

# **NNEF**

## **THE PROVISION OF FOIL IN NEEDLE AND SYRINGE PROGRAMMMES IN THE UK**

**RESULTS FROM THE  
2008 NNEF MEMBERS CONSULTATION ON FOIL**

## The Provision of Foil in Needle and Syringe Programmes in the UK

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The National Needle Exchange Forum (NNEF) is a group of needle exchange workers from England and Wales that exists to actively promote and support the provision of high quality, comprehensive needle exchange services as a key part of the United Kingdom drugs strategy. The Forum is a non-profit making organisation which is free to join, and is run by a voluntary Planning Group which coordinates briefings and policy responses where necessary, and organises between two and four meetings each year for its members – alternating between venues in London and the North of England. NNEF meetings typically include presentations from invited speakers, updates from delegates and discussion. The NNEF has around 600 members across the UK, which includes needle exchange managers, workers, advocates and users.

# EXECUTIVE SUMMARY

## Introduction

This report summarises the findings of a recent member survey conducted by the National Needle Exchange Forum (NNEF) into the provision of aluminium foil through Needle and Syringe Programmes (NSPs) in the UK. Foil is provided as a harm reduction and route transition initiative, intended to facilitate injecting heroin users in moving away from their injecting behaviour towards a less harmful route of drug administration. However, this intervention is currently prohibited by the UK 'paraphernalia law' (Section 9A of the Misuse of Drugs Act 1971).

In order to determine the current situation with regard to foil provision through NSPs in the UK – and to canvas opinions from the field – the NNEF developed a twenty question anonymous questionnaire which was distributed online and at the National Conference on Injecting Drug Use (London, October 2008). Quantitative results from 445 completed questionnaires were collated by the Centre for Public Health at Liverpool John Moores University and combined with extracted qualitative data from the surveys for analysis.

## Key Results

- The 445 respondents who took part in the survey comprised NSP workers (45.2%), NSP managers (18.9%), service users (5.2%) or service commissioners (4.8%). 25.9% indicated that they worked in 'other roles' (including pharmacists and nurses).
- Only 66 (15%) of the 445 survey respondents reported that their NSP provided aluminium foil to their clients.
- The majority of those whose NSP *did not* provide aluminium foil reported that the main reason for this was the current legal situation. In addition, over a third of those whose NSP *did* provide aluminium foil still reported that the current legal situation was still a problem.
- The majority of the survey respondents supported the provision of aluminium foil and viewed foil provision as a useful harm reduction intervention for both heroin and crack cocaine users.
- Most respondents also agreed that foil distribution would help reduce injecting drug related harms and increase the attendance and engagement of injecting drug users in services.
- Most respondents also agreed that foil distribution by NSPs would improve the attendance and early engagement of non-injecting drug users who are currently not seen by services.
- Crucially, the clear majority of the respondents (81.1%) 'strongly agreed' that the law should be changed to allow for the legal supply of foil in needle exchange services.
- Overall, the service user respondents were also very supportive of the provision of aluminium foil in NSPs.

## Conclusion

A good number of survey responses were received, with a healthy sample representing a mix of decision makers, service staff and service users. The results clearly demonstrate that (a) there is a great deal of support from the field for the provision of aluminium foil as

a harm reducing intervention, and (b) the current legal situation is proving to be a significant barrier to coverage of these interventions across the UK.

The NNEF hope that these results can contribute to the on-going efforts by harm reduction organisations and advocates to have the existing 'paraphernalia law' amended in order to allow for this valuable, simple, inexpensive and potentially life-saving approach. The existing law is presenting serious and unintended legal and financial barriers for NSP.

**Based on the findings of this survey, and the other available evidence, the NNEF would like to see aluminium foil added to the list of exemptions in Section 9A.**

The NNEF is also of the view that a detailed assessment and review of Section 9A as a whole is merited, and believes that future decisions about the distribution of harm reduction tools by NSP services should be left to the field rather than policy makers.

