



*National Treatment Agency  
for Substance Misuse*

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**Needle Exchange Monitoring System (NEXMS)**

**Guidance notes for implementation version 1.1**

April 2008

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## 1 Introduction

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This document is comprised of two sections. Part one contains the rationale behind the collection of needle exchange data and how they will be used. The second part contains a practical guide for the day-to-day use of the Needle Exchange Monitoring System (NEXMS) and is aimed at needle exchange coordinators and other NEXMS users.

### 1.1 Background

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Needle exchange programmes have played a significant role in the containment and reduction of blood borne viruses among injecting drug users (IDUs). However, despite such success, recent epidemiological data suggests that the rate of blood borne viral (BBV) infections among the injecting drug using (IDU) population (HPA, 2007) is now rising.

Hepatitis C (HCV) is the most significant infectious disease affecting those who inject drugs for which the prevalence remains consistently high. A HCV prevalence rate of 43% (1,233 of 2,893) overall within the IDU population was reported in England during 2006, however; marked regional variations have been noted. (HPA, 2007). It is reported that up to 80% of those acquiring the virus develop chronic infections and are therefore more likely to develop cirrhosis and other problems. The transmission of BBVs is associated with a wide range of behavioural and environmental factors linked with the sharing of injecting equipment. A recent study found that 24% of injectors reported sharing needles and syringes used by someone else and that 58% reported sharing paraphernalia in the four weeks prior to interview, both of which are associated with viral transmission (Judd, et al, 2005).

Needle exchange services are well placed to offer comprehensive harm reduction and blood borne virus prevention interventions. However, the NTA needle exchange survey<sup>5</sup> and the joint NTA/HCC Improvement Review<sup>4</sup> have shown that the monitoring and reporting of NEX programmes has been conducted at a local DAT partnership level, with no national reporting. Where such data is available, it is often inconsistent and of poor quality; and the requirement to keep and report data is not always a key aspect of service level agreements.

The HCC Improvement Review<sup>4</sup> findings suggest that the majority of DAT partnerships collect the bare minimum of data relating to needle exchange, such as the distribution and return of injecting equipment and/or user numbers. With the latter, some services count only contacts while others keep and count individual client details. Clearly, there is little consistency in the recording of needle exchange activity.

In response to the lack of consistent data relating to needle exchange activity across England, the department of health charged the National Treatment Agency (NTA) with the task of building a Needle Exchange monitoring system as part of the document *Reducing Drug-Related Harm: An action plan* (DH, 2007). This was developed in 2007/8, launched on 1<sup>st</sup> April 2008. The NEXMS represented a pragmatic approach to data collection, which allows for monitoring against reporting requirements while requiring minimal change from existing practice. This guidance document illustrates how this can be achieved.

## **2 The Needle Exchange Monitoring System (NEXMS)**

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The Needle Exchange Monitoring System (NEXMS) is a web-based data collection tool, separate to the National Drug Treatment Monitoring System (NDTMS), which has been developed to facilitate the capture and monitoring of needle exchange activity throughout England.

The overarching aims of the NEXMS are as follows.

1. To enable the NTA, commissioners, and providers to continuously review and strengthen the commissioning and provision of needle exchange services.
2. To support the work of partner agencies such as the Health Protection Agency (HPA) in tracking the incidence, prevalence, and transmission of blood borne viruses and demonstrating the public health benefits of needle exchange services.

The NEXMS has been designed to reflect the nature of needle exchange with minimal change required to existing service delivery, data collection and reporting structures. The NEXMS requires only 'essential' data items, which the NTA believes a large proportion of DAT partnerships already collect.

Some services already have in place comprehensive and robust data collection and reporting systems and the NEXMS may require duplicate data entry in the short term. The NTA are currently working with providers and major software companies to resolve this issue.

### **2.1 NEXMS Reporting requirements**

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The data required is non-identifiable, aggregate data concerning the distribution and return of all injecting paraphernalia, including limited information on the client profile (*see 2.21 for full details*). As no attributable client level data is required, client consent is not necessary.

Each DAT partnership is asked to submit a total monthly figure for the distribution of equipment broken down by 'type' and returns for each individual provider within a DAT partnership. This is particularly important to ensure that a comprehensive coverage is provided and identify potential gaps in service provision.

The NEXMS data items are grouped into the following two categories:

- **Essential** –The minimum data set required for reporting by all NEX schemes within a DAT partnership area.
- **Desirable** –It is recognised that a significant proportion of NEX providers do not routinely collect these items. However, if providers do collect these items or are able to collect with relative ease they are required for submission.

