

Needle and Syringe Programmes (NSP)

The first needle and syringe programme (NSP) was opened in Amsterdam, the Netherlands, in the early 1980s as a response to a rapid increase in the number of new HIV infections among people who inject drugs. Over the nearly 40-year history of worldwide implementation, these programmes have irrefutably proven to be effective in preventing the transmission of HIV and viral hepatitis among people who use drugs. [The World Health Organization strongly recommends](#) the introduction of NSP as an integral part of harm reduction strategies in countries with concentrated HIV epidemic among people who use drugs.

Although the majority of NSPs operating in 28 countries of the Central and Eastern Europe and Central Asia region (the CEECA) are formally aimed at preventing the transmission of HIV and hepatitis among people who inject drugs, their quality, effectiveness and accessibility leave much to be desired. Limited working hours, the poor quality of the paraphernalia used, stigmatisation and violation of the rights of people who use drugs remain barriers in many NSPs in CEECA countries.

According to the [Global State of Harm Reduction 2019](#), NSP services are available in 28 of 29 CEECA countries except Turkmenistan, where all NSPs have ceased to exist.

Increases and decreases in accessibility, availability and coverage of NSPs have been observed in the CEECA region. The number of sites providing NSPs has increased in eight countries since the publication of the Global State of Harm Reduction in 2016 ([Croatia](#), [Czechia](#), [Estonia](#), [Georgia](#), [Latvia](#), [Poland](#), [Slovakia](#) and [Slovenia](#)). In [Czechia](#), just short of 6.5 million syringes have been dispensed since 2007 and the number of people who use drugs accessing NSP services has increased with over 8,000 new clients in 2016 alone. With injecting more frequently associated with methamphetamine than opioids in [Czechia](#) (estimates suggest around 75% of needles procured are for methamphetamine use), a greater number of syringes are required due to the fact that people who inject stimulants often inject more frequently. Syringes are accessible via vending machines in [Czechia](#) and [Hungary](#).

A number of countries in the region also have mobile NSPs, or outreach programmes which deliver needles and syringes alongside other injecting equipment, and, in many cases, healthcare services or referral. In [Estonia](#), two mobile NSP units began operating in 2018 using vans that combine HIV, hepatitis C, tuberculosis and STI testing and treatment, although treatment for hepatitis C is not available. In 2016, 2.1million syringes were distributed via NSPs (at both mobile and fixed sites) in [Estonia](#), and although regional coverage could be improved, overall satisfaction has been reported by people using the services. In [Slovakia](#) between 2015 and 2016, an increase in the number of syringes distributed was reported which, similarly to [Czechia](#), is due to an increase in stimulant injecting. Latvia and [Hungary](#) also report stimulants as the primary drug injected. However, in [Latvia](#), the number of NSP sites has increased since 2016, whereas in [Hungary](#), two key needle and syringe sites have been closed down. The number of syringes distributed to each person who injects drugs per year was already only 10% (n=30) of [the recommended WHO standard of 300](#) prior to the closure of these services in [Hungary](#) and concerns have been raised over the gradual increase in HIV among people who use drugs.



Decreases in NSP site provision have also been observed in [Serbia](#) and [Uzbekistan](#) since the Global State of Harm Reduction last reported in 2016. In 15 countries ([Albania](#), [Armenia](#), [Azerbaijan](#), [Belarus](#), [Bosnia and Herzegovina](#), [Kazakhstan](#), [Kosovo](#), [Kyrgyzstan](#), [Lithuania](#), [North Macedonia](#), [Moldova](#), [Montenegro](#), [Tajikistan](#), [Russia](#) and [Ukraine](#)) provision of NSP has remained stable.

In [Russia](#), there are reported to be 100,000 new HIV diagnoses each year with a high proportion believed to be attributed to unsafe drug injecting and a lack of harm reduction provision and funding. Civil society in [Kazakhstan](#) reports poor-quality syringes distributed by government-funded programmes leading to the potential for increased unsafe injecting. In [Romania](#), two NGOs provide NSPs; however, geographic coverage remains poor and services are only available in Bucharest and Ilfovy County. In [Ukraine](#), women experience a high level of stigma, discrimination and violence, making them harder to reach with NSP services.