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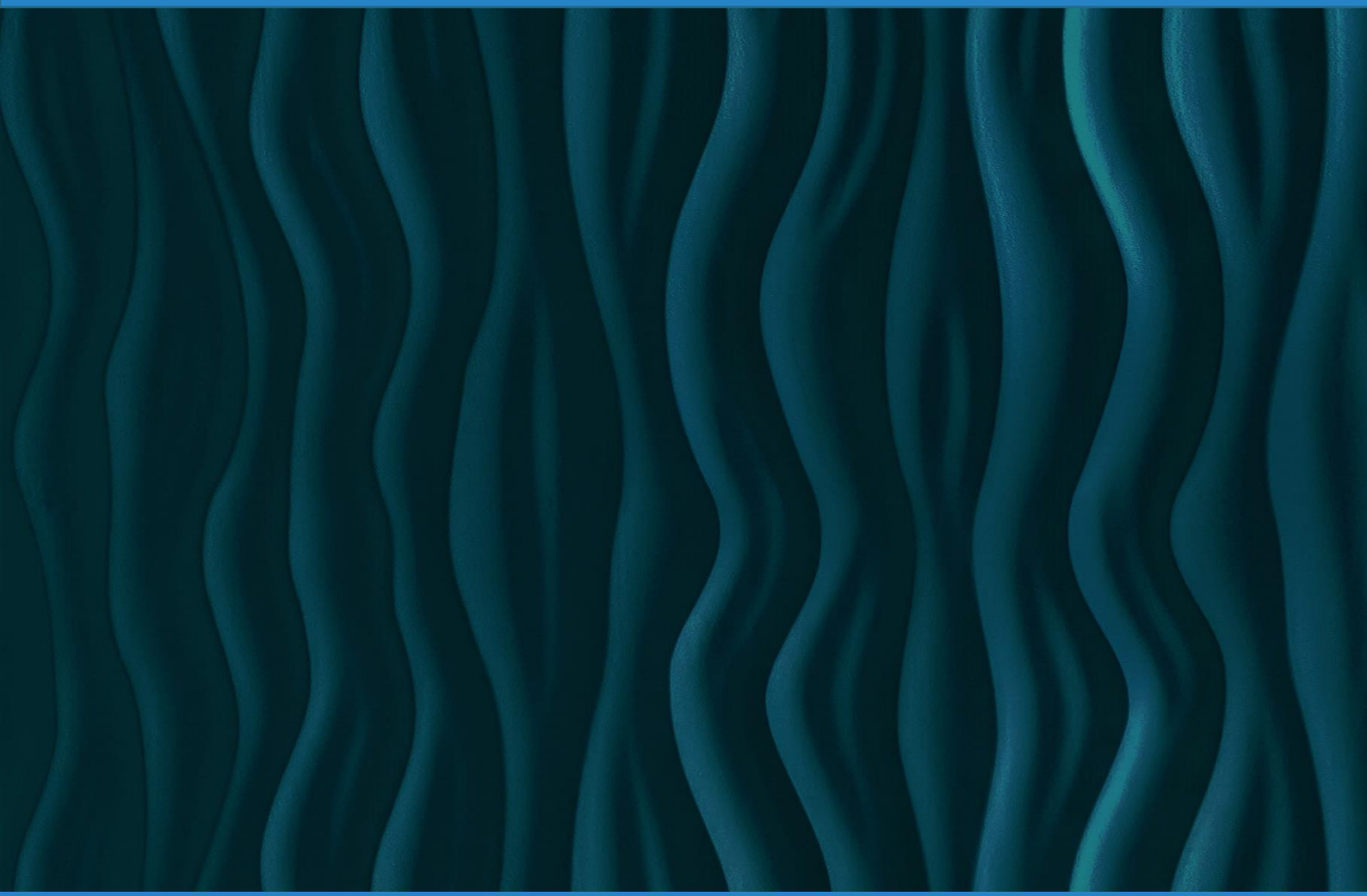
Exploring the impact of COVID-19 on Needle and Syringe Programme (NSP) activity in Sefton



Hannah Timpson, Rebecca Harrison, Faye Hellewell & Howard Reed

Contact: Dr Hannah Timpson **email:** H.Timpson@ljmu.ac.uk **phone:** 0151 231 4382

Public Health Institute, Faculty of Health, Liverpool John Moores University, 3rd Floor Exchange Station, Tithebarn Street, Liverpool, L2 2QP

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

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About this report

This report provides evidence about the impact of COVID-19 restrictions on the use of Sefton's Needle and Syringe Programmes (NSP). The study aimed to understand the current provision of NSP across Sefton across different sectors, examine stakeholder views on the existing and future provision of NSP, and include the views of people who use online NSP in Sefton. This report presents data from the Integrated Monitoring System (IMS), collected by the Public Health Institute (PHI) and Liverpool John Moores University (LJMU), which reports NSP service use across pharmacies, drug treatment agencies and NSP Direct. Additional data from stakeholder engagement is also included. Recommendations for a future model of NSP in Sefton are made, with reference to current evidence.

Acknowledgements

- Alan McGee, Advanced Practitioner in Public Health (Health Protection), Rebecca Kane, Public Health Registrar; Sefton MBC, Public Health.
- Ellie McCoy, Dave Seddon, and colleagues from PHI for supporting study implementation and report production.
- Olivia Wooding, Mersey Care Ambition Sefton, for support with disseminating the survey across NSP providers.
- Nick Wilson, Exchange Supplies, for support with attempted recruitment of NSP Direct service users to the study.
- Representatives from the Pharmacies and Agencies who responded the NSP Survey.
- Those professionals from Change, Grow, Live; Exchange Supplies, NSP Direct; and wider stakeholders who took part in one-to-one interviews.

Executive Summary

Introduction

Needle and Syringe Programmes (NSPs) aim to reduce the harms associated with injecting drug use, such as the transmission of blood borne viruses (BBV) and other infections such as HIV, hepatitis B and C. NSPs provide clean needles and syringes to people who inject psychoactive substances (such as crack cocaine and heroin) and image and performance enhancing drugs (IPEDS). NSPs also provide opportunity for health professionals to deliver advice to persons who inject drugs (PWID), including how to minimise the harm of drug use, signposting and referral to drug treatment services, and access to broader health and welfare services. Typically, NSPs are delivered through pharmacies and in drug treatment services and provide a range of services to meet local need, including making use of other services (e.g., custody centres, sexual health services) and outreach services.

When the COVID-19 pandemic began in March 2020, it had profound impacts upon NSPs both globally and within Sefton. The implementation of national lockdowns in response to COVID-19 meant that NSPs operating within drug treatment services and pharmacies had to operate on a reduced service and limiting opening hours. As a result, NSPs were not able to support the most vulnerable members of their community and had to adapt to provide supplementary methods of outreach to ensure that PWID received sterile equipment. To bridge this gap in provision, and to extend the reach of NSPs to the most vulnerable members of this population, came the creation of online postal needle exchange services (NSP Direct). However, despite hopeful prospect, due to a number of factors, this online postal service did not have much uptake. The Public Health Institute (PHI) at Liverpool John Moores University (LJMU) were commissioned to undertake an evaluation of NSP, this report aims to:

1. Understand the current provision of NSP across Sefton across different sectors.
2. Examine the views of stakeholders including pharmacists, NSP agency-based staff, and local authority staff on existing and future provision of NSP.
3. Include the views of people who use online NSP services in Sefton (via NSP Direct).

Methods

Rapid literature reviews are included to provide context to the research and aid the interpretation of research findings and development of recommendations.

Collation and analysis of data reported to PHI's Integrated Monitoring System (IMS) to determine changes to access of NSP provision pre- and post- pandemic.

Online surveys were completed by six out of 16 pharmacies and one out of two agency-based sites who were approached to take part. The survey opened in January 2022 for a period of 4 weeks.

Qualitative interviews with key stakeholders

Four interviews were carried out online on MS Teams between July and October 2022, with stakeholders involved in the operation and delivery of NSP. These interviews aimed to determine: their experiences of NSP including NSP Direct, the impact of COVID-19 on NSP, barriers to NSP, the impact of NSP provision and recommendations for future NSP delivery.

Development of a case study

One interview was carried out online via MS Teams in July 2022 with an NSP practitioner from outside of the Sefton area. The findings from this interview were used to construct a case study example of best practice of NSP, highlighting the strengths and weaknesses of their NSP model.

Key Findings and Recommendations

Provision of NSP in Sefton

PWID were disproportionately impacted following social isolation measures during COVID-19. It is acknowledged that during COVID-19 pharmacies and drug treatment service operated reduced NSP services and looked at how best to fill these gaps in provision to meet local need, which included online NSP provision (NSP Direct). The literature highlights that there was a marked decrease in PWID accessing harm reduction services; and that lack of access to NSP for PWID had a significant impact on increasing harms. Data from this study show that agency based NSP provision reduced markedly during the COVID-19 lockdown periods. Whilst visits to pharmacy based NSP reduced by 10% (5,111 [April 2019-March 2020] – 4,692 [April 2020-March 2021), the use of agency based NSP reduced by 67% across the same time period (870 visits – 290 visits). Whilst post-COVID-19, there appear to have been some increases in PWID accessing NSP, the use of substance use services NSP is not increasing at the same rate as the pharmacy provision.

It was highlighted within the qualitative findings of this study that this reduced level of service provision available during COVID–19 impacted on the way in which PWID were able to access needles and syringes (e.g., from a table outside the service rather than the 'mix and match' selection they were used to). This is also supported in the wider literature, which highlights that due to COVID-19, service provision access such as BBV testing and equipment for safe use and /or injecting of drugs was severely limited. Research suggests that COVID-19 is an environmental risk factor increasing vulnerability to substance-related harm; but also, for some, created conditions that reduced risk of harm – reflective that service users are not a homogenous group. Anecdotally, within the current study, suggestions

were made that COVID-19 may have led to a change in drug using behaviours, due to decreased access to drugs, leading to reduced usage or abstinence. However, data from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) trendspotter study suggests that whilst there were some observed reductions in substance use during the initial COVID-19 lockdown, levels of drug use have returned close to previous levels. The trendspotter study also cites that overall levels of availability for many illicit substances remained relatively stable when comparing 2019 and 2020. Through the qualitative data in this study, it was highlighted that COVID-19 may have exacerbated unsafe injecting practices through increasing levels of needles and syringes being re-used/shared. The literature suggests that during COVID-19, risk behaviours did indeed increase with an increase in self-reported sharing and re-use of injecting equipment. In part, this is attributed to poor service provision.

Recommendation 1: **Further exploration is needed to look at specific reasons for continued reduced access to NSP through the substance use service in Sefton. This may also explore any relationships between reduced engagement with NSP, change in injecting behaviours and BBV. PWID are acknowledged within the literature as a hard-to-reach group, and it is recognised that there are difficulties in engaging this group in research due to factors such as fear and stigma. Nevertheless, it is important for this group to be involved in service development and delivery. Developing relationships of trust with clients and ensuring sensitivity to their needs may help to break down some of those barriers that may prevent them from taking part in research.**

Barriers to access

With the exception of COVID-19 there were a number of barriers to accessing NSP that were highlighted in the qualitative data. These included clients' worry regarding confidentiality and disclosing to their keyworker that they were utilising the NSP service, which may possibly lead to their medication being reduced. Stigma was seen as very real barrier to accessing support as was the discourse/narrative around 'recovery' and 'abstinence'.

Recommendation 2: **The language used with PWID should be explored so that this group do not feel shame and stigma around their drug use, with the primary focus of reducing harm in this group.**

Limited opening hours of static sites was also cited within the qualitative findings as a barrier. Whilst it was acknowledged that pharmacies are open for extended hours, beyond 9am-5pm, there is currently no NSP provision during the weekends.

