

SIDC

Advocacy Activity – Pharmacists' role in delivering harm reduction services

Assessment of barriers and recommendations

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List of Acronyms

| | |
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| CSO | Civil Society Organization |
| HIV | Human Immunodeficiency Virus |
| MENAHRA | Middle East and North Africa Harm Reduction Association |
| MENANPUD | Middle East and North Africa Network of People who Use Drugs |
| MOPH | Ministry of Public Health |
| NGO | Non-Governmental Organization |
| NSP | Needles and Syringes Program |
| PWID | People Who Inject Drugs |
| PWUD | People Who Use Drugs |
| SIDC | Soins Infirmiers et Developpement Communautaire |

Introduction

Pharmacies play a major role in the provision of harm reduction services and advice worldwide. Community pharmacies are considered one of the most accessible service providers to People Who Use Drugs (PWUD) (1). In many countries, People Who Inject Drugs (PWID) often access needles or syringes in pharmacies as a first place when they are unable to access a Needle and Syringes Program (NSP) (2). Research has shown that when harm reduction services are introduced into pharmacies, blood born infections and risky behaviors for PWID can decrease, early detection of sexually transmitted infections can increase, and help seeking behavior of PWUD increases (1,3,4). Increased referral to treatment or social centers has also been noted (1). However, the implementation of pharmacies-based harm reduction programs is still limited due to multiple challenges. Studies have shown that fear was a main barrier for needles distribution in pharmacies. Pharmacists feared harms to staff, increased criminality in the surrounding area, reduced clientele to PWID, disturbance of other non-PWID customers and increased inappropriate disposal of used needles in the neighboring area (1,3). Other reported challenges were also lack of time, lack of training and inappropriate or non-existent policy or protocol hindering the ability to sell needles without prescriptions or requesting to record the sales of similar products (1,3).

Harm reduction interventions have been available in Lebanon since more than 20 years, however, they remain limited and face multiple barriers that hinders their availability and accessibility. Funding has always been a main barrier for harm reduction services however, other barriers have also been noted. In an assessment done by the Ministry of Public Health in Lebanon, about the availability and accessibility of NSP services, PWIDs reported that clean syringes were difficult to access and one of the main reasons was that pharmacists refused to sell clean needles to PWID (5). They also reported facing stigma and discrimination from pharmacists and some of them were threatened to be reported to the police (5). Representatives from the Order of Pharmacists in Lebanon were also part of this assessment and requested “more awareness” on NSPs because pharmacists lack information about this topic (5). The same challenge was also reported by outreach workers and Civil Society Organizations (CSOs) focal points who mentioned that pharmacists were not cooperative with PWID and they try to avoid selling clean needles to them.

Based on the aforementioned situation, Soins Infirmiers et Developpement Communautaire (SIDC) with the support of the Middle East and North Africa Harm

Reduction Association (MENAHRRA) conducted consultation meetings with key stakeholders to provide an overview of pharmacists' practices as well as pharmacists' attitudes and identified barriers toward providing harm reduction services in addition to setting a list of recommendations to be adopted by main stakeholders to improve the situation.

Methodology

A qualitative method was used to conduct the assessment. Key informant interviews and consultative focus group meetings were held with key stakeholders involving representatives from the Ministry of Public Health (MOPH), CSOs working on harm reduction, members of the Middle East and North African Network of People who Use Drugs (MENANPUD), PWID, peer educators, and pharmacists. Guides for data collection are available in Annex 1. Oral consent (Annex 2) was obtained prior to data collection and recording. All collected data was audio-recorded, translated, and transcribed anonymously. Thematic analysis was used to determine emergent themes and ideas.

Results and Analysis

Pharmacist interactions with PWUD/PWID

In general, interactions between pharmacists and PWUD or PWID were described as cautious, often ending with pharmacists refusing to sell them certain medications, even if prescriptions were provided, and insulin needles or syringes – which do not require prescriptions in Lebanon. Pharmacists described that they would “*know them [PWUD] from their behaviors and prescriptions, which were all wrong and not logical*” (Pharmacist, female). In particular, PWID are most often turned away from several pharmacies when attempting to purchase needles or syringes.

