



Secondary exchange in south east Sydney: the 'reach' of needle and syringe distribution services

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What is secondary exchange?

- the giving or receiving of new sterile needles and syringes to/from another individual that were originally obtained from formal sources.
- includes trading, purchasing or selling of needles and syringes for money, drugs or other commodities
- or can simply involve the giving or receiving outright of needles and syringes .

Secondary exchange in Australia

- No known data
- This study used quantitative and qualitative data to
 - describe the extent, patterns and contexts of secondary exchange in south east Sydney
 - examine whether secondary exchange was independently associated with BBV risk practices

- collected data from people who use community-based pharmacies to obtain sterile needles and syringes (Fitpacks)
- Defined secondary exchange (SE) as
 - Passing on needles picked up at NSP or pharmacy to others
 - receiving needles from others (friend, partner, other)
 - we did not ask people whether there was trading, purchasing or selling of needles

Cross-sectional survey:

- 8 participating pharmacies
- represent 75% of Fitpack distribution in region
- 2 page survey
- 229 valid surveys returned (77% response rate)
- Respondents asked about visits to pharmacies and NSPs in month prior to survey

In-depth interviews:

- N=15
- Respondents asked about circumstances and patterns of their secondary exchange practices

Survey sample description

- 35 years (range 18-58 years, SD 9.19)
- 66.4% male
- 29.7% employed full or part time
- 44.5% lived with partner (including some with children)
- 43.2% resided in suburban south east Sydney (≥ 3 km from city centre)

Extent of secondary exchange (last month)

Non-SEer	SEer	<i>distributive SEer</i>	<i>recipient SEer</i>	<i>reciprocal SEer</i>
105	124	49	31	44
46%	54%	40%	25%	36%

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Needles picked-up from pharmacy and/or NSP (last month)

	Non-SEer (n=105)	SEer (n=124)	<i>distributive SEer</i> (n=49)	<i>recipient SEer</i> (n=31)	<i>reciprocal SEer</i> (n=44)
estimated no. of needles obtained (median)	40.0	60.0	80.0	30.0	110.0
IQR	10-110	30-175	30-199	12-90	40-240
participants picking up ≥50 needles at each visit	3 (2.9%)	16 (12.9%)	7 (14.2%)	1 (3.2%)	8 (18.2%)

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Giveaways (last month)

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estimated no. of needles given away (median)	-	13.0	24.0	-	40.0
IQR	-	2-60	8-100	-	9-105
needles given away (%)	-	21.7%	30.0%	-	36.4%
participants giving away ≥50 needles from each visit	-	3 (2.4%)	1 (2.0%)	-	2 (4.5%)
needles passed on to:					
Partner	-	34 (27.4%)	21 (42.9%)	-	13 (29.5%)
Friends	-	64 (51.6%)	32 (65.3%)	-	32 (72.7%)
dealer/customer	-	12 (9.7%)	5 (10.2%)	-	6 (13.6%)

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no. needles received at each event (median)	-	5.0	-	5.0	8.0
IQR	-	4-10	-	2-9	5-15
participants receiving ≥50 needles from each visit	-	1 (0.8%)	-	1 (3.2%)	0 (0.0%)

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Context for distributing equipment

“It's just when I can see a situation forming that, you know, worrying about getting the money together and [clean equipment] is their last consideration ... because there's dirty needles there and they know they can use them ... “
(Sidney)

“I was the only one who had transport. I had a motor bike so like every second day I'd grab ten, fifteen ten-packs and go to the pharmacy and exchange them.” (Henry)

Context for distributing equipment

“[We] have a sort of rotating thing so that we're not always seen there at the same place or ... mainly that's because of police and stuff like that who do sometimes hang around chemists because it's a very easy way to pick up people. So you're not always seen to be the familiar face going in.”
(Kurt)

Altruistic reasons:

- Help others avoid infection
- Help others who don't have means
- Help each other to avoid police

Secondary exchange and BBV risk

		Adjusted OR	95%CI
	distributive SEer (v non SEer)	1.5	0.5-3.9
Borrowing used syringes	recipient SEer (v non SEer)	4.0	1.4-11.6
	reciprocal SEer (v non SEer)	1.8	0.7-4.9
Borrowing/sharing other injecting equipment	distributive SEer (v non SEer)	1.4	0.6-3.4
	recipient SEer (v non SEer)	0.7	0.3-2.0
	reciprocal SEer (v non SEer)	1.9	0.7-5.2

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Borrowing used syringes	distributive SEer (v non SEer)	1.5	0.5-3.9
	recipient SEer (v non SEer)	4.0	1.4-11.6
	reciprocal SEer (v non SEer)	1.8	0.7-4.9
Borrowing/sharing other injecting equipment	distributive SEer (v non SEer)	1.4	0.6-3.4
	recipient SEer (v non SEer)	0.7	0.3-2.0
	reciprocal SEer (v non SEer)	1.9	0.7-5.2

Summary of findings

- SE is a common practice in south east Sydney
- But pick up of large quantities of equipment was not common and passing on large quantities was rare
- SE is not a highly organised
- takes place within small networks where there is not a need for large quantities
- networks of friends/partners engage in SE for altruistic reasons: help others who don't have transport, want to avoid police or who do not organise their own sterile equipment

Summary of findings

- Recipient SE were four times more likely to have re-used a needle already used by someone else in the last month
- a group who do not obtain enough equipment for their injecting needs, either from formal sources themselves or through their friends, partners, etc.

What does this mean for policy and practice?

- capitalise upon the high prevalence of SE to reach injecting drug users who do not use formal distribution services
- Californian SE program (Anderson, 2003)
 - Train known distributors to pass on equipment and information within their networks
 - 3 staff oversee distribution on 435,000 syringes
 - Low cost
 - Large geographic area

What does this mean for policy and practice?

- NSW Health policy prohibits the dispensing of equipment by people other than authorised persons
- NSW legislation is unclear about the legality of secondary exchange
- formal SE programs may undermine the vulnerable public support for formal distribution systems like NSPs and pharmacies (Lenton et al, 2006)

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