Department of Health WA
Communicable Disease Control Directorate

Needle and Syringe Program Review 2007

Government of Western Australia
Department of Health

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Abbreviations

A&E	Accident and emergency department
BBV	Blood-borne virus
CDCD	Communicable Disease Control Directorate
CDST	Community Drug Service Team
CHC	Community health centre
DoH (WA)	Department of Health, WA
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HOI	Health Outcomes International
NSEP	Needle and Syringe Exchange Program
NSP	Needle and Syringe Program
NSVM	Needle and syringe vending machine
NGO	Non-government organisation
PHU	Public health unit
SHBBVP	Sexual Health and Blood-borne Virus Program
STI	Sexually transmitted infection
WAAC	The WA AIDS Council
WASUA	WA Substance Users' Association

Executive Summary

E.1 Introduction

Health Outcomes International (HOI) was engaged to conduct a review of the of the Sexual Health and Blood-borne Virus Program's (SHBBVP) statewide Needle and Syringe Program (NSP) on behalf of the Department of Health Western Australia (DoH). The primary aim of the review was to identify gaps in existing services and opportunities for improving the accessibility, quality and effectiveness of the statewide NSP services.

In conducting the review, a variety of information and data was gathered and analysed. The views and perspectives of a wide range of stakeholders (service providers, consumers and other stakeholders) were obtained by a combination of face-to-face and telephone interviews and survey methods. The reviewers would like to thank all who contributed to the study. In addition, NSP activity data for the five years to 30 June 2006 was analysed, which provides a measure of the distribution of needle and syringes geographically, over time and by type of outlet in WA.

E.2 Key findings

The following is a summary of the key findings of the review as structured by the Terms of Reference specified in the Tender Brief issued for the review.

E.2.1 Overview of NSP services within WA

Service models

The service models for NSPs operating across metropolitan, rural and remote areas of WA can be classified under the following:

1. **Needle and Syringe Exchange Programs (NSEPs)** – outlets for needle exchange, which also provide other support services. One dedicated and one ancillary fixed site are in operation, in addition to two mobile services.
2. **Health Service-based NSPs** – secondary outlets such as regional and rural hospitals and public health units that provide access to equipment as a component of their service. Disposal services vary between sites.
3. **Pharmacy-based NSPs** – also classified as secondary outlets, however sterile needles and syringes are purchased by consumers (prices vary). Pharmacy-based outlets generally do not provide an exchange or disposal service.
4. **Vending Machines** – a self-service device which dispenses Fitpacks® at $3 each (includes five needles and syringes). Currently there is one vending machine in WA, based outside the emergency department at Kalgoorlie Hospital, with plans for an expansion of these to other sites.

Location and type of services

Western Australia has been successful in establishing a large number of NSP outlets across the State. In 2005/06 there were 557 identified NSP outlets in WA – approximately two-thirds located in metropolitan regions and the remainder in rural regions. Metropolitan NSPs distributed 86% of needle and syringes that year, with rural NSPs distributing 14%.

Of the NSP outlets, the majority were community pharmacies (438 or 79%), followed by health service-based NSPs (105 or 19%), NSEP outlets (2 fixed and 12 mobile sites, 2%), and a single vending machine.

Distribution of needles and syringes

The data provided on the distribution of needles and syringes in Western Australia over the past five years indicates an expansion in total distribution of the order of 16.5%, with a particular surge in the last two years. Much of this increase has occurred in the Perth metropolitan area, although most rural regions have also experienced an increase in distribution.

NSEP (both fixed-site and mobile) are the major outlets for needle distribution, accounting for 55% of needles and syringes distributed in WA in 2005/06. Community pharmacies, despite having the largest number of outlets, accounted for 38% of needles and syringes distributed in that year, while health service-based outlets accounted for the balance (7%).

There is a concentration of activity among a relatively small number of sites, with 60% of needles and syringes distributed in metropolitan regions from only ten outlets and 48% of needles and syringes in rural regions distributed by ten outlets.

The number of needles and syringes distributed by community pharmacies has declined in the last five years by about 26%. On the other hand the number of needles and syringes distributed by both fixed site and mobile NSEPs has increased, suggesting that these services have substituted for those provided by community pharmacies. This is perhaps unsurprising given the expansion of the mobile service into outer metropolitan areas and the fact that NSEPs provide a free service compared to the user-pays approach of community pharmacies.

Availability of other injecting equipment

The WA AIDS Council (WAAC) and WA Substance Users' Association (WASUA) offer an array of injecting equipment-related materials, including different brands of syringes and needles, and other equipment such as filters, tourniquets and vein care cream. The NSEP sites did not identify any restrictions in their ability to provide a range of injecting and other related materials.

Conversely, the range of other injecting equipment offered at secondary sites varies according to where the outlet is based. Those NSPs located within a hospital setting, usually only provide Fitsticks® (five sterile needles and syringes and five plastic disposal sleeves), while sites based within public/community health services are more inclined to provide supplementary materials to the Fitstick®, such as swabs, sterile water, health information and condoms.

Other services provided

WASUA provides a range of support services, such as treatment referral and health services, e.g. vaccinations, and blood-borne virus (BBV) and sexually transmitted infections (STI) testing. For secondary outlets, this activity is largely reliant on where the NSP is based, and usually involves referrals to services within that organisation or neighbouring agencies.

Fees charged

NSEPs and health service-based NSPs do not charge for needles and syringes, but may charge for other injecting equipment, such as filters, etc. Pharmacies charge for Fitstick® and other pre-packaged products, generally in the range of $6 to $8.

Respondents were aware of the impact of the cost on consumers, e.g. some consumers are more likely to reuse equipment if there is a high cost associated with materials. However it appears that those consumers wanting to access materials such as filters and vein care cream were willing to pay for these at the NSEPs as it is cheaper than buying them at a pharmacy, and many understood the need for outlets to charge for equipment.

E.2.2 Perceptions on NSP service provision

Enablers and barriers to NSP

Service providers and consumers were consistent in their views about those factors that act as either enablers or barriers to NSP services. In many instances, these same factors may have a positive or negative influence, depending on their nature and direction. Such factors include:

- The number and location of NSP services;
- Hours of operation of the NSPs;
- Community attitudes towards NSPs and their clients;
- The level of privacy and confidentiality of the service, particularly in rural areas;
- NSP staff attitudes towards clients;
- The efficiency of the collection process, including waiting time;
- The range of equipment available, and any restrictions applied; and
- Fees charged for equipment.

From a service provision perspective, the capacity to attract and retain staff was also identified as a factor, as was the need for regular training schedules to ensure new staff are appropriately trained and informed.

While many of these barriers have been addressed, at least to some degree, there was recognition given to the need for ongoing efforts, particularly in the areas of community and staff education, to address the “social barriers” to NSP services.

Accessibility of existing NSP services

The number and distribution of NSPs across the state indicate that access to NSP services is generally very good, as evidenced by the activity data over the five years 2001 to 2006.

Staff attitudes and knowledge, hours of operation and location were all regarded by consumers as significant factors in accessing NSPs.

The information gathered from service providers suggests that, overall, hours of service availability is fairly good. This does not mean that there are not issues of access at a local level, and a number of instances were noted where there is limited access to NSP services after-hours and on weekends – mostly in rural areas. It is not uncommon for hospital-based NSPs to open only after the local pharmacy has closed, and because of the fee differential between these services, this has implications for consumer access.

The capacity and willingness of NSP staff to engage with consumers were regarded as variable, although most consumers were complimentary of their NSPs. Again, staff attitudes were seen as a major factor, as were the processes and environment in which the service is provided. Further staff education and training were seen as being needed to address these issues.

The NSEP, and particularly the mobile van, are clearly very important in providing access, as evidenced by the large and increasing number of needles and syringes they distribute. Consumer feedback on these services is very positive, both in terms of the access they provide to equipment and the other information and support services they provide.

Community attitudes are an ongoing issue in regard to the role of NSPs and their capacity to engage with consumers. A number of strategies were proposed to market NSPs in a more positive manner, with recognition given to the need to ensure that such marketing is undertaken in a way that does not attract adverse reaction or criticism.

Capacity to provide information, education and referral services

The capacity of NSPs to provide information, education and referral services is variable, due to a range of factors. Clearly the NSEPs are regarded as being effective in this area, reflecting the fact that NSEP is their core business and staff are appropriately trained and supported in this function. The approach taken by the NSEP staff depends on the level of engagement with the individual client, and the interest shown by the client in such services. NSEP seeks to be non-intrusive, but will assist clients in either information provision or referrals as opportunities permit. Feedback from clients reflects a high degree of satisfaction with the services provided by the NSEPs.

Among secondary NSP service providers, there is a high degree of variability. Regardless of whether they are health service-based or pharmacy-based, there appear to be a number of additional factors that inhibit the provision of services. These include the capacity of service providers to engage with clients, both from a time perspective (because the NSP is not regarded as being part of their core business and other activities are given a higher priority) and from a staff knowledge/training perspective. The level of training provided to health service-based NSP staff is probably greater than that provided to pharmacy staff, which tends to depend more on the attitude of the pharmacist to the service than on a formal training process or schedule.

Whilst most NSP service providers reported that they did not consider that additional training was required, other stakeholders considered that there is a need for a basic level of training about the aims and role of NSPs in order to encourage their acceptance as part of the core business of all health services. Such training should provide more information on how to engage with clients, and on specific issues, such as the harms of drug use and safer injecting practices.

Most NSPs also reported having established linkages to other health services, and providing referrals to those services when required. This tends to rely on local knowledge and networks, and on whether the NSP is part of an existing health service.

Needs of service providers to enhance quality of services

The needs of service providers to enhance the quality of services provided largely reflect the issues previously identified relating to the quality of current services. In large part, these relate to the need for ongoing staff education, particularly in gaining a better understanding of the role of NSPs and recognising that NSP services are part of the core business of health services (and pharmacies). Associated with this is a need for further community education in an effort to reduce the stigma associated with the service and its clients.

Other suggestions, either from service providers or consumers, included improved packaging of educational information to make it more accessible, more funding to provide ancillary equipment such as filters and swabs, and the provision of alternative services, ranging from outreach services and greater peer involvement to more vending machines and disposal facilities.

Views on the effectiveness of NSP

Service providers and consumers shared a common view on the features that characterise an effective NSP. These include:

- Knowledgeable and non-judgemental staff;
- Understanding of harm minimisation principles and the role of NSPs;
- Knowledge of safe injecting practices;
- Easy access in terms of location and hours of operation;
- Provision of a range of equipment and associated materials;
- Privacy and confidentiality;
- Provision of information and referrals; and
- Affordability.

NSEPs are regarded as meeting the majority of these criteria, as evidenced by the positive comments provided by consumers, service providers and other stakeholders in regard to their services. Consequently, this model of NSP is widely regarded as being highly effective, but is also recognised as being expensive to operate. Whilst it is beyond the scope of this study, it would be interesting to compare this model in terms of cost per needle distributed/consumer engaged with other NSP models.

Secondary NSPs, both health service- and pharmacy-based, vary in the extent to which they meet these success criteria. There are noticeable differences in staff attitudes and knowledge both between models and geographically, as well as in their capacity to provide the range of services and support that these criteria indicate. At a minimum, these models are regarded as being effective in terms of their capacity to distribute needles and syringes to clients, and their spread indicates that geographic coverage is good. It is in the area of provision of additional information, support and referrals that these models display considerable variation.

In order to address the identified limitations of these services, an emphasis was placed on the need for ongoing staff training and education, as well as community education in order to reduce the adverse perception and stigma that NSPs often attract.

E.3 Conclusion

The review of NSPs in Western Australia indicates that the various models implemented to date provide for broad geographic coverage of the state, and are effective in distributing needles and syringes to their clientele. While there may be issues at a local level regarding access to service (in terms of operating hours and fees charged for equipment) as well as staff and community attitudes, these tend to reflect more on the quality of support services rather than the basic provision of sterile injecting equipment. However, to the extent that these issues act as barriers or inhibitors to consumers accessing NSP, their influence should not be overlooked.

Clearly the NSEP is regarded as being the most effective model in terms of its capacity to engage with the clientele and in so doing to provide a wide range of support services. The mobile service has also increased coverage by taking services closer to the consumer and at a lower cost. At the same time, this model is expensive to operate, and cannot be replicated in all parts of the state within the current level of funding. Consequently, it is inevitable (and appropriate) that the secondary models continue to provide services over a wide geographic area.

The key to improving the quality of the support, educational and referral roles of these secondary NSPs seems to lie largely in staff training and education, together with community education campaigns. These activities should not be regarded as separate activities, but rather should be undertaken in concert, to maximise their effect. However, care would need to be taken to minimise any unwanted community attention or adverse responses.

There are a number of examples where such efforts undertaken at a local level have proved to be effective, which may act as models for similar efforts in other locations. At the same time, efforts should continue to explore new and innovative ways in which coverage of services can continue to expand, and effective engagement of consumers can be encouraged.

E.4 Future directions

The following suggestions for future directions for NSPs in Western Australia have been developed from the commentary provided by service providers, consumers and other stakeholders, together with the observations of the reviewers themselves. These suggestions are aimed at improving the coverage and quality of NSP services further.

Promotion of NSPs as core business

The Department of Health should develop a framework and associated promotional resources to encourage management and staff at sites where secondary NSPs are located (particularly in rural areas) to regard NSP as part of their core business in disease prevention.

Ongoing training and education

The training and education programs for staff at secondary sites should be expanded, with a strong focus on harm minimisation. The example of an orientation DVD was suggested, which would ensure consistency of content and availability across a large number of sites. The training program should seek to enable staff at all sites to participate on an annual basis, particularly new staff, with a particular emphasis on such areas as how to engage with this client group, the role of NSPs in reducing BBV transmission, and referrals to other health services where appropriate.

Review guidelines

The *Guidelines for the Establishment and Operation of a Needle and Syringe Program* should be reviewed and extended to support the adoption of the principles supporting NSPs. This should be an ongoing process. The guidelines should identify common operating principles (such as “How to engage clients, particularly young people”, “Safe disposal and handling used equipment” and “Referral systems”). At the same time, NSPs should develop their own policies and procedures appropriate to the local circumstances, having regard to the fundamental principles supporting NSP service delivery.

Additional fixed outlet

Consideration should be given to providing a permanent site at those locations currently serviced by the WAAC mobile van which have a high exposure to the public/weather (e.g. Fremantle). These sites may operate on a similar schedule as the van (e.g. 12 noon to 5 pm on Tuesdays) and provide the same level of service, but would not suffer from the lack of privacy commented on by a number of clients.

Vending machines

Consideration should be given to introducing vending machines in those locations where there is a high level of unmet demand (due either to persistent staff resistance or limited hours of operation/access).

"Enhanced" secondary model

Further examination of the experience of the Port Hedland "enhanced" model be undertaken to assess its applicability to other areas, particularly in rural and remote locations (refer Appendix F). Such examination should consider the principles underpinning the model and their application to other locations, while at the same time being cognisant of the potential that any significant changes in role and service delivery may have on both their traditional clientele and funding sources.

Expansion of range of injecting equipment

Consideration should be given to strategies to increase the range of injecting equipment (e.g. swabs, sterile water, filters, different-sized needles and syringes), particularly in rural and remote locations. Strategies may include a mail out service and increased availability of other injecting equipment from needle and syringe vending machines and pharmacies.

Introduction

1.1 Background

In Australia approximately 313,000 people (around 2% of the population) are estimated to inject drugs.[1] The first case of HIV infection in Australia with injecting drug use as the only risk factor was detected in 1985; Needle and Syringe Programs (NSPs) started in Australia the following year.

The relatively low prevalence of HIV among people who inject drugs (4.7%) in Australia[2] has been attributed to the timely implementation of NSPs at the onset of the HIV epidemic. However, NSPs have had less of an impact on hepatitis C incidence. This is partly due to the high virulence of the hepatitis C virus and to its prevalence among people who inject drugs before it was properly identified in 1989 and subsequent measures implemented.

By the end of 2004, an estimated 260,000 people living in Australia had been exposed to the hepatitis C virus. Nationally, approximately 80% of current infections and 90% of new infections are estimated to be due to unsafe injecting practices.[3] While the number of new cases recorded nationally per year has decreased since 2001, in Western Australia hepatitis C is still the fourth most common disease notified to the Department of Health annually (1,108 cases notified in 2005, and around 15,860 cases notified from 1993 to the end of 2005).[4]

1.2 The Needle and Syringe Program (NSP)

NSPs are an important, evidence-based strategy that aims to reduce the transmission of blood-borne viruses (HIV/AIDS, hepatitis C and hepatitis B) among and from people who inject drugs. They provide a range of services that include provision of injecting equipment and disposal facilities, education and information, and referral to other services.[5] The NSP experience in Canada suggests that a comprehensive strategy must be adopted by NSPs if they are to be effective in reducing the transmission of blood-borne viruses among people who inject drugs. That strategy should include:[6]

- Education for people who inject drugs;
- Increased availability of sterile injecting equipment;
- Access to effective drug treatment acceptable to the target population; and
- Organised involvement of people who inject drugs.

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1 Dolan, K, MacDonald, M, Silins, E, & Topp, L 2005. *Needle and Syringe Programs: A Review of the Evidence*, Canberra: Australian Government Department of Health and Ageing.

2 Health Outcomes International, National Centre for HIV Epidemiology and Clinical Research & Drummond, M (Centre of Health Economics, York University) 2002, *Return on Investment in Needle and Syringe Programs in Australia* (Summary Report).

3 Commonwealth of Australia 2005, *National Hepatitis C Strategy 2005-2008*, Canberra.

4 Communicable Disease Control Directorate 2006, unpublished data, February.

5 Health Outcomes International et al. 2002, op cit.

6 Dolan, et al. 2005, op cit.

1.2.1 The Needle and Syringe Program in Australia

Needle and Syringe Programs (NSPs) are part of an initiative to reduce the spread of blood-borne viruses such as HIV and hepatitis C among people who inject drugs. In Australia, NSPs operate in every state and territory to provide people who inject drugs with access to sterile equipment and facilities for disposal of used equipment. In addition, these services can provide information, education and referral services for people who inject drugs.

