

10 December 2024

Needle Exchange Programme
Community Wellbeing & Harm Reduction Team
Te Whatu Ora - Health New Zealand
Wellington

Sent via email to: needleexchangeprogramme@tewhatuora.govt.nz

Dear Sir/Madam,

Re: Future service model proposal - Needle Exchange Programme

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation representing community pharmacy owners. We provide leadership on all issues affecting the sector and advocate for the business and professional interests of community pharmacy.

We appreciate the opportunity to provide feedback on the future service model proposal for the Needle Exchange Programme (NEP). While we acknowledge and support Health New Zealand's (HNZ) commitment to advancing equitable access, we have significant concerns about the proposed changes and as a result, strongly oppose them. The proposed model contains several significant shortcomings and does not take full advantage of opportunities to create a sustainable, nationwide programme built on comprehensive consultation, strategic planning, and transparency for all stakeholders involved.

Our submission highlights key flaws in the proposal, including concerns with its rationale and methodology, and advocates for community pharmacies to serve as the cornerstone of the NEP, given their accessibility, efficiency, and safety benefits.

Feedback on proposed changes

Proposed change 1: Refreshed programme purpose

We support the proposed change to the NEP's purpose to address the evolving needs of People Who Inject Drugs (PWID) and the changing landscape of health, wellbeing, and drug use in New Zealand. However, the exclusion of representatives from the community pharmacy sector and other key stakeholders - such as the NZ Needle Exchange Programme, mental health and addiction services, HNZ regional and national Hepatitis C programme managers, mana whenua and Iwi Māori partnership boards, and the Burnett Foundation - from the independent review, design and implementation of the NEP refresh undermines its proposed purpose, and neglects these organisation's established roles and unique strengths in advancing harm reduction.

Recommendations:

- Restructure the proposal through comprehensive consultation with all current service providers, sector representatives, and PWID to ensure all perspectives, needs, and lived experiences are incorporated into the decision-making process.
- Ensure meaningful involvement of PWID throughout all stages of the programme design, implementation, and review by establishing opportunities for leadership roles and formal consultation mechanisms.
- Retain static needle exchange centres and community pharmacies as primary providers of harm reduction services, leveraging on their proven expertise and established infrastructure, e.g., vaccination services, Hepatitis C test and treat programme, and other evidence-based harm reduction interventions.
- Strengthen the role of community pharmacies in proactive overdose prevention efforts by empowering and funding pharmacists to routinely distribute naloxone, provide training to

clients and their families, and support the development of overdose response workshops and harm reduction education campaigns to increase community awareness and preparedness.

- Ensure that the refreshed NEP programme purpose adopts a person-centred, trauma-informed approach that considers the interconnected impact of housing, mental health, addiction, stigma, and other social determinants of health impacting PWID.

Proposed change 2: Improving equitable access

We have reservations about the strategy to improve equity by using alternative providers and tiered service models, as this approach raises significant concerns about the fragmentation of care, reduction in quality, and regional inequities. The reliance on alternative providers could undermine the established expertise, accessibility, and infrastructure of established harm reduction services, such as community pharmacies and static needle exchange centres, who have demonstrated their effectiveness in delivering accessible, safe, and equitable care, and their exclusion could create service gaps and uneven access, particularly in rural and underserved regions.

The open-market RFP approach may further increase inequities by prioritising competition over collaboration, limiting the ability to maintain consistent, evidence-based, and integrated service delivery across regions, and lead to service silos that fail to meet the comprehensive needs of PWID.

Recommendations:

- Maintain a national framework to ensure consistent and equitable service delivery, supported by regular system-wide equity reviews to identify and address inequities in access, funding, service distribution, and outcomes.
- Ensure all harm reduction services are culturally safe, grounded in tikanga Māori and other cultural frameworks, and are responsive to the diverse needs of the populations they serve by including culturally tailored health promotion, education, and harm reduction strategies that are inclusive and respectful of community values and traditions.
- Strengthen community pharmacies' role in delivering culturally responsive care and equitable access to NEP services to priority populations, e.g., Māori, Pacific peoples, gender-diverse individuals, sex workers and rural communities, by expanding and promoting harm reduction services, e.g. Hepatitis C test and treat programme, harm reduction education campaigns, and invest in ongoing training and development for pharmacy staff to build the necessary skills, knowledge, and cultural competency required to support and address the unique needs of diverse populations.
- Incentivise increased community pharmacy participation in the NEP and harm reduction by providing financial and service model support, including funding to offset costs for community pharmacies expanding their harm reduction service, implementing fair and equitable reimbursement rates to ensure financial sustainability as community pharmacies broaden access, and the establishment of flexible funding mechanisms to enable community pharmacies to innovate in their service delivery to better reach priority groups.
- Strengthen and foster strong partnerships between community pharmacies with key stakeholders, including mental health and addiction services, iwi, and regional and national health programmes and social services, to support a collaborative, wraparound, community-informed approach that prioritises equity and ensures culturally safe, accessible care pathways and seamless, integrated support for PWID.
- Adopt a balanced and inclusive approach that builds on the strengths of existing providers, including community pharmacies, while supporting the introduction of new, evidence-based providers, that are adequately resourced and integrated into the broader harm reduction framework, and are grounded in collaboration, equity, and strategic planning to ensure services are consistent, high-quality, and accessible services across all regions.