Recommendation 3: **The feasibility of NSP provision in the evenings and weekends should be explored within the NSP model in Sefton, as should the impact this may have on reducing risky injecting behaviours because individuals have increased access to NSP, thus possibly reducing the time users are without clean injecting equipment.**

Geography and placement of NSP provision was also raised by stakeholders as a barrier, highlighting the impact on access of fixed sites for those who do not live locally/more rurally to the NSP and may have to travel in for example.

Recommendation 4: **Further work around accessibility should explore the feasibility of mobile units and vending machines, which have been found to be beneficial in supporting access for the younger population of PWID. Focus should also be placed upon increasing partnership working to expand the reach of NSP in Sefton through developing satellite units within partner agencies that PWID may access.**

Online NSP

Online NSP in Sefton (NSP Direct) was initiated as a supplementary method of distribution during COVID-19, however, uptake has remained low despite concerted efforts to promote it via practitioners. Challenges to accessing the online NSP that were highlighted within the qualitative findings included those with no fixed-abode or access to means by which to set up an account. Some of the stakeholders, however, spoke about being able to set up accounts for clients, and that they could always re-order on their clients' behalf. Other aspects focused on lack of anonymity and worries that others would know there were 'drugs paraphernalia' within the NSP Direct parcels. Stakeholders also commented that steroid users would be more likely to use such a service as those who inject, e.g., heroin, have more 'spontaneous' drug injecting behaviours.

Recommendation 5: Further work should engage with people who use NSP Direct to understand their experiences (including advantages and negatives and drug usage) and use this to inform the awareness raising activities. For example, positive client experiences of using NSP Direct could be used within awareness raising and marketing materials that are shared with NSP providers across Sefton; this would increase provider's confidence in recommending NSP Direct as an additional type of provision to their clients.

As a solution to the poor uptake of online NSP, aiding and supporting individuals with the set-up of online NSP accounts with the use of on-site facilities may increase NSP Direct engagement.

Anecdotally, within the qualitative data it was highlighted that there may be some system-level concerns around promoting online NSP and loss of revenue for pharmacies; as well as practitioners wanting to maintain 'in-person' contact so that they can deliver harm reduction interventions. Online NSP enables clients to order large quantities of needles and syringes, thus potentially reducing the risk of re-using needles and engaging in risky behaviours. For some, it is also an easier way of accessing a service to meet their needs. In this study the data suggested that online NSP may also reduce the level of contact, which for some is needed to help reduce their risk and enable them to receive further support and signposting; making every contact count (MECC). However, that the cohort engaging with the services to the extent they are confidently using online NSP may be less likely to need in-person 'MECC' intervention. Additionally, harm reduction information is also provided to service users directly by the NSP Direct supplier.

Recommendation 6: Both aspects should be explored to see if they are 'actual' rather than 'anticipated' concerns that may impact upon the future development and delivery of online NSP in Sefton.

Impact

All the impacts cited within this study focused around harm reduction on an individual, community and wider-system level. NSP in Sefton was seen to provide a safe and trusted environment in which PWID can experience positive harm reduction outcomes and receive support and onward referral and signposting. Findings from the qualitative interviews seem to suggest that clients do prefer a more 'supervised' NSP model such as that provided by substance use services and pharmacies due to the in-person contact. It was not possible as part of this study to explore the level and quality of harm reduction information and support that is received by those clients accessing supervised and online NSP and whether this level is consistent across pharmacies.

Recommendation 7: **Further exploration is required with clients to identify the reasons they engage with such face-to-face services, the quality of harm reduction information, as well as exploring whether clients would use online NSP provision and what the barriers may be.**

Stakeholders spoke about the importance of NSP in reducing BBV such as hepatitis C and developments in treatment. It was also suggested however, that this ease of treatment may also lead to negative impacts such as an increase of risk behaviours of injecting drug users, reverting to unsafe practices, which threatens the sustainability of micro elimination of hepatitis C. This is an interesting opinion in the context of a harm reduction model and not necessarily supported by the literature which suggests that whilst the direct acting antiviral (DAA) treatment may have contributed to a reduction in chronic hepatitis C prevalence there is no evidence of a reduction in new infection levels.

Recommendation 8: **Further harm reduction work with PWID may specifically focus upon messages around safe injecting behaviours/practices and BBV. Trends around BBV and other medical presentations for PWID in Sefton may also be closely monitored.**

Future delivery of NSP in Sefton

It was felt by stakeholders that mixed NSP provision should continue in Sefton. Current guidance from the National Institute for Health and Care Excellence (NICE) recommends that a mixture of NSP provision is made available for service users, including pharmacy-based, drug treatment agency-based and specialist outreach provision.

Recommendation 9: **NSP in Sefton should continue to be developed and incorporate a mixture of pharmacy, fixed and online NSP. In-person contact was seen to be very important and as highlighted above, other methods of delivery such as satellite sites and mobile units may also be considered as part of future NSP provision in Sefton. A system wide approach to promoting all different services should be adopted so that service users have choice of access to the service most appropriate to them.**

It was not possible as part of this study to engage with those who had accessed NSP Direct to explore their experiences. Recent studies have, however, highlighted how those using mail or online delivery needle and syringe services may experience reduced barriers to access, for example, for those people who might not necessarily access NSP, such as women. It was also suggested that people may use online methods due to convenience (not having to travel to collect equipment) and because they prefer to access the equipment anonymously (due to concerns about the stigma attached with collecting the equipment face-to-face). The literature suggests that further work is needed to understand more about if and why these methods of provision are more accessible to underserved groups of PWID (such as women, people who live in rural areas and those who do not have access to transport) and that this will inform future service provision.

Findings from this study and other NSP research supports the recommendation that the NSP Direct service would fit within a future model of NSP in Sefton and should be considered alongside a suite of NSP provision. However, evidence from the IMS data (between January 2019 and December 2021), alongside the stakeholder engagement findings suggests that current use of NSP Direct is very low and may be due, in part, to mixed understandings regarding the purpose and nature of this provision. For example, evidence from six of the 18 NSP providers in Sefton suggests that understanding about online NSP provision may be limited. Concerns about safeguarding and the implications of limited human contact may also affect a provider's ability and/or confidence to recommend online NSP to clients.

Recommendation 10: **Future activity should focus on working with all NSP providers (e.g., pharmacies and drug treatment agencies) to raise awareness about NSP Direct, in terms of both what they can offer to clients alongside face-to-face provision, and in terms of safety, safeguarding and harm reduction. This activity should include assurances to providers about the nature of the provision. Barriers to other NSP providers engaging in the promotion on online NSP may also be explored within this.**

Peer-to-peer support may also be considered within the future development and delivery of NSP in Sefton. The qualitative findings highlighted discussion around the use of peer mentors and recovery champions as trusted members of the injecting drug user community to share knowledge (of treatment and services and health promotion and education) and experiences and support service users. It may also be possible to increase the reach of the NSP, through peer-to-peer secondary distribution, providing a way of accessing those who may not usually access traditional settings. Whilst the research has identified risks associated with peer-to-peer distribution, it has suggested that these may be outweighed by other protective factors.

Recommendation 11: **Peer involvement should be incorporated where possible within NSP provision in Sefton. This may also include looking at how peer involvement impacts upon service access, acceptability and quality of services, risk behaviours of drug users, and feelings of stigmatisation and discrimination.**

Conclusion

PWID are broad and diverse population group, therefore NSP provision in Sefton should be provided through a mix of services, with co-production involving service users, practitioners, and the local community at its heart. Going forward, it is important to deliver robust, evidence-based community-level research studies so that it may be possible to begin to be able to draw on examples of best practice; as well as measure the effectiveness of different types of NSP provision in meeting the needs of PWID (through engaging this population group within the research) and continued monitoring and data collection on service use.

Contents

1. Introduction

1.1 The Impact of COVID-19 on Needle and Syringe Sharing

It is well documented that the self-isolation measures implemented as part of the UK's public health response to COVID-19 have had negative implications for many vulnerable groups. In particular, studies have shown that people who inject drugs (PWID) have been disproportionately affected by the pandemic, in terms of being at higher risk of COVID-19 due to underlying issues such as poor immune system functioning and cardiovascular problems, alongside socioeconomic risk factors, such as living in overcrowded housing/communities (Radfar et al., 2021). Despite the increase in potential health-harms amongst this population, lockdown policies have resulted in a decrease in the number of PWID who access harm reduction services (Whitfield et al., 2020). The UK Health Security Agency (UKHSA) reported that in 2020, 25% of PWID (surveyed from England, Wales and Northern Ireland) had greater difficulties accessing equipment for the safer use and/or injection of drugs, compared to 2019 (UKHSA, 2021, p.33). This, coupled with evidence that levels of needle and syringe sharing increased from 20% in 2019 to 24% in 2020 (UKHSA, 2021), suggests that the lack of access to Needle and Syringe Programmes (NSP)s by PWID has had a significant impact on this population. As a result, PWID are at increased harm from the risks associated with injecting drugs, such as overdose and unsafe injecting (Radfar et al., 2021).

1.2 The Importance of Needle and Syringe Programmes in Reducing Harm

NSPs aim to reduce the harms associated with injecting drug use, such as the transmission of blood borne viruses and other infections such as HIV, hepatitis B and C that may be caused by the sharing of injecting equipment (National Institute for Health and Clinical Excellence [NICE], 2014). NSPs also aim to reduce other drug related harms and improve access to other health and welfare services. NSPs provide clean needles and syringes to people who inject psychoactive substances (such as crack cocaine and heroin) and image and performance enhancing drugs (IPEDS). NSPs also provide opportunity for health professionals to deliver advice to PWIDs, including how to minimise the harm of drug use, signposting and referral to drug treatment services, and access to broader health and welfare services (NICE, 2014). Typically, NSPs are delivered through pharmacies and in drug treatment services and provide a range of services to meet local need, including making use of other services (e.g., custody centres, sexual health services) and outreach services (NICE, 2021). During the lockdowns that were implemented in the UK in response to COVID-19, NSPs in pharmacies and drug treatment services operated on a reduced service, with limited opening hours and reduced staff. As a result, NSPs were not able to support the most vulnerable members of their community and had to adapt to provide supplementary methods of outreach to ensure that PWID received sterile equipment (NHS Substance Misuse Provider Alliance, 2022). In response to this gap in provision, and to extend the reach of NSPs to the most vulnerable members of the population, many areas began to offer online postal needle exchange services as part of their suite of NSP services designed to meet local needs.

1.2.1 Evidence of Best Practice

Current operating NSPs are highly diverse in their design, staffing, demographics of service users, operation and delivery, thus, making it difficult to quantify best practice and create a standard (Fernandes et al., 2017). Further, PWID are a broad and diverse populations each with differing preferences, behaviours, attitudes, needs and life circumstances, limiting the extent in which a standardised best practice may be effective and appropriate for each individual (Kral and Bluthenthal, 2003; Small, 2005). However, the coexistence of a varying NSP provisions with tailoring services

available at different venues helps to address several barriers faced by PWID (WHO, 2008; Moatti et al., 2001).