### 2.1.1 Reporting requirements

Data is required to be reported per needle exchange provider in each DAT partnership area on a monthly basis by the person nominated to hold this responsibility (usually the NEX coordinator).

### 2.1.2 Data submission periods

The NEXMS asks for the data items to be reported on a monthly basis. The first submission period will relate to activity in April 2008 and will ideally require submission in May. However, data can be submitted for up to three months afterwards. The NEXMS web portal will then be 'locked', that is it will not accept data that is more than three months old.

When a particular submission period is locked, no further data will be able to be submitted. However, in exceptional circumstances further retrospective data submissions will be possible by contacting the national NEXMS coordinator directly, details of which can be found on the harm reduction section of the NTA website

## 2.2 NEXMS – data items

The NEXMS data set is grouped in two categories 'essential' and 'desirable' items. A description of the required data items is provided in section 2.2.1 with further information on the rationale for collecting items provided in section 2.2.2.

### 2.2.1 Description of essential and desirable data items

	<b>Essential</b>		<b>Desirable</b>
1	A list of all NEX providers for each DAT partnership	1	Estimated number of clients using the service
2	Number of needle/syringes broken down by needle type & injecting paraphernalia distributed	2	Estimated number of clients in structured treatment
3	Estimated number of needle/syringes returned	3	Estimated number of clients by main injecting drug

### 2.2.2 Essential data items

**The list of all NEX providers within DAT partnerships:** The NEXMS reporting requirements are for distribution and return data to be submitted for each NEX provider within a DAT partnership. Each provider needs creating within the system prior to data entry (*see operational guide below*). When providers change, the local needle exchange coordinator will need to ensure that the NEXMS is updated accordingly.

The need for a regularly maintained national list of NEX providers will support national, regional and DAT partnership efforts to continuously review and strengthen the commissioning and provision of needle exchange services through more thorough needs assessment and modelling.

This will ensure that NEX provision is targeted appropriately to local need and provide an objective and comprehensive framework for doing so.

**The quantity of injecting paraphernalia distributed (broken down by type):** This contains the majority of 'essential' data items within the NEXMS and represents the minimum reporting requirement for each DAT partnership. The quantity of each paraphernalia item distributed should be entered for each individual provider within a partnership area on a monthly basis.

Obtaining data on the number of needles/syringes distributed is crucial to inform needs assessment, and is more robust in estimating the number of IDUs in the local population from equipment, than from the number of clients attending as it can account for secondary distribution. It is also a key item required by the HPA to inform modelling of BBV transmission rates.

**The estimated number of syringes returned:** Is an essential data item, which forms part of the minimum reporting requirement for each DAT partnership.

The collection and monitoring of return data is extremely difficult to undertake with precision, due to the hazardous nature of injecting drug use and the risk of needle stick injury. The way in which return rates are calculated varies considerably between DAT partnerships and even between different types of NEX schemes within a partnership area. For example, it is more common for a specialist service to record the quantity of needles/syringes returned whereas Pharmacy needle exchange would more commonly record the number of sharps bins returned.

It is recommended that the most simple and effective way for obtaining estimates of return data is likely to derive from asking the client for an approximation of what they are returning. It is not possible within the parameters of a national system to record the number of sharps bins returned due to the large variation in the number of different sharps bins used within needle exchange services.

However, for convenience some areas have utilised a means of approximating numbers of returns in sharps bins as follows. Under no account should services open sealed sharps bins to count numbers of returned needles in order to comply with the data requirements of the NEXMS.

#### **2.2.2.1 Returns: An example of generalised local averages.**

This is a reasonable example of generalised, sharps return averages used within two DAT partnership areas, in the South East of England.

<b>Return estimates</b>	
<b>Sharps bin (Ltr)</b>	<b>Contents (E)</b>
<b>0.25</b>	<b>10</b>
<b>0.45</b>	<b>18</b>
<b>0.5</b>	<b>20</b>
<b>1</b>	<b>40</b>
<b>2.5</b>	<b>150</b>
<b>4</b>	<b>200</b>
<b>24</b>	<b>1200</b>
<b>60</b>	<b>3000</b>

During 2005/2006 East Sussex and Brighton & Hove DAT partnerships, had independently undertaken brief weighing exercises where a number of returns from service users were weighed over a period of time. The similar findings reached between these two independent exercises

enabled agreement between these two DAT areas to be reached, and provided a useful guideline for local implementation.