# BACKGROUND

Promoting healthier routes of drug administration has the potential to deliver significant public health gains.<sup>1</sup>

## The Rationale for Foil Provision

According to the International Harm Reduction Association (IHRA), there are estimated to be over 164,000 injecting drug users (IDUs) in the United Kingdom<sup>2</sup>. However, injecting is by far the most hazardous route of administration for taking drugs. According to the Advisory Council on the Misuse of Drugs (ACMD), IDUs are 14 times more likely to die than their peers<sup>3</sup>. Injecting is the main cause of both short and long term harms associated with problematic drug users and, as such, the promotion of alternatives to injecting ('route transition') is one of the recommendations of the UK National Treatment Agency's 'Reducing Drug-Related Deaths' report<sup>4</sup>. Route transition is also part of the new National Treatment Agency sponsored 'Harm Reduction Works' campaign for crack injectors<sup>5</sup>.

Encouraging drug smoking as a safer alternative for clients who are currently injecting their drugs has been a part of NSP practice for years and a subject of countless discussions between NSP workers and their service users. Smoking heroin is substantially less risky than injecting because it eliminates the risks of blood-borne viruses (such as hepatitis B, hepatitis C and HIV), injecting-related complications (such as abscesses, cellulitis, deep vein thrombosis, pulmonary embolisms, gangrene, fungal infections, septicaemia, endocarditis, ulcers and arterial damage), and significantly reduces the risk of fatal overdoses.

To provide some sense of the scale of these harms, injecting site infections alone have been estimated to cost the NHS in England as much as £47million per year<sup>6</sup> – not to mention the costs associated with drug-related blood borne viruses.

However, without being able to provide foil to the client during these discussions, interest and uptake for route transition interventions has generally been low. In recent years, NSP services have begun to address this by supplying foil as part of a comprehensive range of harm reduction tools. By providing aluminium foil, an NSP is able to:

- engage better with service users about the possibility of smoking
- promote route transition more effectively (both as a permanent alternative to injecting or as a temporary or periodic alternative in order to 'give veins a rest')
- engage better with service users around broader issues of harm reduction and changing risk behaviours

<sup>1</sup> Hunt N, Preston A & Stillwell G (2005) A Guide to Assessing 'Route Transitions' and Developing Interventions that Promote Safer Drug Use. Dorset: Exchange Supplies.

<sup>2</sup> Cook C & Kanaef N (2008) The Global State of Harm Reduction 2008: Mapping the response to drug-related HIV and hepatitis C epidemics. London: International Harm Reduction Association.

<sup>3</sup> Advisory Council on the Misuse of Drugs (2000) Reducing Drug Related Death. London: ACMD.

<sup>4</sup> National Treatment Agency (2004) Reducing Drug-Related Deaths: Guidance for drug treatment providers. London: NTA.

<sup>5</sup> [http://www.harmreductionworks.org.uk/3\\_posters/crack\\_injecting.html](http://www.harmreductionworks.org.uk/3_posters/crack_injecting.html) - accessed on 14th February 2009.

<sup>6</sup> Hope V et al (2008) Frequency, Factors and Costs Associated with Injection Site Infections: Findings from a national multi-site survey of injecting drug users in England. BMC Infectious Diseases, 8:120.

- engage with injecting clients who have never accessed NSP services before
- engage with smoking clients who would not otherwise access NSP services (and prevent them from starting injecting)

The overall aims of aluminium foil provision, therefore, are to reduce injecting related harms, reduce injecting drug use itself, engage better with clients on a range of issues (including risk behaviours, referrals into treatment, and interventions to ‘Break the Cycle’<sup>7</sup> of injecting), and reduce the risks from discarded drug-related litter such as needles and syringes.

## Peer-Reviewed Evidence

In 2008, a published study by Rachael Pizzey and Neil Hunt evaluated the provision of specially produced foil packs in South West England. Using an analysis of service data from four NSPs and brief structured interviews with clients in one NSP, the authors found that the uptake of the NSP services in general had increased by nearly a third (including the engagement of 32 new clients who were non-injecting heroin users), and that over half of the service users took the foil.

