions using NICE guidelines](#) explains how we use words to show the strength (or certainty) of our recommendations, and has information about professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

Overall decision

After considering all evidence and other intelligence, and the impact on current recommendations, we decided that no update is necessary. Although no new evidence impacts on the current guideline recommendations, we recognise a need to clarify the broader care pathway for the management of drug misuse. We are therefore engaging with system partners with the aim of developing NICE guidance that is comprehensive and accessible.

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