Within the academic literature there is great diversity in quality of research around the operation (e.g., distribution methods, geographical placement) and best practice of NSP. Nationally, the National Institute for Health and Care Excellence (NICE) have outlined their recommendations and guidelines for NSP provision (NICE, 2014). These recommendations include:

1. Consult with and involve users, practitioners and the local community
2. Collate and analyse data on injecting drug use
3. Commission both generic and targeted services
4. Monitor and collect data on service usage
5. Develop and implement a policy for young PWID
6. Provide a mix of services
7. Provide individuals with equipment and advice which meets their needs
8. Provide community pharmacy based NSP
9. Provide specialist NSP
10. Provide equipment and advice for individuals who inject image- and performance-enhancing drugs

A systematic review by Fernandes et al. (2017), incorporated reviews which included PWID (excluding individuals within prisons and drug consumption rooms), addressed community based NSP and those which provided estimates of the effect regarding blood borne viruses and other drug related harms. The review concluded that the diversity and presence of low quality of evidence highlights the need for future community-level studies to be able to make conclusions for the best practice of NSP provision. This review included studies from across the world and highlights how the legal framework in which NSP operate varies widely across different countries. Additionally, different needle-exchange distribution methods may each reach different subpopulations of PWID (Fernandes et al., 2017).

Equipment distributions and returns policies at NSP vary not only between but also within different countries. In England, most NSP have a returns policy in which individuals who use the service are encouraged to return used equipment, yet this is not a requirement for accessing sterile exchanged equipment (Abdulrahim et al., 2006). However, in terms of maximum number of sterile equipment distributed at one time, there is large variation and little uniformity in the services provided across England, making it difficult to quantify and make conclusions of best practice on this. When exploring timing of access to NSP, research carried out by the National Treatment Agency for Substance Misuse (NTA[1]) (2007) found that pharmacy schemes and specialist needle exchange services operate and provide service access Monday to Friday, with services significantly reducing in the evenings and at weekends. It emphasised the national shortfall in the provision of out-of-hour services, thus, making it difficult for PWID to always access and obtain necessary sterile injecting equipment, increasing the risk of engagement in risky practices such as the sharing of needles. Therefore, PWID who require injecting equipment outside of the standard weekday, 9-5 hours may benefit from easier access to a provision which provides out-of-hours services.

Cross-sectional studies examining the impact of geographical proximity to NSP and NSP service usage have suggested that PWID living in closer proximity to NSP results in increased likelihood of the service (Rockwell et al., 2002; Schilling et al., 2004). Thus, suggesting that an online NSP service whereby needles are delivered to a user's house would have further success. While there are no conducted

[1] The NTA became part of Public Health England (PHE in 2013, which was then replaced by UK Health Security Agency and Office for Health Improvement and Disparities in 2021.

studies specific to online NSP, studies have demonstrated that mobile van sites and vending machines are attracting younger populations of PWID and those with higher risk profiles (Miller et al., 2002). This could be attributed to the fact that these individuals prefer obtaining their needles in a more discrete manner over fears of law enforcement, stigma, or concerns over confidentiality.

There is a paucity of evidence concerning optimal provision and operation of NSP, thus drawing conclusions of best practice within the range of harm reductions services is challenging. However, from the current literature, it is apparent that there are shared views between researchers that the distribution of sterile injecting equipment alone is not enough to reduce the transmission of blood borne viruses among PWID (Jones et al., 2008). Due to gaps in the evidence base, especially in terms of optimal NSP provision in England, recommendations which have emerged from the literature, that aim to facilitate optimal NSP provision to be determined include:

- Conduct research to determine both the effectiveness and cost-effectiveness of NSP services in the UK
- Compare different types of NSP and evaluate the additional services these NSPs deliver
- Determine how NSP services can be tailored to meet the needs of individuals
- Future reviews should standardise their methods and frameworks for improvements in comparability, synthesis, and findings interpretations.

1.2.2 Peer-to-peer support

Peer involvement of PWID within harm reduction services is widely promoted as an important response to the health, social and political challenges faced by those who inject drugs (Chang et al., 2021). Despite this recognition, there is found to be a significant lack of funding and political support to enable the effective operation of such services (UNAIDS, 2019). The lack of evidence and research regarding peer involvement within harm reduction services contributes to the lack of comprehensive understanding of the impacts and processes for peer involvement, and impacts upon the development and operation of best practice.

The involvement of people who use drugs are essential to the development and delivery of harm reduction services, yet peer involvement is widely under-utilised. Peer engagement has been identified to aid the delivery of needle distribution services, harm reduction education, peer support and community-based research initiatives (Brown et al., 2019; Jürgens, 2005; Sherman et al., 2009). Peer involvement within these services have also been shown to be effective for improving engagement and effectiveness of harm reduction programs (Ashford, Curtis and Brown, 2018).

Harm reduction initiatives such as needle and syringe exchange programs (NSP) and supervised drug consumption sites (SCS) have shown to be effective in the reduction of needle sharing, reducing HIV infection rates, as well as reductions in overdose related deaths (Fernandes et al., 2017). While these services are traditionally delivered by healthcare agencies and healthcare professionals, there are also peer-delivered strategies which mirror those formally established. Peer-to-peer NSP, a form of secondary distribution, refers to the practice whereby people who inject drugs distribute sterile injecting equipment to their peers, to service networks of people not otherwise reached by traditional harm reduction outlets (Bryant and Hopwood, 2009). This secondary distribution is, however, not a highly organised arrangement and often occurs among small networks of friends, social groups, and communities (Bryant and Hopwood, 2009). Peers who engage within secondary distribution share knowledge of drug treatments and other services, making it a valuable source of health promotion and education for those who are otherwise hidden to health services (Fischer et al, 2013).

Brener et al., (2018), found that people who use drugs would be willing to distribute equipment to their peers, which is important for targeting marginalised and hard-to-reach populations of drug users. However, many of the participants were concerned by the risks associated with extended distribution, highlighting their fears of being stopped by the Police, which could prevent individuals from carrying additional equipment. If found carrying injecting equipment, this signals to police that this individual is a drug user, which may motivate police to search this person for drugs (Brener et al., 2018). This may avert individuals from carrying additional equipment due to difficulties of concealing equipment. However, despite fears of potential police involvement, the findings of this study demonstrate that participants are still willing to distribute injecting equipment to their peers, suggestive of their desires to protect one another and prevent injection related harms.

Although there is limited research regarding peer-to-peer needle supply within the UK, a review by Chang et al. (2021) highlighted that peer involvement within harm reduction programmes can have positive impacts upon health outcomes, including incidence and prevalence of disease. It also cited additional benefits of peer involvement including increased services access, increased acceptability, and quality of services, changed risk behaviours of drug users, and reduced stigmatisation and discrimination (Chang et al., 2021). These positive outcomes may be attributed to mechanisms specific to peer involvement including trust, personal commitment, empathy, the utilisation of community knowledge and experiences and role model processes (please see Section 3.2.6 for peer-to-peer case study).

1.3 NSP in Sefton

Sefton is one of six local authorities within the Liverpool City Region, with an overall population of 275,899 (Sefton Joint Strategic Needs Assessment [JSNA], 2021). Almost 85% of Sefton's Lower Super Output Areas (LSOAs) are in the most deprived quintiles of English local authorities (Sefton JSNA, 2021). During 2020, there were 1033 clients in treatment in Sefton for opioid use. In March 2020 (when the UK Government announced restrictions to reduce COVID-19 transmission), Sefton Council commissioned a mail order NSP service, in response to concerns about reduced access to NSP, to supplement existing pharmacy and drug treatment agency-based provision. The service (NSP Direct) enables individuals to have equipment delivered directly to their home via an online account. Upon joining NSP Direct, local services in Sefton were provided with a secure set of activation codes for them to distribute to PWID, to enable them to set up an online account to order the equipment they require. Initial data suggest that take-up of this service has been limited. Whilst overall NSP activity has decreased, the distribution of clean needle and syringe provision takes place in pharmacies and drug treatment services.

In November 2021, Sefton Council commissioned the Public Health Institute (PHI), Liverpool John Moores University (LJMU), to examine the impact of the COVID-19 restrictions on the use of Sefton's NSP services. Specifically, the study aimed to:

- Understand the current provision of NSP across Sefton across different sectors.
- Examine the views of stakeholders including pharmacists, NSP agency-based staff, and local authority staff on existing and future provision of NSP.
- Include the views of people who use online NSP services in Sefton (via NSP Direct).

2. Evaluation methodology

A mixed-method approach was used to carry out the study across three phases:

1. Data reported to PHI's Integrated Monitoring System (IMS) has been analysed to understand changes to activity between the pre-pandemic period and during the pandemic. Data includes:
   - Agency based NSP provision,
   - Pharmacy based NSP provision,
   - NSP direct provision.

2. Stakeholder views of NSP in Sefton have been obtained via an online survey[2], developed in collaboration with the commissioners of the study. The survey was disseminated via email to the 16 pharmacies and two agency-based sites who provide NSP in Sefton. The survey was launched in January 2022 and was open for four weeks. As part of the survey, staff members from each organisation were invited to take part in a telephone interview to further explore their views on NSP provision.

   The survey comprised of ten questions (a mixture of closed questions and open text box response options), including:

   - Staff views on the importance of NSP for harm reduction and public health.
   - Experiences of providing NSP.
   - The impact of COVID-19 on NSP.
   - Awareness of NSP Direct; and
   - Views on the current provision of NSP in Sefton.

3. People who have experience of using online NSP, provided by NSP Direct in Sefton, were invited to take part in a telephone interview, to discuss their experience of using the service.

It was not possible to recruit stakeholders to this aspect of the research, despite numerous attempts from the online NSP provider (as a gatekeeper) to engage with their clients. A short literature review can be found below, which details identified barriers and challenges to engaging PWID within research.

Research has evidenced that those individuals who are enrolled within and utilise NSP programmes typically identify within hard-to-reach populations. 'Hard-to-reach' is a term used to describe those within the sub-groups of the population which are difficult to reach and/or involve in research or public health programmes. These populations are generally floating and socially hidden, therefore, accessing these individuals for recruitment into research and programmes poses as a major barrier (Shaghaghi, Bhopal and Sheikh, 2011). PWID may actively seek to conceal their group identity due to fear of confrontation from legal authorities or due to social pressures and isolation from members of the wider community (Duncan et al., 2003). Social barriers constructed by ignorance, prejudice and discrimination have meant that many of these populations remain marginalised and have restricted access to adequate healthcare and other supportive services (Muncan et al., 2020; Shirley-Beavan et al., 2020; Paquette, Syversten and Pollini, 2018; Faguier and Sargeant, 1997).

[2] Hosted by onlinesurveys.ac.uk

Recruiting and retaining PWID into programmes and subsequent research is critical for: the distribution of clean injection equipment; preventative action around health and wellbeing; contribution to service development to ensure the needs of PWID are being met by the services they are accessing (Matheson et al., 2008). Individuals from this population often experience health issues such as blood borne viruses (BBV) and sexually transmitted infections, the social stigma frequently associated with these health problems further alienates these populations, making it difficult for them to access essential prevention and care services (Archibald et al., 2001).

PWID whom frequently engage within services such as NSP are typically more accessible for research participation, yet their direct involvement within service development is not widely documented within the literature (Matheson et al., 2008). Barriers to research participation of PWID include fear of law enforcement, absence of financial compensation or rewards, stigma, lack of confidentiality or anonymity and research distrust (Oransky et al., 2009). Even after accessing and recruiting individuals from these populations within programmes, actual and perceived threat from authorities when conducting research on illegal and stigmatised behaviours may further increase chances of concealing certain behaviours and reluctancy to partake in further research (Shaghaghi et al., 2011).

Trust among PWID is imperative for the engagement of these service users (Treloar et al.,2016; Harris et al., 2013; Zamudio et al., 2016). The development of trust within a research setting is often built over time with increased involvement within programmes and experiences with research but may be enhanced if a peer recruitment method is adopted. Employing research staff who are knowledgeable about the targeted population and who are culturally sensitive to their needs has also been shown to improve trust of PWID in research (Abadie et al., 2018). Additionally, as many PWID who many wish to participate within research are unemployed, poor, or homeless, individuals may lack the resources or access to a telephone or safe space to enable participation within research conducted online or over the telephone.