“They would tell me that they didn’t have any needles, but that is never true. All pharmacies have needles” (Ex-PWID, Peer educator, ex-pharmacy employee – male).

The reasons behind the refusal to sell needles to PWID was further discussed with pharmacists.

Most of the pharmacists felt they would further facilitate and encourage drug use and addiction by selling needles or syringes to someone that they suspected was using drugs.

Others felt that they will be helping the person quit substance use if they do not sell them needles or they do not provide them with the prescribed addictive medication.

*“I feel like I am encouraging them by facilitating for them to get needles/syringes”
(Pharmacist, female);*

*“I understand the way they [pharmacists] think, but they should change it because a person that wants to use drugs will do so even if they don’t sell them a needle. They think that they are helping us in this way but they aren’t, and I used to think this way myself as well
(Ex-PWID, Peer educator, ex-pharmacy employee – male).*

Only one pharmacist was more knowledgeable and aware of the harm reduction approach and was cooperative in ensuring that PWID received what they needed when frequenting his pharmacy. When his point of view was shared, other pharmacists questioned their behavior and agreed that they did not think about it this way. They acknowledged that they lacked information about this topic.

“I prefer that they use clean syringes of good quality. I give syringes directly if I feel that people need them for this purpose because I prefer that they do not catch any infections. It’s also a WHO recommendation and other international recommendations to give needles/syringes when someone is addicted” (Pharmacist, male).

Pharmacists also mentioned issues related to fear, violence, and security when PWID were accessing their pharmacies. Some interactions with PWID in pharmacies were met with involvement of the police by the pharmacists, after issues or incidents of aggression or violence.

*“We used to have to call the police sometimes because there would be problems”
(Pharmacist, female).*

A fear of being subjected to theft, violence, or aggressiveness by PWID was described by one of the pharmacists, which may be associated with the criminalization of drug use and PWUD in Lebanon.

“I become scared of them [PWUD] and their attitude because they might become aggressive when you don’t sell them what they want” (Pharmacist, female).

The stigmatization of PWUD was repetitively mentioned. The female pharmacists that were interviewed expressed that they do not want this kind of clientelism and they

preferred that PWUD do not become regular clients at their pharmacies, which in itself creates a barrier in accessing needles/syringes.

“I don’t think it’s wrong to sell PWUD a bag of syringes. But when they start coming frequently, I don’t like it” (Pharmacist, female).

“They [pharmacies] used to reject even leaving flyers [for NSPs] because they didn’t want PWUD to make it a habit of coming to their pharmacies and ‘causing problems’” (NSP outreach worker, female).

On the other hand, PWUD felt that their aggression was triggered when they felt insulted in pharmacies.

“I had a problem once and was arrested because I was insulted more than once in pharmacies” (Ex-PWID, Peer Educator – male).

Underlying stigma and discrimination, relating back to criminalization of drugs use, can also be said to be a contributing factor towards the refusal of pharmacists to sell needles/syringes to PWUD.

“They [pharmacists] do not look at us like we are normal people; the way they look at us like we are criminals or as if they feel pity for us, is very demeaning” (Ex-PWID, Peer Educator – male).

Harm reduction knowledge

Knowledge and awareness regarding harm reduction interventions and approaches among pharmacists was described as “acceptable” by a representative of the MOPH, based on a Knowledge, Attitude, and Perception (KAP) study that was conducted among Lebanese community pharmacists in 2019 by the Lebanese International University (LIU). At the time of this assessment, the authors could not have access to this study because it was still drafted and not published. In addition, according to an MOPH representative, educational lectures were provided by the MOPH on Opiate Substitution Therapy (OST) and harm reduction to pharmacists in different regions of the country in coordination with the Order of Pharmacists. Through the lectures provided, pharmacists were described to have had an acceptable attitude towards PWUD, which would improve each year. Some considered that they should not be involved in any type of support for PWUD, while others were fine with referring them to treatment. However, none of the interviewed pharmacists stated receiving any information related to harm reduction whether during university studies or as a continuous education through the Order of

Pharmacists. Many pharmacists are convinced that the only approach to help persons with substance use disorder is abstinence, therefore, any act of selling needles is seen by pharmacists as encouraging addiction and unsupportive.