### 2.2.3 Desirable data items

The 'desirable' data items as displayed in section 2.2.1 are not required for submission by all providers of needle exchange but their submission will significantly enhance the utility of the NEXMS data.

**The number of clients using the service:** refers to the number of clients that have accessed the service during a particular submission period (month) as opposed to the number of contacts. For example, if 50 clients have accessed the NEX 10 times (500 contacts), 50 clients should be reported.

The number of clients as opposed to the number of contacts has been included as this is a required item for the BBV transmission modelling.

**The estimated number of clients in structured treatment:** Refers to the number of clients who are accessing structured tier 3 or tier 4 treatment and needle exchange services simultaneously.

This data item will provide an indication of the number of people who are accessing needle exchange but are not in structured treatment, a quantitative indicator of unmet treatment need.

**The estimated number of clients by injecting drug:** This is an estimate of the number of clients who are injecting the following substances: stimulants, opiates, performance and image enhancing drugs, heroin and cocaine combinations.

This data item provides an indicator of the types of drugs injected locally, regionally and nationally and provides quantitative measure of regional variation. It is also useful locally in delivering services to ensure the correct equipment, in sufficient quantities, are distributed to meet the need of the IDU population.

## 2.3 Extraction of data from existing databases

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There is currently no facility within the NEXMS to extract data from existing databases maintained by NEX providers however, the NTA will be working with relevant system suppliers to facilitate this in the near future.

Any services or software companies currently supplying such software should contact [NDTMSprogrammecoordinator@nta-nhs.org.uk](mailto:NDTMSprogrammecoordinator@nta-nhs.org.uk) to ensure that they are part of these discussions.

## 2.4 Submission of identifiable data

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The NDTMS does permit the reporting of some tier 2 data however, this is not commonly undertaken. Furthermore, there are no data items within the existing core data set that would permit the calculation of the reporting requirements defined earlier in this guidance.

It is recognised that there are specialist needle exchanges that currently do, or may wish to capture client level identifiable data, and therefore in addition to the NEXMS the NTA would like to offer the opportunity for this data to be submitted on a regular basis.

The benefits of collecting the attributed data are as follows.

1. It allows more robust modelling of the use of all drug services in the IDU population and movement of clients into and between treatment and NEX services.
2. It enables more robust estimates of the local IDU population to be given

3. It enhances understanding of patient flows through the local treatment system.

It is recognised that only a proportion of NEX services attached to specialist drug services will be able to supply this data. However, if this data is held and client consent to share this information can be obtained, please contact the NTA to express an interest in taking this further.

## 3 NEXMS operational guide

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This section aims to provide guidance on the day-to-day use and maintenance of the Needle Exchange Monitoring System. The following sections will provide a practical guide to data entry, maintenance and reporting.

### 3.1 NEXMS users (accessing the system)

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One person per DAT partnership (this will usually be the local needle exchange coordinator) will take responsibility for collecting and submitting NEXMS data. All nominated NEXMS users will be allocated a unique username and password, an example of which is included below. The nominated person will hold the editing rights for the system and is therefore responsible its maintenance.

To access the NEXMS, coordinators will need the following

**Username: NEXMSZ05B** – This is constructed using the acronym for the Needle Exchange Monitoring System, (NEXMS) coupled with the individual DAT partnership code (Z05B).

**Password: \*\_JhI~#6v%** – These are generated at random by the NEXMS however, you will have the opportunity to change this when initially accessing the system. It is recommended that you copy and paste the username and password into the login screen, as shown in section 3.1.1 below, as it is common to mistake the characters that make up the passwords.

If an incorrect username and/or password are input more than 3 times, the user will be locked out of the system and an error message will be displayed. The system administrator will need to be contacted in this event to unlock the username and password.

#### 3.1.1 NEXMS login screen

**NDTMS** - NEXMS  
Needle Exchange Monitoring System

NHS  
National Treatment Agency  
for Substance Misuse

Login    Forgot Password

Username

Password

Login

System Online

If you have problems accessing the system, please contact the system administrator.

NEXMS Data Entry Tool: 1.0.3021.16328

### 3.1.2 Additional users (Reporting rights only)

In addition to the main user (indicated above) the NEXMS will allow up to four additional users per DAT partnership who can have access to reporting functions only. They will not be able to enter data or change anything in the system, but will be able to extract reports on NEX activity. This is a useful function for DAT partnerships where the nominated person is located within a provider agency.