The interviews revealed that, prior to the introduction of the foil packs, 46% of the sample self-reported smoking heroin in the previous four weeks. At the follow up, 85% of the same sample self-reported using the foil in order to smoke heroin on at least one occasion when they would otherwise have injected their drugs. According to the authors:

*“These findings suggest that distributing foil packs can be a useful means of engaging NSP attenders in discussions about ways of reducing injecting risks and can reduce injecting in settings where there is a pre-existing culture of heroin chasing”<sup>8</sup>*

## The Current Situation

Although a number of NSP services are providing aluminium foil to their clients in order to reduce injecting-related harms, this intervention is technically prohibited by the UK drug ‘paraphernalia law’. ‘Section 9A’ was added to the Misuse of Drugs Act 1971 in 1986 (as an amendment to the Drug Trafficking Offences Act of that year). This section prohibited the sale or supply of “any article which may be used or adapted to be used (whether by itself or in combination with another article or other articles) in the administration by any person of a controlled drug” provided that the supplier “believes it may be used by the recipient to administer an unlawful drug or prepare an unlawful drug for administration”.

This law was created in order to prevent the commercial sale of ‘cocaine kits’ and other paraphernalia by drug dealers and public traders, and an exemption was included to allow for the “supply or offer to supply a hypodermic syringe, or any part of one” – in recognition of the role that needle exchange plays in the reduction of drug related harms.

<sup>7</sup> [http://www.exchangesupplies.org/drug\\_information/campaigns/campaignmaterials/btcbrief.html](http://www.exchangesupplies.org/drug_information/campaigns/campaignmaterials/btcbrief.html) - accessed on 14th February 2009.

<sup>8</sup> Pizzey R & Hunt N (2008) Distributing Foil from Needle and Syringe Programmes (NSPs) to Promote Transitions from Heroin Injecting to Chasing: An Evaluation. Harm Reduction Journal, 5:24.

In 2003 – following a protracted advocacy campaign by NSP advocates and a recommendation from the ACMD – Section 9A was amended with further exemptions for the supply of swabs, cookers / spoons, sachets of citric acid powder, filters and sterile water<sup>9</sup> – all of which were proven to be essential to the safe preparation of a drug for injection. In 2005 – after further lobbying – another exemption was added for the supply of ascorbic acid ('VitC') sachets as well<sup>10</sup>.

Currently, however, the provision of foil is prohibited as it is not specifically exempted in Section 9A. Therefore, an NSP worker can provide their clients with needles and syringes, but if they distribute aluminium foil, they are guilty of knowingly supplying an article "which may be used... in the administration... of a controlled drug". This puts NSP workers at risk of prosecution and criminal sanctions for delivering a potentially life-saving public health intervention.

This risk is extremely low. There has never been a successful conviction of an NSP worker under this law, and many local police forces have provided written confirmation to NSP services that enforcing this law is not their priority (so-called 'Letters of Comfort'). Crucially, the Crown Prosecution Service (CPS) has also explicitly stated that:

*"[Needle exchange] schemes need police and CPS co-operation because those who run and use them will necessarily commit offences under the Act. It is therefore not normally in the public interest to prosecute:*

- *a drug user retaining used needles;*
- *a drug user possessing sterile needles;*
- *bona fide operators of schemes".*<sup>11</sup>

Despite legal proceedings being very unlikely, the legal barriers presented by Section 9A of the Misuse of Drugs Act are preventing many NSP services from providing aluminium foil as an intervention. Many service managers or commissioners are unwilling to take even this small risk of prosecution, and many workers are understandably anxious about providing an intervention which puts them at odds with the law. Even in areas where the police have provided 'Letters of Comfort', local fund-holders have refused permission for budgets to be spent on products which remain technically illegal to distribute.

