THE SYRINGE EXCHANGE PROGRAMME IN PORTUGAL

CARLA TORRE

VIRAL HEPATITIS PREVENTION BOARD MEETING
LISBON, PORTUGAL, 18 – 19 NOVEMBER 2010
DISCLOSURES

- Pharmacoepi. at CEFAR - Centre for Health Evaluation & Research (National Association of Pharmacies Group).

- I accept no personal compensation from any pharmaceutical companies.

- The views and opinions presented reflect my personal opinion and not necessarily the views of institutions or organizations with which I am or have been affiliated with.
OVERVIEW

1. Epidemiology of IDU and HIV and HCV among IDU
2. A Timeline of SEP in Portugal
3. Trends in Syringes Distribution and Collection
4. Process Characterization by the SEP Providers
5. SEP Written Best Practices
PREVALENCE OF INJECTING DRUG USE

PREVALENCE OF INJECTING DRUG USE

Portugal

2000: 2.3 – 4.7 per 1000 hab (15-64 years)

2005: 1.5 – 3.0 per 1000 hab (15-64 years)

Institute on Drugs and Drug Addiction, 2009
AIDS CASES 2000-2008 (BY MODE OF TRANSMISSION)

- HETEROSEXUAL
- IDU
- MSM

AIDS CASES (n)
1. Epidemiology of IDU and HIV and HCV among IDU

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5. SEP Written Best Practices
1983
1st AIDS case in a Portuguese citizen
A TIMELINE OF SEP IN PORTUGAL

1983
1st AIDS case in a Portuguese citizen

1993
A pilot SEP was launched
A TIMELINE OF SEP IN PORTUGAL

1983
1st AIDS case in a Portuguese citizen

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1999
NGO took part in SEP

1st AIDS case in a Portuguese citizen

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A Timeline of SEP in Portugal

1983 1st AIDS case in a Portuguese citizen

1993 A pilot SEP was launched

1999 NGO took part in SEP

2001 Decriminalisation of drug consumption (Law nr 30/2000)
A Timeline of SEP in Portugal

1983
1st AIDS case in a Portuguese citizen

1993
A pilot SEP was launched

1999
NGO took part in SEP

2001
Consumption rooms (Decree-Law nr 183/2001)

2001
Decriminalisation of drug consumption (Law nr 30/2000)
A TIMELINE OF SEP IN PORTUGAL

1983
1st AIDS case in a Portuguese citizen

1993
A pilot SEP was launched

1999
NGO took part in SEP

2001
Consumption rooms (Decree-Law nr 183/2001)

2001
Decriminalisation of drug consumption (Law nr 30/2000)
A pilot SEP was launched in prisons (Law nr 3/2007)

1983  
1st AIDS case in a Portuguese citizen

1993  
A pilot SEP was launched

1999  
NGO took part in SEP

2001  
Consumption rooms (Decree-Law nr 183/2001)

2001  
Decriminalisation of drug consumption (Law nr 30/2000)

2007  

A TIMELINE OF SEP IN PORTUGAL

THE EVOLUTION OF PORTUGUESE KITS

1st KIT
1993

2nd KIT
1998

3rd KIT
2007/8

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Kit PREVENÇÃO SIDA

Diz não a uma seringa em segunda mão.

Uma seringa usada pode ter o vírus da sida.
Não partilhe a sua seringa.
Troque-a numa farmácia.
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Syringes Distributed and Collected

Data from 2000 to the 1st semester of 2010 showing the number of syringes distributed and collected, along with the return rate percentage. The graph illustrates a decline in syringe distribution and an increase in collection rates over time.
Syringes Collected
Pharmacies, NGO and Mobile Post

Carla Torre  VHPB Portugal 2010
Trends in the distribution of pharmacies involved in the SEP (%) District level