The system administrator should be contacted in order to register additional users with restricted (reporting) access.

## 3.2 Creating a provider

This section provides the details that will be required to undertake the creation of providers within the system in order to submit NEXMS data.

### 3.2.1 Information required when creating a provider

When creating a provider there are several mandatory fields that must be populated (these are marked by an \*) as can be seen from the provider maintenance screen shot below. If these fields are not populated the system will reject the provider entry.

The screenshot shows the 'Service Provider Maintenance' form in the NDTMS - NEXMS system. The form is titled 'Service Provider Maintenance' and is part of the 'Needle Exchange Monitoring System' interface. The form is divided into several sections:

- Service Provider Name:** NTA
- Service Provider Code:** Z05S01
- Region\*:** LO
- Service Provider Code\*:** Z05S01
- Name\*:** NTA
- Main Service Provider Details:**
  - Local Name\*:** NTA Lambeth
  - Address 1\*:** Hercules House
  - Address 2:** Hercules Road
  - Address 3:**
  - Town\*:** Lambeth
  - County:** London
  - PostCode\*:** SE1 7DU
  - WebSite URL:**
  - Partnership of Location:** Lambeth (H07B)
  - MH Trust Name:**
  - Organisational Type:** Statutory
- Service Provider Type(s):**
  - A&E
  - GP
  - Hostel
  - Mobile NEX / Outreach
  - NEX as part of structured treatment
  - Other
  - Pharmacy
  - Police custody suite
  - Prison
  - Specialist NEX scheme
  - Vending machine

### 3.2.2 Initially a number of mandatory codes will be required which are outlined below.

**Provider code:** this code should be unique to each needle exchange provider and cannot exceed 6 characters. The following steps will ensure that this is each provider code is unique.

### 3.2.2.1 Format

- First 3 characters of your DAT code (**Z05**)
- A letter to resemble the provider type (**P = Pharmacy, S = Specialist**)
- Two incremental digits (**01, 02, 03 – 99**)

Using this format the provider code would look like this **Z05P01** if constructed properly

The following table indicates the letter to be used for different provider types.

Provider Type	Letter for code
Accident & Emergency	A
GP	G
Hostel	H
Mobile	M
Outreach	O
NEX as part of structured treatment	S
Pharmacy	P
Policy custody suites	C
Specialist NEX scheme	S
Vending machine	V

**Region code:** This is a 'one letter' code assigned to each region throughout England. It is important that this code be entered correctly (*See table 2*).

Table 2: Region codes

Region	East Midlands	Eastern	London	North East	North West	South East	South West	West Midlands	Y&H
<u>Code</u>	EM	EA	LO	NE	NW	SE	SW	WM	YH

**DAT code:** This is the last four characters of the NEXMS username. It will have a distinct format and looks similar to the following example Z05B. If the NEXMS username contains five characters at the end e.g. Z05B(A) then simply drop off the last character.

**Organisational Type:** This is to determine the sector in which the service is provided. The options provided within the NEXMS system are defined as follows.

1. Statutory – This refers to NHS based services

2. Non statutory – Is a profit making organisation such as a Pharmacy
3. Third sector – in this context refers to charitable or voluntary organisations.

**Service provider type(s):** when creating a provider please select a provider type or multiple provider type. The selection of multiple provider types may be used when a mobile NEX service is operated. For example, in the case of mobile needle exchange, you may want to select both 'Specialist NEX' and 'Mobile/Outreach' similarly for A&E and Police custody based needle exchange as these providers are often linked to a specialist NEX.

After inputting the data indicated above the user will need to click on the partnerships tab and select the relevant DAT partnership area. Once the partnership has been selected the user, will need to then click on the regional tab and complete the active date box. This date should be 01/04/08 for services that were providing needle exchange prior to the implementation of the NEXMS. The date that needle exchange provision commenced should be used for all new providers recruited after April 08.

If any of these fields are missed the system will show an error message and prevent the creation of the provider. Once all these fields have been populated, click on the save button and the provider will be created in the system.

### **3.3 Data entry**

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All 'essential' data items, as indicated in section 2.2.1 above, should be completed for each NEX provider in a DAT partnership area on a monthly basis. The 'desirable' items should be populated for providers that have this data available using the data screen as indicated below.