Recent studies have demonstrated the influence that these programs have had in contributing to lower rates of HIV and HCV in Australia. A 2002 study estimated that 25,000 HIV infections and 21,000 HCV infections had been prevented between 1988 and 2000.[7] These outcomes were directly attributed to the implementation of NSP initiatives.

Figures reflecting the distribution of injecting equipment by NSPs demonstrate the high utilisation of these services. For example, the 2002 study reported that over 31 million needles were distributed Australia-wide by NSPs in the year 2000.

1.2.2 The Needle and Syringe Program in Western Australia

The *Western Australian Poisons Act (1964)* allows approved organisations to provide sterile injecting equipment to people who inject drugs. Both government and non-government agencies run NSP services in WA.

The Sexual Health and Blood-borne Virus Program of the Department of Health (WA) is responsible for coordinating and overseeing the statewide NSP.

The four models of NSPs currently operating in Western Australia are:

- **Needle and Syringe Exchange Programs (NSEP).** NSEPs supply free sterile needles and syringes conditional on the return of used items (hence "exchange") or a cost recovery applies.

  NSEPs are operated by two non-government organisations (NGOs): the WA Substance Users' Association (WASUA) and the WA AIDS Council (WAAC). Both organisations receive funding from the Sexual Health and Blood-borne Virus Program (SHBBVP) to operate NSEPs.

  WASUA is a peer based organisation and operates a fixed inner city NSEP and a mobile NSEP van in the South West. In addition to providing a wide range of injecting equipment, including needles and syringes of different sizes, swabs, sterile water, filters, tourniquets and vein care cream, the fixed site also offers other services such as testing for blood-borne viruses (BBVs) and sexually transmitted infections (STIs), vaccinations, pharmacotherapy advocacy and education, and referral to support services.

  The mobile NSEP van in the South West visits two sites, Busselton and Bunbury, and provides a range of injecting equipment as well as education and referral services.

  WAAC operates a mobile NSEP van, which visits ten sites within the outer metropolitan areas of Perth, and also one ancillary fixed site located within the WAAC building, which clients can utilise if they are unable to access the mobile van. The WAAC mobile NSEP van provides a range injecting equipment, including needles and syringes of different sizes, swabs, sterile water, filters, tourniquets and vein care cream, and also education and referral services.

[7] Health Outcomes International et al. 2002.

- **Health Service-based NSPs.** A total of 105 health service-based NSP outlets operate in WA. These include regional and rural hospitals, public health units and community health centres. Health service-based NSPs distribute free sterile needles and syringes to people who inject drugs in the form of Fitsticks® (five sterile needles and syringes and five plastic disposal sleeves), which are provided at no cost to the service by the SHBBVP.

  All regional and rural hospitals that provide emergency after-hours services are required to provide after-hours access to needles and syringes as per the *Operation Directive OD005/0: Provision of Sterile Needles and Syringes from Rural and Regional Hospitals to People Who Inject Drugs*. After-hours access is defined as the hours during which the local or nearest community pharmacy is closed.

- **Pharmacy-based NSPs.** Pharmacy-based NSPs are run on a commercial basis via the retail of Fitpack®, Fitstick® and Sterafit® products to people who inject drugs. There are approximately 500 pharmacies in WA and approximately 440 of these retail sterile needle and syringes. Pharmacies do not offer an exchange or disposal service.
- **Vending Machine.** A self-service device which dispenses Fitpacks® at $3 each (includes five needles and syringes). In 2005/06, there was one vending machine in WA, based outside the emergency department at Kalgoorlie Hospital.

1.3 Review of the Needle and Syringe Program in WA

The WA HIV/AIDS Strategy 1993–1996 identified review and revision of the *Injecting Drug Use Program* as a strategic activity for 1993–1994.[8] This review found that WA best practice benchmarked well against other Australian states and countries overseas.

Between 2000 and 2002 a number of reviews of NSP programs were undertaken at local and regional levels across WA. Emergent themes from these reviews included:

- The need for education of staff who deliver NSP services;
- The need for community awareness-raising as to the public health benefits of NSP (especially in rural and remote areas where communities ignored or overlooked the implications); and
- Further diversification of current services, including further provision of sharps disposal services.[9,10,11,12,13,14,15,16]

[8] Disease Control Branch, Health Department of WA, 1994, *Report of the Review of the WA Injecting Drug Use Program*, Western Australian AIDS Advisory Committee.

[9] Green, S, 2000, *Enhancing the provision and use of needle and syringe services in the Central and Wheatbelt Region of Western Australia*, Coastal and Wheatbelt Public Health Unit.

[10] Laird, S, 2000, 3-month report on the Broome survey with injecting drug users, Kimberley Public Health Unit.

[11] Sullivan, T, 2000, *Lower Great Southern Needle and Syringe Needs Assessment*, Lower Great Southern Health Service.

[12] Jaeger, JA, 2000, *A Review of the Gascoyne Needle and Syringe Program*, Gascoyne Public Health Unit.

[13] Harbour, T, 2000, *NSP Needs Assessment in the Goldfields Public Health Zone*, Northern Goldfields Health Service.

[14] Nielsen, M, 2001, *Needs Assessment Report on the Needle and Syringe Program*, Pilbara Public Health Unit.

[15] Clark, J, 2001, *Needle and Syringe Program Needs Assessment*, Midwest Public Health Unit.

[16] South West Population Health Unit, 2002, *Final Report: Needs Assessment South West Needle and Syringe Program*.

In 2006 the WA Department of Health (DoH) Communicable Disease Control Directorate (CDCD) sought submissions from interested parties to undertake an extensive qualitative and quantitative review of the Sexual Health and Blood-borne Virus Program's (SHBBVP) statewide Needle and Syringe Program (NSP). The purpose of this review was to identify gaps in services and opportunities, with a view to improving the accessibility, quality and effectiveness of the program. Health Outcomes International was appointed to undertake this review for the department.

The objectives of the review included:

- Compiling a detailed description of NSP services within WA including:
  - Location and type of services;
  - Distribution of needle and syringes;
  - Availability of other injecting equipment;
  - Cost of injecting equipment to consumers; and
  - Other services provided.
- Collecting and analysing service providers' and other key stakeholders' perceptions of NSP service provision within WA including:
  - Enablers and barriers to NSP;
  - Accessibility of existing NSP services;
  - Capacity to provide information, education and referral services;
  - Needs of service providers to enhance quality of services; and
  - Views on the effectiveness of NSP.
- Identifying the perceptions of people who inject drugs on NSP service provision within WA including:
  - Enablers and barriers to NSP;
  - Accessibility of existing NSP services;
  - Quality of information, education and referral services;
  - View of the effectiveness of NSP; and
  - Suggestions to enhance quality of services.
- Establishing and participating in a reference group to guide the review; and
- Collating this data and presenting it in report format along with recommendations about how the accessibility, quality and effectiveness of the SHBBVP's statewide NSP could be improved.

1.3.1 Methodology

The methodology for the review comprised the following components:

Documentation review

Relevant documentation pertaining to the background of NSP services in WA were received from DoH. The documents were reviewed on an ongoing basis to identify the policy and environmental context in which NSP services operate across WA.

Quantitative data analysis

A detailed analysis of data extracted from the DoH NSP provider database was undertaken. Needle and syringe distribution data from July 2001 to June 2006 was used in the review. Graphs created from the data are presented in Chapter 2 and Appendix A.

Ethics consideration

In order to ensure that the review was conducted in a manner consistent with ethical principles, HOI prepared an *Ethical Considerations for Consumer Engagement* document discussing:

- HOI's approach to promote, invite, recruit and consult NSP consumers;
- HOI's compliance with all privacy and confidentiality provisions when consulting with NSP consumers; and
- HOI's response to the National Health and Medical Research Council Guidelines for Ethical Considerations in Quality Assurance Projects. This document aimed to demonstrate that the review is effectively a quality assurance exercise, rather than a form of "research".

DoH considered this document and provided a written confirmation which stipulated that, in their opinion, HOI did not require an application to an Ethics Committee in order to engage with NSP consumers.

NSP surveys

A survey to be completed by NSPs across WA was designed with two purposes in mind:

- To collect information to create a detailed map of all NSPs operating across WA; and
- To canvass the various NSP service providers for their perceptions of NSP services in WA, in order to identify gaps and opportunities for improving the accessibility, quality and effectiveness of the program.

A survey form was developed in Microsoft Word, which was then transposed to an electronic version housed on the www.surverymonkey.com website. Arrangements were made to disseminate the survey to all secondary outlets (health service- and pharmacy-based), while focus groups were held with staff at the NSEP sites.

Health service-based NSPs

Contact details for secondary NSP outlets (excluding pharmacy outlets) were requested from DoH. A total of 110 surveys were distributed via email to the NSP coordinators, which provided an introduction to the review, a Word attachment of the survey form and instructions on how to complete and return the survey via the following methods:

- Electronically (via the attached Word document which could be emailed back to HOI);
- Online (by accessing the survey via the HOI website and clicking on an icon which navigated the user to a survey link. The website was external to those housed on any departmental intranet); or
- Hard copy (participants were able to print the survey from the email and complete a hardcopy version which could be returned via post or facsimile).

This multi-method approach sought to enable respondents to participate in the review via a method appropriate to their circumstances. A copy of the survey is presented in Appendix B.

A total of 43 responses were received from health service-based NSP providers.

Pharmacy-based NSPS

It was originally proposed that pharmacy outlets would also receive the survey via email. However, the DoH did not hold a database detailing pharmacy outlet information (only those which have a permit to sell single needles and syringes). HOI was informed that only a small number of pharmacies were likely to have an active email address; therefore, posting a hard copy of the profile survey was considered to be the optimal method of accessing the pharmacies. As such, delays would be experienced with the postal method, unlike the promptness of email.

The Pharmaceutical Council of WA provided a database containing the postal address for each pharmacy NSP outlet operating under the Council's NSP permit. The survey with reply paid envelope was then posted to 420 outlets.

Following a low response by the return date, it was decided to reissue the survey form using the "fax stream" of the WA Pharmacy Guild. The support of the Guild in reissuing the survey is gratefully acknowledged.

A total of 46 responses from pharmacies were received.

Reference group

A reference group provided guidance and technical advice to the project. The reference group reviewed and provided commentary on the methods and analytical approach, as well as the interpretation of the review results. Members of the reference group are listed in Appendix G.

Difficulties experienced

Email difficulties

Delivery and read receipts were assigned to each emailed survey. This method was found to be beneficial in tracking whether emails reached their destination. Where they did not, the addresses were forwarded to the DoH, who either sent HOI an alternative email address or a contact name and facsimile number (surveys were subsequently faxed to these coordinators).

This method was also useful if the recipient deleted the email without reading it. However, in this instance, HOI would only receive notification if the recipient permits their email system to send a receipt to HOI (the same occurs when the individual reads the email). Therefore the actual number of surveys either read and deleted or deleted without being read is unknown.

Initial low response rate

Initially, respondents were given six weeks to complete the survey, and the number of responses received was monitored on a daily basis. After three weeks, the total surveys received was considered to be low (n=49). While this is considered to be an adequate number of completed surveys within a three-week timeframe, it only represented a 9.25% response rate.

Discussions were held with DoH on how the total responses could be increased. It was decided:

- DoH would send a reminder email to all NSP coordinators on the email list;
- DoH would contact the regional NSP coordinators to discuss the review and request that the coordinators contact their corresponding sites to encourage participation;

- HOI would post a reminder letter to all pharmacy outlets; and
- The timeframe to complete the survey was extended by one week, to 31 August 2007.

Consumer consultations

Sampling framework

In addition to the recruitment of NSP consumers from the NSEP sites, approaches were also made to consumers at nominated secondary outlets to participate in the review. It should be noted that this approach is necessarily limited to people who inject drugs who access NSPs, and does not include those not accessing these services.

Using the DoH NSP provider database, a framework was designed to identify secondary outlets which distributed a large amount of injecting equipment during 2005/06 financial year. From this list, a sample of 25 sites across all regions were chosen and invited to participate in recruiting consumers for the review. The outlets included 13 pharmacies, eight hospitals, three population/public health units and one drug and alcohol support service.

Invitation and recruitment

Promotional flyers advertising the review and participant information sheets were distributed to WASUA and WAAC one week prior to the onsite consultations. For the secondary sites, depending on the volume of injecting equipment distributed, the required number of flyers and information sheets were posted. A consent form (to be kept by the participant) was included for secondary NSP consumers, while verbal consent was obtained during interviews at the NSEP sites.

A covering letter requested that the flyer and supporting information be issued by staff at the time consumers attended the outlet. The initial invitation and recruitment process required 1,075 flyers and supporting information to be posted to the outlets. A copy of the survey is presented in Appendix C.

Consultations

Onsite consultations with NSEP consumers were held at WASUA and at various sites of the WAAC mobile van. Consultations were undertaken by two members of the review team, and coordinators and staff were asked to nominate the times which presented the greatest opportunities to interview consumers (e.g. peak times, sites with increased likelihood of engagement). Regarding the mobile service, HOI accompanied staff at the following sites:

- Fremantle
- Rockingham
- Mirrabooka
- Midland
- Armadale.

The methods used to inform consumers of the review were the same at WASUA and the van. They were as follows:

- Following receipt of their equipment, the consumer was asked by NSEP staff whether they would like to participate in a survey conducted by HOI, and be reimbursed for their time; and
- If the consumer agreed to participate (or learn more about the survey), HOI then approached the consumer to either undertake the survey via an interview or answer any questions the consumer had about the process; however

- If the consumer did not want to participate at that time, they were given the flyer for future reference.

Consumers were reimbursed with a $25 voucher for their participation. A total of 112 responses were received from NSP consumers. Sixty-one consumers participated during the onsite consultation phase and 51 consumer responses were completed by a combination of telephone interviews and web-based participation. The responses were subsequently entered onto the same database as the online survey.

Considering that the total number of metropolitan participants engaged through the interviews at the NSEP sites was quite high (n=77), it was decided that further promotion of the survey at the NSEP sites was not required. However, recruitment of rural and remote consumers continued.

HOI is thankful for the assistance provided by the outlets in the recruitment of consumers.

Difficulties experienced

Low response rate from rural and remote consumers

Initially the response rate from consumers at secondary sites was quite low (n=3). While this steadily increased, the following strategies were implemented to improve participation rates:

- DoH contacted the NSP outlets to discuss the outlet's progress in distributing the flyers and supporting information to consumers;
- HOI prepared a second mail out of flyers and supporting information for each of the 25 outlets. An additional 305 documents were mailed; and
- A copy of the flyer and supporting information was emailed to the outlet in Hedland (where it was identified that some consumers would be interested in participating).

Vouchers returned by post office

Three respondents nominated that their $25 vouchers be mailed to a post office. However, two vouchers were returned to HOI within one week. A follow-up phone call with the post office established that any mail should be held for a minimum of 30 days. In the event, the consumers contacted HOI after not receiving their voucher and provided an alternative postal address.

NSEP interviews

Focus groups were held with staff at WAAC and WASUA (due to these outlets' NSEP focus being the distribution of sterile injecting equipment and supporting people who inject drugs). WAAC and WASUA also act as the major distribution points of injecting equipment. A copy of the interview schedule used in these consultations is provided in Appendix D.

Other government and non-government stakeholder consultations

A final group of stakeholders comprised members of the reference group, who are external to NSP service delivery. Eight teleconferences were undertaken with this group. A copy of the interview schedule used in these consultations is provided in Appendix E.

The evaluators would like to express their sincere gratitude and appreciation to all those who gave their time and support to the review.

Profile of NSP Services in WA

This section provides an overview of the spread and activities of NSP services across WA, based on data provided by the Western Australian Department of Health for needle and syringe distribution volumes from 1 July 2001 to 30 June 2006. Data at the state level is presented in this section, with additional details at the regional level presented in Appendix A.

2.1 NSP data collection

In WA, needle and syringe distribution data is collected and maintained by the Sexual Health and Blood-borne Virus Program (SHBBVP). Data is obtained from a number of sources, including:

- Needle and Syringe Exchange Programs (NSEPs) – NSEPs provide data on the number of needles and syringes distributed to clients.
- Health service-based NSPs – records of the number of needles and syringes ordered by health service-based NSPs through the SHBBVP.
- Pharmacy-based NSPs – wholesale pharmaceutical companies provide data on the number of needles and syringes distributed to retail pharmacies.
- Needle and Syringe Vending Machine (NSVM) – the hospital that operates an NSVM provides data on the number of needles and syringes dispensed to clients.

2.2 Outlet profile

In 2005/06, the most recent full year for which information was provided, there were 557 identified NSP outlets in WA – approximately two-thirds located in metropolitan regions and the remainder in rural regions. Metropolitan NSPs distributed 86% of needle and syringes that year, with rural NSPs distributing 14%.

Of the NSP outlets, the most numerous were community pharmacies (438 or 79%), followed by health service-based NSPs (105 or 19%), NSEP outlets (2 fixed and 12 mobile sites, 2%), and a single vending machine.

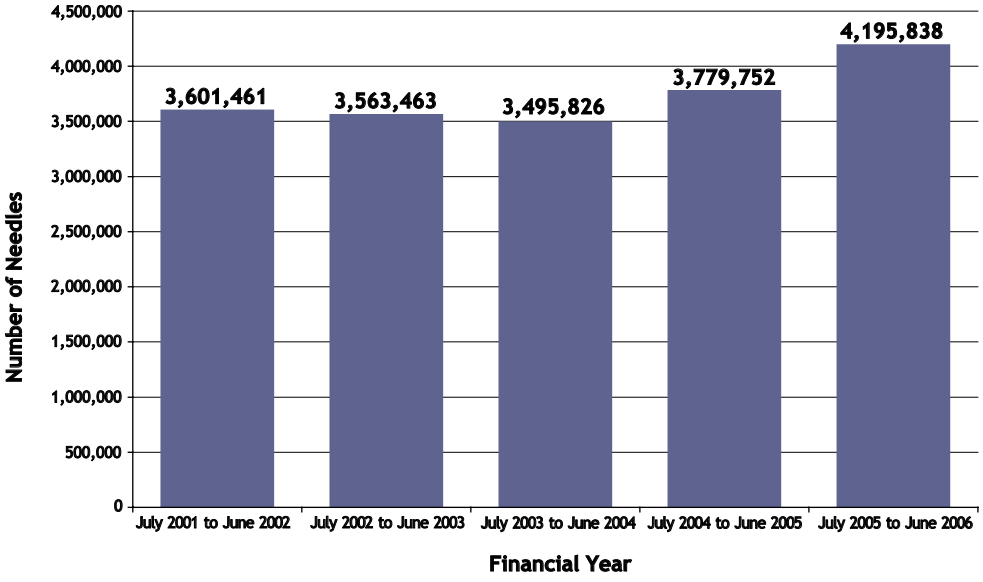
The total volume of needle and syringes distributed by these different NSP types in 2005/06 varied significantly, with the largest group, pharmacies, accounting for only 38% of all needles and syringes distributed; the smallest group, NSEPs, distributed 55% of all needles and syringes; and health service-based outlets distributed 7% of all needles and syringes.

