

# *Needle Exchange (NX) Programme 'New for Old'*



# Do your research.

**Why** do you **NEED** a  
'Needle Exchange' in a Police  
Custody Area?



# Public Health Issues

- Hep C
- HIV
- Other blood borne diseases
- Protection for Police Officers
- Reduction in crime

## Public Health Issues (contd.)

- **Safe disposal of used 'works.'**
- **Promoting 'Healthy Injecting Habits'**
- **Increasing Police awareness of the need to promote public health.**
- **Helping to reduce death from overdosing.**

You **NEED** to have staff  
working in the Custody  
Block  
( booking in area)



# ‘Arrest Referral Nurses’

Nurses with substantial drug and alcohol experience working in the Custody Block to provide ‘Brief Intervention’ and Manage the ‘Needle Exchange’.

## Have in Place:-

- **Protocols.**
- **Corporate vision.**
- **Philosophy** &
- **The Courage of your Convictions**



# Contents of Pack

- **This should contain enough equipment to stop the released person sharing, stealing or using already used equipment lying at home. Include a 'Sharps' bin.**
- **Literature: Safer Injecting, Over Dose Warnings, Opening times of nearest NSP or Pharmacy, name & address of nearest ATODS**

# You Target

- Government ministers ( *Ministers for Police And Health, or go right to the top*)



- Police Commissioners



Law Enforcers



- Health Bosses.



- Consumer Advocates ( **can often move mountains for you**)



## *How it Works*

- Police bringing prisoners in to custody confiscate 'works' the prisoner might have in their possession, new or used.
- Prisoner is released from custody during 'after hours' for NSP's and Pharmacies.
- A clean set of 'works' given to prisoner by releasing officer.
- **This is only applicable to prisoners who are in custody for a few hours before being released.**

# Opposition you might encounter

- Definitely from some Police Officers
- Courts ( Judges/ Magistrates if it concerns them)
- The usual preconceived ideas about giving out 'works'



# Opposition you might encounter (contd.)

- **Government, reluctant to acknowledge that the service does help with a massive public health issue**



- **Believe it or not, from users themselves who stick their heads in the sand and will not admit to the police they need clean works on release.**



# Opposition you may encounter ( contd.)

- The Press



- Public Opinion



( Usually the most effective means of getting good, workable projects shelved by the powers that be )

# Almost Finally

**This is not an easy project to tackle it takes a great deal of:**

❖ Educating of all parties being approached



❖ Courage and doggedness on the part of the project planner



❖ Good sound research based evidence



❖ People with the Foresight to see the long term benefits



## Almost Finally (Contd.)

- ❖ People willing to stop paying lip service to 'Drug Treatment' and actually proving they understand 'the problem' is not going away so needs to be managed effectively, safely and innovatively.



# FINALLY ( Yeeaaah!!!!)

- ✓ This is an enormous undertaking, don't lose heart at the backs of which there will be many.
- ✓ It took me almost 2 years to set up, I found a 'friendly' Police Inspector to point me in right directions.
- ✓ Remember it helps to have a VERY, VERY good working relationship with the Police, sell it to them and you can sell it to almost everyone else.



## One Research Site

- National Treatment Agency (NTA)

Go to **PUBLICATIONS > SEARCH > KEY WORD 'Needle Exchange'**

There are 2 publications re. Custody Based NX.

One write up's has been added to the back of your print out's.

Very good site with loads of use full reports and info. that can help you structure most new programmes because the hard work has been done, they have been tried and tested and are still running!!!!



Good Luck