Proposed change 3: Online service enhancements

We partially support the change to enhance online services, however, the proposal raises concerns about the potential for duplication of existing community pharmacy infrastructure, increased inefficiencies, and additional costs. The implementation of parallel online systems

risks duplicating the functions already performed by community pharmacies, who are established, trusted, and effective providers of harm reduction services.

These parallel systems do not integrate with existing tools, such as the Pharmacy Management Systems (PhMS) or My Health Record, which can hinder the continuity of care and data sharing necessary for a seamless client experience.

Recommendations:

- Development and implement online service enhancements focused on integration and interoperability with existing community pharmacy systems and workflows, to ensure real-time connections with tools such as the Book My Vaccine, pharmacy software management systems and My Health Record, to streamline access to client information, reduce administrative burdens, and support evidence-based, coordinated care pathways.
- Leverage digital tools within community pharmacies and prioritise ongoing funding and support to improve accessibility and support for clients, e.g., offering telehealth consultations for clients seeking harm reduction guidance, especially in areas with limited physical access to services, implementing digital ordering platforms to simplify and streamline access to harm reduction supplies while ensuring client privacy and ease of use, and integrating health applications connected to community pharmacies to deliver real-time reminders, tailored education, and continuous support.
- Enable and support community pharmacies to take a leading role in local engagement efforts by fostering outreach events, peer support programmes, and community partnerships, e.g., collaborating with local organisations such as iwi, cultural groups, and lived experience navigators, to deliver education campaigns and raise awareness about harm reduction resources, promote culturally appropriate health initiatives, and ensure coordinated service delivery both within and beyond the community pharmacy setting.
- Prioritise and fund innovative harm reduction service delivery models to address geographic disparities and ensure equitable access for underserved populations, by expanding services through non-traditional hours, implementing mobile pharmacy services, and conducting localised outreach to underserved populations, to reach communities with limited access while ensuring that online-only options do not replace essential harm reduction advice and support.

Proposed change 4: Regulatory changes

We support the proposed regulatory changes as they represent a positive step toward improving equity, accessibility, and efficiency within the NEP, by addressing regulatory gaps, expanding service delivery options, and establishing a more flexible and consistent national approach to harm reduction efforts. However, while the proposed changes are encouraging, its success will depend on HNZ's ability to secure and implement these regulatory changes, and some uncertainty remains due to the current lack of detail regarding the legislative impact, timeline, and consultation processes associated with the proposed reforms. Aligning these changes with equity goals will also require careful consideration of the diverse needs of priority populations, such as Māori, Pacific peoples, gender-diverse individuals, and rural communities.

Recommendations:

- Establish a clear timeline and comprehensive consultation plan for the proposed regulatory changes, with regular updates on progress, and actively involve all relevant parties in structured, meaningful consultation opportunities to identify potential challenges early, explore practical solutions, and build shared ownership of the reforms.
- Proactively engage with all key stakeholders, including community pharmacies, iwi, mental health and addiction services, and other harm reduction providers, to shape legislative amendments, address uncertainties, and promote collaboration, to ensure diverse perspectives are considered, helping to minimise the risk of fragmented or inconsistent implementation across regions and to ensure that these proposed regulatory shifts translate into meaningful improvements in client access and health outcomes.
- Expand the role of community pharmacies in naloxone distribution and education by establishing clear pathways and dedicated funding to support wider access, by incorporating

naloxone distribution into everyday pharmacy services and community outreach campaigns, while also offering training and education to clients, their families, and communities to ensure understanding and preparedness in its use.

Proposed change 5: Changes to national functions

We strongly oppose the proposed changes to national functions, due to the risks associated with this shift, and we have significant concerns about ensuring consistency and equitable access across regions if regional providers lack the necessary capacity, infrastructure or resources to take on these expanded responsibilities. Moving oversight to regional providers introduces the risk of service fragmentation, reduced service quality, and logistical inefficiencies, and there is a need for clarity on how these contracts will interact to ensure seamless integration and coordinated efforts across regions.

The proposal to disestablish the centralised Pharmacy Programme national function and transition its responsibilities to regional service providers raises important questions about the future role of community pharmacies within the NEP. While a regional approach may enhance flexibility and responsiveness, without strong national coordination, there is a risk that services could become fragmented or inequitable across regions and would place greater reliance on regional service providers for strategic planning and support for community pharmacies, potentially increasing their operational burden.