Home » Data Entry

- Home
- Data Entry
- Provider Maintenance
  - Provider List
  - Create Provider
- Reports
  - Generate Reports/Extracts
  - Change Password
  - Logout

**Aggregate Data Entry**

Filter By:

Filter By:

Status:

Data Entry

Notes

**Needle/Syringe dispense detail**

1. # of fixed head syringes(by type) dispensed

a) 1ML fixed head  Total

b) 0.5ML fixed head

2. Estimated # of barrels (by type) dispensed

a) 1ML barrels

b) 2ML barrels

c) 5ML barrels  Total

d) 10ML barrels

Dispense Total

**Needle head dispense detail**

3. Estimated # of needle heads(by type) dispensed

a) brown (26g x 5/8")

b) orange (25g x 1"/25g x 5/8")

c) blue (23g x 1" / 23g x 1 1/4")

d) green (21g x 1.5")

**Returns**

4. Estimated # of syringes (all types) returned

**Paraphernalia detail**

5. Estimated # of paraphernalia dispensed

a) Swabs

b) Filters

c) Water

d) Condoms

e) Acidifier

f) Preparation Utensils

**Client detail**

6. # of clients using the service

7. Estimated # of clients in structured treatment

8. Estimated # of clients by main injection drug

a) Stimulants

b) Opiates

c) Performance Enhancing

d) Heroin and cocaine in combination

### 3.3.1 Prior to data entry

A 'Submission Period' and a 'Service Provider' should be selected before starting to input data into the NEXMS. If these are not selected data cannot be entered.

**Selecting a submission period:** Click on the drop down menu, located on the left hand side of the screen, titled 'Filter by Period of Submission' and select the month for which data is being entered. This should be before selecting the provider for which data is being entered.

Remember that submission periods remain open for a 3-month period, so it is important that the correct one is selected. The Submission Period will become locked 3 months after being generated. If this occurs contact, the system administrator using the details found on the NEXMS section of the NTA website.

**Selecting a Service Provider:** The majority of DAT partnerships will have several NEX providers registered on the NEXMS.

To select a 'Service Provider' click on the drop down menu titled 'Filter by Service Provider Name' and select the provider for which data entry is required.

Once the above has been completed you can then input data for selected provider in the given submission period.

### 3.3.2 Saving and submitting data

A selection of buttons including a 'save' and 'submit' are at the bottom of the data entry page. The submit option will assume that data entry has taken place and submit this data to the NTA.

Using the 'save' button will ensure that the data you have input is saved within the system and allows you to input data over a greater duration of time. For example, areas may prefer to collate data over several days, prior to submitting it to the NTA.

Once 'submit' is clicked, the data will be sent to the NTA and the data will not be able to be altered. Therefore, the data should only be submitted once no further information is available.

## 3.4 Provider maintenance

The providers of NEX (especially Pharmacy and Mobile services) regularly change and will require frequent amendments. The NEXMS has been developed with this in mind and can be easily updated by the nominated NEXMS user who has editing permissions to the system. Only those holding editing rights can add, change and deactivate providers who are registered in the DAT partnership area.

To add a provider, users should follow section 3.2 'Create Provider' in this guidance. To make amendments select 'Provider List' located at the top or the left of the screen; which will bring up the screen below.

**NDTMS - NEXMS** London **NHS**  
Needle Exchange Monitoring System National Treatment Agency for Substance Misuse

Data Entry Provider List Report Change Password Logout Help

Home » Provider Maintenance » Provider List

- Home
  - Data Entry
- Provider Maintenance
  - Provider List
  - Create Provider
- Reports
  - Generate Reports/Extracts
  - Change Password
  - Logout

### Service Provider List

Search By Service Provider:  
Name  Or Code

Filter By:  
Status  Partnership

Mode	Provider Code	Provider Name	Partnership Code	Active Date	DeActive Date
<a href="#">Edit</a>	L0001	Test01	H29B	31-03-2008	
<a href="#">Edit</a>	P0004	Test02	H29B	31-03-2008	
<a href="#">Edit</a>	Z05S01	NTA	H07B	01-04-2008	

### System Functions / System Messages

Logged in as: HAMMY79 Environment: Live Current Date: 22/04/2008

**Selecting the provider:** This can be done by entering either the name or the unique provider code and clicking 'Go' in the right hand side of the screen.

**Editing the provider:** Once the provider has been located click on the 'edit' button to the left of the relevant provider. This will bring up the 'Provider Maintenance' screen shown in section 3.2 and display the relevant details.