In the metropolitan area, the 10 sites distributing the most needles and syringes (all but one of which was an NSEP outlet) accounted for 60% of all needles and syringes distributed in these regions, while in rural regions, the 10 sites distributing the most needles and syringes accounted for 48% of all needles and syringes distributed in rural areas.

2.3 Distribution volumes

The following figure illustrates the number of needles and syringes distributed under the NSP program in the five years to 30 June 2006.

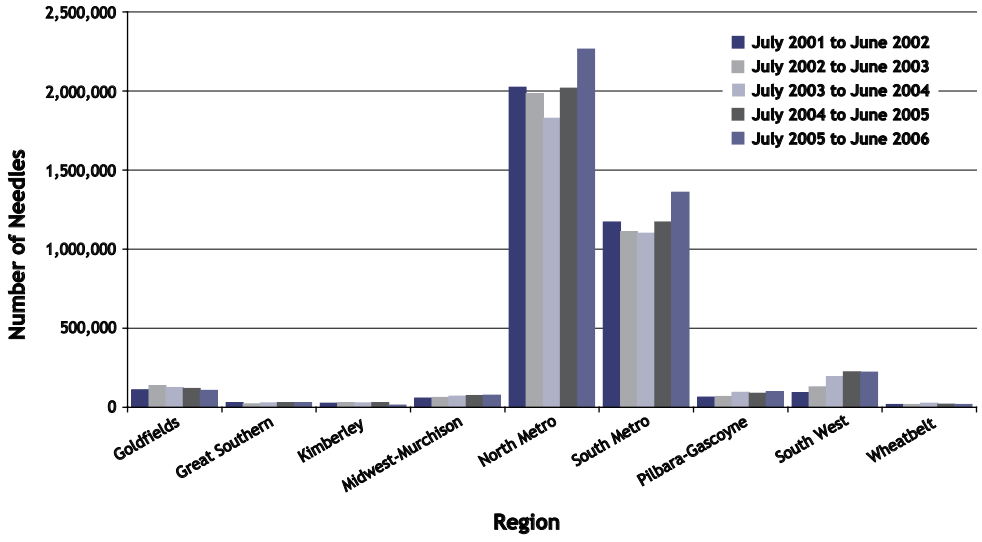
Figure 2.1 Distribution of needles and syringes – Western Australia



An increase of 16.5% over the five-year period is evident, with a particular increase (20.0%) over the last two years.

As might be expected, the North and South Metropolitan Regions account for the vast majority of distribution, as illustrated in the following figure. It should be noted that WASUA is located within the North Metropolitan region.

Figure 2.2 Distribution of needles and syringes – all regions



A further breakdown of distribution by region and outlet type, with associated commentary, is presented in Appendix A.

2.4 Summary

The data provided on the distribution of needles and syringes in Western Australia over the past five years indicates an expansion in total distribution of the order of 16.5% over the period, with a particular surge in the last two years. Much of this increase has occurred in the Perth metropolitan area, although most rural regions have also demonstrated an increase in distribution.

NSEP (both fixed-site and mobile) are the major outlets for needle distribution, accounting for 55% of needles and syringes distributed in WA in 2005/06. Community pharmacies, despite having the largest number of outlets, accounted for 38% of needles and syringes distributed in that year, while health service-based outlets accounted for the balance (7%).

There is a concentration of activity among a relatively small number of sites, with 60% of needles and syringes distributed in metropolitan regions being provided by only ten outlets, and 48% of needles and syringes in rural regions distributed by ten outlets.

The number of needles and syringes distributed by community pharmacies has declined in the last five years by about 26%. On the other hand, the number of needles and syringes distributed by both fixed-site and mobile NSEP has increased, suggesting that these services have substituted for those provided by community pharmacies. This is perhaps unsurprising given the expansion of the mobile service into metropolitan areas and the fact that NSEPs provide a free service compared to the user-pays approach of community pharmacies.

Survey and Consultation Findings

3.1 Overview of survey respondents

The following are brief profiles of the NSP service providers and consumers who responded to the survey questionnaire.

3.1.1 Service providers

A total of 89 responses were received from NSP service providers. The following figures illustrate the responses received by service model and location.

Figure 3.1 Service provider survey responses by model

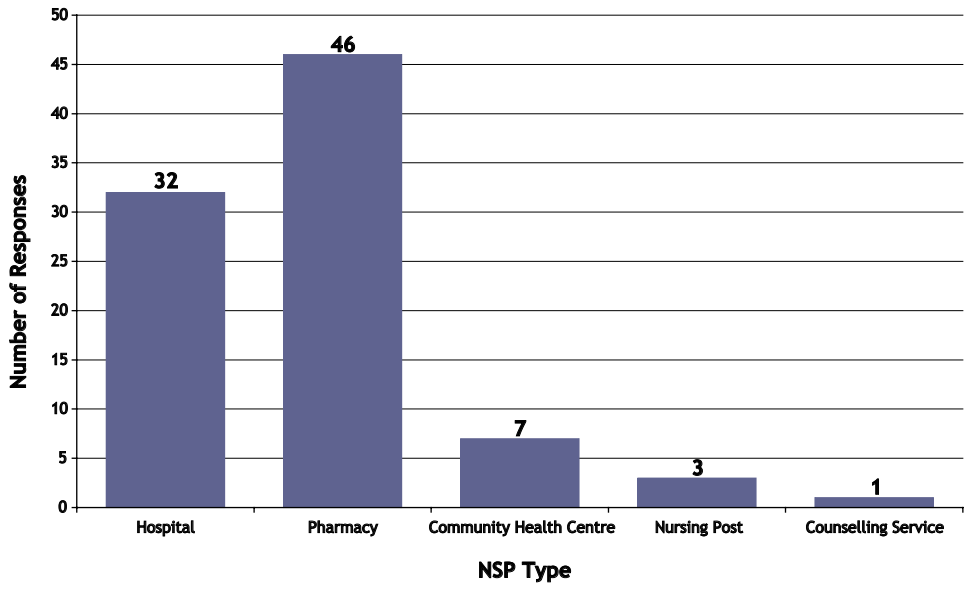
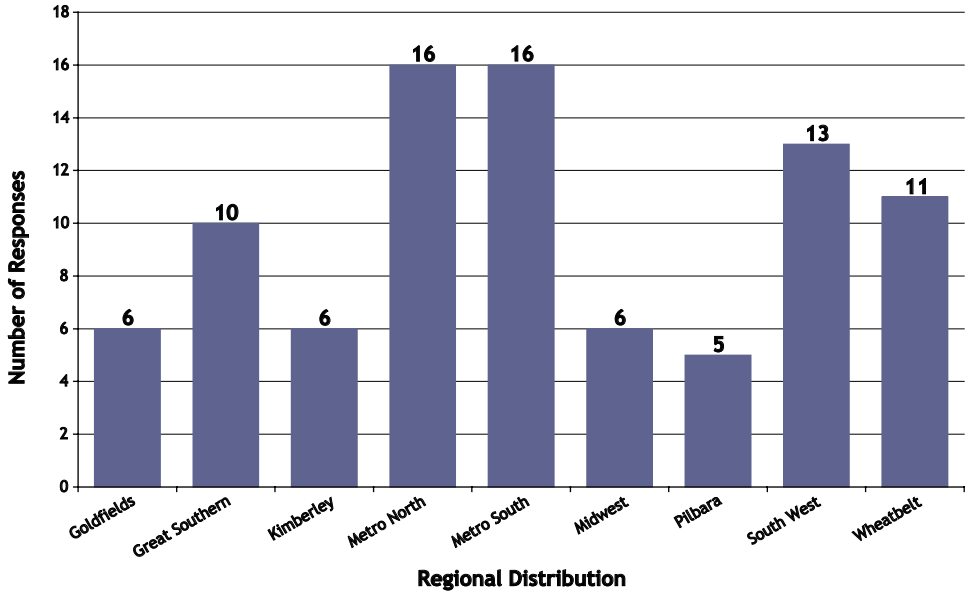


Figure 3.2 Service provider survey responses by region



3.1.2 Consumers

A total of 112 responses were received from NSP consumers, either by face-to-face or telephone interviews or by completion of the survey online.

Location

77% of responses were from the metropolitan area, 20% were from regional areas, with 3% not specified.

Main NSP accessed

The following table illustrates the responses received by type of outlet used:

Table 3.1: Consumer profile by NSP type

Outlet Type	No. of Respondents	% of Respondents
WAAC Van	37	33.0%
WASUA	35	31.3%
Community Health Service	16	14.3%
Hospital	7	6.3%
Pharmacy	6	5.4%
NSEP (site not known)	5	4.5%
Undefined	6	5.4%
Total	**112**	**100.0%**

Gender

Overall, 51% of responses were from males, 48% from females, with 1% transgender. In the metropolitan area, 47% of respondents were male, 52% were female, and 1% transgender. In regional areas, 68% of respondents were males, while 32% were female.

Age profile

The following table illustrates the age profile of consumer respondents NSP type.

Table 3.2: Consumer age profile by NSP type

Age Group	WAAC Van (n=37)	WASUA (n=35)	Community Health Service (n=16)	Hospital (n=7)	Pharmacy (n=6)	NSEP (nec*) (n=5)	Not Stated (n=6)	Total (n=112)
Under 18	0.0%	5.7%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%
18-25	8.1%	20.0%	6.3%	0.0%	66.7%	0.0%	33.3%	15.2%
26-30	16.2%	20.0%	6.3%	42.9%	16.7%	60.0%	33.3%	20.5%
31-35	21.6%	31.4%	31.3%	28.6%	0.0%	0.0%	0.0%	23.2%
36-40	24.3%	11.4%	6.3%	0.0%	0.0%	20.0%	16.7%	14.3%
41-45	18.9%	2.9%	18.8%	0.0%	0.0%	0.0%	0.0%	9.8%
>45	10.8%	8.6%	31.3%	28.6%	16.7%	20.0%	16.7%	15.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

* nec - not elsewhere counted

The largest group of consumer respondents (44%) were aged 26 to 35 years. For the two NSEPs, the age profile of WASUA clients was slightly lower than that of the WAAC mobile van, with 46% of WASUA clients aged under 30 years, compared to 24% of WAAC mobile van clients.

3.2 Participant responses

The following sections present the key findings from the consultations with service providers, consumers and other stakeholders in each of the key areas to be addressed in the review, namely:

- Barriers and enablers to NSPs;
- Accessibility of existing NSP services;
- Capacity to provide/quality of information, education and referral services;
- Needs of service providers to enhance quality of services;
- Views of the effectiveness of NSP; and
- Suggestions to enhance services.

3.3 Barriers and enablers to NSPs

3.3.1 Barriers

Service provider perspectives

The survey responses to the question, **"What factors make it difficult to engage consumers?"** by service providers are summarised in the following table. (Note that respondents could identify more than one factor.)

Table 3.3 Barriers to engaging consumers - Service provider perspectives

Identified Barrier	No. of Responses	% of Responses
Lack of privacy	28	26.7%
Consumer attitude	18	17.1%
Staff attitudes/time	12	11.4%
Consumer time	9	8.6%
Process of distribution	3	2.9%
Advertising	2	1.9%
Community attitudes	2	1.9%
Other	19	18.1%
No answer	12	11.4%

Lack of privacy (especially in rural towns and the exposure of the WAAC mobile van to the public) was identified as the main barrier to engaging with consumers. Consumer attitudes were also regarded as a significant factor (described as being either in a hurry or unwilling to engage) as well as staff attitudes and time (largely relating to services at hospital emergency departments and pharmacies).

Other factors included irregular clients and a lack of awareness of the underlying need for the service. Some providers identified a lack of space to talk to clients. One provider acknowledged that their outlet is "not effective" with regard to on-site counselling due to the NSP not being their core business.

A similar question, namely **"Are there barriers to operating an NSP?"**, drew 44 responses of "Yes", 28 responses of "No", with 17 respondents not answering. The responses identifying such barriers largely reflected those to the question above, and included consumer attitudes and behaviour (27% of responses), privacy (20%), staff attitudes (20%) and community attitudes (16%). Staff education (14%) and resource limitations (9%) were also identified as issues.

When asked if these factors had been addressed, 62% of service providers either did not answer or stated that they did not know. An equal percentage of responses (19%) said either "Yes" or "No" to that question.

WAAC staff noted that community development initiatives such as school education and meetings with councils and local shire representatives to raise awareness of the goals of the program (e.g. presentation of statistics) are ongoing in order to address the barriers experienced in service provision. Providers indicated that while negative community outlooks and attitudes can be an ongoing problem, solutions also required leadership from local councils and government. NSP workers acknowledged that NSPs were "politically unpopular" and, as such, workers were left to address issues to the best of their ability. An interesting comment made by a country provider was, *"The community's views would be challenged if they were to look at the user profile, particularly in the country areas"*.

Also impacting on the ability to address barriers is resistance among some NSP staff. In addition to community opposition, a number of secondary outlet staff (predominantly in regional areas) opt not to interact with consumers nor promote their NSP (e.g. posters) for *"fear of community backlash"*. To address the problem of resistance, it was identified by a regional coordinator that they are looking to hire peer workers/educators as there currently is no such position based in the region, and there is concern for the lack of consumer advocacy.

Additional examples of barriers and how they are being addressed within NSPs are summarised below:

Table 3.4 Barriers to operating an NSP which have been/are being addressed

Barrier	Examples	How it is being Addressed
Consumers	Consumer attitudes, e.g. not wanting to be engaged in conversation and abruptness, etc., especially in a hospital setting.	• Treating the NSP consumer the same as any other customer. • Selection of hospital service to receive a vending machine.
	Consumer demonstrates antisocial behaviour towards other non-NSP customers.	• Any such person is banned from the service. • Locating the NSP service close to the pharmacy door therefore consumers are not required to walk through the store.
Community resistance	Community concerns about NSPs.	• Educating the public about the benefits of the program. • The community requires ongoing education – more promotional pamphlets are required.
Staff	Staff feel offended at having to provide the equipment, e.g. perception of condoning drug use.	• Improving NSP coordinator talks to providers. • Providing education one-on-one and in a group meeting.
	Staff safety concerns.	• "Chute"* at front door of hospital.
	High staff turnover (regional area).	• Continual attempts to communicate with and educate new staff members.
Confidentiality issues within a rural town	Familiarity in a small town and transient clients.	• Strive to provide a confidential and private service. • Use a "chute"*.

* Chute: a slot through which an approved package containing needles and syringes and a disposable receptacle are provided to clients.

Survey respondents also provided examples of barriers within their service which remain as ongoing issues. These included:

- *"Increasing workload demands on staff."*
- *"Perceived issues about inappropriate disposal – which then become an issue about providing the service."*
- *"Unhappy staff members, having to distribute packs."*
- *"Service providers' values and attitudes towards harm reduction and consumer group."*
- *"Lack of security."*
- *"Very small local community – may find it difficult to approach staff especially if already known to individual."*
- *"Time. Impatient consumers. Lack of knowledge."*
- *"Staff reluctance to know about the use of illicit drugs via injection."*
- *"The nurse is usually busy. There is need for a big enough slot to pass on (equipment) without opening the door."*
- *"Cost, embarrassment by consumer."*
- *"Aggression, threats, people coming in bleeding. We just treat them as normal as possible and ignore the other stuff that goes on."*

The following were identified as barriers, however respondents were unsure whether they were being addressed:

- *"Depending on the nature of the program. As it stands now there are little barriers as this group of consumers impacts little on the operation of the business and provision of healthcare to other clients."*
- *"Some local people may not use this service as this a small town and if they're worried about being recognised by staff, they will go elsewhere or not use the program at all."*
- *"Privacy in a busy small pharmacy."*
- *"Customer theft and intimidation of other customers."*
- *"Not apparent from our hospital but societal values or opinions can impact and inadequately trained staff."*
- *"Perception of other customers."*

Thirty service providers answered the question, **"Are there any external factors (positive or negative) that impact on service demand and the types of services required?"** Of these, 27% identified "resource limitations", 23% identified "community attitudes", 23% identified "transient/ mobile consumer population", 20% identified "privacy issues", and 10% identified "staff attitudes".

When asked to identify the **weaknesses of their NSP**, service providers gave the responses presented in the following table. (Note that respondents could identify more than one issue.)

Table 3.5 Weaknesses of NSPs – Service provider perspectives

Weakness	No. of Responses	% of Responses
Lack of privacy	10	11%
Staff workload	8	9%
Staff safety	7	8%
Lack of other services	5	6%
Staff attitudes	4	4%
None	4	4%
Hours of operation	2	2%
Advertising	2	2%
Accessibility	1	1%
Other	14	16%
No answer	39	44%

Other identified weaknesses were:

- Limited understanding of harm reduction principles within the community;
- Reluctance of staff to engage clients for opportunistic education;
- Problems associated with ageing vending machine;
- No referral cards supplied and poor range of products;
- Discarded needles found in the area (although not often); and
- Occupational health and safety issues such as being based in the outdoors, different locations, etc., which can cause low job satisfaction.

Overall, a similar pattern to that previously described appears, with privacy, staff and community attitudes and workload being the main issues identified.