“The attitude is quite negative towards PWUD; and also there is an understanding that to help PWUD, the best approach is abstinence – if I don’t give them it’s better to not develop the addiction.” (MOPH representative)

Outreach workers and peer educators providing awareness and harm reduction services to PWUD/PWID have also at occasions reached out and provided awareness to pharmacies in their areas of work, and felt that it was beneficial.

*“When I gave her [pharmacist] more information, I felt like she became convinced”
(Ex-PWUD, Peer educator – male).*

Moreover, as discussed earlier, a noted change in the reaction of interviewed pharmacists that were provided with a brief explanation of the harm reduction approach during the interview was observed.

“I used to be against giving needles but if you are saying that this is recommended and it helps support them in some way then I would of course sell them needles. I would also tell them to avoid sharing syringes and make sure that it is for single use” (Pharmacist, female).

Therefore, awareness raising and education among pharmacists to ensure basic knowledge of harm reduction strategies and approaches is needed, and would contribute to the increased acceptance of, and support provided to PWUD.

Roles of pharmacists in harm reduction interventions

Pharmacists have an important role in delivering harm reduction interventions, as they are often the initial point of contact with PWUD and people with substance use disorders. Pharmacists are able to identify and recognize when there is a substance misuse problem, and proceed to provide awareness and referrals to harm reduction services or treatment as needed.

“Pharmacists can have an educational role and intervention – to raise awareness of PWUD and provide them with drug use and harm reduction information, and needles if needed, and link them to treatment” (MOPH representative)

“I see them pharmacies as a place where Naloxone, condoms, and syringes can be provided for free – kind of a gateway for people. However, some pharmacies might not accept or might not want PWUD as clients.” (MOPH representative)

Pharmacists, MOPH representatives, PWUD representatives and outreach workers agreed that focusing on awareness raising and referrals among pharmacists would be very beneficial and realistic. Ensuring an updated and comprehensive referral list among pharmacies in the country is an important step to aid and facilitate referrals. While it was agreed that pharmacists do have a role in harm reduction interventions, it is important to ensure that it is not time-consuming or extensive.

“The role is to refer them to someone more specialized to get an expert opinion. I would also give PWID needles/syringes if needed, with awareness on needle sharing and the associated harms”
(Pharmacist, male)

“We need to make their [pharmacist] involvement easy because technically on the ground they are extremely busy. It would be good if they can give harm reduction information, brochures, and referrals.” (MOPH representative)

Suggestions to provide NSPs within pharmacies were made by outreach workers and peer educators, however with special attention to ensuring privacy and confidentiality of the people that will be benefitting from these services. The provision of NSP needs to be coupled with educational material to prevent potential overdoses or needle sharing and ensure access and referral to appropriate healthcare services.

“If there is a way to organize an NSP and PWUD are safe accessing these services then why not - if everything is confidential.” (Ex-PWUD, Peer educator – male).

“PWUD are unaware of harms and appropriate injecting techniques and they might use the syringe and then give it to a friend” (MOPH representative)

Challenges and barriers

Legal

The lack of legal barriers regarding the prohibition of sale of non-prescription syringes and needles is considered an opportunity to facilitate access to these items. However, according to some interviewees, many pharmacists consider the illegality of drug use, and fear any legal repercussions due to the selling of products that can be used for this purpose and therefore prefer not to sell them. This is a very important perceived barrier

by pharmacists that needs to be tackled. More awareness needs to be given about this issue.