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SEP POINTS RUN BY NGO

Legend
(Absolute number)
- 0
- 1 - 3
- 4 - 6
- 7 - 9
- 10 - 13

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SEP Costs

Total costs of NEP
Cost per needle collected

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Table 1

Distribution of pharmacies currently, previously and never involved in SEP according to setting, provision of other services for drug users and perceived needs for programme improvement.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Total n (%)</th>
<th>Pharmacies’ involvement in SEP</th>
<th>Past n (%)</th>
<th>Current n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Never n (%)</td>
<td>Past n (%)</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>806 (52.4)</td>
<td>122 (50.4)</td>
<td>262 (68.6)</td>
<td>422 (46.2)</td>
</tr>
<tr>
<td>Suburban</td>
<td>375 (21.4)</td>
<td>56 (23.1)</td>
<td>60 (15.7)</td>
<td>259 (28.3)</td>
</tr>
<tr>
<td>Rural</td>
<td>329 (24.4)</td>
<td>58 (24.0)</td>
<td>54 (14.1)</td>
<td>217 (23.7)</td>
</tr>
<tr>
<td>Methadone programme</td>
<td>No</td>
<td>1335 (86.8)</td>
<td>222 (91.7)</td>
<td>335 (87.7)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>181 (11.8)</td>
<td>15 (6.2)</td>
<td>40 (10.5)</td>
</tr>
<tr>
<td>Sale of syringes</td>
<td>No</td>
<td>222 (14.4)</td>
<td>42 (17.4)</td>
<td>37 (9.7)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1172 (76.2)</td>
<td>170 (70.2)</td>
<td>313 (81.9)</td>
</tr>
<tr>
<td></td>
<td>Does not know</td>
<td>111 (7.2)</td>
<td>18 (7.4)</td>
<td>20 (5.2)</td>
</tr>
</tbody>
</table>

## Services Provided for IDU by NGO

<table>
<thead>
<tr>
<th>Services</th>
<th>(n=25)</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling and testing on-site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>11</td>
<td>(44.0)</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>5</td>
<td>(20.0)</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>4</td>
<td>(16.0)</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>4</td>
<td>(16.0)</td>
</tr>
<tr>
<td>Other sexually transmitted infections (STI)</td>
<td>3</td>
<td>(12.0)</td>
</tr>
<tr>
<td>Hepatitis B vaccination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A vaccination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care/nursing care</td>
<td>22</td>
<td>(88.0)</td>
</tr>
<tr>
<td>Methadone maintenance treatment</td>
<td>11</td>
<td>(44.0)</td>
</tr>
<tr>
<td>ARV, TB and methadone treatment</td>
<td>11</td>
<td>(44.0)</td>
</tr>
<tr>
<td>Referrals to drug treatment centres and health and social services</td>
<td>25</td>
<td>(100.0)</td>
</tr>
<tr>
<td>Personal hygiene</td>
<td>18</td>
<td>(72.0)</td>
</tr>
<tr>
<td>Food</td>
<td>16</td>
<td>(66.7)</td>
</tr>
</tbody>
</table>
Injecting Equipment Policies

- Unlimited number of kits distributed without regard to the number of syringes returned for disposal
- Unlimited number of kits distributed and return of at least one used syringe
- Limited number of kits distributed following a strict one-for-one exchange

Carla Torre  VHPB Portugal 2010
INJECTING EQUIPMENT POLICIES

- 2/3 of pharmacies and 2/3 of NGO involved in SEP followed a strict “one-for-one” policy
- 21% of pharmacies and 32% of SEP run by NGO established limits on the number of syringes distributed per visit
- 21% of pharmacies had refused SEP provision at least once over the 12 months period prior to completing the survey:
  - 80% refused IDU who had no used syringe to return
- 32% of SEP run by NGO had refused SEP provision at least once over the 12 months period prior to completing the survey:
  - 100% refused IDU who had no used syringe to return
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SEP WRITTEN BEST PRACTICES

2008-2009

- National Coordination for HIV/AIDS
- IDU
- Institute on Drugs and Drug Addiction
- National Association of Pharmacies
- NGO involved in SEP
- Community-Pharmacies
- Universities
THE THREE S’S STRATEGY

**SIZE**

More clean syringes are better than fewer clean syringes;

**SMILES**

Exchanges should be “user friendly” and create a welcoming environment;

**SERVICES**

In addition to exchange, SEP are a proven method for delivering other needed health and social services to IDU population.
ACKNOWLEDGMENTS

- Carla Caldeira (National Association of Pharmacies)
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