



Short report

Syringe exchange in community pharmacies—The Portuguese experience

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ABSTRACT

Background: Since 1993 the participation of Portuguese pharmacies to the national Syringe Exchange Programme (SEP) has remained high. However, no national guidelines or standard procedures are available regarding the provision of this service. We aimed to describe practices and attitudes toward syringe dispensing and other harm reduction strategies in Portuguese pharmacies.

Methods: A cross-sectional survey was conducted using an anonymous self-administered questionnaire. All pharmacies in Portugal ($n = 2775$) were invited to participate. The questionnaire addressed SEP ever involvement and discontinuation; injection equipment policies; problems and needs in service provision. **Results:** Participation rates were 69.6% among pharmacies involved in SEP and 42.7% in those not involved in the programme. Among current providers, 64.3% followed a strict “one-for-one” policy and 21.6% established limits on the number of syringes distributed. Syringe selling was reported by 76.2%. One-tenth of pharmacies supervised methadone consumption. Problems in service provision were experienced by 12.8% of respondents. Need for increased training and improvement of referral pathways were frequently reported.

Conclusions: Pharmacy-based harm reduction interventions in Portugal have tended to follow strict policies favouring conservative approaches. Training and feedback adaptation seem indispensable to avoid service discontinuation and boost an activity with an essential humanitarian dimension.

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Introduction

In Portugal, pharmacies have been key partners in the network of harm reduction services provided to injecting drug users (IDU). The Portuguese Syringe Exchange Programme (SEP) was established in 1993 as a partnership between the Health Ministry and the National Association of Pharmacies, with the collaboration of wholesalers and municipalities. Since 1999, 37 other organizations have joined the programme.

Pharmacies distribute free kits, containing two sterile syringes and needles, two swabs, one condom, two filters, two ampoules of distilled water, two recipients for the preparation of drugs and two citric acid sachets. Participation is voluntary and no fee-for-service is provided. The National Coordination for HIV/AIDS funds the production and distribution of injecting equipment and the collection and destruction of sharp waste generated. The material and managerial costs of the programme were 1644 185 EUR in 2007 (National Association of Pharmacies, 2009). Between 1993

and 2008, over 43 million syringes were collected. Based on recent estimates (Institute on Drugs and Drug Addiction, 2009), the number of syringes distributed per IDU ranged between 117 and 235 in 2005.

Despite the fact that Portugal maintains the second highest rate of pharmacies' involvement in SEP following France (European Monitoring Centre for Drugs and Drug Addiction, 2006), and even considering the decriminalisation of drug consumption legislated in 2001, a decreasing participation has been observed: in 1994 66.9% of all pharmacies took part in SEP contrasting with 49.9% in 2008. This trend, along with the involvement of other organizations, accounts for the declining weight of pharmacies in SEP: from 82.1% of all syringes collected in 1999 to 57.9% in 2007 (National Association of Pharmacies, 2009).

Despite the high participation no national guidelines or standard procedures were available regarding the provision of this service, namely the operational definition of syringe exchange itself. Correspondingly, information about attitudes and practices towards harm reduction is scarce. The characterisation of pharmacy policies is a baseline element to inform decisions regarding service quality and effectiveness.

The aim of this work was to describe practices and attitudes towards syringe dispensing and other harm reduction strategies in Portuguese pharmacies.

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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.