“There are no restrictive laws [for selling needles/syringes], but there is no clear policy to dispense them to anyone, or as a harm reduction intervention” (MOPH representative)

“There is no clarity regarding legality of selling syringes to PWUD in Lebanon. For instance, some PWUD used to buy prescriptions from certain doctor aids, and when they were caught, the doctor and the pharmacist selling according to the prescription were also called upon by the police. So there is a possibility of something like this happening because things are unclear.”
(Pharmacist, male)

Stigma

Stigma against PWUD was apparent during consultations that were conducted. Pharmacists exhibited negative attitude towards customers who they think might be using drugs. They were also concerned about the “reputation” and the safety of their pharmacy if PWUD became regular customers. Interviewed PWUD clearly stated feeling stigmatized and humiliated in some pharmacies. The stigmatization and discrimination against PWUD are not only limited to pharmacists, but is a national issue further exacerbated by criminalizing laws. Efforts to decriminalize substance use are needed because they have been proven to decrease stigma. In addition, anti-stigma campaigns tackling pharmacists need to be put in place. This challenge is immense, especially in light of the events of the past year during which pharmacies have been increasingly exposed to security issues.

“I don’t know how we can address the issue of pharmacists being scared to deal with PWUD, especially after the events of last year when several pharmacies were robbed at gunpoint in Lebanon – it was a big issue within the community.”
(MOPH representative)

Lack of knowledge and training

In general, there is a lack of knowledge and training among pharmacists on substance use in general and mainly the principles of harm reduction, and this poses a major challenge and barrier in ensuring the appropriate response when approached by PWUD. The training of pharmacists is crucial, given that as highlighted earlier, they are often a first point of contact with PWUD and are in a position that can provide support or referral.

“Pharmacists can give psychological support sometimes, but they need more in-depth support and follow-up – we don’t have training on this issue [substance use response].”

(Pharmacist, female)

Therefore, continuing education and awareness raising among pharmacists is a major challenge that can be straightforward to address through comprehensive training plans in coordination with relevant stakeholders. In addition, reviewing and expanding the curriculum of pharmacy students to cover substance use and harm reduction would prepare future pharmacists to intervene and support persons with substance use disorders.

Availability and accessibility of needles/syringes at pharmacies

The inflation that is affecting all aspects of the Lebanese economy is also affecting the ability of PWUD to purchase needles/syringes due to the increased cost. The cost of a bag of 10 insulin syringes has increased by over 6 times, making it less accessible to PWUD. Moreover, the national shortage in medical equipment due to the current situation and the depreciation of the Lebanese pound, has also added an additional burden on pharmacists, who now feel like they have to prioritize the needs of their clients.

“As a pharmacist, I would prefer to give priority to diabetic patients over PWUD [for purchase of insulin syringes] because in the current situation there is a shortage of everything...”

(Pharmacist, male)

Therefore, if the current situation in Lebanon continues to affect availability of medical equipment and medication in general, an additional barrier will affect the willingness and ability of pharmacists to sell needles/syringes to PWUD. This barrier can be addressed through the establishment of an NSP within pharmacies, through funding that will provide injecting equipment free of charge.

Overload of pharmacists

The current load of work and pressures that pharmacists are being exposed to due to the difficult security situation and shortages of medications and medical equipment is a main barrier to the implementation of harm reduction programs in coordination with pharmacies. Current priorities are much more pressing and therefore incentives are needed in order to motivate pharmacists to accept and engage in harm reduction interventions.

“We need to make it easy for them, I don’t see any of the pharmacists going out of their way to do something related to harm reduction. If it is clear for them that it is something helpful and coming from the Order [of pharmacists] or the MOPH then they will do it.”
(MOPH representative)

Recommendations

People who use drugs have the rights to the highest attainable standard of health without stigma or discrimination and governments are required to take appropriate measures to control communicable disease such as HIV/AIDS. For these reasons, access to harm reduction programs needs to be facilitated by multiple stakeholders and efforts to tackle barriers need to be consolidated. Convincing pharmacists to support harm reduction programs and accept to sell needles to PWID is helpful but not sufficient. A comprehensive approach needs to be considered with the below recommendations in mind:

Recommendations related to universities

Undergraduate courses need to be reviewed. A specific course about substance use disorders prevention, early detection, treatment and harm reduction needs to be developed and implemented. Pharmacy students need to be aware of all treatment and harm reduction options, pharmacological and non-pharmacological. In addition, pharmacy students need to be trained on delivering educational and awareness messages including substance use and harm reduction related messages.