In response to the question, **"Do you charge consumers for injecting equipment?"**, an equal proportion (49%) of respondents replied "yes" or "no" (2% did not respond). This generally reflected whether they were private (i.e. pharmacy) services or public services respectively. The typical charge by pharmacies was between $6 and $8 per Fitpack®.

When asked, **"Does the cost impact on how consumers use the service?"**, of those service providers charging for the service, 78% stated that the charge had no impact, 8% said it had some impact, and 14% were unsure. The impacts of charging a fee were reported as including reducing the number of packs taken, and going to the hospital where there is no charge.

Consumer perspectives

Consumers were asked, **"What sorts of things make it difficult or prevent you from accessing the outlet?"**. The responses received are presented in the following table:

Table 3.6 Barriers to accessing NSPs - Consumer perspectives

Identified Barrier	No. of Responses	% of Responses
Hours of operation	33	35.1%
Location/transport	16	17.0%
Lack of privacy	11	11.7%
Staff attitudes	5	5.3%
Cost of equipment	2	2.1%
Other	27	28.7%

The hours of operation (35% of responses) and location/transport issues (17%) were the main barriers identified, with privacy (12%) and staff attitudes (5%) also identified.

Examples of other barriers identified by consumers tended to be related to issues external to the NSP itself, such as:

- Parking limitations;
- Weather;
- Personal health issues;
- Police activity;
- Traffic.

In response to the question, **"Do you have to pay for any equipment?"**, 23% of consumer respondents said they always paid, 51% reported paying for equipment sometimes, and 25% reported not paying. These ratios were relatively consistent across all NSP types, except for pharmacies, where 83% of respondents reported always paying for equipment. Among NSEP users, payment generally related to equipment such as filters, etc.

Of those that paid for equipment, in response to the question, **"How does this cost affect how you use the service?"**, 70% reported that payment had little or no impact on their use of NSP services, 8% said it had a moderate impact, and 11% said it had a significant impact (11% did not respond to this question).

It should be noted that these responses may be biased by the large proportion of respondents who were clients of the NSEPs. In many cases, they commented that the low price they paid for additional equipment (such as filters, etc.) was significantly less than the cost of purchasing Fitpacks® from a pharmacy, and was a major factor in their use of the NSEP. Others commented that if they had no money, they would share or reuse equipment.

Other stakeholder perspectives

The main barrier to NSPs identified by other stakeholders consulted was public bias and attitudes towards NSPs, based on the views that they encourage drug use, and facilitate public discarding of used equipment, and that neighbouring services and houses are not safe. Local government attitudes were also seen as inhibitors to service delivery, particularly when attempting to find suitable premises to establish an NSP. Respondents found that community perspectives often "dictate" where a service can be established. Consequently, not only do the needs of consumers have to be addressed, but also those of local community members and political stakeholders.

Also related to location is the barrier of the NSP situated in a small town, where confidentiality in particular was noted as a significant barrier. These locations may also face service issues specific to sections of the community, such as Aboriginal users, e.g. addressing cultural aspects of sharing of equipment. (It was noted that cultural awareness is also an issue in the metropolitan areas that NSP staff need to be aware of.)

Barriers to service provision were also seen to be dependent on the outlet itself. In regard to pharmacies, barriers may be part attitudinal and part ignorance, e.g. *"I don't want them (the users) in here"*. Poor relationships/negative experiences with clients in the past can also deter workers from allowing consumers access to needles and syringes. For pharmacies, the Pharmacy Council attempts to address those attitudinal problems which come to their attention. For example, there have been concerns about some regional pharmacies refusing to provide Fitpacks®. It is common for the Pharmacy Council to contact these pharmacies to discuss the issues.

There was some commentary that the current models need to be enhanced now that the basic framework of service provision exists. It was acknowledged that since barriers such as staff and community resistance are ongoing, successful models need to be replicated across the state and innovative solutions developed to address those ongoing barriers. One respondent stated:

> *"There is a good spread of NSPs but now more is needed to enhance the models, e.g. further consideration of new locations complementing existing areas serviced by the van, co-location with relevant services, better resourcing in rural and remote areas – resourcing is the barrier to doing this."*

In regard to the factors that make engagement of consumers difficult, those identified by other stakeholders were in line with those of providers and consumers outlined previously. In particular, values and attitudes of the staff themselves and lack of outreach service/approach. The WAAC mobile service was also seen as exposed to other factors such as the weather and visibility by the general public. The mobile service also continues to encounter "public bias" regarding the objectives/outcome of the service. Essentially, councils dictate where the WAAC mobile van can be based.

Several respondents recognised that fixed NSP sites enable more opportunities for effective engagement with consumers, as it comes down to logistical factors within the service, e.g. location, designated counters, rooms for more in-depth discussions (e.g. internal set-up of the agency), staff attitudes, etc.

3.3.2 Enablers

Enablers to service provision are generally the opposite to barriers, i.e. the presence of a factor (e.g. friendly staff) may be an enabler to services, where the absence of the same factor may be a barrier. Consequently, many of the factors identified above as barriers were also identified in the list of factors that facilitate the provision of services.

Service provider perspectives

Service providers were asked, **"What are the strengths of your NSP service?"**, with the responses summarised in the following table.

Table 3.7 Enablers to NSP services – Service provider perspectives

Identified Strength	No. of Responses	% of Responses
Availability	15	17%
Friendly/non-judgmental staff	15	17%
After-hours access	7	8%
Confidentiality	6	7%
Efficiency	5	6%
Affordability	3	3%
Safety	1	1%
Other	19	21%
No answer	29	33%

The number and distribution of NSPs across the state were identified as important factors that enabled access to NSP services, as were staff attitudes. Other identified factors included:

- Location;
- Referrals to other services/GPs;
- Capacity to provide additional services when required;
- Support from the local community; and
- Staff knowledge of their client base.

Consumer perspectives

Consumers were asked, **"What sorts of things make it easy for you to access the outlet?".** Their responses are summarised in the following table.

Table 3.8 Enablers to NSP services – Consumer perspectives

Identified Enabler	No. of Responses	% of Responses
Location	50	44.6%
Hours	12	10.7%
Discreet	8	7.1%
Cost	4	3.6%
Regular (van)	4	3.6%
No waiting	1	0.9%
Other	22	19.6%

In general, the responses from consumers displayed a strong similarity to those of service providers, with location, hours of operation and privacy/discretion being the major issues identified. Other facilitating factors identified by individuals included:

- Fast service;
- Convenience (time and location);
- Large choice of pharmacies;
- Professional and friendly staff;
- The range of information provided; and
- Support for the principle of the exchange process.

Some consumers offered suggestions to increase ease of access including, having a fixed site in Fremantle, a more centralised service, and accessible and free parking.

Helpfulness of staff was a further factor commented on by a number of consumers. Overall, 86% (n=96) of respondents reported that NSP staff were always helpful, 10% (n=11) said they were sometimes helpful, and 4% (n=5) said that they were never helpful. All NSEP and community health centre NSP clients reported that staff were always or sometimes helpful, 86% (n=6) of hospital NSP clients reported the same, while 67% (n=4) of pharmacy clients reported staff were never helpful. This again reflects the duality of these factors in either facilitating or inhibiting access to services.

Efficiency of the collection process was also seen as an enabler to services. Overall, 80% of respondents reported that they did not have to wait to be served. Of the 20% who reported waiting, all reported having to wait less than 10 minutes across all NSP types, with the exception of an emergency department (one respondent), where the waiting time varied significantly depending on how busy staff were. A higher proportion of clients of hospital and pharmacy NSPs (43% and 50% respectively) reported waiting compared to those attending community health centres and NSEPs (13% and 17% respectively). Comparing responses from metropolitan and regional areas, 27% of respondents in regional areas reported waiting for services, compared to 19% in metropolitan areas.

Being able to **collect equipment for others** was also identified as an enabler to services. 63% of respondents reported collecting equipment for others, 37% did not. Of those collecting equipment for others, the number of people for whom they collected varied from "a mate/partner or girlfriend", to 20–30 people. The amount of equipment collected also varied widely from the occasional needle and syringe, to 5–10 boxes. Some collected this equipment on a weekly basis, while others reported picking up large amounts every 2–3 months. The majority of those reporting collecting equipment for others were clients of NSEPs.

Other stakeholder perspectives

The very fact that the program exists in WA was noted by other stakeholders as a major enabler, in that it recognises and responds to the need for such services. The number of NSPs operating within WA was identified as a key strength, by providing ready and timely access to sterile needles and syringes across the state. It was noted, for example, that a large proportion of pharmacies provide an NSP service. This was seen as providing good coverage and a network within itself. As the program provides access to sterile injecting equipment, it was considered a very important part of the public health system. It was noted that the NSEP sites do the best they can within existing resources. One respondent stated, *"The NSEP is able to provide a valuable service within limited resources in addition to other support services such as testing [for BBVs]"*.

Specific strengths were given in regard to the mobile service including:

- Mobility of the outreach service and the opportunity to be based at locations where a high demand for equipment is forecasted;
- Non-judgemental staff;
- The length of time the program has been operating;
- The exchange model (free, one-for-one) in addition to collecting and disposing of used equipment; and
- Operating within WAAC enables the sharing of information and resources across different projects and being considered within a health care model (e.g. as it pertains to BBVs).

A further example was given where a health organisation has implemented the NSP as one of their core components of service delivery. In particular the organisation is seen as highly proactive in addressing the needs of Aboriginal clients by incorporating NSP service provision as part of an outreach service, e.g. Aboriginal workers take Fitpacks® with them when visiting clients. It was stated that services need to recognise what consumers want and need, and then be innovative to address these, particularly within regional communities (identifying opportunities to engage with consumers). (See Appendix F.)

3.3.3 Summary

Service providers and consumers were congruent in their views about those factors that act as either enablers or barriers to NSP services. In many instances, these same factors may have a positive or negative influence, depending on their nature and direction. Such factors include:

- The number and location of NSP services;
- Hours of operation of the NSPs;
- Community attitudes towards NSPs and their clients;
- The level of privacy and confidentiality of the service, particularly in rural areas;
- NSP staff attitudes towards clients;
- The efficiency of the collection process, including waiting time;
- The range of equipment available, and any restrictions applied; and
- Fees charged for equipment.

From a service provision perspective, the capacity to attract and retain staff was also identified as a barrier, as well as the need for regular training schedules to ensure new staff are appropriately trained and informed.

Whilst many of these barriers have been addressed, at least to some degree, there was recognition given to the need for ongoing efforts, particularly in the areas of community and staff education, to address the "social barriers" to NSP services.

3.4 Accessibility of existing NSP services

3.4.1 Opening hours and consumer visits

NSEP outlets

The WAAC mobile van visits 10 sites in the metropolitan area on a weekly cycle, typically for 2–3 hours one day per week. The WAAC fixed NSEP site is accessed less frequently than the mobile service, and operates Monday to Friday 9 am – 5 pm. This service is not widely advertised and is considered an ancillary fixed site for WAAC clients who may prefer this to the mobile van service.

WASUA is a fixed-site inner-city service with the following operating hours:

- Saturday – Wednesday: 10 am to 4 pm
- Thursday and Friday: 10 am to 8 pm.

WASUA also operates a mobile NSEP van in the South West, visiting two sites, Busselton and Bunbury, and providing a range of injecting equipment and also education and referral services. WASUA also has three outreach workers, who visit clients at home (or a nominated location). The service operates for clients who have a disability or a mental health disorder. The clientele are "fairly regular" therefore the service can generally be planned (clients will contact the workers by telephone). The outreach workers access approximately 10-20 clients at any time. The outreach service is funded for 250 episodes in six months. The exchange at WASUA is contracted to be open for 50 hours a week.

Secondary outlets

The following table summarises the opening hours of the 89 secondary NSP service providers responding to the survey.

Table 3.9 Operating hours - Service providers

Hours Opened	Hospital	Pharmacy	Nursing Post	Community Health Centre	Counselling Service	Total
Monday-Friday + Weekends + After-hours	17	7	-	-	-	**24**
Monday-Friday + Weekends	3	25	1	-	-	**29**
Monday-Friday + After-hours	1	1	1	1	-	**4**
Monday-Friday Only	-	12	1	5	1	**19**
Weekends + After-hours	6	-	-	-	-	**6**
After-hours Only	5	1	-	1	-	**7**
Total	**32**	**46**	**3**	**7**	1	**89**

53% of hospital-based NSPs provide services 7 days a week and after-hours, while 34% are open only on weekends or after-hours. Typically, this latter group of hospitals provide NSP services only when the local pharmacy is closed.

The majority (54%) of pharmacy NSPs are open weekdays and part of weekends, with a further 20% providing some level of after-hours service. Overall, 60% of NSPs are open weekdays and part of weekends, with 27% providing services 7 a week.

While there are obviously variations between areas, in general the level of coverage offered would be regarded as providing good access to NSP services.

Consumer perspectives

When asked, **"When do you usually visit the outlet?"**, 76% of consumer respondents reported accessing their NSP between 9 am and 5 pm on Monday to Friday, 7% accessed the NSP after these hours, 4% on weekends, and 13% at any of the above times.

These responses were fairly consistent across both metropolitan and regional locations, except in regional areas where no respondents reported accessing their NSP on weekends.

It should be noted that these responses may reflect the times that consumers choose to access their NSP, not necessarily the actual hours of operation of the NSP.

In regard to **how often they visit the outlet**, the following responses were received:

Table 3.10 Frequency of visits to NSPs – Consumer responses

Frequency of Visit	% of Responses
> Once per week	5.4%
Weekly	52.7%
Every two to three weeks	22.3%
Monthly	16.1%
Every 3 months	1.8%
Other	1.8%
Total	**100.0%**

The majority (nearly 53%) of consumers reported visiting the NSP weekly, with 80% in total reporting visiting more than once a month.

When asked whether they ever **used an NSP** other than the one currently visited, 55% of respondents reported they do not use an alternative NSP to their main NSP, 41% reported using another NSP, and 4% did not respond.

Of those that reported using another NSP, the most common type accessed was a community pharmacy (43%), followed by the WAAC mobile van (18%), and WASUA (14%).

3.4.2 Effectiveness of engagement with consumers

Service providers were asked to rate and comment on how effective they considered their NSP is at engaging with consumers.

NSEP outlets

NSEPs were recognised for their "hard work" in engaging consumers. The outlets were identified as providing a personalised service which is non-judgemental and not restricted in the services they can offer. The mobile service is considered to be "very effective" in engaging with consumers due to its unique outreach approach. It is recognised that many clients will not access mainstream health services, therefore the mobile service is at the "front line", visiting areas that have a high demand for equipment but experience access difficulties. It is considered an "active" outreach service, in that clients must meet "half way" (i.e. travel to the van's location at specified times). The number of years the service has been in operation, its growth in services, and the rapport developed with its clients are indicative of successful consumer engagement. Conversely, several respondents identified that, while the WAAC van provides "excellent service", the ability to engage consumers is somewhat limited as the van is outside. One respondent said:

> *"The van is good for distributing needles and syringes, but it does not have the best environment for engagement, e.g. more in-depth discussions with clients."*

Secondary outlets

The responses received from secondary outlets are summarised in the following table:

Table 3.11 Effectiveness of engagement with consumers - Service provider perspectives

Location	Very Effective	Effective	Somewhat Effective	Not Effective	Don't Know/ Not Stated
Community Health Centre (n=7)	-	28.6%	57.1%	-	14.3%
Counselling Service (n=1)	100.0%	-	-	-	-
Hospital (n=32)	3.1%	12.5%	37.5%	31.3%	15.6%
Nursing Post (n=3)	-	33.3%	33.3%	-	33.3%
Pharmacy (n=46)	2.2%	26.1%	19.6%	21.7%	30.4%
Total (n=89)	**3.4%**	**21.3%**	**29.2%**	**22.5%**	**23.6%**

54% of respondents considered their NSP to be somewhat to very effective in engaging with consumers, although only 3% rated themselves as very effective. 23% considered that they were not effective, with a roughly equal percentage among both hospital- and pharmacy-based NSPs.

Consumer perspectives

Consumers were asked to rank a number of **factors that affect their access to the NSP.** The responses are summarised in the following table.

Table 3.12 Consumer rating of factors affecting access to the outlet

	Very Important	Important	Unsure	Not Important	No Effect
Staff attitudes	63.4%	25.9%	1.8%	6.3%	2.7%
Staff knowledge	60.7%	21.4%	7.1%	6.3%	4.5%
Hours of operation	58.0%	31.3%	1.8%	8.0%	0.9%
Location	56.3%	33.9%	1.8%	5.4%	2.7%
No. of needles	42.9%	23.2%	3.6%	7.1%	23.2%

80% to 90% of respondents considered that location, hours of operation, staff attitudes and knowledge were each important or very important factors influencing their access to the NSP. A lower proportion (66%) ranked the number of needles provided at this level, with 30% of respondents reporting that this factor was either not important or had no effect on access.

Table 3.13 Consumer rating of other factors affecting access to the outlet

Rating	Other identified Factors which affect access to the Outlet
Very important	Privacy of outlet
Very important	Different types of staff, non-judgemental
Very important	How the consumer is treated when accessing the service
Very important	Cost of equipment
Very important	Consistency of information and service provided
Important	Limit of equipment able to access
Important	Staff availability
Important	In full view of public

When asked **how effective they thought the NSP was in providing access to injecting equipment**, 70% of consumer respondents considered their NSP to be very effective, 18% rated them as effective, 8% rated them as somewhat effective, and 3% rated them as not effective. Details are shown in the following table:

Table 3.14 Consumer perspectives on NSP effectiveness in providing access to injecting equipment

	Very Effective	Effective	Somewhat Effective	Not Effective	Don't Know
NSEP (n=77)	80.5%	15.6%	3.9%		
Community Health Centres (n=16)	56.3%	31.3%	12.5%		
Hospitals (n=7)	28.6%	28.6%	14.3%	28.6%	
Pharmacies (n=6)	16.7%	16.7%	33.3%	16.7%	16.7%
Other (n=6)	66.7%		16.7%		16.7%
Total (n=112)	**69.6%**	**17.9%**	**8.0%**	**2.7%**	**1.8%**

Among NSEP users, 81% rated them as being very effective in providing access to equipment, compared to 47% of secondary NSP users (24% of secondary NSP users rated them as effective). Only 33% of pharmacy-based NSP users rated them as being very effective or effective, although 33% were regarded as being somewhat effective. 29% of hospital-based NSP users rated them as not effective.