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<sup>9</sup> Statutory Instrument 2003 No.1653 – see <http://www.opsi.gov.uk/si/si2003/20031653.htm>

<sup>10</sup> Statutory Instrument 2005 No 2864 – see <http://www.opsi.gov.uk/si/si2005/20052864.htm>

<sup>11</sup> [http://www.cps.gov.uk/legal/d\\_to\\_g/drug\\_offences/](http://www.cps.gov.uk/legal/d_to_g/drug_offences/) - accessed on 14th February 2009

## SURVEY DESCRIPTION

In order to gain a better understanding of the current situation in terms of foil provision and support amongst NSP services, the National Needle Exchange Forum decided to conduct an anonymous survey of its members – which include NSP managers, workers and users from across the UK. It was decided to offer anonymity with this survey due to the potential sensitivities of the current legal situation.

A questionnaire was designed which comprised 20 questions about foil provision – three initial closed questions regarding the respondent and foil provision, 16 statements to which respondents were asked to choose from a five-point Likert Scale ('strongly agree', 'agree', 'uncertain', 'disagree' and 'strongly disagree'), and a final open question to allow respondents to make "any other comments that you would like to add about any of the questions in this consultation".

The survey was formally launched during an Evening Session at the 2008 National Conference on Injecting Drug Use<sup>12</sup> on the 27th October 2008 (at the London West Novotel Hotel, Hammersmith, London). It was then available online at [www.nnef.org.uk](http://www.nnef.org.uk) until Friday 21st November for people to complete either as an online form or as a printable document.

Paper copies were sent to the Centre for Public Health at Liverpool John Moores University and combined with extracted data from the online survey for analysis.

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<sup>12</sup> [http://www.exchangesupplies.org/conferences/ncidu/2008\\_NCIDU/intro.html](http://www.exchangesupplies.org/conferences/ncidu/2008_NCIDU/intro.html) - accessed on February 14th 2009.

## DETAILED RESULTS

### Question 1 *I am a...*

The majority of 445 people who took part in the survey were Needle Exchange Workers (45.2%). 18.9% were Managers, 5.2% were Service Users, 4.8% were Service Commissioners, and 25.9% worked in 'other roles'.

Job Role	Frequency	Percent
Manager	83	18.7
Needle Exchange Worker	200	44.9
Other	115	25.8
Service Commissioner	21	4.7
Service User	26	5.8
Total	445	100.0

### Question 2 *My needle and syringe programme provides aluminium foil to clients...*

Out of the 445 people who took part in the survey only 66 (15%) reported that their needle exchange programme provided aluminium foil to their clients.

	Frequency	Percent
No	379	85.2
Yes	66	14.8
Total	445	100.0

### Question 3 *If your service does provide foil, was the legal situation a problem?*

Over a third of those respondents whose NSP services were providing foil still indicated that the legal situation was problematic.

	Frequency	Percent
No	42	63.6
Yes	24	36.4
Total	66	100.0

### Question 4 *If your service does provide foil, was funding a problem?*

A clear majority (80%) of those respondents whose NSP services were providing foil felt that funding was not a problem.

	Frequency	Percent
No	53	80.3
Yes	13	19.7
Total	66	100.0

**Question 5** *Please tell us in the space below how you overcame these problems?*

Some of these services have received ‘Letters of Comfort’ from local police – one referring to a “certificate from police granting permission to dispense”. Others cited support from their local commissioning partnerships – or Drug and Alcohol Action Teams (DAATs) – and police forces: “Liaising closely with DAAT and police” and “Police and DAAT 100% supportive”. Others have not addressed the legal barriers at all: “it is just kept a bit quiet” and “we just ignored the illegality”.

One respondent reported that the DAAT said the legal position for foil was “debatable”. Another respondent reported funding this intervention “through petty cash, i.e. kitchen expenses, rather than through any BBV or NEX budgets”. One further respondent reported that they had “received a telephone call from commissioners and local police force insisting I withdraw the provision”.