4. Stakeholders and wider stakeholders involved in the delivery of NSP

Four interviews were conducted over MS Teams with stakeholders involved in the delivery of NSP in Sefton; an additional interview was conducted over MS Teams with a wider stakeholder who delivered an NSP outside of Sefton but has been provided as an example of peer-to-peer best practice that may be drawn upon.

Ethical approval was obtained from the LJMU Research Ethics Committee prior to the study commencing. Sefton Council and NSP Direct acted as Gatekeepers to the research, providing support in disseminating the survey and identifying and recruiting stakeholders to be invited to the interviews. Permission was also granted from the Change, Grow, Live (CGL) Research Oversight Group to carry out interviews with CGL staff.

3. Findings

3.1 NSP Activity in Sefton

The IMS is an established system that monitors the provision of low threshold interventions across the nine local authorities within Cheshire and Merseyside. The system collects a range of data, including NSP activity, where NSPs are provided through pharmacies, drug treatment agencies or NSP Direct. In January 2020, there were 92 community pharmacies and 25 specialist service sites providing NSP; of these, 16 pharmacies and 2 specialist service sites are based in Sefton.

Figure 1 shows the number of NSP visits by clients, per quarter, between January 2019 and December 2021 (including NSP Direct provision). In terms of overall visits, an **annual decrease** in total NSP visits is seen year-on-year, from **6022** visits in 2019, to **5500** in 2020, and **4390** in 2021; **a 27%** decrease in visits between 2019-2021. A full graph of NSP visits per month is provided in Appendix 1.

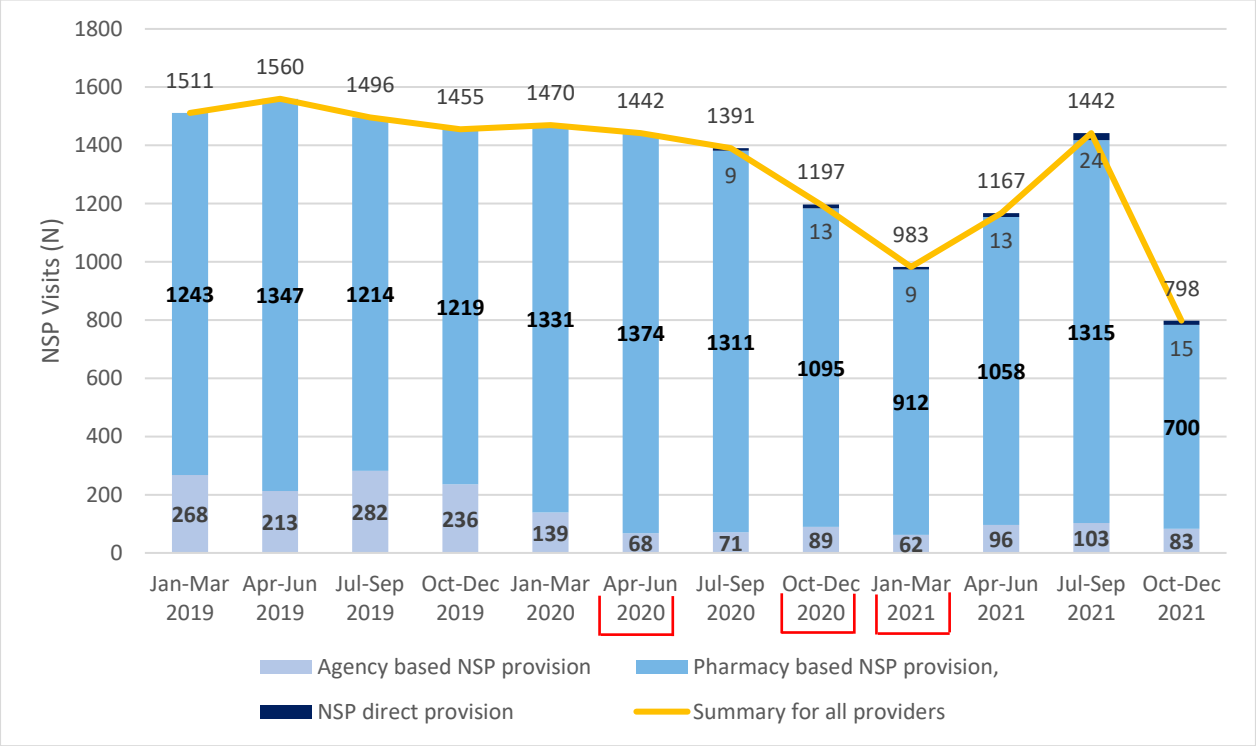

Figure 1. Number of Sefton NSP Visits by Provider, 2019-2021 (with UK Lockdown Dates Highlighted in Red)

The main impact of COVID-19 was on the number of visits to agency based NSP. A comparison of pre-pandemic data (April 2019-March 2020) vs pandemic (April 2020-March 2021) data shows a marked decrease in agency based NSP provision, from **870 visits** between April 2019-March 2020 to **290** between April 2020-March 2021 (**a 67% decrease**). Pharmacy visits decreased from 5,111 in April 2019-March 2020 to 4,692 in April 2020-March 2021 (**a 10% decrease**). Average data for the post-pandemic period (available between April-December 2021) (Table 1) shows increasing use of the agency and NSP Direct provision.

Table 1: Comparison of pre and post pandemic NSP visits by provider

	Average visits per month (n)		
	Apr 2019-Mar 20	Apr 2020- Mar 21	Apr 2021- Dec 21
Agency based provision	217.5	72.5	94
Pharmacy based provision	1277.5	1173	1024
NSP direct	0	7.75	17

Data regarding NSP Direct provision was collected from July 2019 onwards (data are including up to and including December 2021). The data show that this provision represents only a very small proportion of clients, with NSP Direct provision varying from nine per month (in July-Sept 2020 [0.6% of overall provision] and Jan-Mar 2021 [0.9% of overall provision]) to 24 per month (Jul-Sep 2021; 1.7% of overall NSP provision).

3.2 Stakeholder Experiences of NSP Provision in Sefton

This section draws together the responses of the survey and qualitative interviews.

3.2.1 Overview of Participants and Introduction to the Provision of NSP in Sefton Settings

Survey

Six out of the 16 pharmacies and one of the two drug treatment agencies who provide NSP in Sefton engaged with the stakeholder survey. Of these, four provide a private area (a discreet space or exchange room) where the needle exchange activity takes place (three of these are pharmacies and one is a drug treatment agency). A further pharmacy reported that needle exchange activity happens within a discreet space, although this is visible to others. Another pharmacy reported that their needle exchange activity happens in a shared space, where the activity is visible to others.

Each setting provides a range of services to users of their needle exchange. All stakeholders reported providing either loose and/or pre-assembled clean syringes, barrels and paraphernalia, and all but one provider (a pharmacy) reported offering a “Pick and Mix” of paraphernalia. All reported providing the return of used equipment and sharps bins. All but one provider (a pharmacy) described offering harm reduction advice and/or brief intervention for injecting drug users. All pharmacies provide supervised consumption for Opioid Substitute Treatment and two providers (one pharmacy, one drug treatment agency) provide naloxone kits.

Qualitative interviews

Interviews were conducted with four stakeholders; three who work for the organisation Change Grow Live and one from Exchange Supplies. Each of the stakeholders have been working within their organisation for many years, having extensive knowledge and experience of NSP provision within Sefton.

Change Grow Live is the largest provider of drug and alcohol services in the UK, and they are the approved provider of addiction services in Sefton. They are primarily commissioned to deliver drug and alcohol services, but have projects which cover domestic violence, homeless populations, and young people’s services. Change Grow Live’s main emphasis is on harm reduction, especially for PWID; as well as their NSP provisions, they also offer services such BBV screening and vaccinations against hepatitis and flu. Change Grow Live have two static sites of NSP provision within Sefton, one in Bootle and one in Southport, they also have pharmacy offers across the Borough involving 16 pharmacies who also offer needle and syringe exchange. The static site in Southport is the largest and busiest of the two sites due to being established in the early 1990s. Although both the Southport and the Bootle

site have a variety of clients, the majority of those accessing the Southport site are said to be steroid users, whilst the majority of those accessing the Bootle site are said to predominantly be heroin users.

Exchange Supplies is a social enterprise which was established over 20 years ago, they improve harm reduction responses to drug use by developing and supplying injection equipment and harm reduction information for injecting drug users, drug services and needle exchanges (including pharmacies and specialist sites). Exchange Supplies offer employment to drug users within their community, with up to 20% of their staff team being those with lived experience.

3.2.2. Stakeholder Views on the Impact of COVID-19 on NSP

The COVID-19 pandemic saw the UK Government announcing the first nationwide lockdown on 23rd March 2020. The implementation of the national lockdowns negatively impacted upon NSP provision across the UK. Those completing the online survey were asked whether the number of NSP users accessing their service changed during the three UK COVID-19 lockdowns (between March 2020 and March 2021). Of the six who engaged with the study, three reported that NSP service use had decreased (two pharmacies and one drug treatment agency). This was also echoed by the interview participants who highlighted that due to COVID-19, there was a substantial and rapid decrease of NSP service engagement both nationally and within Sefton of up to 50%.

"Activity wise, it dropped with COVID-19 you know overnight, it fell off a cliff in March 2020, nationally as well as in Sefton and it's failed to recover really." (Stakeholder 1)

"During COVID-19 from 2020, pretty much when the first lockdown came, there was a very significant drop off in the number of items of injecting equipment which were collected by people who inject drugs across the UK." (Stakeholder 4)

Two pharmacies, however, reported an increase and one reported that service use remained the same. One of the pharmacies who reported an increase described how they had continued to provide a 'manned' NSP service and 'plenty of stock' throughout the pandemic. Stakeholders were also asked whether they felt that use of NSP in other services had increased. Of these, two pharmacies felt that online needle exchange would have increased, and the drug treatment agency felt that pharmacy based NSP would have increased. Those who felt that NSP service use (outside of their service) had changed described how this was due to isolation guidelines and inaccessible NSP sites.

"Isolation and distancing guidelines increased number of users accessing services online." (Pharmacy 1)

"A lot of sites were not accessible." (Pharmacy 3)

Survey respondents were asked whether NSP service use had changed in more recently (from March 2021 onwards). The drug treatment agency and four out of the five pharmacies reported that NSP service delivery had returned to how it was before COVID-19 (in terms of service use). One pharmacy reported that their NSP service use continues to be affected, describing how they still not as busy as they had been before the pandemic. This, however, was not echoed by some of the interview participants who spoke about numbers still not being back to what they were with coverage dropping to around 15-20% of their injecting drug user population. It was not clear the reasons behind this, however, the small cohort involved in this study suggested these reduced levels of engagement could be attributed to behaviour change such as abstinence from injecting. This behaviour change does not, however, appear to be widely reflected in the current available literature / data.

"We did find a lot of heroin users that were injecting before the pandemic stopped, so they had stopped injecting. So, our injecting numbers are lower than they were prior to the pandemic." (Stakeholder 3)

"One hundred percent coverage rate would mean that every injector had a brand-new syringe every time they needed to inject wherever they were, the UK coverage rate prior to COVID-19 was probably around 30-40%, which doesn't sound very much but it is quite a lot. COVID-19 meant that dropped off by 50% as an average, so coverage went down to about 15-20% and it's been a long hard struggle to recover from that." (Stakeholder 4)

Interview participants highlighted that the COVID-19 pandemic meant that although NSP services across Sefton were still operating, they were operating at a reduced service. However, despite still being open, many service users were no longer accessing needle and syringe exchange. One stakeholder spoke about behaviour change because of the reduced accessibility to illicit drugs following lockdown restrictions, highlighting that travel restrictions reduced the ability for dealers of illicit drugs to deal drugs within Sefton. Another interviewee working at one of the static sites also highlighted that following the initiation of the pandemic, they too observed behaviour change and abstinence among some of their service users. Behaviour change as a factor for reduced NSP service engagement was also cited by a third interviewee.