Of the secondary NSP users who rated them as being not effective, the main reason given was the limited hours of operation.

Other stakeholder perspectives

The general consensus among other stakeholders was that the majority of NSP services within regional areas tend not to engage with consumers. However, the approach used to deliver needles and syringes may be an indication of whether NSP staff are actually able to engage with consumers. For example, some outlets have a chute via which the Fitstick® is delivered, which inhibits engagement between staff and consumer. Furthermore, where the NSP is located within an emergency department (especially in rural areas) staff may have limited time to engage with clients in a meaningful way. Additionally, staff attitudes were again raised as a significant contributing factor to engagement.

Generally, pharmacy outlets were seen by these stakeholders as "effective" and "proactive" in engaging clients, but this was highly dependent on the acceptance of the service by the pharmacist. (This contrasts with the views expressed by a [albeit small] number of consumers who indicated that pharmacy staff were generally not helpful.) When asked which factors make it difficult to engage consumers at pharmacy outlets, it was stated that the attitudes of staff are a particular barrier. However, some stakeholders were noticing a "shift" in attitudes where pharmacists are recognising the need to engage consumers more. As such one respondent noted that, *"More work is needed to support pharmacists in this role"*. Respondents also identified difficulties for pharmacy outlets to engage with consumers due to the consumers' preference for anonymity. It was suggested that if providers "force" consumers to engage on site, that it *"might turn people away from buying Fitpacks"*. Further, if the consumer is *"in a hurry"* they may not want to engage, particularly in smaller towns where there is the likelihood that they might be recognised. It was stated, *"There needs to be a willingness on both sides (worker and client) to engage"*.

In terms of the NSEP outlets, engagement of consumers is generally regarded as being effective at the time that the service is provided, within the constraints of the consumers' willingness to be engaged and the environment in which the service is provided (particularly the mobile van). However, it was seen that these outlets suffer from a limited number of staff, making it difficult for them to deliver other services in addition to distributing equipment, such as user education and outreach. It was questioned whether peer workers have the capacity to "get out there" in the community to access and educate people in the early stages of their drug use, i.e., be proactive by accessing and engaging "new users". This population group are considered to be *"young and very hidden"* and can be difficult to identify. Therefore accessing them and subsequently engaging them requires a lot of work. Many respondents acknowledged the challenge faced by NSPs (particularly NSEP sites) where there is a need for them to be visible to access new users; however, communities are often resistant towards the outlets. The matter is particularly sensitive if workers want to access schools to raise awareness of harm minimisation and the types of services available to support people who use drugs. The following suggestion was made:

> *"We already know what the hot spots are. Therefore we need to get out to these and engage. Almost a proactive not reactive approach by getting them when they first start using."*

One respondent stated that the secondary outlets were "effective" in the delivery of Fitpacks®, which is largely their sole purpose. As secondary outlets are located within already-busy health services, staff have limited capacity to engage consumers (e.g. education and support). This view was upheld by a number of stakeholders consulted. One respondent stated:

> *"Just because it is a rural and remote area, this shouldn't mean that consumers are prevented from accessing additional services."*

Marketing

Some stakeholders were asked what would be the best way to market NSPs. It was stated that marketing NSPs should promote the aims of the NSP, but in a way that minimises adverse publicity. One suggestion for marketing NSPs is to promote the outlet as a "specialised health service" and a "public health initiative". One respondent stated, *"NSPs need to be marketed as a legitimate (or 'mainstream') health service"*, and this was a common perception across all stakeholder groups. A pharmacy respondent commented that most pharmacies would not want a sign saying, "We sell Fitpacks" as this could create a community backlash. A suggestion was a sign identifying the pharmacy as "supporting harm minimisation" as it demonstrates the NSP as a health service to the community. Nonetheless, while marketing is geared towards raising awareness in the community, the NSP workers themselves also need to recognise NSPs as a part of their core business.

It was reported that awareness of NSPs occurs largely through word of mouth by consumers, and therefore it is important that staff are trained to *"engage with punters as they spread the word"*. Newsletters are also seen as beneficial, however community concerns regarding content is an ongoing issue. One respondent commented:

> *"You get the sense that people don't want to push the barriers too far – the current environment is not conducive to promotion."*

Distribution of print medium was also nominated as an improvement needed by services. The consumer survey found that a number of consumers regularly accessed print information. Again, marketing has to be innovative, particularly to attract the attention of "new users".

Other suggestions for marketing included:

- Quietly and discreetly through GPs;
- Where consumers are likely to be, e.g. clubs, pubs, etc.;
- Young peoples sites on the internet; and
- Music stores.

3.4.3 Summary

The number and distribution of NSPs across the state indicate that access to NSP services is generally very good. This is supported by the data presented in the previous section which demonstrates that more injecting equipment is being provided across the state. Staff attitudes and knowledge, hours of operation and location were all regarded by consumers as significant factors in accessing NSPs.

The information gathered from service providers suggests that, overall, hours of service availability are fairly good. This does not mean that there are not issues of access at a local level, and a number of instances were noted where there is limited access to NSP services after-hours and on weekends – mostly in rural areas. It is not uncommon for hospital-based NSPs to open only after the local pharmacy has closed and, because of the fee differential between these services, this has implications for consumer access.

The capacity and willingness of NSP staff to engage with consumers were regarded as variable, although most consumers were complimentary of their NSPs. Again, staff attitudes were seen as a major factor in this regard, as well as the processes and environment in which the service is provided. Further staff education and training were seen as being needed to address these issues.

The NSEPs, in particular the mobile van, are clearly very important in providing access, as evidenced by the large and increasing number of needles and syringes they distribute. Consumer feedback on these services is very positive, both in terms of the access they provide to equipment and the other information and support services they provide.

Community attitudes are regarded as being an ongoing issue in regard to the role of NSPs and their capacity to engage with consumers. A number of strategies were proposed to market NSPs in a more positive manner, with recognition given to the need to ensure that such marketing is undertaken in a way that does not attract adverse reaction or criticism.

3.5 Capacity to provide and quality of information, education and referral services

3.5.1 Service provider perspectives

Staff training

NSEPs

WAAC volunteer staff receive a wide range of training, including:

- Organisation training – initially new volunteer staff receive overall training which raises awareness of the WAAC organisation;

- *Needle and Syringe Exchange Program (NSEP) Volunteer Policy and Procedure Manual* – following orientation, volunteers can nominate which area within WAAC they wish to be based. Staff opting to work in the NSEP will receive the *Needle and Syringe Exchange Program (NSEP) Volunteer Policy and Procedure Manual* which stipulates the guidelines for working in the NSEP. A document must then be signed by the volunteer declaring that they understand and abide by the requirements; and
- Observation – volunteers then accompany NSEP (paid) staff on shift to observe the processes until they feel comfortable and confident to perform the tasks themselves.

At WASUA, as the service is a peer based organisation, staff generally possess a wealth of personal knowledge and experience concerning drug use. As such, new staff and volunteers receive a general induction and participate in the "Buddy System". The NSEP coordinator attends several training sessions annually.

Secondary NSPs

The **training provided to staff to work in the NSP** varies by outlet type, as shown in the following table:

Table 3.15 Staff training by NSP model

Model	External Training Course	In-House/ On-the-Job	Guidelines/ Policy Manuals	None	Not Stated
Community Health Centres/ Counselling (n=8)	50.0%	25.0%	12.5%	-	12.5%
Hospitals (n=32)	12.5%	65.6%	6.3%	15.6%	-
Nursing Posts (n=3)	-	66.7%	-	33.3%	-
Pharmacies (n=46)	10.9%	39.1%	2.1%	47.0%	10.9%
Total (n=89)	**14.6%**	**48.3%**	**4.5%**	**25.8%**	**6.7%**

Overall, 48% of staff reported receiving some form of in-house or on-the-job training, with this percentage being higher in hospitals (67%) than in pharmacies (39%). In hospitals, this training was often reported as being provided by the NSP coordinator, while in pharmacies, it was generally provided by the pharmacist. Overall, 26% reported receiving no training, with the highest percentage (47%) reported among pharmacies, compared to hospitals (16%).

Overall, 49% of respondents considered that **a minimum knowledge base is required** to work in an NSP, although this view varied between different outlet types. Among community health centres and the counselling service, 88% responded in the affirmative; in hospitals, 63%; in the nursing posts, 100%; while in pharmacies, only 30% considered a minimum knowledge base is required.

In regard to the **need for additional staff training or development**, only 34% of all respondents reported such a need. Among CHCs and the counselling service, 88% of respondents reported such a need; among hospitals, 31%; among nursing posts, 0%; and in pharmacies, 28% reported a need for further staff training.

Of the respondents who said additional training is required, 48% said an ongoing training schedule is required to ensure new and replacement staff are adequately trained, 14% suggested training was needed in safety and BBV transmission, and 14% responded "basic NSP training".

Services provided

NSEPs

The WAAC mobile service and fixed site offer an array of injecting equipment related materials, including different brands of syringes and needles, as well as supplementary equipment such as swabs, filters and vein care cream. Similarly at WASUA, a wide range of injecting equipment and related items are available. WASUA also provides a health clinic (providing BBV and STI testing and vaccinations), a treatment referral service and a pharmacotherapy advocacy service.

Secondary NSPs

Other service providers were asked, **"In addition to the distribution of injecting equipment, what other services and/or resources does your NSP make available to consumers?"**. The responses received are summarised in the following table.

Table 3.16 Services provided by secondary NSPs

Outlet Type	Injecting Equipment Only	Injecting Equipment plus			
		Swabs	Water	Information	Other Services
Health service-based NSPs (n=43)	37.2%	53.5%	51.1%	62.7%	9.3%
Pharmacy-based NSPs (n=46)	76.1%	17.4%	10.9%	17.4%	4.4%
Total (n=89)	**57.3%**	**34.8%**	**30.3%**	**39.3%**	**6.7%**

Among secondary NSPs, 63% of health service-based NSPs provided more than just injecting equipment, including swabs, water, information and other services. Among pharmacy-based NSPs, 76% only provided Fitpacks®, with 24% providing other equipment and information.

Among the 89 survey respondents, 59 (66%) stated that there was **no other equipment or services they wished to provide**. Of those service providers that did wish to provide additional equipment, the equipment identified included each of those items listed above.

Of the 89 survey respondents, 48 (54%) stated that they had **referral processes established to link consumers with other community health services**. The large majority of these related to information provided in written pamphlets, with six reporting the arranging of appointments with alcohol and drug services, GPs or mental health services.

NSP service providers also reported on **their relationship with other service providers**. Of the 70 responses received, 26 (37%) said they had no or minimal interaction. Other responses variously described their relationships as good to excellent – mainly with drug and alcohol services, public health units and GPs (the latter predominant in country towns).

Service guidelines

Outlets are provided with a set of sixteen *Guidelines for the Establishment and Operation of a Needle and Syringe Program*. Responses to each guideline are to be provided in the application to setup a service. Outlets must also obey the *Poisons Act 1964*. Individual sites are encouraged to design their own policy and procedure manuals.

Service providers stressed the importance of having a common set of guidelines supporting the implementation of an NSP and basic service provision, and that these should guide the ongoing operations of the NSP. An important argument for having these basic common guidelines is to cater for transient nursing populations within regional areas. Such guidelines ensure that the general principles of NSP service delivery are known regardless of where the nurses are based.

In regard to what elements should be standardised within the common guidelines, respondents suggested:

- How to engage clients, particularly young people;
- Safe disposal and handling used equipment; and
- Referral systems.

One coordinator suggested that guidelines containing key performance indicators be issued to those outlets where there is a high resistance towards the program.

While it was agreed among stakeholders that a common set of guidelines should exist concerning service provision, it is also important that staff realise the need to treat consumers individually, i.e. on a case by case basis, and that certain opportunities may require staff to work outside the guidelines if necessary.

It is also important to recognise the different types of services and models which exist (*"You can't fit in all possible scenarios"*). NSPs should therefore develop their own policies and procedures to suit their local circumstances, whilst retaining the integrity of the basic principles of NSP service delivery.

In regard to pharmacy outlets, it was noted that those outlets which "embrace" the program are known to develop their own guidelines and be more proactive in sending workers to training or in opting to sell single needles and syringes if there is sufficient demand. It was commented that the introduction of a common set of guidelines across pharmacies was not needed since the selling of Fitpacks® is considered a part of their business. One respondent claimed, *"You don't need guidelines – there are no guidelines or procedures for providing other items of health care"*.

3.5.2 Consumer perspectives

When asked, **"What other equipment or information do you access when you visit the outlet?"**, 21% of consumer respondents reported accessing no other equipment or information at NSPs; 29% reported accessing pamphlets, and around 2–5% reported accessing specific equipment such as swabs, tourniquets, filters, etc.

57% of respondents stated that they did not require any additional equipment or resources, although this was higher among NSEP clients (69%) compared to other NSP outlets (27%). A similar percentage for both types of outlet (5% and 7% respectively) wanted further information, while a number of secondary outlet consumers wanted different-sized gauged needles, swabs, butterflies or larger syringes. Other suggestions included access to vending machines, more information about safe injecting practices and more information about STIs.

When consumers were asked to **rate the quality of several specified services**, the following results were found:

Table 3.17 Consumer ratings of the quality of services provided

	Excellent	Good	Unsure	Adequate	Poor	N/A
General information	49.1%	36.6%	4.5%	3.6%	1.8%	4.5%
Education resources	36.6%	38.4%	7.1%	6.3%	3.6%	8.0%
Referral services	32.1%	22.3%	11.6%	1.8%	6.3%	25.9%

The results indicate a high level of satisfaction with the quality of the information and referral services offered by NSPs, although again this was dominated by the large number of respondents who were clients of NSEPs.

3.5.3 Other stakeholder perspectives

Staff training

While it was generally agreed among other stakeholders that the annual two-day NSP coordinator training (which the SHBBVP provides in partnership with the Drug and Alcohol Office) is sufficient, there were concerns with the on-site training received by staff in secondary outlets (particularly in regional areas where the NSP is located at a health service). This training generally runs for two hours and covers the history of and rationale for NSPs, harm reduction philosophy and service provision. However, it was stated that time is a premium for this group of NSP staff, therefore the training schedule varies considerably across the outlets, and it was common for NSP coordinators (either regional or site) to offer training only when requested and then covering only certain aspects. High staff turnover is also an issue. As such, coordinators experience difficulty in identifying consistency of knowledge and training across regions/sites, but nevertheless attempt to provide training on an annual basis at a minimum.

Coordinators noted that while training content is satisfactory, “no amount of training can overcome negative attitudes and values”. Stakeholders suggested that staff in secondary regional outlets may benefit from training which incorporates personal perspectives of drug use as it “humanises” consumers and the positive effects NSPs can have on their target group.

Other stakeholders were asked what training NSP staff should receive. The consensus was that on-the-job training was the most beneficial for staff, in particular covering:

- BBV transmission and prevention;
- How to maximise engagement with consumers;
- Awareness of the support services consumers may access and referral skills;
- The harm minimisation model, e.g. how NSPs sit within the model and statistics supporting its implementation;
- How to recognise and address a drug overdose;
- Promotion of safe injecting; and
- How to address public concerns regarding NSPs.

Training should also include an observational component, i.e. participants should have the opportunity to observe clients being served in order to appreciate the nature and form of interaction.

Minimum knowledge base

Stakeholders were asked whether workers required a minimum knowledge base to work in an NSP. Responses indicated that it is important that staff have an understanding of the role and purpose of NSPs. Staff should also understand the concept of harm minimisation.

At WASUA the minimum knowledge base expected of staff includes: basic aseptic injection techniques, knowledge about BBV transmission, pharmacology knowledge, and basic life support and first aid skills.

The majority of respondents across the stakeholder groups identified that an awareness of harm reduction strategies and an understanding of the reason for providing sterile equipment, while not condoning the injecting behaviours of clients, is important as baseline knowledge. Workers should be conscious of the legislative requirements (i.e. the *Poisons Act 1964*) of the program and understand the positive impacts NSPs have on reducing the spread of BBVs. Workers also found it was very helpful when their staff had attended training sessions which were related to NSPs.

A number of respondents preferred that workers knew how to engage with clients and understood the importance to maintaining confidentiality and the client's trust in the service, as well as being aware of opportunities to inform clients of where to find information on drug use and referral services. Workers should also be informed of what a Fitpack® is and its contents. Importantly, respondents stated that workers should be aware of safety precautions when working in an NSP.

Depending on the role within the outlet, it was expected that senior workers would have attended the NSP Coordinator Training provided by the SHBBVP and Drug and Alcohol Office.

Services provided

Other stakeholders were asked what other services or resources NSP should provide. It was generally agreed that the NSEP sites should offer a comprehensive range of injecting equipment and associated materials, safe disposal and exchange, in-house BBV testing and health services, educational materials, safe-injecting information, sexual health materials and a referral system. As expected, this was generally in line with the current service model implemented by the NSEP outlets.

In regard to secondary outlets, the consensus was that these sites should focus on disseminating basic Fitpacks®, swabs and water in a disposable container (or provide access to a sharps disposal bin). It was acknowledged that workers at secondary outlets are usually busy managing their other business, and as such it is not unfair to place unrealistic expectations on them to provide auxiliary services for NSP consumers.

Referral processes and linkages

WAAC mainly refers consumers to the Hepatitis C Council of WA, largely due to the number of consumers who identify themselves has having hepatitis C. Other agencies consumers are referred to include detoxification facilities (e.g. Next Step) and services supporting clients with multiple conditions (e.g. HIV and HCV). All referrals are client-initiated. It was noted that the NSEP does not have many relationships with other health services due to client reluctance to accessing mainstream health agencies. As such, there is a preference to provide support where WAAC can, rather than refer to another agency.

It was identified that secondary outlets in regional areas tend not to engage significantly with other external services, since the sites are generally part of health services themselves. It was apparent that better linkages (e.g. *"better dialogue"*) between metropolitan and regional outlets are necessary, particularly to raise awareness of services available.