**Question 6** *The main reason my service has not provided foil is due to funding difficulties.*

Of those who reported that their NSP service did not offer aluminium foil, the majority did not feel that funding was a major barrier.

	Frequency	Percent
N/A	64	14.2
No Answer	8	1.8
Agree	28	6.3
Agree strongly	33	7.4
Disagree	109	24.5
Disagree strongly	115	25.8
Uncertain	89	20.0
Total	445	100.0

**Question 7** *The main reason my service has not provided foil is because foil is currently a prohibited item under Section 9A of the Misuse of Drugs Act.*

Of those who reported that their NSP service did not offer aluminium foil, the majority reported that the main reason was that such provision is currently prohibited under Section 9A of the Misuse of Drugs Act.

	Frequency	Percent
N/A	64	14.2
No Answer	6	1.3
Agree	99	22.2
Agree strongly	197	44.3
Disagree	17	3.8
Disagree strongly	10	2.2
Uncertain	53	11.9
Total	445	100.0

**Question 8** *The distribution of foil by needle and syringe programmes will help to reduce the harms associated with injecting drug use.*

The majority of the respondents 'agreed' or 'strongly agreed' with this statement – including nearly nine out of every ten service user respondents.

	Frequency	Percent
No Answer	2	0.4
Agree	117	26.3
Agree strongly	291	65.4
Disagree	12	2.7
Disagree strongly	1	0.2
Uncertain	22	4.9
Total	445	100.0

**Question 9** *A significant proportion of injecting drug users who attend needle and syringe programmes will use foil to smoke their drugs if it is offered by services.*

The majority of respondents 'agreed' or 'strongly agreed' that a significant proportion of injecting drug users who attend NSP services will use foil to smoke their drugs if it is offered by services.

	Frequency	Percent
No Answer	2	0.4
Agree	163	36.6
Agree strongly	137	30.8
Disagree	27	6.1
Disagree strongly	5	1.1
Uncertain	111	24.9
Total	445	100.0

**Question 10** *The distribution of foil by needle and syringe programmes will encourage a significant proportion of injecting drug users to move away from injecting on an occasional basis.*

The majority of respondents also 'agreed' or 'strongly agreed' with this statement – including four out of every five service user respondents.

	Frequency	Percent
No Answer	2	0.4
Agree	194	43.6
Agree strongly	166	37.3
Disagree	14	3.1
Disagree strongly	2	0.4
Uncertain	67	15.1
Total	445	100.0

**Questions 11** *The distribution of foil by needle and syringe programmes will encourage a significant proportion of injecting drug users to move away from injecting on an ongoing basis.*

There was slightly less confidence in foil provision as a permanent solution to injecting, although over half of the respondents still ‘agreed’ or ‘strongly agreed’ with this statement.

	Frequency	Percent
No Answer	2	0.4
Agree	147	33.0
Agree strongly	77	17.3
Disagree	52	11.7
Disagree strongly	4	0.9
Uncertain	163	36.6
Total	445	100.0

**Questions 12** *Few injecting drug users use foil to smoke heroin when it is not offered free by needle and syringe programmes.*

The majority of respondents ‘agreed’ or ‘strongly agreed’ with this statement, demonstrating that services cannot rely on their clients purchasing aluminium foil for themselves for the transition to a less harmful route of heroin use.

	Frequency	Percent
No Answer	3	0.7
Agree	155	34.8
Agree strongly	69	15.5
Disagree	51	11.5
Disagree strongly	6	1.3
Uncertain	161	36.2
Total	445	100.0

**Question 13** *The distribution of foil by needle and syringe programmes will improve the attendance and engagement of injecting drug users with services.*

The majority of respondents – including 88.5% of service user respondents – ‘agreed’ or ‘strongly agreed’ that distribution of foil by NSP services will improve the attendance and engagement of IDU.