"The majority of them had injecting habits for years, but then access to heroin, crack, that became a lot harder and most of them just chose that opportunity to stop. Because in Southport, a lot of the dealers come from Liverpool and right at the beginning of the pandemic we had that, sort of you couldn't cross borders into other areas and things like that. So, the dealers weren't coming up here as much. So, people just chose that opportunity to stop." (Stakeholder 3)

"We've got some really good stories out of it as well really. Because people couldn't go out as much could they and stuff like that, but they managed their medication really well. And we have some good stories of people actually reducing, people being abstinent from illicit [drugs], specifically methadone." (Stakeholder 2)

However, contrary to the beliefs of behaviour change relating to abstinence from injecting drugs, one interviewee suggested a reduction in the uptake of NSP services concerns engagement in unsafe injection practices following the COVID-19 pandemic, which may subsequently increase infection rates in the future.

"My gut instinct tells me that it is that level of behaviour change, I think the average needle use before the pandemic, we used to say the average needle was probably used about 3.8 times instead of it being single use. So, people probably just got used to using that needle, you know 10 or 12 times, something that was really blunt then they'll go for a new one." (Stakeholder 1)

Each of the interview participant described the challenges of operating needle and syringe exchange services during the pandemic, demonstrating the need for adaptation, which meant static NSP sites had to operate at a reduced service.

"…we were barely open. So we were working, we were never ever sort of closed if you like but we did close our door, and everything was done over the phone…

We resorted to prepacks and we just made packs of everything single thing that you would possibly need, whether it was for steroid or it was for opiate use and stuff like that we made packs up. So, people did still occasionally knock on the door, but they would just be given a pack. And so, it wasn't tailored to what they initially wanted, and that was the service. But that was the best we could do given the circumstances." (Stakeholder 2)

"When the pandemic hit, obviously we sort of went into lockdown as far as services were concerned. However, we did continue to provide needle exchange, albeit in a very different way. So, we still provided needle exchange, but we did a phone ahead system where people would call us with their order. We would bag it up and then when they arrive, we will pass it out to them all masked up." (Stakeholder 3)

Across the interview participants, it was however, evident that regardless of the continued operation of static NSP sites across Sefton during the COVID-19 pandemic, it was pharmacies across the borough which had more user engagement for needle exchange. However, NSP provision through pharmacies also faced challenges relating to stock, staffing and workload.

"I think in some pharmacies there was an issue during COVID-19 with pharmacies stocking provision. Some pharmacies either decided to opt out of the scheme because of restricted staff numbers or reduce the hours of operation of the scheme so that also had an impact. I think some pharmacies deemed it not an essential service and they were just focussing on getting the essential services during COVID-19 delivered. So again, that could lead to a behaviour change for you know, you stop going to the chemist and you don't go back again." (Stakeholder 1)

"The steroid users tend not to use the pharmacist. They will come to us because they can get more tailored equipment than they can in pharmacies. And because obviously we have a wider range of stock." (Stakeholder 3)

3.2.3 Current Barriers to NSP provision in Sefton

There were several barriers that were identified by the interview participant in addition to those imposed by COVID-19, some of which were specific to the delivery of service of their particular site. Two of the interviewees who engage with drug users on a daily basis, cited that they believe a barrier which may have prevented individuals from accessing the service and the support they need, was worry regarding confidentiality and disclosing to their keyworker that they are utilising the NSP service. Fearing that their keyworker might stop their script.

"I've no real evidence of this, but we sort of know and feel like people don't like picking up the needles and syringes where they pick up the script because it compromises their confidentiality. They might not tell their keyworker that they're injecting still." (Stakeholder 1)

"I think you could probably say this is a very old, maybe excuse or whatever it is like 'I couldn't access the service because my keyworker is there, I wouldn't want to tell my keyworker or them see me coming out the needle exchange door and stuff like that'…. Also, clients may be a bit worries that their keyworkers are going to see them and stop their script." (Stakeholder 2)

The stigma which surrounds drug use was also cited as a major barrier to NSP provision within Sefton by the interview participants. Although the service is confidential, potential clients may be deterred from accessing the NSP due to the sigma. Additionally, the interview participants highlighted that the focus of NSP's has shifted from harm reduction to recovery, which may further discourage individuals from accessing the service over fears of abstinence, especially for those who may not want to or may not be ready to reduce/stop their drug use.

> ***"I think a barrier for people who inject drugs now is almost, it's driven underground a little bit, almost like shame attached to it because you're not in recovery, you're not doing well and all that thing. So, I think people don't talk about their injecting behaviours as much now because of the whole focus and emphasis on recovery… So, I think there's a bit of work to be done around no judgements over people who inject drugs, meeting people where they're at." (Stakeholder 1)***

> ***"Every time a service comes in, they become more and more clinical, and it becomes less about the harm reduction. It's more about harm reduction from a medicine point of view. So, it's about appropriately medicating people, but that element doesn't cover the fact that people still want to use drugs. They just don't want to use as many drugs, or they want to use drugs in a safer way." (Stakeholder 3)***

One of the interview participants identified the limited opening hours of static NSP sites to be the most important barrier to NSP access within Sefton. While pharmacies offering NSP services operate at extended hours to the static sites, neither environment offer services over the weekend.

> ***"That will be opening hours more than anything else. So obviously, we are a 9 to 5 service. The pharmacies are 9 to 6, maybe 7 o'clock and the pharmacies don't do needle exchange on the weekends and neither do we currently. So that's the biggest barrier with regard to injecting." (Stakeholder 3)***

Another barrier to effective access of fixed site and pharmacy NSP, which emerged from one of the interview participants, is that there is insufficient NSP provision within Sefton, and that limited provision can act as a barrier for those who do not live within the local area, especially those from rural communities.

> ***"There are a lot of places that have got massive rural communities, where there simply isn't community pharmacy NSP provision. Say if I was a drug user and I live on the outskirts of Liverpool, if you get your injecting equipment in town, the bus fare could be £10 to get there and back. If I've got £10 in my pocket, am I going to spend it on a bus ride or am I going to buy another bag?" (Stakeholder 4)***

3.2.4 Stakeholder Perceptions of Online NSP Provision in Sefton

Online NSP (NSP Direct) was initiated as an alternative approach to NSP in response to the COVID-19 pandemic. However, it seemed that despite hopeful prospect and efforts to promote online NSP, the service had limited uptake.

> ***"Now obviously, at that time opportunity wise, online NSP would have been the great solution to people having to attend services, but we found that even***

though we're promoting it, we've got NSP cards all over the place and we put a card in every single bag without fail and the uptake was never huge. I think our numbers are still very low." (Stakeholder 3)

"The poor uptake of online NSP surprised everyone. We thought that people who were injecting would value, and it and that would drive an internal conversation within a community for people to say look for us this works. But certainly, through COVID-19 and none of us had a notion of how long this would last, this would be a fallback position and fill the gaps of needle provision, but it really didn't take off in Sefton very well at all." (Stakeholder 4)

Three out of the six stakeholders who completed the online survey (one drug treatment agency and two pharmacies) reported being aware of NSP Direct (the online NSP service available in Sefton), describing this to be an online service for discrete order which can be sent directly to the recipient's home address.

"[An] online order service for discrete delivery to nominated address." (Drug Treatment Agency)

"Users can order online and have it delivered to home or pharmacy." (Pharmacy 1)

All of these providers, plus one other pharmacy, agreed that an online service for NSP in Sefton is needed. The drug treatment agency stated that it was needed for some, particularly people who use steroids, although commented "I believe take up of NSP Direct is low in this area". One pharmacy stated:

"If it increases access then it is necessary - however, I would question how effective the harm reduction advice and/or safeguarding is." (Pharmacy 1)[3]

Multiple challenges to online NSP emerged from the participant that were considered to impact upon successful and effective service delivery. Interview participants highlighted that some drug users, more commonly those who inject heroin, may have no fixed address or internet access due to homelessness, and therefore, online NSP requiring a fixed address and internet access for needle and syringe exchange is a major barrier for many potential service users. They also highlighted that another drawback of online NSP are services users fears of others being aware the postal packages contain paraphernalia. Another interview participant supported these claims, stating that individual-level barriers to utilisation of the online NSP service may include fears that packages will be identifiable as injecting equipment, and the absence of a fixed delivery address.

"When we asked the question to service users, in particular the steroid users, why they don't use online NSP, they still return to the fact that they feel, even though the package is not identifiable when it's delivered to their address, they still feel that somebody knows that there's needles in there. And I was like no,

[3] It is important to note that this research did not have access to harm reduction and safeguarding advice provided by pharmacies and online NSP. There is also no standardised approach to provision of this advice and information, which may therefore lead to variation across pharmacies and online NSP provision.

they can't, but it's like that. I suspect a lot of it is that they don't want partners and family members to know." (Stakeholder 3)

"The problem that is very difficult to overcome is if you haven't got a delivery point, say you're injecting homeless, so some hostels allow deliveries to them, but some hostels don't allow people to receive injecting equipment and they wouldn't give out equipment." (Stakeholder 4)

Interview participants identified an additional barrier to online NSP, highlighting that injecting drug use is often quite spontaneous in its nature, and users want the paraphernalia in the moment, which in turn could lead to an increase in risky practices such as reusing and sharing needles if left without clean equipment.

"With needle exchange as well, they come in the building they've got one foot in the door and one foot out the door because they can't wait to get out and injecting for some is quite spontaneous. You know they just get that opportunity where they can stock up because they might have got a little bit of money from somewhere or whatever, so it's not always planned, and they want the needle now you know they haven't got time to order it online and stuff like that." (Stakeholder 3)

One interviewee spoke about barriers which arise for effective online NSP within Sefton, focusing on those arising at a system-level. This participant highlighted that reduced online NSP uptake may be attributed to potential resistance of community pharmacies to promote online NSP, due to the revenue drug users using the pharmacies for dispensing methadone and providing needles bring.

"There's a kind of political dimension to using pharmacies and that is that injecting drug users are very lucrative customers at community pharmacies because if I'm a pharmacist and I provide supervised consumption of methadone and I provide NSP, one client would be generating revenue for me, potentially several times a week. So, every time I go in, as a pharmacy I get dispensing fee if someone's on daily pick up, which many people were prior to COVID-19, and again provision fee if I watch them drink it, and if I give them a bag of pins, I get a dispensing fee for dispensing the pack. So, if I deliver both aspects if the harm service, people who inject drugs are the most lucrative customers any community pharmacy will get. No other customer group will earn them more money. So were talking about a lot of money by being a community pharmacy and they were the very people we asked to give the online NSP cards to customers which would then potentially take that business away from them." (Stakeholder 4)

This stakeholder also suggested that barriers are often generated by those working within the field, as opposed to drug users utilising the service, highlighting that drug workers too may resist online NSP due to a reduction of social contact and ability to provide harm reduction interventions such as advice around the right type of needles and syringes to use, safe injecting practices etc.