Recommendations related to the Order of Pharmacists

Continuous education to pharmacists needs to include courses related to substance use early detection, treatment, referral, and harm reduction. Pharmacists need to understand the rationale behind the multiple harm reduction programs and be willing to support these.

A specialization or certification program could be provided to pharmacists for working with PWUD. This program can include general response and motivational interviewing techniques, as well as OST and NSP certifications, similar to those provided in other countries. By acquiring this kind of certification, pharmacists would be able to offer a variety of services such as harm reduction education, harm reduction kits (e.g., sterile

water, cookers, cottons, condoms, etc.), HIV/HCV testing, syringe disposal services, counseling and treatment referrals to other needed services.

Moreover, it is recommended that harm reduction sessions are integrated within the yearly agenda of the continuing education program of the Order of Pharmacists to ensure awareness raising among pharmacists on harm reduction in general, and the roles of pharmacists in NSPs in particular.

Recommendations related to the Ministry of Public Health

Collaboration between MOPH and law enforcement needs to ensure that law enforcement activities do not hinder access of PWUD to needed medical or harm reduction services. Clear, formal policies need to be put in place ensuring that police officers do not interfere with harm reduction service providers or service users. In addition, awareness raising of law enforcement agents on substance use and harm reduction programs needs to be conducted.

Community availability of Naloxone needs to be ensured in pharmacies, ambulances and NGOs working on harm reduction, in addition to training staff on how to use it

Recommendations related to policy change

Criminalizing laws related to illicit drug use need to be revised and personal use of substances needs to be decriminalized in line with international treaties and public health principles.

Advocacy with the MOPH and the Order of Pharmacists to release an official statement or general notice~~letter~~ clearly highlighting that harm reduction is part of the national mental health strategy, -the benefits of NSP, and the role that pharmacies can play in providing these services or referring to them needs to be prioritized.

In addition, the provision of a clear description of the law, in order to clarify that pharmacists are not at risk or culpable, and will not be pursued by the police for selling needles/syringes to PWUD. The procedure should be highlighted preferably in poster style and disseminated by the Order of Pharmacists in order to address fear among pharmacists that is hindering the provision of these services.

Recommendations related to NGOs working on harm reduction

Access of pharmacists to educational messages and material needs to be facilitated in order to encourage neighboring pharmacists to refer any suspected case. Flyers, posters, or online material about substance use, overdose prevention, safe injection among other topics could be placed or communicated to pharmacists and easily available for usage and dissemination.

Anti-stigma campaign tackling pharmacists needs to be implemented in order to reduce their stigma and discrimination towards PWUD.

Advocacy with, and education of, targeted pharmacies for the provision of NSP kits provided by NGOs in parallel with higher level advocacy with the Order of Pharmacists and MOPH. Concentrated efforts in terms of awareness raising and developing clear guidelines and policy frameworks for pharmacies to manage such requests and make these tools more affordable and available for PWUD are needed. It is recommended that the advocacy is preceded with a mapping of pharmacies in intervention areas to define collaborating pharmacies and others that need to be targeted for further intervention.

In order to successfully implement the discussed recommendations, it is advised that the visibility of harm reduction centers and NGOs that provide similar services is increased since referral is one of the most important role that pharmacists can play.

Annex 1: Data collection guides

Consultation meeting guide - Pharmacists:

- What are your thoughts about people who use drugs? How often have you encountered them at your pharmacies?
- What are the harms associated with substance use?
- How do you think these harms can be decreased?
- Do you know what harm reduction is? Have you ever received any training or education on harm reduction?

Note: if pharmacists don't know anything about harm reduction, the facilitator will provide a brief description about it.

- What do you think is the role of pharmacists in reducing harms associated with substance use?
- Would you be willing to sell clean needles to PWID without prescription? Do you usually refuse to do so? Why?
- Do you think pharmacists can provide NSP, IEC, or OST services? Why or why not? What are the challenges/barriers that they might face?
- How do you think we can improve this situation?