	Frequency	Percent
No Answer	2	0.4
Agree	175	39.3
Agree strongly	97	21.8
Disagree	39	8.8
Disagree strongly	5	1.1
Uncertain	127	28.5
Total	445	100.0

**Question 14** *The distribution of foil by needle and syringe programmes will improve the attendance/early engagement of non-injecting drug users who are not currently seen by services.*

A clear majority of respondents also ‘agreed’ or ‘strongly agreed’ that the distribution of foil by needle and syringe programmes will improve the attendance and early engagement of clients who do not inject drugs.

	Frequency	Percent
No Answer	2	0.4
Agree	180	40.4
Agree strongly	191	42.9
Disagree	16	3.6
Disagree strongly	1	0.2
Uncertain	55	12.4
Total	445	100.0

**Question 15** *The distribution of foil by needle and syringe programmes is unlikely to encourage people who might otherwise avoid heroin or crack cocaine to try smoking these drugs.*

Two thirds of the survey respondents did not think that this route transition intervention would encourage people who might otherwise avoid heroin or crack cocaine to try smoking these drugs.

	Frequency	Percent
No Answer	2	0.4
Agree	110	24.7
Agree strongly	188	42.2
Disagree	45	10.1
Disagree strongly	38	8.5
Uncertain	62	13.9
Total	445	100.0

**Question 16** *My service can manage any risks associated with non-injectors coming into regular contact with injectors while accessing foil.*

The vast majority of respondents felt that NSP services can manage any risks associated with non-injectors coming into regular contact with injectors while accessing foil.

	Frequency	Percent
No Answer	3	0.7
Agree	187	42.0
Agree strongly	183	41.1
Disagree	11	2.5
Disagree strongly	4	0.9
Uncertain	57	12.8
Total	445	100.0

**Question 17** *The effectiveness of providing foil as an intervention would be greatly enhanced if needle and syringe programme staff have the knowledge and training to demonstrate to clients how to use it effectively.*

A significant majority of respondents 'agreed' or 'strongly agreed' that the provision of aluminium foil is a more effective intervention when NSP staff have the appropriate knowledge and training to demonstrate to their clients how to use the product effectively.

	Frequency	Percent
No Answer	2	0.4
Agree	145	32.6
Agree strongly	265	59.6
Disagree	11	2.5
Uncertain	22	4.9
Total	445	100.0

**Question 18** *Staff in my needle and syringe programme have adequate training and knowledge to advise clients on safer techniques for smoking drugs.*

Further to the data above, three quarters of the survey respondents felt that the staff in their NSP service were adequately trained and skilled to advise their clients on safer techniques for smoking drugs.

	Frequency	Percent
No Answer	2	0.4
Agree	174	39.1
Agree strongly	155	34.8
Disagree	37	8.3
Disagree strongly	11	2.5
Uncertain	66	14.8
Total	445	100.0

**Question 19** *I believe that the law should be changed to allow for the legal supply of foil in needle and syringe programmes.*

Four out of every five respondents 'strongly agreed' that the current legal barriers needed to be removed to allow for the legal supply of foil in needle and syringe programmes. Only six respondents disagreed with this statement, while 15 were unsure.

	Frequency	Percent
No Answer	2	0.4
Agree	62	13.9
Agree strongly	360	80.9
Disagree	4	0.9
Disagree strongly	2	0.4
Uncertain	15	3.4
Total	445	100.0

## Question 20 – Selected Comments (Edited)

From respondents whose services *did* supply foil:

- “We have had some amazing service user feedback. Clients have started smoking one day and injecting the next, just smoking, or stopped using drugs. We also found that foil gave staff a major point to discuss with new users”.
- “As an ex-user of heroin I found it easy to access a needle and when I had no foil to smoke my heroin. When buying foil from stores I was looked down upon or barred”.
- “Foil is perhaps the most significant move towards real harm reduction that has ever been developed”.
- “We started offering foil to clients in September 2008 and the response has been overwhelmingly positive. Many existing clients have taken foil and reduced the amount of times that they inject. It has also brought a significant number of people who smoke heroin into contact with our agency. We have also seen a number of clients who have come back into contact with our service”.