"Second significant problem we encountered, and this is universal, there was and still is a lot of resistance of drug workers for people to use online provision for injecting equipment. The resistance is largely because drug workers think of

all the reasons why people shouldn't be given the responsibility of being able to order their equipment free of charge." (Stakeholder 4)

"…it's about control effectively; drug workers believe people aren't responsible enough to do the ordering. They don't know what to choose, if they can get their injecting equipment online, they don't need to come and see us, they will stop coming and then there will be a higher risk. We won't be able to assess them, and we won't be able to provide harm reduction information for them, we won't be able to provide that social contact." (Stakeholder 4)

3.2.5 The impacts of NSP

Stakeholders were asked whether they felt that NSP is an important service for harm reduction and public health. Findings from the stakeholder survey highlighted that all of the pharmacies strongly agreed that this was the case, whereas the one drug treatment service strongly disagreed[4]. None of the stakeholders who took part in the online survey felt that providing NSP was time consuming or disruptive to other customers/clients attending their service.

The primary aim of any NSP is harm reduction, for example through the reduction of transmission of BBV and other infections caused by the sharing of injection equipment by users such as HIV, hepatitis B and C. NSP services have positive impacts at individual, community, and system levels.

Individual-level impact

Interview participants spoke about NSP's as a safe environment where individuals can have open conversations about their injecting habits and seek out advice if required. They also highlighted that NSPs are effective in harm reduction on an individual level, with less clients presenting with medical issues as a result of poor injecting techniques.

"You know we regularly get people coming and part of us giving the needle is like where are you injecting at the moment, and we have conversations with them all the time and I'll tell you if you know they're a bit worried we can get a nurse straight in there's always doctors on site." (Stakeholder 3)

"We're seeing a lot less DVT's and a lot less abscesses at the moment. So we asked that when we're giving out naloxone, we're asking people about injecting techniques and harm reduction type questions around safer injecting all the time." (Stakeholder 3)

In addition to the benefits of generic NSP provision, one interview participant spoke about the specific benefit of online NSP and the harm reduction impact this has. They stated that due to the ability to order large quantities of injecting equipment, the periods in which individuals have to reuse equipment is reduced, and individuals are less likely to engage in risky behaviours.

"Another reason of the benefit we feel that online NSP delivers, you can order a lot of stuff, so you're going to run out less frequency. So if you run out less frequently, then the periods in which you have to reuse previously used equipment reduces, so your risk of injection related injuries reduces, your risk of

[4] It is important to note that this response of 'strong disagree' is not reflective of the wider view of the other stakeholders who took part in this research.

sharing diminishes, because people don't want to generally carry a box full of injecting equipment home." (Stakeholder 4)

Community-level impact

Many NSP services are now able to allow service users to collect supplies for other drug users. One interview participant highlighted the positive impact this has had on those within the PWID community, citing that the provision of naloxone on a wider scale has the ability to prevent the effects of fatal overdoses.

"You only have to look at the lives saved through Naloxone in this area. I don't even know whether that data is available because most of them don't go to A&E., but we know from the numbers of people that are we collecting naloxone and things like that has been used quite widely to reduce the effects of an opiate overdose and we've got people that are looking out for each other. See it seems to be gone of the days when I first started if somebody overdosed, they'd throw them in the front garden and ring an ambulance and they all run away. Nowadays people are carrying Naloxone and are not afraid to use it anymore." (Stakeholder 3)

Another interview participant spoke of NSP's importance for the reduction of hepatitis C transmission. However, this stakeholder also highlighted that hepatitis C is now easily treated, which could result in negative impacts such as the increase of risk behaviours of injecting drug users, reverting to unsafe practices, which threatens the sustainability of micro elimination of hepatitis C.

"It chimes with the global strategy to eliminate hepatitis C, which we as an organisation really signed up to really committed to and many services have reached micro elimination now. And I forget what the indicators are from micro elimination but it's like 90% of people are offered the test, 95% of people have a test, 70% then go on to be positive, go onto hepatology treatment. So that's a good thing but that's only going to be sustainable if we get the rates up, because the amounts of reinfections are creeping up again and the reinfections we think are creeping up because hepatitis C treatment is now so easy it's not like it used to be. Now it's just 12 weeks they take a tablet every day and it's gone, because it's so easy to access I think peoples risk behaviours have increased knowing that if I get it again, I'll get rid of it again. So adequate supply of clean injecting equipment is a threat to that sustainability that micro elimination of hepatitis C." (Stakeholder 1)

In addition to contributing toward global efforts of micro elimination of hepatitis C, NSP provision also contributes to the reduction in transmission of other BBV, such as HIV. The continued education of the risk associated with the engagement of risky injecting practices, especially among those who are HIV positive, may be effective in reducing HIV transmission.

Wider-level impact

One interview participant spoke about NSP as a part of an integrated service of support and providing centralised care dependent on the individual's needs.

"For clients that access our service, the drug is the minimal part of the problem, so it's all the impact that it's had on them taking the drug. So, they've become homeless, they've fallen out with their family, they've got terrible physical

health conditions, they've got terrible mental health conditions, financial issues, they're in and out of the criminal justice system and stuff like that. So, I would like to think that we rebuild all of them links with all of them services to provide one service." (Stakeholder 2)

In addition to the positive impacts on an individual, harm reduction level. NSP services have the ability to positively contribute to harm reduction on a wider, public health level. They have been found to reduce transmission of BBV due to educating and spreading awareness of the importance of safe injection habits including not reusing or sharing needles, and the importance of safe disposal of used paraphernalia. Each of the stakeholders demonstrated how NSP can contribute to the global strategy of eliminating hepatitis C.

"We did a hepatitis C drive back in November last year and found fortunately only one person came back as positive out of a large number of people tested. So we almost reached the sort of micro elimination stage at that point, so we were fairly confident that the majority of our injecting drug users as a sample weren't reusing a sharing needles." (Stakeholder 2)

"We've still got a couple of HIV cases in this area, but they seem to be on the whole, we see them quite regularly and they seem to be very aware and educated around their condition and the importance of not sharing." (Stakeholder 3)

3.2.6 A future model of NSP in Sefton

Future delivery of NSP and online NSP may look different across different cities and within different communities. For future delivery of NSP in Sefton, suggestions emerged from the online survey and interviews.

Three out of the six stakeholders who completed the online survey (one drug treatment agency and two pharmacies) felt that the provision of NSP in Sefton could be improved. For example, the drug treatment agency described how *'outreach needle exchange had been very successful in the past'* and should be considered in a future model. One pharmacy described how they needed a *'quicker supply when ordering exchange items via pharmacy' (Pharmacy 3).* When asked what a Sefton model of NSP should include, two pharmacies described how Sefton should provide a mixture of both pharmacy based NSP and online provision. The drug treatment agency suggested that a mixture of specialist provision (e.g. through a drug treatment agency), pharmacy based NSP and online provision should be offered. The remaining three pharmacies reported that only pharmacy based NSP should be offered in a Sefton NSP model, with one explaining: *'Human contact is vital for intervention and safe return of used needles.' (Pharmacy 3).*

In terms of online NSP, it was earlier highlighted by the interview participant that this method of provision was not largely accessed, perhaps due to absence of fixed addresses or access to online facilities for some service users. One participant cited that aiding service users with online registration for online NSP (NSP Direct), and enabling them to utilise on-site online facilities, may be a solution to the reduced uptake of online NSP.

"And with NSP direct, whilst the service user can take a card and go away and open their own account, where it would work better, is if the worker had opened that account for them, sits down next to them and does it and keeps the details for that account like the password and login. So that the service user can

at any point just pick up the phone, ring the key worker or the worker and say do me a favour and put an order through and it will come to the home address in two days." (Stakeholder 1)

One interview participant cited their plans to implement this development, which would enable service users to utilise on-site internet facilities to create an online NSP account and order their packages from there should they have restricted internet access.

"We will continue to promote online NSP and clients will have when the buildings been refurbished, access to PCs in the waiting area. So, we're going to be helping people access Change Grow Live, breaking free online and things like online NSP. So, they will be able to come in and do it if that's what they want to do if they've got no access to their own IT equipment or Internet access." (Stakeholder 3)

Limited opening hours of both NSP sites and pharmacies were felt to be the biggest barrier of NSP access and plans to extend opening hours in the future were highlighted. Extending opening hours may prevent service users from engaging within risky injection practices due to increased availability of needle and syringe exchange.

"We will be opening later a couple of days a week. So will be open till later on 8:00 or 9:00 o'clock at night currently it's five o'clock. And then there's plans for Saturday opening as well so that's the extension of the one day a week, so the hours of availability of needle exchange will increase." (Stakeholder 3)

Another prospect for future NSP delivery (both standard and online provisions) within Sefton, highlighted by the interview participants, is the development of peer-to-peer schemes, recruiting trusted, valued members of the community to share their experiences and support service users.

"I saw a girl yesterday she's been right through; she's been in the service for years actually and she's been through that social service pathway, she lost her kids at one point. She worked with social services, and she's got them back. She said, I would love to be an advocate for people who are coming in social service wise. So we would hope to have advocacy right the way through the building working alongside peer mentors and volunteers including NSP." (Stakeholder 2)

"We are looking at recruiting peer mentors and recovery champions in the community." (Stakeholder 3)

"I think things like peer-to-peer supply can be better supported you know. I think it can it maybe just can happen by chance but actually I think by putting some energy and effort into it and devise and then developing a peer-to-peer scheme with reward and recognition for the peers that's another way." (Stakeholder 1)

"So the key, the absolute key going forward is that NSP direct has to be believed in and properly promoted and marketed and the most effective way of doing that is approaching and identifying a few key influential peers to support it." (Stakeholder 4)

Alongside recovery champions and peer mentors, NSP sites in Sefton are also hoping to recruit outreach workers and harm reduction leads within every service to improve future NSP delivery.

> ***"In my role what we've been trying to do is encourage services to make sure they've got harm reduction leads in each service… We're saying every model should have outreach provision and that's another way of getting needles and syringes out and every server should have someone, and named individual or individuals responsible for NSP delivery, quality, stock control and all that stuff. If you haven't got that, they'll show up in your quality and your offer. So I think a recommendation for me for any service wherever they are just to make sure you've got outreach in the model and make sure you've got harm reduction leads who will focus on your NSP, you're in a lockdown, your driving support system." (Stakeholder 1)***

> ***"We are also looking at recruiting outreach and harm reduction workers in the community, so they will pick up a lot of that work as part of their roles as well sort of sharing and promoting that kind of thing." (Stakeholder 3)***

The final aspect highlighted focused upon increased partnership working with partner agencies to expand needle and syringe exchange in Sefton. One interview participant gave an example of where enhanced communication between the different partnerships across Sefton was effective in organising distribution links of needle exchange within the community.

> ***"They got everyone, literally everyone from that partnership in one big room in a hotel so you had a youth service, community groups, the drug and alcohol provider, police, the commissioner, everyone, and anyone who will have the touch point with a drug user. So for example a hostel was saying well we could do a needle and syringe exchange with our gang but we're not commission to do it and the commissioner said, 'well I'll commission you to do it then', so I think there's an appetite there, but no one really talks to each other." (Stakeholder 1)***

Furthermore, a positive example, highlighted by one of the participants, where partnership working has shown to have been effective, is the use of the Salvation Army in another area to aid the distribution of needle and syringes within the community. Working to establish links with additional organisations in the future, may help to increase success of needle and syringe exchange in Sefton.

A case study example of established peer-to-peer practise

This case study has been developed from an interview with a practitioner from outside of the Sefton area, to establish a greater knowledge of peer-to-peer needle and syringe programmes.

Overview

The peer-to-peer needle and syringe programme was initially founded in Twerton, an outpost of Bath, in response to the COVID-19 pandemic, which saw the fixed site needle and syringe exchange in the local area significantly reduce its hours of availability. It was felt that the potentially chaotic nature of those PWID would make it difficult for them to remember when to attend, but also that the nature of hosting the service on a table outside of the usual building may deter people from using the service.