	Total	Pharmacies' involvement in SEP		
	n (%)	Never n (%)	Past n (%)	Current n (%)
Setting				
Urban	806 (52.4)	122 (50.4)	262 (68.6)	422 (46.2)
Suburban	375 (21.4)	56 (23.1)	60 (15.7)	259 (28.3)
Rural	329 (24.4)	58 (24.0)	54 (14.1)	217 (23.7)
Methadone programme				
No	1335 (86.8)	222 (91.7)	335 (87.7)	778 (85.1)
Yes	181 (11.8)	15 (6.2)	40 (10.5)	126 (13.8)
Sale of syringes				
No	222 (14.4)	42 (17.4)	37 (9.7)	143 (15.6)
Yes	1172 (76.2)	170 (70.2)	313 (81.9)	689 (75.4)
Does not know	111 (7.2)	18 (7.4)	20 (5.2)	73 (8.0)
Need for provision of training				
No	1155 (75.1)	191 (78.9)	320 (83.8)	644 (70.5)
Yes	383 (24.9)	51 (21.1)	62 (16.2)	270 (29.5)
Need for improving interconnection between pharmacies involved in SEP (e.g. through regular meetings)				
No	1309 (85.1)	207 (85.5)	323 (84.6)	779 (85.2)
Yes	229 (14.9)	35 (14.5)	59 (15.4)	135 (14.8)
Need for improving referral pathways to specialist drug treatment services and other harm reduction structures				
No	567 (36.9)	116 (47.9)	151 (39.5)	300 (32.8)
Yes	971 (63.1)	126 (52.1)	231 (60.5)	614 (67.2)
Need for relocation of syringe exchange to locations other than pharmacies (e.g. Primary Care)				
No	1510 (98.2)	239 (98.8)	358 (93.7)	913 (99.9)
Yes	28 (1.8)	3 (1.2)	24 (6.3)	1 (0.1)

Methods

A cross-sectional survey of Portuguese pharmacies was conducted and data were obtained using an anonymous self-administered postal questionnaire. The questionnaire was posted in March 2008 to the technical-directors of all pharmacies ($n=2775$), with a covering letter with completion instructions and a prepaid return envelope. After 4 weeks, another copy of the questionnaire and a reminder letter with specific instructions to avoid duplication of responses were mailed.

Pharmacy setting was characterised as urban, suburban or rural according to population density (>500 , $101-500$ or ≤ 100 inhabitants per square kilometre, respectively). SEP participation was questioned and pharmacies were classified as never, previously or currently involved in the programme. Practices towards selling syringes and methadone treatment were inquired to all pharmacies, as well as suggestions for SEP improvement.

For pharmacies currently involved in SEP, the questionnaire covered service provision practices, number of syringes in the previous month, and participation in training sessions. Pharmacies that had discontinued SEP were asked to report reasons for abandoning the programme.

Results

After two mail-outs, 1538 questionnaires were received (1110 in the first and 428 in the second round), yielding response rates of 69.6% in current SEP participants and 42.7% among non-participants. Pharmacists filled in 95.5% of questionnaires. Of all pharmacies 52% were urban, 24% were suburban and 21% were rural.

At the time of the survey, 914 pharmacies (59.4%) were actively involved in SEP, 382 (24.8%) were former participants and 242 (15.7%) had never participated. The main reasons reported for dropping out were aggressive behaviour (58.9%), concern about

other customers' negative feelings regarding IDU (52.8%) and theft/shoplifting (30.4%).

Table 1 presents the distribution of pharmacies according to setting, provision of other harm reduction services for IDU and perceived needs for programme improvement.

Rural pharmacies were less frequently SEP providers, but persistence in the programme was lowest among urban pharmacies. Of all pharmacies, 10.2% were currently supervising methadone consumption and 1.6% were prepared to, but reported no current demand. Pharmacies involved in SEP provided methadone more frequently.

A policy of selling syringes to IDU was acknowledged by 1172 (76.2%) respondents. Among these, 794 had sold less than 20 syringes in the previous month. Syringe selling in the previous month was more frequent among ever SEP participants, but pharmacies that abandoned the programme reported selling syringes more frequently. Of the 72 pharmacies that had abandoned SEP claiming lack of demand, 37.5% had sold syringes to IDU in the previous month.

One-fifth of SEP providers established limits on the number of kits supplied to each IDU and 64.3% followed a strict "one-for-one" policy. When asked about the dispensing policy towards IDU without used syringes to exchange, 62.4% provided at least one kit, 20.6% never provided kits under those conditions and 9.3% would provide a kit under special circumstances (e.g. IDU "known" to the pharmacy). SEP provision had been refused at least once during the previous year by 20.9% of respondents: in 80.1% because of lack of used syringes to return and 22.0% due to violent behaviour. During the previous year, 117 pharmacies (12.8%) faced at least one problem, such as disturbing behaviour and shoplifting/thefts.

In the previous month, 22.6% of pharmacies distributed no kits and 22.3% collected no syringes. Almost half ($n=434$) distributed one to 50 kits and more than half ($n=461$) collected between one and 100 used syringes. Nearly a quarter ($n=215$) reported no IDU contact in the previous month. In most pharma-

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