

Feasibility in needle exchange programme: an evaluation of a pilot programme in Catania, Sicily

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Abstract

Introduction: Intravenous drug use (IVU) is a primary transmission route for HIV and other blood borne disease. A criminal approach to illicit drug use leads to aggressive attitudes towards drug users and forces them underground, thus hindering their access to Health Service outlets. A 6-month pilot Needle Exchange Programme was set up in Catania, with the aim of reducing the negative effects and consequences of drug use, preventing the spread of blood borne diseases by encouraging the use of clean needles and reduction of needle sharing. To establish contact with the hidden population of the city's, intravenous drug users (IDUs) and promote condom use and safer sex. *Method:* An equipped camper was parked daily in two of the city's main public squares according to a preset timetable, morning and afternoon. A flexible needle exchange policy, i.e. free clean needles given out regardless of those returned, was adopted as a strategy considered necessary in order to, ensure maximum user-friendliness. Safer shooting information leaflets were given out alongside material for the correct use of the condom and condoms. *Result:* The number of IDUs, contacted who had previously been referred to a National Health Service Drug Unit (Ser.T.) and not, and number of syringes exchanged were low but increased month by month. *Conclusion:* Future projects should be undertaken after building up, a collaborative network between Street Unit and local courts; the city police force; social service outlets; hospitals and other health outlets; Ser.T. units and local pharmacies. In the light of our current experience, the one to one strategy instead to the flexible strategy could lead to stricter adherence to harm reduction strategies amongst IDUs. © 2000 Elsevier Science B.V. All rights reserved.

Keywords: Needle exchange; Prevention; Harm reduction

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1. Introduction

Intravenous drug use (IVU) is a primary transmission route for HIV and other blood

borne disease. A criminal approach to illicit drug use leads to aggressive attitudes towards drug users and forces them underground, thus hindering their access, to Health Service outlets. It is consequently extremely difficult for drug users to obtain health information and assistance.

Harm reduction strategies in a street context show that the drug user's, right to access publically provided services should be approached as an integral issue in drug policy (Drucker, 1991).

A common form of street intervention around the world is that of Needle Exchange and Distribution Programmes. Numerous studies have shown such programmes to be of use in a variety of contexts (Peak et al., 1995; Klingemann, 1996; Bluthenthal, 1998; Gray, 1998). Some of these studies have implemented a flexible needle exchange policy, whereas others have adhered strictly to a one for one regime (Agnoletto and La Marca, 1995; Des Jarlais et al., 1996).

A 6-month pilot Needle Exchange Programme was set up in Catania (Sicily's second largest city, population ca. 450 000) with the aim of reducing the negative effects and consequences of drug use, preventing the spread of blood borne diseases, in particular of HIV infection by encouraging the use of clean needles and reduction of needle sharing. A secondary aim was to establish contact with the hidden population, of the city's intravenous drug users (IDUs) and promote condom use and safer sex.

2. Method

2.1. Subjects

Subjects were drug users (DUs) contacting Street Unit.

2.2. Setting and operators

A specially equipped camper, provided by the City Council of Catania for the duration of the project, was parked daily in two of the city's main public squares according to a preset timetable, morning and afternoon. The two locations were selected as being well-known areas for drug purchase and negotiation and/or as places where drug users tend to congregate. It should at this point be pointed out, however, that neither of the locations, chosen are places where drugs are actively consumed.

The internal features of the camper were modified to provide a safe place for interviews, whilst ensuring confidentiality. Both peer operators and social workers were employed. Peer operators provided inside support in the creation of a social environment base on communal trust and exchange. The professionally qualified operators ensured that correct counselling procedures were maintained and also provided technical support where necessary. Interviews were conducted in accordance with counselling principals based on orientation and empathetic listening.

2.3. Needle exchange and materials distributed

A flexible needle exchange policy, i.e. free clean needles given out regardless of those returned, was adopted as a strategy considered necessary in order to ensure maximum user-friendliness. Safer shooting information leaflets were given out alongside material for the correct use of the condom and condoms. Targeted information regarding healthy living and prevention strategies was provided upon request during individual/group discussions centring on specific problems and needs.

2.4. Evaluation methods

The overall success of the project and its objectives was evaluated on the basis, of the number of contacts made, syringes given out and returned and condoms distributed.

The hidden population of drug users was, defined as being those who were not in contact with local National Health Service Drug Units (Ser.T.).

3. Results

In the course of 6 months a total of 617 DUs were contacted, of which 206 were IDUs; the remaining were non-injectors who used a variety of other drugs. Of the IDUs

(male and female combined), 90% were habitual heroin injectors. Many IDUs were also seen to use besides heroin other drugs such as cocaine benzodiazepine, etc. The IDUs were 183 male and 23 female. The mean age of the male IDUs was 32 years S.D. 4.3. That of the female IDUs was slightly lower, 30 years S.D. 2.4.