> ***"The local agency basically announced that they were going to reduce needle and syringe access to two afternoons a week with a table being run outside the local service. And we looked at it and went well, it's on the opposite side of***

town for people who are from the main drug using area and people's ability to remember which two afternoons a week the scheme is running we thought was really unlikely and also, it was very visible as well as it was operating in the street."

The peer-to-peer model was therefore initiated to aid the distribution of clean needles and syringes to members of the community through secondary peer-to-peer distribution. The programme quickly expanded, enabling increased coverage needle and syringe distribution within the community of PWID.

"And so we had this discussion about trying to expand the scheme and then quickly expanded it and it's really allowed us to move from the traditional 30% coverage with the pharmacy and fix site going up to at some point I think we got it up to 100% coverage."

The needle and syringe programme is primarily run via the practitioner and another person. They receive large deliveries of needles and syringe stock, and when receiving phone calls for supplies from those who use drugs as well as those who sell drugs, they then package up deliveries and distribute these needles and syringes via peer involvement across a variety of settings for the onward, secondary distribution.

"We are giving out about 1,000 1ml syringes, plus another 200 or 300 other types of specialist needles and syringes. And then there is a group of people who are selling drugs, and they also give out needles and syringes alongside selling drugs or significantly, there's a couple of people whose homes are used as venues for people to meet with and using, and they become sites and then we also do a delivery scheme."

Strengths of a peer-to-peer approach

When asked about strengths of the peer-to-peer model, it was highlighted that there is a sense of community, trust and no judgement when accessing equipment from their peers, which is believed to be a barrier for NSP provision involving healthcare professionals.

"Some of the drug workers have talked to some of the people using our scheme and saying why do you use the peer-to-peer scheme and not us, especially since we're just across the road? And they talk about it as this sense of look, they are our friends now, we're a network of people. There's a sense of comfort, there's no judgement around it, you don't have to justify your drug taking."

They further demonstrated that due to the current push from healthcare agencies towards recovery of drug users, individuals may conceal their drug use, feeling as though they cannot disclose their drug taking, and engaging within more formalised NSP is seen as an aspect of that disclosure.

"I think that the problem right now is that people don't feel so comfortable talking about their active drug use. That there isn't permission to do that right now, that you're expected not to be using drugs. And if you are using drugs, you're expected to be apologetic about it and I think that's the biggest challenge. So I think how we then create an NSP space where people can talk about their active drug use, talk about control, talk about their aspirations to achieve a positive change. You know, look at how they manage self-control,

look at how they manage their injecting injuries. I think trying to create that space free from that push of recovery is what peer work does."

They also demonstrated that the peer-to-peer model is an alternate way for PWID to obtain needles and safely managing their drug use, while also connecting to drug services if they wish.

"So, I think for me that's why peer model is attractive, it's about saying to people there's a way you can get your needles and syringes. You can have your needs met. If you have additional needs, we have good partners in the drug services we can help you connect with them, but there is ability to start to have the disclosure with the drug using community that is now bonded within that community's sense of solidarity."

Challenges of peer-to-peer NSP

Some of the challenges associated with this peer-to-peer model were highlighted, including the need to stay engaged with the members of the community distributing equipment to their peers to ensure the continued, consistent supply of needles and syringes. This was considered difficult due to a range of factors, such as those who deal drugs moving on/not being able to sustain their behaviours, relocation, and death of individuals.

"… so that made us start to think about the key players, the key meeting venues, the challenges, those change all the time because people die, people move out of business, people are really on the margins of how much money they're making so they lose their capital very easily. They are really on the margins of what they're able to survive with. So the challenge with that is that we've got to stay engaged all the time with who is supplying…as these people will come and go."

Challenges associated with fixed site and pharmacy based NSP were also cited, with it being highlighted that the injecting habits of drug users are often unstructured. It was seen, therefore, to be imperative for the peer-to-peer model to be responsive to the needs of the community; providing out of hours services was seen as favourable as it can prevent drug users engaging in risky injection practices.

"We try to make people a bit more structured and we try to get them to be a bit more organised. But we need to recognise that it's a relatively unstructured world they are living in and at the end of the day, what we did before. For example, we'd give out mixed set of kits and they just ran everything down to the wire, so they'll be using the needles and syringes that weren't really ideal for what they were doing. So that was part of the responsiveness it's also making sure they carry on using the optimum needles and syringes for what they're doing."

Future delivery

When considering what future peer-to-peer needle exchange schemes may look like, it was suggested that individuals could be encouraged to become involved with the peer-to-peer model by providing rewards or particular benefits for the individuals such as payments, training, rapid referrals to safe injecting nurses and the authorisation to collect larger quantities of needles and syringes.

"My particular request is that we can provide some training to the peers so that rather it be us delivering to them, then them giving out on our behalf, that we actually start to train them and develop them more actively within the team."

"So I think one thing is starting to advertise to that group and say, for example, do you want to do an advanced training where you have permission to take more needles, and that you're part of this process and maybe you could give them some basic training. You get rapid referral access to the safe injecting nurse or you create some sort of package that if you're a peer-to-peer NSP provider then you get this additional boost which we provide will you know pay you something like 20 quid to come and do a bit of training for a couple of hours. You'll then have these particular benefits afterwards that's that makes it attractive to disclose and giving people a reason to identify."

4. Discussion and Recommendations for a Future Model of NSP in Sefton

This section of the report aims to bring together the key findings in relation to the literature and make recommendations for future development and delivery of NSP in Sefton.

4.1 Provision of NSP in Sefton

PWID were disproportionately impacted following social isolation measures during COVID-19 (Radfar et al., 2021). It is acknowledged that during COVID-19, pharmacies and drug treatment services operated reduced NSP services and looked at how best to fill these gaps in provision to meet local need, which included online NSP (NHS Substance Misuse Provider Alliance, 2022). The literature highlights that there was a marked decrease in PWID accessing harm reduction services (Whitfield et al., 2020); and that lack of access to NSP for PWID had a significant impact on increasing harms (UKHSA, 2021). Data from this study show that agency based NSP provision reduced markedly during the COVID-19 lockdown periods. Whilst visits to pharmacy based NSP reduced by 10% (5,111 [April 2019-March 2020] – 4,692 [April 2020-March 2021), whilst the use of agency based NSP reduced by 67% across the same time period (870 visits – 290 visits). Whilst post-COVID-19, there appear to have been some increases in PWID accessing NSP, the use of substance use services NSP is not increasing at the same rate as the pharmacy provision.

It was highlighted within the qualitative findings of this study that this reduced level of service provision available during COVID–19 impacted on the way in which PWID were able to accesses needles and syringes (e.g., from a table outside the service and not necessarily being able to access the 'mix and match' selection they were used to). This is also supported in the wider literature (UK Health Security Agency, 2021; Ornell et al., 2020; Holloway et al., 2022), which highlights that due to COVID-19, service provision access was severely limited; including BBV testing and equipment for safe use and/or injecting of drugs. Research by Holloway et al. (2022) suggests that COVID-19 is an environmental risk factor increasing vulnerability to substance-related harm; but also, for some created conditions that reduced risk of harm – reflective that service users are not a homogenous group. Anecdotally, within the current study, suggestions were made that COVID-19 may have led to a change in drug using behaviours, due to decreased access to drugs, leading to reduced usage or abstinence. Data from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) trendspotter study, however, suggests that whilst there were some observed reductions in substance use during the initial COVID-19 lockdown, levels of drug use have returned close to previous levels (EMCDDA, 2021). The trendspotter study also cites that overall levels of availability for many illicit substances remained relatively stable when comparing 2019 and 2020. Through the qualitative data in this study, it was highlighted that COVID-19 may have exacerbated unsafe injecting practices through increasing levels of needles and syringes being re-used/shared (UKHSA, 2021). The literature suggests that during COVID-19, risk behaviours did indeed increase with an increase in self-reported sharing and re-use of injecting equipment (UKHSA, 2021). In part, this is attributed, however, to poor service provision.

Recommendation 1: Further exploration is needed to look at specific reasons for continued reduced access to NSP through the substance use service in Sefton. This may also explore any relationships between reduced engagement with NSP, change in injecting behaviours and BBV. PWID are acknowledged within the literature as a hard-to-reach group, and it is recognised that there are difficulties in engaging this group in research due to factors such as fear and stigma (Shaghaghi et

al., 2021). Nevertheless, it is important for this group to be involved in in service development and delivery. Developing relationships of trust with clients and ensuring sensitivity to their needs may help to break down some of those barriers that may prevent them from taking part in research (Abadie et al., 2018).

4.2 Barriers to access

With the exception of COVID-19, there were a number of barriers to accessing NSP that were highlighted in the qualitative data. These included clients' worry regarding confidentiality and disclosing to their keyworker that they are utilising the NSP service, which may possibly lead to their medication being reduced. Stigma was seen as very real barrier to accessing support as was the discourse/narrative around 'recovery' and 'abstinence'.

Recommendation 2: The language used with PWID should be explored so that this group do not feel shame and stigma around their drug use, with the primary focus being upon reducing harm in this group.

Limited opening hours of static sites was also cited within the qualitative findings as a barrier (NTA, 2007). Whilst it was acknowledged within the qualitative findings that pharmacies are open for extended hours, beyond 9am-5pm, there is currently no NSP provision during the weekends.

Recommendation 3: The feasibility of NSP provision in the evenings and weekends should be explored within the NSP model in Sefton as should the impact this may have on reducing risky injecting behaviours because individuals have increased access to NSP, thus possibly reducing the time users are without clean injecting equipment.

Geography and placement of NSP provision was also raised by stakeholders as a barrier (Fernandes et al, 2017), highlighting the impact on access of fixed sites for those who do not live locally/more rurally to the NSP and may have to travel in for example.

Recommendation 4: Further work around accessibility should explore the feasibility of mobile units and vending machines, which have been found to be beneficial in supporting access for the younger population of PWID (Muller et al., 2002). Focus should also be placed upon increasing partnership working to expand the reach of NSP in Sefton through developing satellite units within partner agencies that PWID may access.

4.3 Online NSP

Online NSP in Sefton was initiated through NSP Direct as a supplementary method of distribution during COVID-19, but uptake has remained low despite concerted efforts to promote it via practitioners. Challenges to accessing the online NSP that were highlighted within the qualitative findings included those with no fixed-abode or access to means by which to set up an account. Some of the stakeholders, however, spoke about being able to set up accounts for clients, but also that they could always re-order on their clients' behalf. Other aspects focused around lack of anonymity and worries that others would know there were 'drugs paraphernalia' within the NSP Direct parcels. Stakeholders also commented that steroid users would be more likely to use such a service as those who inject, e.g., heroin, have more 'spontaneous' drug injecting behaviours**.**

Recommendation 5: Further work should engage with people who use NSP Direct to understand their experiences (including advantages and negatives; drug usage) and use this to inform the awareness raising activities. For example, positive client experiences of using NSP Direct could be used within awareness raising and marketing materials that are shared with NSP providers across

Sefton; this would increase providers confidence in recommending NSP Direct as an additional type of provision to their clients.

As a solution to the poor uptake of online NSP, aiding and supporting individuals with the set-up of online NSP accounts with the use of on-site facilities may increase NSP Direct engagement.

Anecdotally, within the qualitative data it was highlighted that there may be some system-level concerns around promoting online NSP and loss of revenue for pharmacies; as well as practitioners wanting to maintain 'in-person' contact so that they can deliver harm reduction interventions. Online NSP enables clients to order large quantities of needles and syringes, thus potentially reducing the risk of re-using needles and engaging in risky behaviours. For some, it is also an easier way of accessing a service to meet their needs. In this study the data suggested that online NSP may also reduce the level of contact, which for some is needed to help reduce their risk and enable them to receive further support and signposting; making every contact count (MECC). However, that the cohort engaging with the services to the extent they are confidently using online NSP may be less likely to need in-person 'MECC' intervention. Additionally harm reduction information is also provided to service users directly by the NSP Direct supplier.