From respondents whose services *did not* supply foil:

- “A service user asked us to supply foil as she had moved from smoking to injecting because she could not get any foil but clean needles were available”.
- “All in my service strongly believe that the provision of foil would greatly increase the numbers of individuals, particularly women”.
- “If we can distribute foil we will contact more users and have a good chance to try to divert people from initiating intravenous use”.
- “It is a no-brainer!”

From service user respondents:

- “That foil is classed as illegal paraphernalia and needles aren't is insane”.
- “If giving out foil helped a small percentage of needle users change back to smoking, it would be a worthwhile exercise”.
- “I think it's an excellent way to engage smokers and to at least introduce the possibility of smoking as an alternative for injectors”.
- “If I was provided with free foil, it would eradicate the times where there is no foil available and therefore reduce the temptation to inject instead”.
- “It would be a good idea to supply foil because then the service can give advice on how to use it. If you are buying it from the shop they don't give you advice”.

## CONCLUSION

The results from the survey clearly indicate that the harm reduction field – including commissioners, service managers, service workers and service users – is in support of route transition interventions such as foil. As one respondent commented, “the best way to protect people is to offer any intervention that enables safer practices”. The survey results also indicate that the existing legal situation is counterintuitive and is preventing the nationwide coverage of this intervention.

When Section 9A (the UK paraphernalia law) was introduced into the Misuse of Drugs Act in 1986, it was never intended to hinder the provision of public health interventions for people who inject drugs, as is demonstrated by the exemption provided for needles and syringes. When amending the law in 2003 to add more harm reduction tools to the list, the Home Office stated in their press release that:

*“We know that treatment workers and doctors have been making sensible decisions to provide equipment anyway, but faced the risk of prosecution. We have decided to change the law to help reduce the health risks to drug users”.*<sup>13</sup>

In the current situation (despite the changes in 2003 and 2005), Section 9A of the Misuse of Drugs Act is hindering the provision of health care to people who use drugs. This situation is completely unacceptable for a profession whose main business is to reduce drug related harms. It is deeply concerning that a service user might choose to inject rather than to smoke their drug because needles are supplied and foil is not – as some of the respondents to this survey have reported is the case. It is paradoxical that a NSP worker can be expected to discuss alternatives to injecting with their clients, but at the same time is unable to provide the simplest of products to assist them. It is also deeply concerning that a service user in one area might be able to obtain aluminium foil from their NSP service, whilst their peers in another part of the UK might not have access to the same intervention due to a lack of national guidance and an over-reliance on local champions and amenable local commissioners, managers and police forces.

The law is presenting serious and unintended legal and financial barriers for NSP services, which are not dissimilar to the barriers articulated by the Home Office in the quotation above.

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<sup>13</sup> [www.exchangesupplies.org/drug\\_information/articles/paraphernalia\\_and\\_the\\_law\\_section9a\\_press\\_releas\\_e.html](http://www.exchangesupplies.org/drug_information/articles/paraphernalia_and_the_law_section9a_press_releas_e.html) - accessed on 14th February 2009.

## RECOMMENDATIONS

**Based on the findings of this survey, the NNEF would like to see aluminium foil added to the list of exemptions in Section 9A.**

This would allow our members to legally provide this crucial intervention, engage with 'treatment naïve' clients, engage with people who smoke their drugs, remove the existing anxiety, fix the existing 'postcode lottery', reduce injecting-related harms, and even reduce injecting drug use itself.

As a secondary recommendation, the NNEF would also like to see a more detailed assessment and review of Section 9A as a whole – with a view to this particular law being repealed or rewritten in order to permanently remove the barriers for other harm reduction interventions which may be developed in the future. Decisions about the distribution of harm reduction products by NSP services would be best made in the hands of experts and professionals in the field rather than policy makers.