A need was expressed among a number of stakeholders (particularly regional coordinators) that NSPs should be recognised as part of the health service's core business (e.g. *"Drug and alcohol should be part of the public health service and not tacked onto an A&E site")*. Consequently staff opting to work at the service would be those who want to work there and, as such, may be more proactive in creating better linkages across relevant agencies. Respondents identified that it is a priority for secondary outlets to link with agencies that provide BBV and STI testing and support for consumers who suffer from such disorders, as well as general health services, GPs and women's health services.

For pharmacy outlets, it was identified that linkages to relevant services occurred through pharmacy networks, e.g. the existing local knowledge of support services. General information and referral services were rated between "adequate" and "poor"; however, pharmacy outlets differ significantly as service provision is heavily reliant on the attitude of pharmacists.

Generally those health and support services identified by respondents as ones which NSPs should link with included:

- NSEP outlets (WASUA and WAAC);
- Hepatitis Council of WA;
- Public health units;
- Other health services, particularly concerning BBVs;
- Drug and alcohol services – support, treatment, pharmacotherapy;
- Mental health services;
- Sexual health services;
- Counselling;
- Accommodation;
- Employment assistance; and
- Children's services.

Many respondents agreed that the optimal method for establishing service linkages for NSPs is when the outlet is co-located with another community health agency, e.g. drug and alcohol service.

Other stakeholders identified that general information, education and referral services for people who inject drugs largely do not exist within secondary outlets. Such services exist mainly in the NSEP outlets and to a much lesser extent at secondary sites, largely due to staff considering that the NSP is not part of the site's core business. Further, workers at secondary sites do not have the capacity to engage with NSP consumers (this was particularly noted where the NSP was located in an A&E department). Secondary sites have information available from a general health perspective, however it was questioned whether staff at secondary sites are seen as health educators, particularly at pharmacies, where it was noted that the NSP can be regarded as a business activity, and staff may have neither the capacity nor the ability to take on this role.

3.5.4 Summary

The capacity of NSPs to provide information, education and referral services is variable, due to a range of factors. Clearly the NSEPs are regarded as being effective in this area, reflecting the fact that NSP is their core business and staff are appropriately trained and supported in this function. The approach taken by the NSEP staff depends on the level of engagement with the individual client, and the interest shown by the client in such services. The NSEP seeks to be non-intrusive, but will assist clients in either information provision or referrals as opportunities permit. Feedback from clients reflects a high degree of satisfaction with the services provided by the NSEPs.

Among secondary NSP service providers, again there is a high degree of variability. Regardless of whether they are health service-based or pharmacy-based, there appears to be a number of additional factors that inhibit the provision of these services. These include the capacity of service providers to engage with clients, both from a time perspective (as the NSP is not regarded as being part of their core business and other activities are given a higher priority) and from a staff knowledge/training perspective. The level of training provided to health service-based NSP staff is probably greater than that provided to pharmacy staff, which tends to depend more on the attitude of the pharmacist to the service than on a formal training process or schedule.

Whilst most NSP service providers reported that they did not consider additional training was required, other stakeholders considered that there is a need for a basic level of training into the aims and role of the NSP in order to encourage its acceptance as part of the core business of all health services. Such training should also extend into more information on how to engage with clients, and specific issues relating to the harms of drug use and safer injecting practices.

Most NSPs also reported having established linkages to other health services and referral patterns to those services when required. This tends to rely on local knowledge and networks, and whether the NSP is part of an existing health service.

3.6 Needs of service providers to enhance quality of services

3.6.1 Service provider perspectives

Areas for improvement

The major areas identified by service providers as needing improvements included:

- More education and (awareness) training for staff (e.g. orientation DVD), and ongoing review and support from the Department of Health to site coordinators and staff. It was noted that there is difficulty in changing *"ingrained attitudes"*, and that it is also important for staff to raise their awareness of the purpose of NSPs.
- Public education and awareness initiatives for communities. It was also suggested that the role of NSPs in harm minimisation be included in nurse training to raise awareness of the program as a public health initiative.
- Updated information to disseminate with needles and syringes. It was identified that staff manage existing resources as long as they are small enough to place inside the Fitpack®. It is also beneficial for resources to be small in size as this allows consumers to distribute them throughout their network without drawing attention to themselves.
- A need for improved referral systems. Additionally, the timing of disseminating references within Fitpacks® needs to be considered. An example was given of pharmacy outlets disseminating health cards with each Fitpack®, only to find the cards disposed of in the streets. It was suggested that information dissemination occur periodically. It was also stated that including resources within Fitpacks® gave staff the opportunity to read the information.
- Funding to pay for swabs, water, filters. Some respondents suggested that funding increases each year should be provided to align with the increase in the amount of equipment accessed by consumers.

- Consideration of alternative forms of service provision, e.g. outreach, peer involvement (particularly in regional communities where supply is limited), additional exchange outlets or fixed sites, vending machines, expanding the range of equipment, and dispensing from other government health agencies.
- Consideration of greater use of needle and syringe vending machines, particularly with the ability to dispense water and mediswabs.
- Collection service for used equipment.

One NSEP respondent expressed that if they could *"start again"* they would build fixed sites where there is a high demand for equipment (e.g. "hot spots" currently serviced by the mobile van). The sites would have purpose-built rooms, particularly for equipment storage and interviews/counselling, and would also have a mobile/outreach service. It was suggested that NSPs be co-located with drug and alcohol agencies in which a reception desk or room would be attended every 2–3 days.

Resources needed to enhance the quality of services

A number of respondents noted the ongoing need to balance the funding available with providing an accessible service. The comment was made that NSPs co-located with another service often require significantly more funding than is made available.

While updated information was primarily requested by services, examples were given of the NSEP outlets exchanging knowledge and resources. For example, WAAC accesses peer-based services offered by WASUA, including in-house presentations on equipment and safe-injecting methods. This was found to be particularly important as WAAC is not peer-based.

There is acknowledgement that clients are often not comfortable accessing mainstream health services, and consequently staff can only provide information and equipment (e.g. vein care cream) and encourage clients to see a doctor.

Observations were made by other stakeholders that additional resources should be directed towards peer education (such as a train-the-trainer model) to enable other peer workers to *"get out into the community"* and access target groups. Primarily this was seen as opportunistic, so that consumers accessed by the peer worker would then take back information to their own different networks (a ripple effect).

The suggestion was also made that the DoH purchase injecting equipment on behalf of NSEP sites as it may be able to access items at a discounted price (*"Cut out the middle man"*).

Additional resources identified in the survey included:

- Increased liaison among relevant agencies:
  - *"Possibly more interaction with local health professionals in the field."*
  - *"More education, maybe a bi-annual or tri-annual workshop involving schools and other community organisations would be worthwhile."*
  - *"Referrals to quit drug dependence."*
  - *"An educator."*
- Materials for consumers:
  - *"Specific sticker with our address and phone number on the packaging to localise help."*
  - *"Updated signage."*
  - *"Maybe posters and education on equipment, i.e. filters."*
  - *"More materials/realistic facts."*
  - *"Education of local community."*

3.6.2 Consumer perspectives

A number of suggestions for how outlets can improve their service were identified by consumers:

- **Improve accessibility:** This referred to extending opening hours, e.g. 24 hours, later at night and weekends. This was particularly noted for country consumers who had to wait for chemists to close before accessing the hospital outlet. One consumer said:

  "Hours at the hospital. Have to wait for chemist to be closed – people are more likely to share (or rinse out used fits) because of the need to wait."

  Consumers also requested that the hours for the mobile van be increased or that it visit areas more than once a week.

- **Cheaper equipment:** Provider to review the cost of equipment (outlet models were not defined).

- **Range of equipment:** Such as filters, different-sized barrels (2 ml and 3 ml) and tips. This was noted particularly for pharmacy outlets.

- **Increased promotion:** Outlet signage and information for consumers to disseminate to own networks, e.g. newsletters and flyers, so there is not so heavy a reliance on word of mouth. One consumer stated:

  "More transparency in workings of organisation – more engagement with members of the agency's client network, e.g. website, newsletter, magazine."

  Increased liaison with police was also suggested.

- **More fixed-sites:** In Fremantle and areas serviced by the van where there is demand.

- **Range of services:** Increased number of outlets providing exchange service, outreach workers for county areas, peer educators and home delivery.

- **Increased information for consumers,** e.g.:

  "Info on housing (cheap), referrals to cheap housing/hotels."

  "Provide info/a card e.g. 'if x happens, call x'. Melbourne has a resource about safe injecting, e.g. 'call x before u inject'."

  "Info on injecting sites and safe injecting."

  "A card with contact details I could carry with me would be good."

  "More info – general help for addictions, e.g. Speed."

- **Vending machines:** In metropolitan and country areas. It was noted that the machines should provide "singles" and be secure (to prevent child access) and situated in a central location.

- **Disposal service:** For the suburbs and country regions.

  Additional suggestions included:

  "Better staff training, a complaints or suggestion procedure that is easily accessible and a way of checking information. Some staff need to be made aware of basic OHS, anti-discrimination and equal opportunity policies. Staff and service users need to be made aware of how they can participate and affect change in the effective operation of the service."

"Need education for staff re. injecting behaviours. They need to tell users to inject away from centre as children are around. Outlet is right near the school, church, child care centres – good location as it's central, but not 'cos there are children services around. Need more than one! More flexible hours – opens at 8 pm but only 'cos that's when the chemist closes."

"A back entrance would be good – have an injecting site (avoid needles being dumped). People often collect needles, go around the corner, inject, then dump needles."

"Country service having a greater awareness that people are injecting – 'Don't deny it'."

"Wheel filters for chalky and waxy tablet. Get rid of new packs – needle tip is too small. Prefer previous packs. Items to treat effects from injecting waxy tablets (e.g. collapsed veins, lumps)."

"Workers with the same experience of using, place to dispose of needles safely as there's nowhere to do this."

"Quality of staff – less judgemental, more knowledge of injecting drug use – people who have been through it in the past."

3.7 Summary

The needs of service providers to enhance the quality of services provided largely reflect the issues previously identified relating to the quality of current services. In large part, these relate to the need for ongoing staff education, particularly in regard to a better understanding of the role of NSPs and the recognition that NSP services are part of the core business of health services (and pharmacies). Associated with this is a need for further community education in an effort to reduce the stigma associated with the service and its clients.

Other suggestions, either from service providers or consumers, included improved packaging of educational information to make it more accessible, more funding to provide ancillary additional equipment, such as filters and swabs, and the provision of additional services, ranging from outreach services and greater peer involvement to more vending machines and disposal facilities.

3.8 Views on effectiveness of NSPs

3.8.1 Service provider perspectives

Service providers were asked what they considered to be the **key features of an effective NSP.** Responses to this question are summarised in the following table. (Note that respondents could identify more than one feature.)

Table 3.18 Characteristics of an effective NSP – Service provider perspectives

Characteristic	No. of Responses	% of Responses
Non-judgmental/staff attitudes	20	18.0%
Accessibility	18	16.2%
Confidentiality	15	13.5%
Consumer information	9	8.1%
Safety	6	5.4%
Harm minimisation	5	4.5%
Efficiency	4	3.6%
Clear guidelines	3	2.7%
Cost	2	1.8%
Other	29	26.1%

According to service providers, staff attitudes, accessibility and confidentiality are the most commonly identified characteristics of an effective NSP. Other characteristics identified as being important included:

- An appropriate area for servicing clients;
- Having a range of equipment available;
- Coordinator support;
- Providing a 24/7 service;
- Providing disposal facilities; and
- Providing a fast service.

When comparing these responses to those relating to the question about perceived strengths of their NSP (refer Table 3.7), we observe a high level of convergence between their assessment of NSP performance against these success criteria. Thus, the self-assessment of effectiveness of their NSP would indicate that the majority of service providers consider their service to be effective. Further, it indicates that service providers are aware of the important elements in the provision of an effective service, and are seeking to ensure that their NSP incorporates those elements.

The areas where effectiveness may be regarded as lacking (refer to Table 3.4 on perceived weaknesses of NSPs) are ensuring the privacy/confidentiality of clients, and staff attitudes. Both of these issues are more evident in rural locations.

Further information regarding provider perspectives on the effectiveness of their engagement with consumers is presented in Section 3.4.1, which revealed varying perspectives on this issue.

3.8.2 Consumer perspectives

Consumers were asked for their views on what are the **key features of a successful outlet**. The responses are summarised in the table below. (Note that respondents could report more than one feature.)

Table 3.19 Characteristics of an effective NSP – Consumer perspectives

Characteristic	No. of Responses	% of Responses
Non-judgmental/staff attitudes	62	55.9%
Accessibility	31	27.9%
Range of equipment	27	24.3%
Needle exchange	22	19.8%
Free	14	12.6%
Information provision	9	8.1%
Hours of operation	9	8.1%
Location	7	6.3%
Other	4	3.6%

Responses by consumers on key features of an effective outlet are similar to those of service providers (particularly staff attitudes and accessibility) but also extend to include the range of equipment available, the exchange process itself, and the cost of equipment.

Consumers were also asked what they considered to be the **strengths of their NSP**. The responses are summarised in the following table. (Note that respondents could report more than one feature.)

Table 3.20 Strengths of NSP – Consumer perspectives

Characteristic	No. of Responses	% of Responses
Helpful/friendly staff	36	25.0%
Location	22	15.3%
Cost	14	9.7%
Knowledgeable staff	12	8.3%
Equipment range	9	6.3%
Availability	8	5.6%
Safety	7	4.9%
Discreet	6	4.2%
Efficiency	5	3.5%
Hours	4	2.8%
Other	21	14.6%

Examples of the other characteristics identified as being strengths of their NSP included:

- Peer-run service;
- Availability of other support/referral services;
- Reliability of the service;
- The exchange process;
- No limit placed on the number of needles available; and
- The assistance offered when short on money (within reason).

Again we notice a high degree of convergence between those characteristics that consumers consider to be the key elements of an effective NSP and the characteristics they observe in their own NSP. This indicates that they consider their NSP to be effective.

Areas where effectiveness may be lacking in NSPs may be inferred from consumer responses to the question relating to what they considered to be **weaknesses in their NSP**. Responses to this question revealed that 18% of respondents considered the hours of operation to be a weakness, 7% were concerned about privacy, and 7% considered location to be a weakness.

3.8.3 Other stakeholder perspectives

Features of an effective NSP

In order for an NSP to be considered "effective" a large number of respondents identified the staff themselves as a core component. It was important that staff:

- Are non-judgemental (*"accepting and not just tolerant"*);
- Have an awareness of harm reduction;
- Are committed to the program;
- Have relationships with other services, particularly the police; and
- Present a professional service.

NSP workers should have an understanding of safe injecting practices and receive training which raises their awareness of NSPs. Staff should have empathy for clients, e.g. portray that they have the time to engage with clients, and feel comfortable in their role of distributing sterile injecting equipment. Importantly staff should be able to identify any problems and discuss these with the NSP coordinator. There were many comments that staff should "want to do their job".

Differences in staff attitudes in rural compared to metropolitan areas were commented on by a number of stakeholders. This may be reflective of differences in community attitudes in different regions, but should not be assumed to be universal. An example was given in which a rural health service places health information in the Fitpack®, particularly for Aboriginal clients, as staff are aware that this client group will not ask for health information elsewhere. It is apparent that there is a considerable difference in attitudes and approach to service delivery among workers who support the NSP and those who have had the NSP outlet "forced" upon the organisation.

In regard to the service itself, respondents identified that the outlet should have an appropriate area for dispensing. Importantly, the outlet should be responsive to demand, e.g. by offering a mobile service, installing vending machines in key areas or introducing a 24-hour 7-day-a-week service. A range of equipment should be offered (e.g. sterile water, filters, etc. at a reasonable price for both consumer and provider) and needles and syringes should be supplied in a container which is specifically designed for their safe disposal. Referral services should also be available if needed. Good record-keeping was also identified. Clearly there are resourcing issues associated with some of these options that need to be considered.

Consumers should be able to access their equipment with *"minimal fuss"*, e.g. workers are non-invasive and consumers are not required to offer any explanations for accessing equipment. Trust and building a rapport were identified as key components.

Community awareness of the service was seen as a core element of effectiveness, and education for public (and staff) was deemed necessary to address negative public attitudes and instil commitment to the program. This in turn can result in outlets being able to promote their service, e.g. *"more overt with signage to direct clients"*.

3.8.4 Summary

Service providers and consumers shared a common view on the features that characterise an effective NSP. These include:

- Knowledgeable and non-judgemental staff;
- Understanding of harm minimisation principles and the role of NSPs;
- Knowledge of safe injecting practices;
- Easy access in terms of location and hours of operation;
- Provision of a range of equipment and associated materials;
- Privacy and confidentiality;
- Provision of information and referrals; and
- Affordablility.

NSEP are regarded as meeting the majority of these criteria, as evidenced by the positive comments provided by consumers, service providers and other stakeholders in regard to their services. Consequently, this model of NSP is widely regarded as being highly effective, but is also recognised as being expensive to operate. While it is beyond the scope of this study, it would be interesting to compare this model in terms of cost per needle distributed/consumer engaged with other NSP models.

Secondary NSPs, both health service- and pharmacy-based, vary in the extent to which they meet these success criteria. Clearly there are noticeable differences in staff attitudes and knowledge both between models and geographically, as well as in their capacity to provide the range of services and support that these criteria indicate. At a minimum, these models are regarded as being effective in terms of their capacity to distribute needles and syringes to clients, and their spread indicates that geographic coverage is good. It is in the area of provision of additional information, support and referrals that these models display considerable variation.

In order to address the identified limitations of these services, an emphasis was placed on the need for ongoing staff training and education, as well as community awareness in order to reduce the adverse perception and stigma that NSPs often attract.

Future Directions

The following suggestions for future directions for NSPs in Western Australia have been developed from the commentary provided by service providers, consumers and other stakeholders, together with the observations of the reviewers themselves. These suggestions are aimed at improving the coverage and quality of NSP services further.

F.1 Promotion of NSPs as core business

The Department of Health should develop a framework and associated promotional resources to encourage management and staff at sites where secondary NSPs are located (particularly in rural areas) to regard NSP as part of their core business in disease prevention.