If the provider has ceased to provide NEX, click on the 'regional' tab and enter the date on which they stopped. Note: this can only be the current date. Once this date has been entered, a de-active date will appear next to the service provider in the service provider list screen.

### 3.5 Report / Extract Generation

The NEXMS can generate reports based on the data submitted. These offer detailed information on the activity of a particular provider, or Region and are available in both 'EXCEL' and 'PDF' formats.

To access this function click on 'Generate Report/Extracts' on the left side of the screen or the 'Reports' function at the top of the screen.

The screenshot shows the NDTMS - NEXMS web application interface. The header includes the logo 'NDTMS - NEXMS Needle Exchange Monitoring System', the location 'London', and the NHS logo 'National Treatment Agency for Substance Misuse'. The navigation menu includes 'Data Entry', 'Provider List', 'Report', 'Change Password', 'Logout', and 'Help'. The breadcrumb trail is 'Home » Reports » Generate Reports/Extracts'. The left sidebar menu shows 'Home', 'Data Entry', 'Provider Maintenance' (with sub-items 'Provider List' and 'Create Provider'), 'Reports' (with sub-items 'Generate Reports/Extracts', 'Change Password', and 'Logout'). The main content area is titled 'Report / Extract Generation' and contains five dropdown menus: 'Select Report/Extract Type:' (Current Provider Entry), 'Select Submission Period:' (March 2008), 'Select Region:' (London), 'Select Service Provider:' (All), and 'Select Format:' (EXCEL, PDF, EXCEL). Below the dropdowns is a 'System Function/ System Messages' section with two buttons: 'Preview Report' and 'Generate Report'. The footer shows 'Logged in as: HAMMY79', 'Environment: Live', and 'Current Date: 22/04/2008'.

Select the type of report that is required e.g. a particular provider, and the submission period that you would like the report to cover. Then select the format (PDF/EXCEL) and click 'generate report' that is located at the bottom of the screen. This will generate a report that can be saved and/or printed.

Clicking on the 'preview report' function will provide a preview of the type of report that is being generated. An example of an NEXMS report is included below in appendix 4.

# 4 Appendices

## Appendix 2 – Example report

 National Treatment Agency for Substance Misuse		Locked
<b>Current Provider Entry</b>		March 2008
<b>NEXMS - NEXMS</b> Needle Exchange Monitoring System	Period of Submission: 01/03/2008 - 31/03/2008 Region: London Partnership: Lambeth	
# of Heroin & Cocaine in 1 combination drug users		
# of Performance 11 enhancing drug users		
# of Opiate injection 11 drug users		
# of Stimulants injection 11 drug users		
# in structured treatment		
# of clients		
Preparation Utensils		
Acidifier		
Condoms		
Water		
Filters		
Swabs		
<u>Needles Returned</u>		
<u>Total dispensed</u>	0	
Green needle head		
Blue needle head		
Orange needle head		
Brown needle head		
<u>Total barrels</u>	0	
10ML barrel		
5ML barrel		
2ML barrel		
1ML barrel		
<u>Total fixed head</u>	0	
0.5ML fixed head		
1ML fixed head		
<b>NTA (Z05S01)</b>	0	
<b>Lambeth Partnership Summary (No. of Service Providers: 1)</b>	0	
<b>London Regional Summary (No. of Service Providers: 1)</b>	0	
<b>March 2008 Period of Submission Summary (No. of Service Providers: 1)</b>	0	
<b>Report Summary</b>		
# of Heroin & Cocaine in 1 combination drug users		
# of Performance 11 enhancing drug users		
# of Opiate injection 11 drug users		
# of Stimulants injection 11 drug users		
# in structured treatment		
# of clients		
Preparation Utensils		
Acidifier		
Condoms		
Water		
Filters		
Swabs		
<u>Needles Returned</u>		
<u>Total dispensed</u>	0	
Green needle head		
Blue needle head		
Orange needle head		
Brown needle head		
<u>Total barrels</u>	0	
10ML barrel		
5ML barrel		
2ML barrel		
1ML barrel		
<u>Total fixed head</u>	0	
0.5ML fixed head		
1ML fixed head		
<b>No. of Submission Periods: 1</b>	0	

National Treatment Agency  
8th floor, Hercules House, Hercules Road, London SE1 7DU.  
Email: [nta.enquiries@nta-nhs.org.uk](mailto:nta.enquiries@nta-nhs.org.uk)  
Tel 020 7261 8801 Fax 020 7261 8883

[www.nta.nhs.uk](http://www.nta.nhs.uk)