Recommendations:

- Maintain the national Pharmacy Programme function with national oversight to ensure consistency in service delivery and supply chain management across community pharmacies and adopt a hybrid model that balances regional flexibility with strong national strategic coordination, particularly in areas such as quality assurance, equity goals, and emergency response planning. This approach would ensure both local adaptability and national consistency, strengthening the overall effectiveness of the NEP.
- If the proposed changes to national functions proceed, regional providers will require clear guidance, adequate funding beyond just its operation costs for training and innovative initiatives, and necessary infrastructure improvements to effectively establish and sustain the local networks of pharmacies and alternative providers to support equity and accessibility goals.
- Strengthen the programme's commitment to cultural safety by ensuring the delivery of culturally responsive care, integrating services that align with tikanga Māori, and fostering strong partnerships with Māori health providers and organisations.
- Design public health campaigns and outreach initiatives aimed at reducing stigma, promoting harm reduction strategies, and increasing awareness of available NEP services among PWID and the wider community.
- Adequate oversight is essential with the shifting of the supply chain and logistics to a fully outsourced model to mitigate risks related to service delays, increased costs, or quality concerns, and to ensure that contracts align with harm reduction goals will be critical for success of this shift. Stringent quality control measures and a well-developed contingency plan must be implemented to maintain efficient, timely and equitable services, particularly for rural and underserved areas.
- Shifting the reporting and monitoring functions from a funded national function to HNZ's oversight could pose risks if it reduces accountability for tracking and reporting outcomes. While incorporating regional input on drug use reporting and PWID research is crucial, it will remain essential to uphold transparency, maintain regular monitoring, and establish feedback mechanisms to ensure that progress continues to align with NEP objectives.

Proposed change 6: Enhanced monitoring and reporting

We are cautiously supportive of the proposal to implement enhanced data capture systems, as they present significant opportunities to strengthen the NEP's evidence base and operational performance. However, the exclusion of community pharmacies from the enhanced monitoring and reporting raises concerns. Community pharmacies have well-established systems and strong data collection capabilities that are critical for providing insights into client needs, service

utilisation trends, and harm reduction priorities. Omitting their data risks limiting the understanding of client priorities and the ability of HNZ to respond effectively to these needs through evidence-based decision-making.

The proposal for HNZ to take the lead in publishing six-monthly drug use and monitoring reports, with input from regional providers, represents a positive step toward enhancing transparency, tracking trends, and improving response strategies. However, there may be challenges related to whether regional providers have the capacity to consistently contribute timely and high-quality input, with delays or gaps in reporting potentially reducing the effectiveness and reliability of these reports.

Furthermore, real-time access to logistics monitoring holds promise, however, it will be crucial to ensure that the system provides meaningful and actionable insights. Delays in data sharing, technical failures, or dependence on third-party systems could pose risks to the supply chain, potentially resulting in delays that hinder client access to essential harm reduction supplies.

Recommendations:

- Leverage the well-established systems and robust data collection capabilities of community pharmacies for real-time monitoring and reporting, to help generate valuable insights into client needs, service utilisation trends, and key harm reduction priorities.
- Alternatively, the proposed new data capture systems could be integrated with existing tools used by community pharmacies to prevent administrative duplication and inefficiencies while maintaining continuity of care. If this approach is pursued, a comprehensive implementation strategy should be developed to ensure all community pharmacies receive the required technical support and funding for effective adoption and integration, and pharmacy staff provided with targeted training to ensure they can confidently and effectively utilise the new data capture systems.
- A formal process should be established to facilitate structured regional input into the six-monthly drug use and monitoring reports and include capacity-building initiatives to strengthen the ability of regional providers to contribute effectively, as well as ensuring that data tools are user-friendly, accessible, and designed to support the timely capture of accurate and actionable insights for informed decision-making.
- Comprehensive monitoring and evaluation frameworks should be established to track program outcomes, identify trends, and assess the impact of the refreshed NEP in addressing the needs of PWID as part of the reporting process. Furthermore, as enhanced data systems are implemented, continuous monitoring should evaluate their effectiveness in improving client access, promoting equity in service delivery, and advancing harm reduction outcomes.
- Real-time logistics monitoring represents a significant advancement, but it must be supported by comprehensive risk assessments and preparedness strategies to prevent delays that could hinder client access. A thorough risk assessment and contingency plan should accompany this transition to ensure that supply chain disruptions do not disproportionately impact rural or underserved community pharmacies.

Proposed change 7: Integration with the wider health sector

The establishment of the National Insights Group is a promising mechanism for shared learning, strategic guidance, and offers a strategic opportunity to strengthen collaboration, alignment, and evidence-based decision-making across the NEP and the broader health sector. However, the exclusion of community pharmacy representatives from this group could significantly limit its impact.