Recommendation 6: Both aspects should be explored to see if they are 'actual' rather than 'anticipated' concerns that may impact upon the future development and delivery of online NSP in Sefton.

4.4 Impact

All the impacts cited within this study focused around harm reduction on an individual, community and wider-system level. NSP in Sefton was seen to provide a safe and trusted environment in which PWID can experience positive harm reduction outcomes and receive support and onward referral and signposting. Findings from the qualitative interviews seem to suggest that clients do prefer a more 'supervised' NSP model such as that provided by substance use services and pharmacies due to the in-person contact. It was not possible as part of this study to explore the level and quality of harm reduction information and support that is received by those clients accessing supervised and online NSP and whether this level is consistent across pharmacies.

Recommendation 7: Further exploration is required with clients to identify the reasons they engage with such face-to-face services, the quality of harm reduction information, as well as exploring whether they would use online NSP provision and what the barriers may be.

Stakeholders spoke about the importance of NSP in reducing BBV such as hepatitis C and developments in treatment. It was also suggested however, that this ease of treatment may also lead to negative impacts such as an increase of risk behaviours of injecting drug users, reverting to unsafe practices, which threatens the sustainability of micro elimination of hepatitis C. This is an interesting opinion in the context of a harm reduction model and not necessarily supported by the literature which suggests that whilst the direct acting antiviral (DAA) treatment may have contributed to a reduction in chronic hepatitis C prevalence there is no evidence of a reduction in new infection levels.

Recommendation 8: Further harm reduction work with PWID may specifically focus upon messages around safe injecting behaviours/practices and BBV. Trends around BBV and other medical presentations for PWID in Sefton may also be closely monitored.

4.5 Future delivery of NSP in Sefton

It was felt by stakeholders that mixed NSP provision should continue in Sefton. Current guidance recommends that a mixture of NSP provision is made available for service users, including pharmacy-based, drug treatment agency-based and specialist outreach provision (NICE, 2014).

Recommendation 9: NSP in Sefton should continue to be developed and incorporate a mixture of pharmacy, fixed and online NSP. In person contact was seen to be very important and as highlighted above, other methods of delivery such as satellite sites and mobile units may also be considered as part of future NSP provision in Sefton. A system wide approach to promoting all different services should be adopted so that service users have choice of access to the service most appropriate to them.

The current NSP Direct service would fit within a future model of NSP in Sefton and should be considered alongside a suite of NSP provision. Whilst it was not possible as part of this study to engage with those who had accessed NSP Direct to explore their experiences, recent studies have highlighted how those using mail or online delivery needle and syringe services method of provision may experience reduced barriers to access. Hayes, Favaro, Coello et al. (2022) examined the demographic characteristics of people using an internet-based mail order NSP to order supplies for deliver at their home address or for collection at a post office. Over a 3-year period (February 2018- March 2021), it was identified that the service was particularly accessed by people defined as 'underserved' i.e. those people who might not necessarily access NSP, such as women. The authors of this study concluded that online NSP is as an effective way to reach high risk individuals who may not necessarily access NSP in traditional face-to-face settings. However, that further qualitative work is required to understand more about if and why this method of provision is more accessible to underserved groups of PWID and to inform future service provision. Torres-Leguizamon et al. (2020) examined the results of a harm reduction by post (HaRePo) intervention over a seven-year period (2011 and 2018). The service was accessed via a telephone line or email, with the inclusion of professionals providing online harm reduction advice or signposting to other services, where necessary. This mixed-methods study revealed that people predominantly use this method due to convenience (not having to travel to collect equipment) and because they prefer to access the equipment anonymously, due to concerns about the stigma attached with collecting the equipment face-to-face. The authors concluded that a mail or online programme can be effective in reaching hard-to-reach groups, such as women and people who live in rural areas (or those who do not have access to transport).

This evidence further supports the recommendation that the NSP Direct service would fit within a future model of NSP in Sefton and should be considered alongside a suite of NSP provision. However, evidence from the IMS data (between January 2019 and December 2021), alongside the stakeholder engagement findings, suggests that current use of NSP Direct is very low and may be due, in part, to mixed understandings regarding the purpose and nature of this provision. For example, evidence from six of the 18 NSP providers in Sefton suggests that understanding about online NSP provision may be limited. Concerns about safeguarding and the implications of limited human contact may affect a provider's ability and/or confidence to recommend online NSP to clients**.**

Recommendation 10: Future activity should focus on working with all NSP providers (e.g. pharmacies and drug treatment agencies) to raise awareness about NSP Direct, in terms of both what they can offer to clients alongside face-to-face provision, and in terms of safety, safeguarding and harm reduction. This activity should include assurances to providers about the nature of the provision. Barriers to other NSP providers engaging in the promotion on online NSP may also be explored within this.

Peer-to-peer support may also be considered within the future development and delivery of NSP in Sefton. The qualitative findings highlighted discussion around the use of peer mentors and recovery champions as trusted members of the injecting drug user community to share knowledge (of treatment and services and health promotion and education) and experiences and support service users (Fischer et al., 2013). It may also be possible to increase the reach of the NSP, through peer-to-peer secondary distribution, providing a way of accessing those who may not usually access traditional settings (Bryand and Hopwood, 2009). Whilst the research has identified risks associated with peer-to-peer distribution it has suggested that these may be outweighed by other protective factors (Brener et al., 2018).

Recommendation 11: Peer involvement should be incorporated where possible within NSP provision in Sefton. This may also include looking at how peer involvement impacts upon service access, acceptability and quality of services, risk behaviours of drug users, and feelings of stigmatisation and discrimination (Chang et al., 2021).

4.6 Conclusion

PWID are broad and diverse population group (Kral and Bluthenthal, 2003; Small, 2005) and therefore NSP provision in Sefton should be provided through a mix of services, with co-production involving service users, practitioners and the local community at its heart. Going forward, it is important to deliver robust, evidence-based community-level research studies so that it may be possible to begin to be able to draw on examples of best practice (Fernandes et al., 2017), as well as measure the effectiveness of different types of NSP provision in meeting the needs of PWID through engaging this population group within the research and continued monitoring and data collection on service use.

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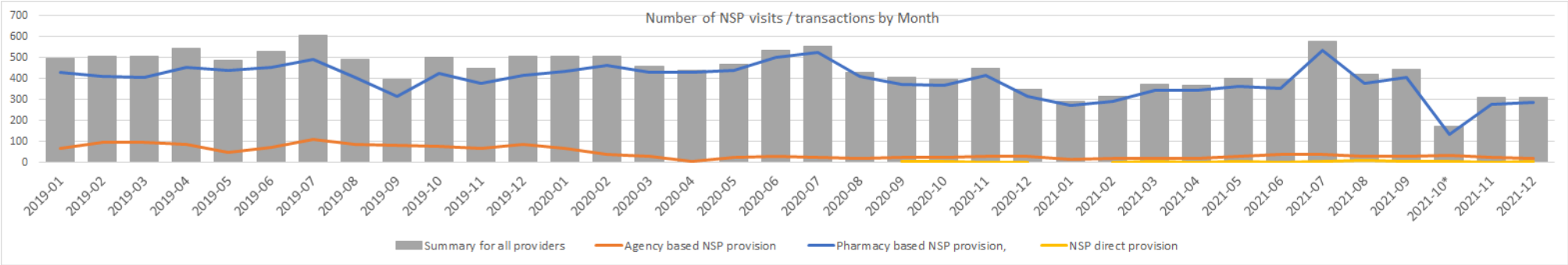
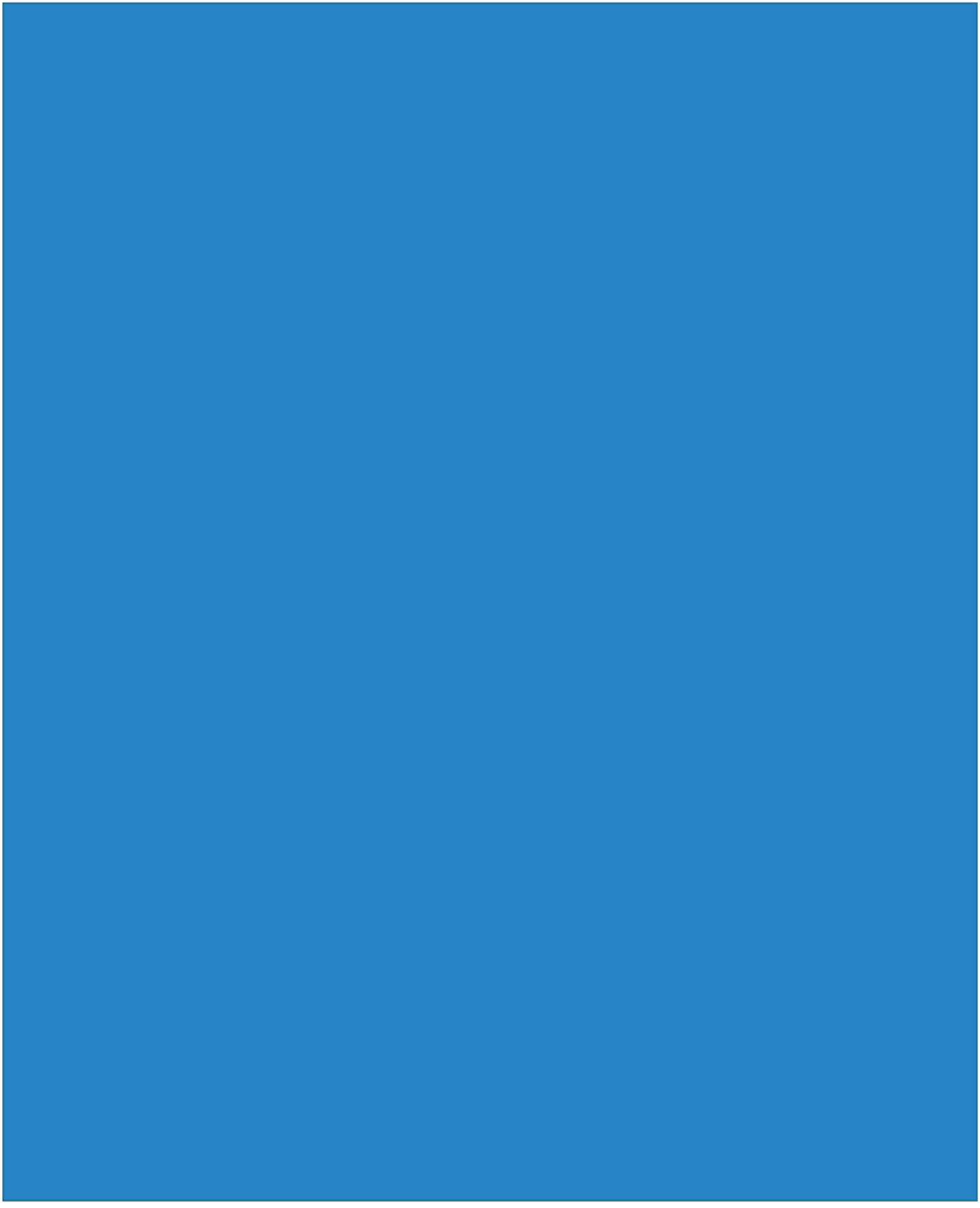
6. Appendices

Appendix 1: Number of NSP Visits Per Month in Sefton (January 2019 – December 2021)





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