



Needle and Syringe Exchange in Chengdu

Experiences from the AIDS Response in China

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Context

From 2005 to 2009, Médecins du Monde (Mdm), in partnership with Chengdu Municipal Centre for Disease Control (CDC), implemented an HIV/HCV prevention programme targeting injection drug users (IDUs). The programme strategy was based on the harm reduction (HR) model and was designed to contribute towards the prevention of HIV and hepatitis C (HCV) transmission in the IDU community. By 2007, two community drop-in centres (DICs) that distribute sterile injection materials and offer health services (i.e. basic wound care, psychological support, social activities, health education, and hygiene services) for IDUs were opened. These fixed needle and syringe exchange programme (NSP) sites also offer meeting spaces, rest areas and fully equipped washrooms within a 50sqm space.

In 2009, DIC activities continued with a special focus on working with a team of IDU peers who, with the support of the NSP/DICs, were able to establish a grassroots IDU organization named “San Ye Cao”.

With 28% of the IDU population having injected drugs for more than 10 years, a majority encounter a range of health problems. Clinical screening of IDUs within the DICs revealed that 64% of respondents require some form of medical treatment and care. It was also documented that many IDUs do not usually seek

medical treatment due to various factors (e.g. stigma, financial costs) and often endure poor quality health, accepting this as normal. Many IDU have a history of underutilization of medical services¹.

Programme Objectives

- To contribute to the prevention of the HIV/AIDS and HCV epidemics by providing sterile injection kits and increasing clients' awareness of blood borne viruses (BBV) through information/training services.
- To enhance long-term behavioural change for the adoption of low-risk practices among IDUs.
- To reach 500 registered clients in each DIC.
- To act as the “gateway” for isolated and marginalized IDUs and to serve as the first point of contact in facilitating additional use of existing social and health services.
- To build trust with IDU clients in order to move towards the next steps of the harm reduction and prevention cycle, such as accessing methadone maintenance treatment (MMT) and detoxification.

Meeting the Community

Both DICs are located close to the Chengdu North railway station, a primary illicit drug market in the area, one within walking distance of the station. Location was a key element of the success in attracting IDUs. The initial programme coverage goal of 500 clients has been easily

NSP Outcomes

DIC Statistics	June 2007	September 2009
Overall Clients Registered	161	2428
Total Number of Client Visits in one Month	185	3167
Total Number of Individual Clients Visiting in one Month	85	754
Sterile Needles/Syringes Distributed in one Month	1835	51098
Used Needle/Syringe Return Rate	41.1%	105.2%

¹ Environmental Scan of HIV/HCV Prevention for Injection Drug users in Sichuan Province, China: Development and Challenges of Needle, Syringe Programming. Mdm 2009.

exceeded and each month the DICs continue to draw in new clients. The DICs have been effective in attracting and retaining mainstream IDUs but reaching hard-to-serve or isolated IDU populations (such as minorities, the disabled, amphetamine-type stimulant users) has been difficult.

Without the caring and non-judgmental attitudes shown by the DIC staff (i.e. doctors, nurses, social workers, peers and volunteers) the DICs would never have seen such significant growth in client numbers. A particularly important contribution has been made by the full-time social worker employed by the project. The social worker plays a key role in guiding peers and managing daily operations at the NSP. The role of the social worker includes supporting DIC peers and clients in developing life-skills and in solving day-to-day problems. The social worker adds an additional layer of support beyond the distribution of sterile injection equipment and the dissemination of health messages which has proven valuable and is highly regarded by peers and clients. With the growing number of DIC clients, partnering with local MMT clinics has become vital in order to manage client numbers and facilitate transfer from NSP to MMT for clients able and willing to do so.

The DICs have demonstrated that low-threshold (i.e. no access criteria, no ID or tests required) service provision is paramount in reaching the IDU population. This method of providing prevention and harm reduction services quickly became well known in the local IDU community and client numbers continued to grow.