Table 1 provides exact figures for sex; previous Ser.T. referral; syringes distributed and exchanged; and condoms given out for each of the two locations visited daily by the Street Unit camper.

The number of IDUs contacted who had previously been referred to a Ser.T. and not, is set out month by month in Table 2 along with data for the number of syringes exchanged.

Table 1
Characteristics of subjects contacted by Street Unit Operators

	1st square		2nd square		Total
	Male	Female	Male	Female	
IDUs	104	11	79	12	206
Previous Ser.T. referral	84	7	51	8	150
No Ser.T. referral	20	4	28	4	56
Syringes out	164	60	116	36	376
Syringes back	20	8	18	10	56
Condoms out	763	251	670	199	1882

Table 2
Number of IDUs contacts and exchanged syringes by month

Month	Previous Ser.T. referral	Hidden population	Syringes exchanged
1st	8	4	–
2nd	19	6	–
3rd	17	7	–
4th	28	7	9
5th	30	15	22
6th	48	17	25
Total	150	56	56

4. Discussion

The results obtained show a higher percentage of male IDUs (80%) compared to female (20%). This is in line with other national data (Pavarin et al., 1998).

Three hundred and seventy-six clean syringes were distributed against 56 returned. Statistically this means that a low percentage of syringes, 6.7%, were effectively exchanged. However, results were seen to improve over time as can be seen in Table 2. A similar observation must be made regarding the number of contacts established amongst the hidden population of IDUs.

The low number of contacts should also be considered in terms of the gradual increase in number over time (Table 2).

Catania is esteemed as having ca. 4000 IDUs. Only a third of these are in contact with the city's Ser.Ts. It thus appears essential for an ongoing effort to be made in order to reach this hidden population.

From the outset, condom distribution proved successful, condoms being actively requested by the majority of those contacted. It should, however, be pointed out that a specific interest in condom use and its promotion was not among the primary objectives of the project. The marked interest in condoms and condom use indicated a clear lack of specific information. This points to a need for safer sex campaigns specifically targeted for the IDU population. As can be seen from the data outlined above, the difficulty in achieving needle exchange and establishing a higher number of contacts with the hidden population of IDUs is in direct contrast with the ease with which condoms and clean syringes were simply distributed. Data did, however, improve during the course of the 6-month period, both for the number of needles returned and contacts made. One reason for this gradual improvement may be that IDUs

gained trust and confidence over time and perceived the project as being stable. The increase in the number of contacts made may be considered sufficient if taken in the context of ongoing projects, which will capitalise on progress made so far. However, this, is not the case as far as effective needle exchange is concerned.

The flexible exchange policy employed by the operators may explain the low number of needles returned. Another important reason for the low number of needles exchanged one for one is the fact that intravenous drug consumption occurs in locations that are not in proximity to the place where needles are exchanged. Carrying used syringes on their person for long periods of time also presents problems for IDUs, due to the presence of police pressure, which dissuades them from bringing used syringes back. This hypothesis has been pointed out in other studies (Connors, 1992). In the light of our current experience, it may be possible to evaluate a change in the needle exchange policy for future project, moving from a flexible strategy to a more rigid one for one regime. This may in fact lead to stricter adherence to harm reduction strategies amongst IDUs and the aspect of user-friendliness, may thus, be examined more closely. It is also our opinion that a prevalence and incidence study regarding blood borne and sexually transmitted diseases should be an essential component of future intervention programmes in order to assess strategy success more carefully.

In addition, the low success rate could be due to a lack of active support and participation on the part of other drug agencies and organisations working in Catania, such as the local Ser.T. units; the City Council, and the local Police Force. Future projects in which the above hypothesis may be controlled should be undertaken in order to confirm that the lack of a solid network between local

organisations and institutions in the field of justice, law and order, social services and health services, negatively influences the degree of success achieved by street projects such as the one presented. It is thus considered of primary importance to build up a collaborative network between local courts, the city police force; social service outlets; hospitals and other health outlets; Ser.T. units and local pharmacies. This is in line with Aggleton and Homans proposals for the 'socially transformatory' model of intervention which points out the need for active prevention campaigns based on a multi-level approach involving the cultural, social and political spheres (Aggleton and Homans, 1987, 1988). On the basis of the data and experience obtained for the pilot project in Catania, the feasibility of future street intervention projects will be easier to gauge. Future intervention will thus appear as part of an ongoing process where services are improved, and thanks to forethought and strategic planning, future objectives will be met.

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