F.2 Ongoing training and education

The training and education programs for staff at secondary sites should be expanded, with a strong focus on harm minimisation. The example of an orientation DVD was suggested, which would ensure consistency of content and availability across a large number of sites. The training program should seek to enable staff at all sites to participate on an annual basis, particularly new staff, with a particular emphasis on such areas as how to engage with this client group, the role of NSPs in reducing BBV transmission, and referrals to other health services where appropriate.

F.3 Review guidelines

The *Guidelines for the Establishment and Operation of a Needle and Syringe Program* should be reviewed and extended to support the adoption of the principles supporting NSPs. This should be an ongoing process. The guidelines should identify common operating principles (such as “How to engage clients, particularly young people”, “Safe disposal and handling used equipment” and “Referral systems”). At the same time, NSPs should develop their own policies and procedures appropriate to the local circumstances, having regard to the fundamental principles supporting NSP service delivery.

F.4 Additional fixed outlet

Consideration should be given to providing a permanent site at those locations currently serviced by the WAAC mobile van which have a high exposure to the public/weather (e.g. Fremantle). These sites may operate on a similar schedule as the van (e.g. 12 noon to 5 pm on Tuesdays) and provide the same level of service, but would not suffer from the lack of privacy commented on by a number of clients.

F.5 Vending machines

Consideration should be given to introducing vending machines in those locations where there is a high level of unmet demand (due either to persistent staff resistance or limited hours of operation/access).

F.6 "Enhanced" secondary model

Further examination of the experience of the Port Hedland "enhanced" model should be undertaken to assess its applicability to other areas, particularly in rural and remote locations (refer Appendix F). Such examination should consider the principles underpinning the model and their application to other locations, while at the same time being cognisant of the potential that any significant changes in role and service delivery may have on both their traditional clientele and funding sources.

F.7 Expansion of range of injecting equipment

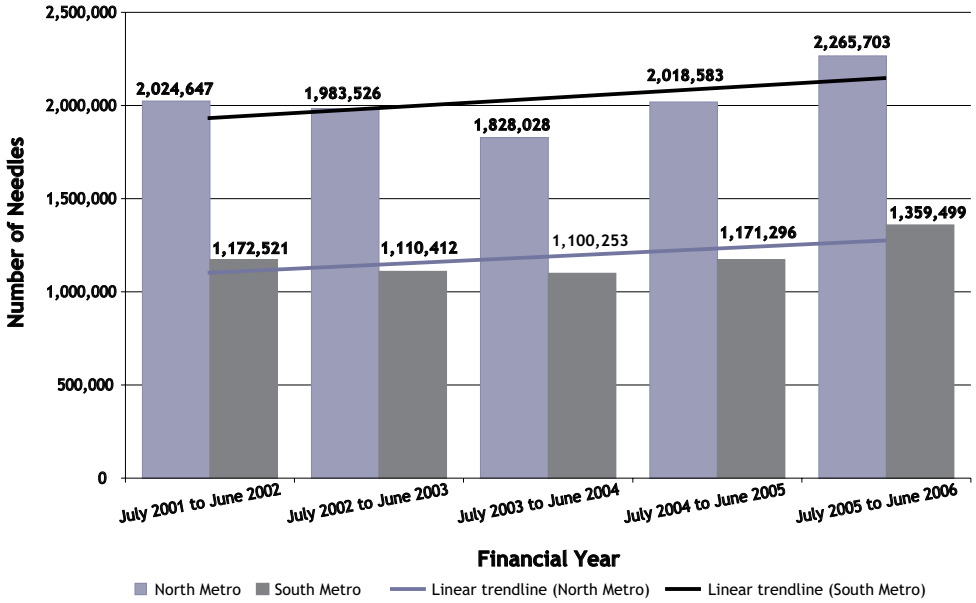
Consideration should be given to strategies to increase the range of injecting equipment made available (e.g. swabs, sterile water, filters, different-sized needles and syringes), particularly in rural and remote locations. Strategies may include a mail out service and increased availability of other injecting equipment from needle and syringe vending machines and pharmacies.

Appendix A – Detailed distribution profile

The following figures and commentary supplement the information presented in Section 2 of the report and represent detailed data for each region and NSP model in WA from July 2001 to June 2006.

Regional distribution volumes

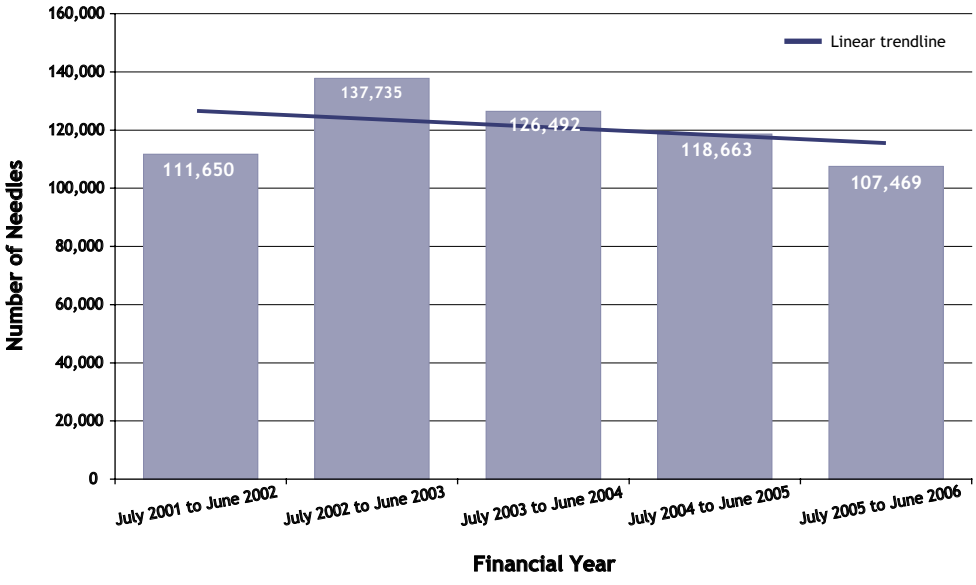
Figure A.1 Distribution of needles and syringes – North and South Metropolitan regions



It should be noted that WASUA is located in the North Metropolitan region, while the mobile vans run by WAAC service both metropolitan regions.

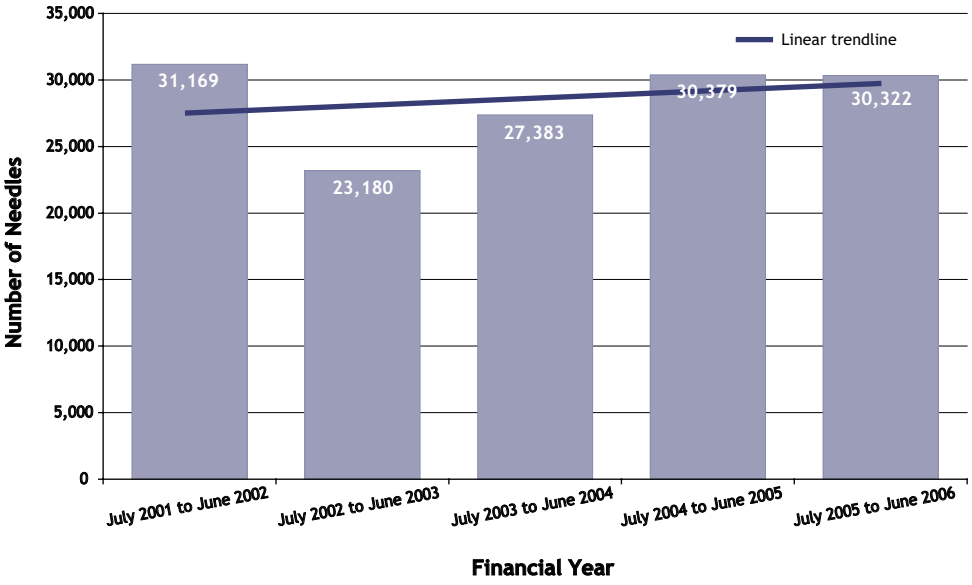
North and South Metropolitan regions have demonstrated a slight upward trend over time of a similar rate. The upward trend is small but is based on a very large distribution volume.

Figure A.2 Distribution of needles and syringes – Goldfields region



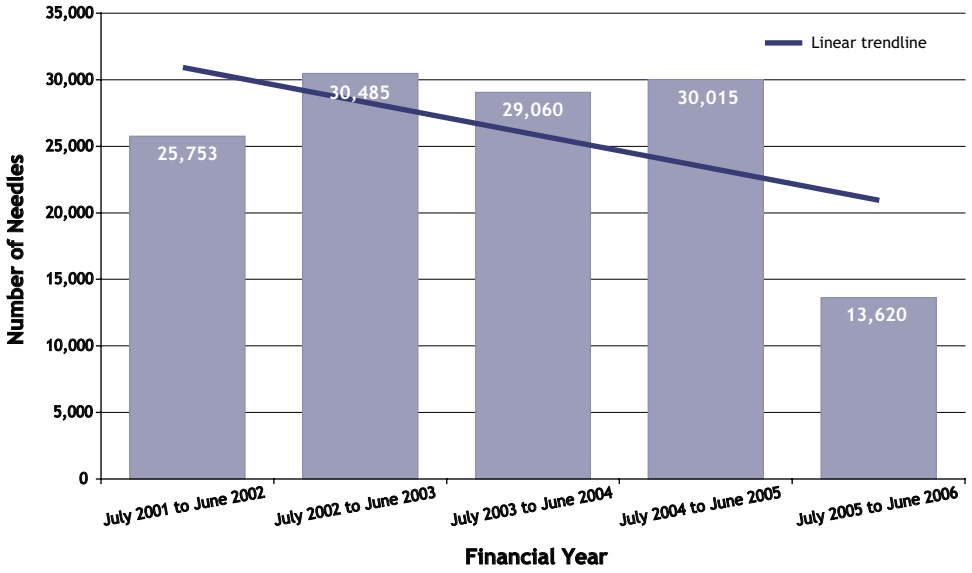
In the Goldfields region, there has been a slight decrease over time, as indicated by the trendline.

Figure A.3 Distribution of needles and syringes – Great Southern region



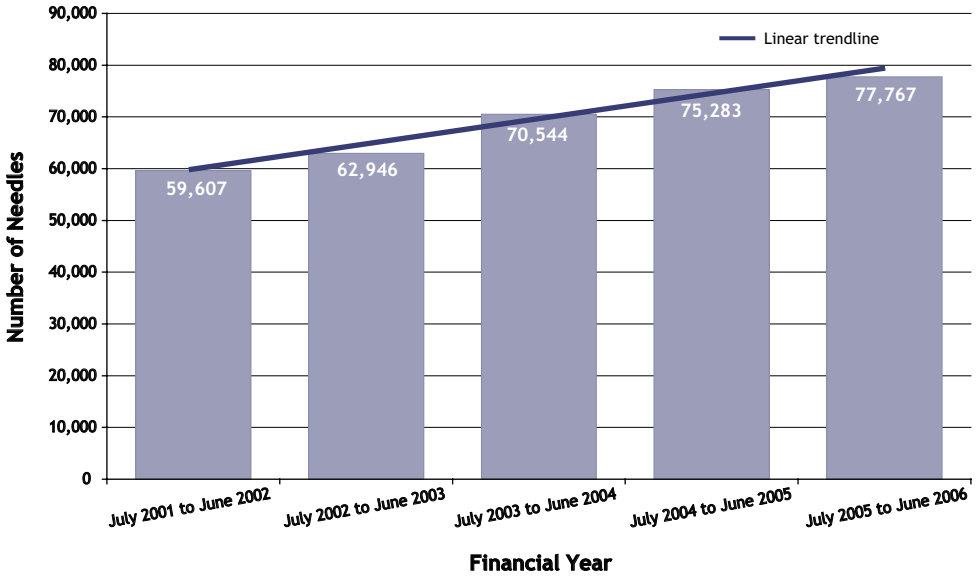
Like most other rural regions, there has been a slight increase in distribution in the Great Southern region over time.

Figure A.4 Distribution of needles and syringes – Kimberley region



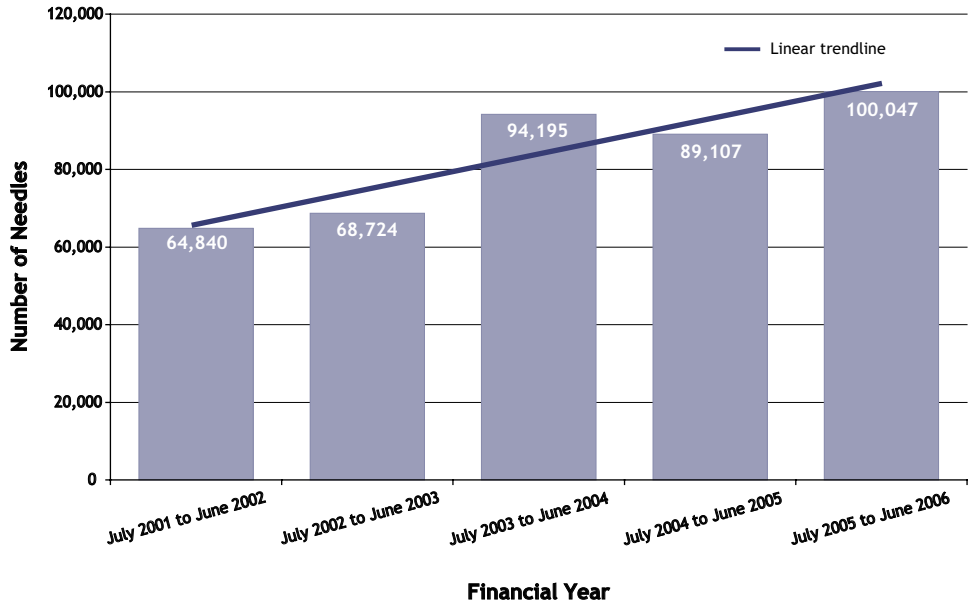
Distribution in the Kimberley region increased slightly in the first four years, then decreased markedly in 2005/06. This decrease was almost entirely attributed to a reduction in distribution by the public health unit, but the factors behind this decline are unclear at this time.

Figure A.5 Distribution of needles and syringes – Midwest-Murchison region



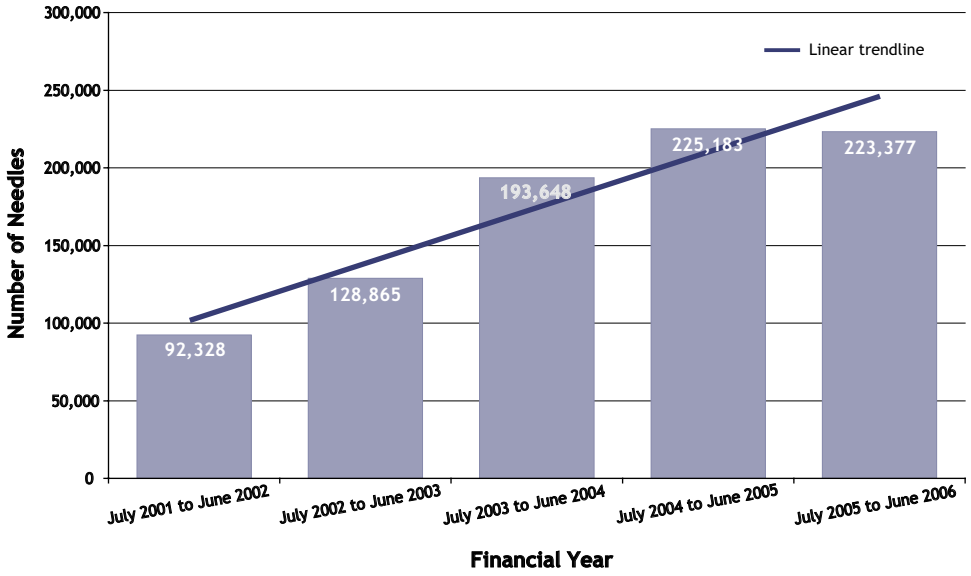
The Midwest-Murchison region has displayed a steady increase in distribution throughout the period.

Figure A.6 Distribution of needles and syringes – Pilbara-Gascoyne region



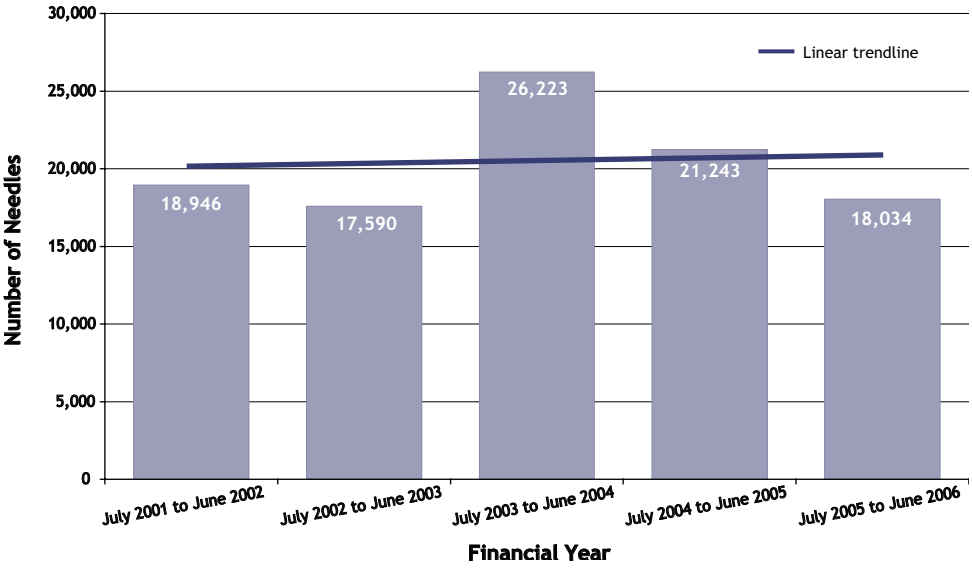
The Pilbara-Gascoyne region has also demonstrated an increase in distribution over time.

Figure A.7 Distribution of needles and syringes - South West region



The South West region has displayed a high rate of increase in distribution over time.