The success of the National Insights Group will be dependent on the establishment of clear communication pathways, adequate resourcing, and structured opportunities for meaningful input for ensuring that the proposed changes translate into equitable, evidence-based, and client-focused outcomes.

Recommendations:

- Actively include community pharmacy representatives in the National Insights Group and related strategic partnerships, recognising their critical role as frontline harm reduction services and key access points for PWID, to ensure their strategic and operational insights, as well as their expertise, are incorporated into the NEP strategy to support improved equity, access, and outcomes.
- Foster collaborative governance to strengthen harm reduction integration by creating structured partnerships and shared decision-making frameworks that involve key stakeholders, including community pharmacies, iwi, mental health and addiction services, PHOs, and other harm reduction organisations, to focus on resource sharing, improving service coordination, and fostering a cohesive, unified response to address the multifaceted factors impacting PWID and other priority populations.

Proposed change 8: Introduction of a tiered service model

We are strongly opposed to the introduction of a tiered service model as it risks equity, potentially limiting access for PWID, and undermines community pharmacies proven role in harm reduction and their track record in sensitive, specialised care. Community pharmacies are noted in the proposal as primarily engaged in equipment distribution rather than broader harm reduction services, given their existing scope and operational models. However, they remain a key access point for PWID due to their accessibility and wide geographic presence, and offer a wide range of additional clinical services, including vaccination, Hepatitis C test and treating service, and a range of valuable point-of-care testing services, and have the ability to offer further specialised injecting-related harm reduction services if adequately funded.

Whilst the tiered service model introduces new alternative providers to deliver a broader range of services to address geographical coverage, increasing accessibility for Māori PWID, and allowing for flexibility in response to the changing drug use landscape, clear strategies will be needed to ensure equity across all tiers of service, and mechanisms must exist to assess the capacity of these alternative providers, ensuring they can meet the standards required to provide safe and effective harm reduction services.

The proposed rebate funding model has the potential to incentivise participation from both pharmacies and new alternative providers, however the proposal suggests that the exact amounts will be determined by 2025, thus clarity will be essential for planning and ensuring provider buy-in and must be accompanied by adequate technical support and outreach.

Recommendations:

- Prioritise community pharmacies as primary providers in the tiered model and address barriers preventing community pharmacies from fully participating with strategies for onboarding, training and sustained engagement.
- Explore the implementation of a higher and adjusted rebate alongside access to focused training, technical assistance, workforce support, and essential resources to expand the capacity of community pharmacies to deliver comprehensive NEP services and bridge gaps in service coverage, along with strengthen their role without the need for additional regional contracts.
- Ensure that regional providers are adequately funded, resourced, and equipped with the necessary expertise to effectively oversee local community pharmacy and alternative provider networks, so that they can provide clear strategies for onboarding, training, and providing technical support to maintain accountability and ensure smooth operational functioning.
- Develop clear strategies to promote equity across all service tiers, with a particular focus on prioritising Māori PWID and rural communities, including implementing mechanisms to assess the capacity of alternative providers to ensure they meet the necessary standards for delivering safe and effective harm reduction services.
- Determine and finalise the rebate amounts as early as possible and ensure they are adequately set to incentivise active participation in the new NEP model.

- Monitor the effectiveness of this new NEP model throughout the three-year trial period, with the flexibility to adjust as necessary, to determine whether this new model leads to improved service coverage and promotes equitable access.
- Evaluate client needs and the effectiveness of the six standardised pharmacy kits and other proposed equipment options to ensure they align with client harm reduction needs, including incorporating client feedback into the ongoing development of this model to optimise reach and accessibility.

The case for community pharmacies as the cornerstone of the Needle Exchange Programme

Community pharmacies are among the most accessible healthcare providers, with widespread locations across urban, suburban, and rural areas and extended hours that often exceed those of most alternative providers. Community pharmacies should be considered the cornerstone of the NEP due to their established and trusted relationships with patients/clients, adherence to strict ethical and privacy standards, expertise in harm reduction and emergency response, integration with broader health services, cost effectiveness and service scalability, data collection and monitoring systems, proven track record of delivering targeted services to priority populations with align with public health infrastructure, and experience in offering a non-judgemental environment to access services.

We strongly urge HNZ to reconsider this model and prioritise community pharmacies as the foundation of harm reduction services. We welcome further discussion to ensure the NEP meets its objectives, while safeguarding public health and maximising value for money spending.

Thank you for your consideration of our response. If you have any questions about our feedback, please contact our Senior Advisory Pharmacists, Martin Lowis (martin@pgnz.org.nz, 04 802 8218) or Cathy Martin (cathy@pgnz.org.nz, 04 802 8214).

Yours sincerely,



Nicole Rickman

General Manager – Membership and Professional Services