Needle and Syringe Distribution

To date, the DICs have distributed 853,322 sterile needle/syringes, collected approximately 4300kg of used

injection materials and had over 54,200 client visits. The needle return rate is 103.2% (2009) thanks to measures implemented to develop a sense of social responsibility among the DIC clients and promote positive programme involvement without denying access to sterile injecting equipment. A one-to-one exchange policy was initially considered but not utilized since clients demonstrated the ability to return used needles in a positive and timely manner without the need for strict exchange policies.

Health Education

In 2008, 1,200 clients participated in health workshops conducted by peers on relevant topics including HIV/AIDS, HCV, overdose, vein care, abscesses, methadone treatment, new drugs, IDU common health issues, IDU and sex workers, etc. By the end of 2009, an additional 1,500 clients will have attended such sessions.

Information, Education and Communication

All IEC materials are developed and designed with DIC peers and clients. Focussed testing and content development is completed with both groups to ensure that IEC materials are localized and relevant for DIC clients. After receiving this training, DIC peers and participating clients are more likely to promote and discuss IEC topics with DIC visitors and enhance distribution of equipment in the community. So far, there are over 9 IEC pamphlets and different health message posters on various subjects in circulation.

Behaviour Change

DIC staff deliver harm reduction and health messages on an ongoing basis. Since programme initiation in 2006,

IEC Materials in Circulation

Injection Drug Use: Ways to Stay Healthy (30 pages, pocket size)

Risk of New Drugs (pamphlet)

Hepatitis C and IDU (pamphlet)

Keep HIV Away (pamphlet)

IDUs Common Health Problems (pamphlet)

Methadone = New Life (pamphlet)

IDU and Sex Workers (pamphlet)

Stories From Around the Corner (Comic on IDU life, 41 pages, created by peers and volunteers) - see illustration

Females and Drug Use (pamphlet)



82% of clients have visited the DICs more than 20 times. Thus, it can be guaranteed that DIC users have a high rate of exposure to these messages. In 2009, clients remained within the DICs for approximately 43 minutes per visit. This provides another opportunity to foster relationships and discuss health issues. In 2008, the CDC conducted a survey in the DICs which revealed that the proportion of IDUs who shared injection material during their last injection had dropped from 32% to 4% after 3 months in the DIC. Similarly, an HIV/AIDS knowledge test based on the eight national standard questions found that DIC clients scored 90% when their HIV knowledge was tested.

Peer Involvement

Client and peer consultation and meaningful involvement during the design and implementation phases of an NSP are imperative in order to develop an intervention programme that is relevant to the needs of the IDU community. An approach which involves clients and peers in NSP programme design provides the following benefits:

- Brings in new clients to the NSP.
- Supports the development of social responsibility messages benefitting newly registered clients.
- Promotes and encourages the return of used needles/syringes.
- Assists DIC staff with distributing sterile needles and syringes.
- Community-based management of the rest space where clients gather.
- Community-based development of relevant and attractive IEC materials.
- Ensures effective community outreach in active IDU areas.
- Promotes the referral of clients to Voluntary Counseling and Testing (VCT) and MMT.
- Planning of prevention activities and social events.

Over the course of the DICs' history, peers and clients have always been regarded as the "experts" on their communities and as such have truly enhanced the ability of the DICs to provide the best possible coverage and service.

Factors for NSP Success

- Community and partnership development, including clear and transparent dialogue with public security authorities (PSB). In this case, prior to the opening of the DICs, there was a conference between the PSB officials, CDC officials and MmM experts ensuring unanimous consensus on the operation of the DICs

and the roles of the different stakeholders.

- Solid relationship building with the CDC to facilitate programme progress and linkages with other governmental authorities (i.e. PSB).
- Stable funding sources that are timely and appropriately allocated.
- Non-judgmental and safe environment for clients
- Consistency of NSP with permanent staff, through partnerships with CDC and hospitals for example
- Motivated, well-trained and skilled staff.
- Peer and client involvement at all stages of NSP provision.
- "One-stop" service model² and integrated services approach.
- Space dedicated to the NSP, with easy access to attract a significant proportion of IDUs.
- Regular and consistent NSP operating hours (daily opening hours, nighttime opening, weekdays or weekends).
- "One sterile needle for each shot" policy - the provision of adequate injecting material that covers IDU needs.