Consultation meeting guide – PWUD & peer educators & MENANPUD members:

- Can you tell us about your experiences with pharmacies if any? Have you ever tried to purchase clean needles at pharmacies without prescription?
- What are your thoughts about accessing harm reduction services at pharmacies?
- What do you think is the role of pharmacists in reducing harms associated with substance use?
- Do you think pharmacists can provide NSP, IEC, or OST services? Why or why not?
- Would you be willing to access NSP, IEC, or OST services at pharmacies? What are the challenges/barriers that might prevent you to do so?
- How do you think we can improve this situation? What are your roles as MENANPUD and peer educators in this?

Consultation meeting guide – NGOs working on harm reduction

- Have you ever tried to work with pharmacies on providing harm reduction services? Please tell us about your experience in this regard.

- What have you heard about experiences of PWUD with pharmacies from your beneficiaries?
- What do you think is the role of pharmacists in reducing harms associated with substance use?
- Do you think pharmacists can provide NSP, IEC, or OST services? Why or why not? What are the challenges/barriers that they might face?
- Do you think PWUD would be willing to access NSP, IEC, or OST services at pharmacies if they are made available? Why or why not?
- How do you think we can improve this situation? What would be your role in this?

Consultation meeting guide – Order of Pharmacists:

- What are your thoughts about people who use drugs (attitudes, beliefs)? Are you familiar with harm reduction programs? (Please provide details regarding training or education on harm reduction)
- What do you think is the role of pharmacists in reducing harms associated with substance use?
- Do you think pharmacies should sell clean needles to PWID without prescription? Why or why not?
- Do you think pharmacists can provide NSP, IEC, or OST services? Why or why not? What are the challenges/barriers that they might face?
- As the Order of Pharmacists, would you be willing to support the integration of harm reduction services within pharmacies in Lebanon? Would you be willing to support the education and training of pharmacists on harm reduction in Lebanon?
- How do you think we can improve this situation and what role can the Order play?

Interview guide – MOPH representative:

- What do you know about the situation of pharmacies in Lebanon related to selling clean needles to PWUD, or attitudes or beliefs towards harm reduction?
- What do you think is the role of pharmacists in reducing harms associated with substance use?
- Do you think pharmacies should sell clean needles to PWID without prescription? Why or why not?
- Do you think pharmacists can provide NSP, IEC, or OST services? Why or why not? What are the challenges/barriers that they might face?

- As the MOPH, would you be willing to support the integration of harm reduction services within pharmacies in Lebanon? Would you be willing to support the education and training of pharmacists on harm reduction in Lebanon?
- How do you think we can improve this situation and what role can the Ministry play?

Annex 2: Oral Consent

Our names are _____ and we are external consultants working with SIDC. We are conducting an assessment about pharmacists' attitudes and identified barriers towards providing harm reduction services in Lebanon.

The purpose of the current meeting/interview is to assess the position of pharmacists' towards PWUD and provision of harm reduction services including different attitudes, beliefs, barriers, challenges, and others.

The results from this meeting/interview will be analyzed in order to provide us, the assessment team, with valid information about the situation, challenges and needs in order to raise a set of recommendations to be used by SIDC, who will work towards their adoption by main stakeholders to improve the situation.

If you agree to participate in this assessment, we will be asking you some questions. You have the right to withdraw your consent or discontinue participation at any time for any reason. Discontinuing participation will in no way affect your relationship with SIDC or any other authority. You may also refuse to answer any questions that you do not want to answer.

The estimated time for this meeting/interview is approximately 45 minutes to 1 hour.

Please feel free to ask any questions at any point during our meeting/interview.

To secure the confidentiality of your responses, names and other identifying information will not be requested or attached to your answers.

Do you agree to participate?

- Yes
- No

Can we record this meeting?

- Yes
- No

Facilitator's/Interviewer's signature

I have explained to the participant about this research before requesting the agreement above.

Signature: _____

Date: _____

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