Linking to Substitution Treatment

A critical advantage of NSP is that it supports the reintegration of IDUs into the health and social system, builds trust and promotes options such as substitution treatment (i.e. methadone). Providing sterile injection equipment is utilized as an 'instrument' to build relationships with IDUs and lead NSP clients towards treatment, which is the main objective. Proper treatment, where IDUs are provided with opportunities to minimize or stop heroin use altogether is, over the long term, highly effective in preventing BBVs.

Coordination efforts with CDCs are important for developing the referral linkages required to ensure that NSP clients are able to access all available prevention services including VCT and MMT.

Under the current programme, the constant population growth being seen in the DIC is an indication that the referral mechanism for clients to access MMT can be further improved. At present, one major challenge is that the criteria required for accessing MMT, although now more flexible, are still discouraging some potential clients. At present, patients need a certificate from the local residents committee office, a residence certificate, and to be aged over 20 years. However, in some circumstances, dispensation can be given for IDUs aged over 18. A patient's personal information must then be sent to the public security bureau in order to confirm his/her identity.

² "Living, but not well". *Health and Social Status Report of Injection Drug Users, Chengdu, China. MmM 2008.*

Ideally, the harm reduction continuum would look like this:

NSP→VCT→MMT, followed by detoxification (if required), vocational training and social reintegration.

Great progress has been made towards ensuring a comprehensive harm reduction continuum. However, additional efforts are required to fully ensure that all NSP clients, as soon as they are themselves ready, are able to move forward to the next steps towards the cessation of drug use.

NSP That Works

In the current context, NSPs are a key element of the HIV/AIDS prevention paradigm. This cost-effective public health service in China will be needed in coming years to reduce transmission of HIV and HCV within the injection drug use community and lead IDUs towards other prevention services and social reintegration.

During the past few years of NSP operations in Chengdu, the following lessons have been identified:

1. NSP is a critical first point of contact.
2. Inclusion of target populations is vital for creation of a sustainable and relevant programme.
3. A caring and non-judgmental environment has proven pivotal to success in reaching IDUs, including the provision of a social worker to enhance service access and utilization by NSP clients.
4. NSP is a proactive, economical and effective harm

reduction strategy in comparison to the treatment of HIV and HCV infections.

5. NSP is very effective in reaching clients with a high degree of distrust in public authorities.
6. NSP helps to stabilize the situations of IDUs, enabling them to move forward towards further treatment opportunities such as MMT.
7. NSP does not promote drug use but in fact promotes safer use and reduction of HIV/HCV transmission, encourages health empowerment and can lead towards the minimization or cessation of drug use.

NSP can fully address these issues when health services and policies are reflective of the reality and appropriate funding mechanisms are made available.

Planning for Future Development of the Project

The Community Health Information Service Centre established during the Mdm CDC joint programme will continue to operate, after the completion of Mdm support.

The Chengdu municipal CDC has mobilized local resources during the course of programme implementation, making full use of local resources, and integrating the project into the local HIV/AIDS prevention and treatment system. The aim is to reduce project management costs and ensure that the programme continues. Moreover, positive steps will be taken to seek out opportunities for cooperation, and it is hoped that further technical and financial support can be obtained, allowing health education and health services in Chengdu City to be scaled up ensuring progressive increase in coverage.

Further Information:

To obtain electronic copies of the “Living, But Not Well – Health and Social Status Report of Injection Drug Users Chengdu 2008” or “Environmental Scan of HIV/HCV Prevention for Injection Drug Users in Sichuan Province-Development and Challenges of Needle, Syringe Programming” please e-mail any of the following contacts:

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