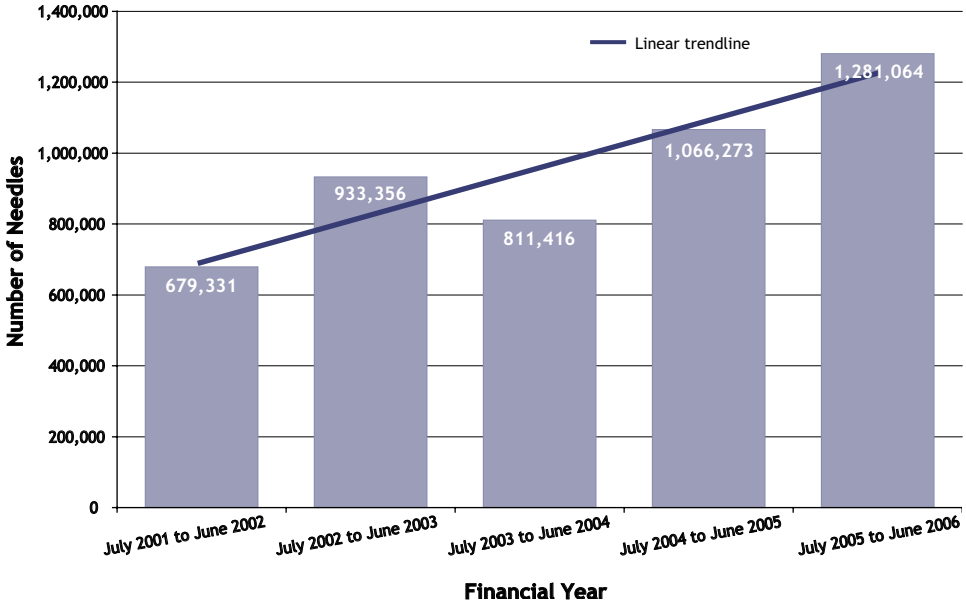
Figure A.8 Distribution of needles and syringes - Wheatbelt region



The Wheatbelt region has shown fluctuating levels of distribution over time, with 2003/04 representing a particularly high period.

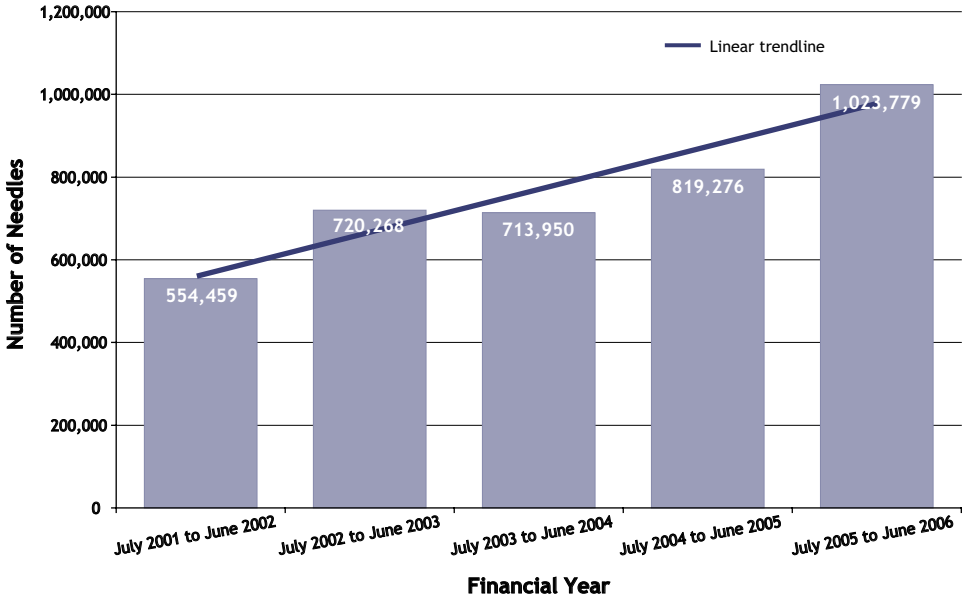
Service model distribution volumes

Figure A.9 Distribution of needles and syringes - Fixed-site NSEPs



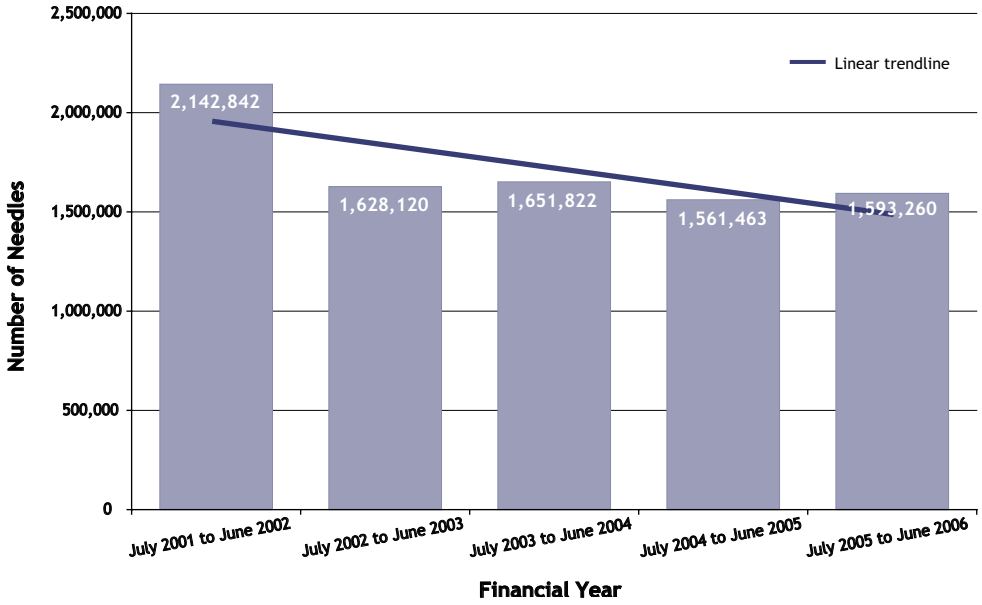
The fixed-site NSEP operated by WASUA is the largest distributor of needles and syringes, and has shown an 89% increase from 2001/02 to 2005/06.

Figure A.10 Distribution of needles and syringes - Mobile NSEPs



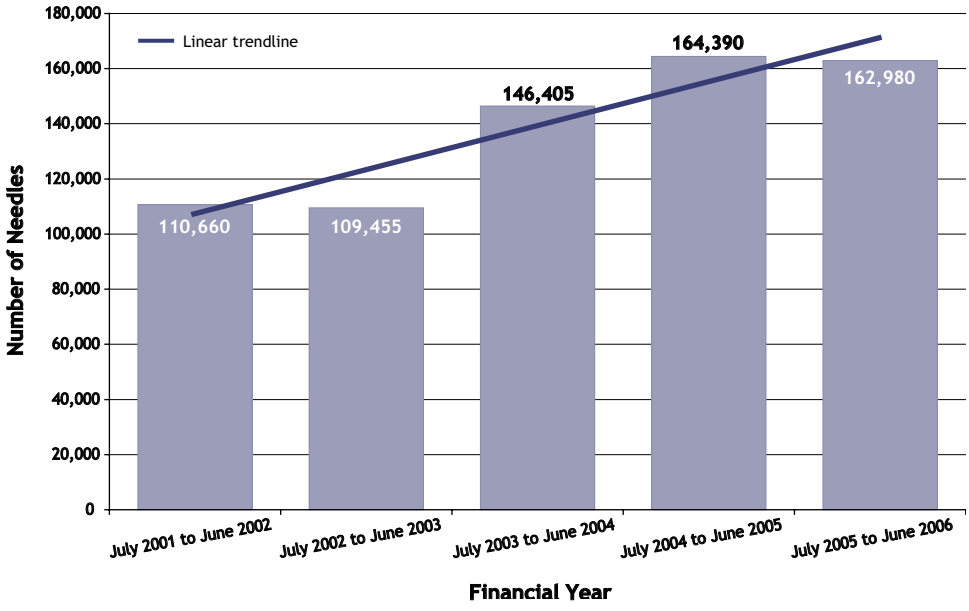
The mobile NSEPs operated by WAAC and WASUA are the second major outlet for distribution, and have also increased distribution consistently by a total of 85% throughout the period.

Figure A.11 Distribution of needles and syringes - Pharmacies



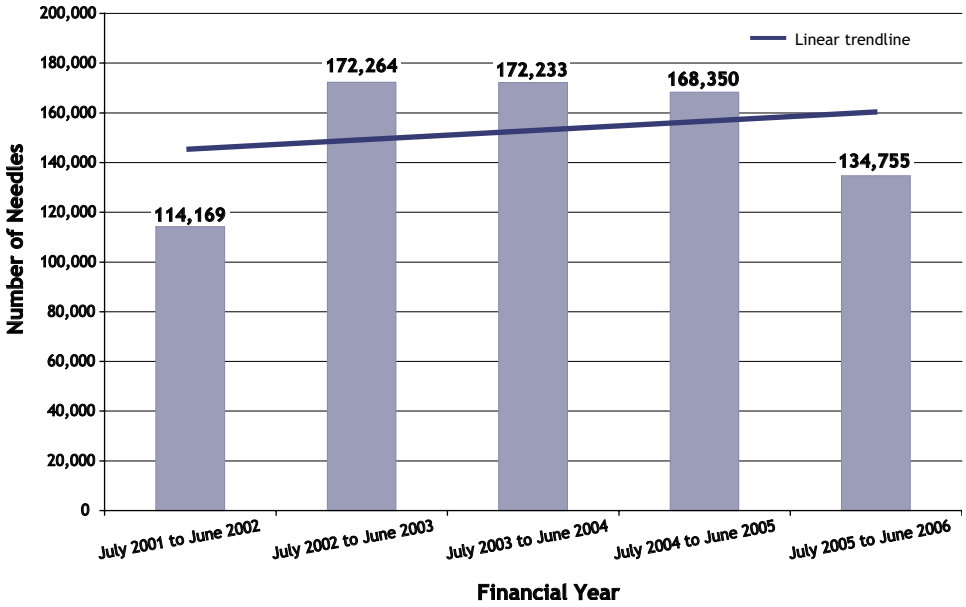
Distribution by pharmacies was at its highest level in 2001/02, but has declined by 26% to 2005/06. This suggests that the expansion of services through the mobile and fixed-site NSEP services has substituted for those previously provided by pharmacies.

Figure A.12 Distribution of needles and syringes - Hospitals



Distribution by hospital-based NSPs increased in the first four years of the period, but stabilised in 2005/06. Over the five-year period, distribution increased by 47%.

Figure A.13 Distribution of needles and syringes - Other outlets



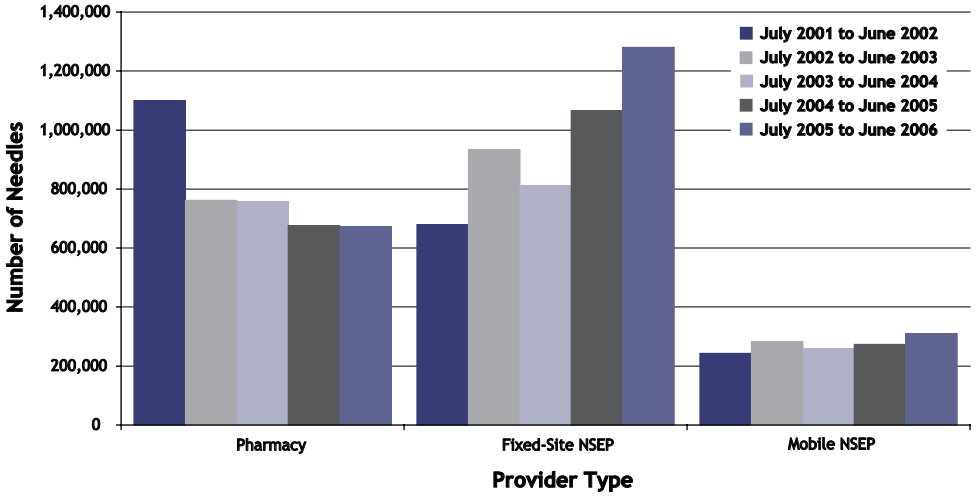
Other outlets include community health centres, public health units, nursing posts, vending machines and other sites.

After a significant increase in distribution in 2002/03, needle and syringe distribution declined slightly in subsequent years. Nevertheless, the overall trend during the five-year period remains upward.

Distribution volume - outlets per region

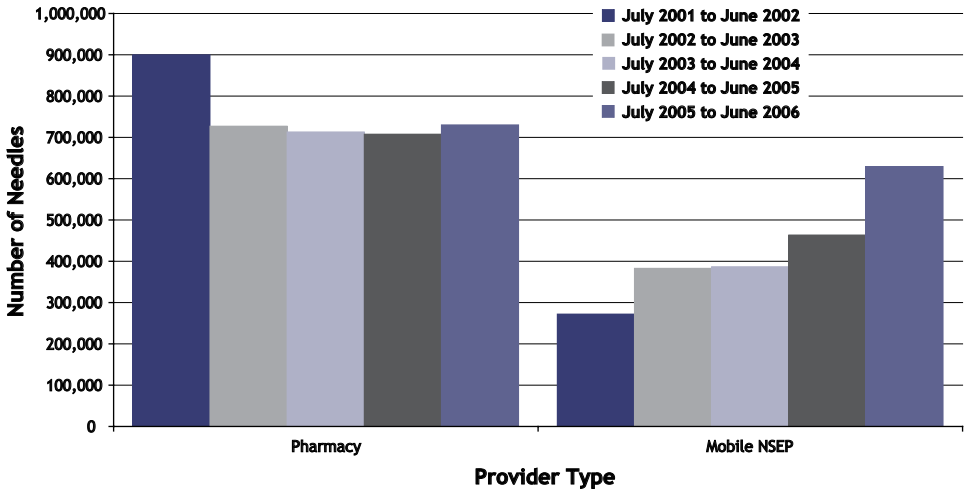
The following figures illustrate the respective roles that the different NSP models have across regions, and their changing distribution over time.

Figure A.14 Distribution of needles and syringes by model - North Metropolitan region (top 3 outlets)



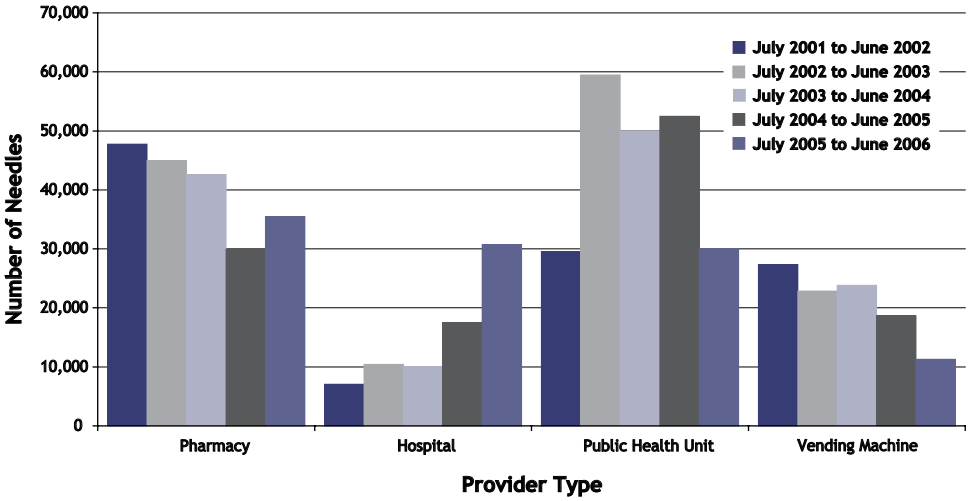
In the North Metropolitan region, pharmacies and the fixed-site NSEP are the main two distributors of needles and syringes. There is an opposite trend for these two outlet types, with the distribution by pharmacies declining while the fixed-site NSEP's distribution increased, suggesting a substitution of services between these outlet types. Mobile NSEP volumes in the region increased slightly during the period, with an overall slight increase in total distribution across all outlets.

Figure A.15 Distribution of needles and syringes by model – South Metropolitan region (top 2 outlets)



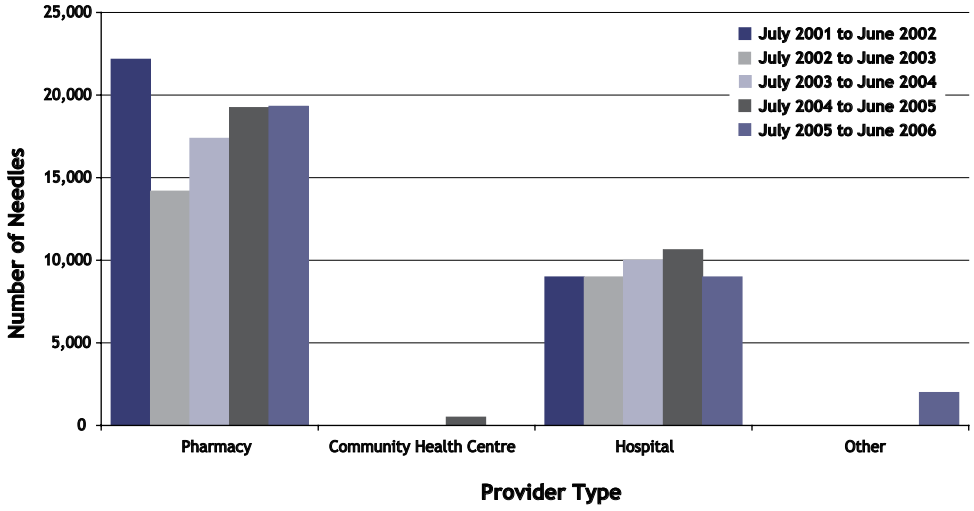
The South Metropolitan Region demonstrated a similar trend to that in the North Metropolitan region, with pharmacy distribution declining, while mobile NSEP services increased, again suggesting a substitution of services between these outlet types. Total distribution increased slightly during the period.

Figure A.16 Distribution of needles and syringes by model – Goldfields region



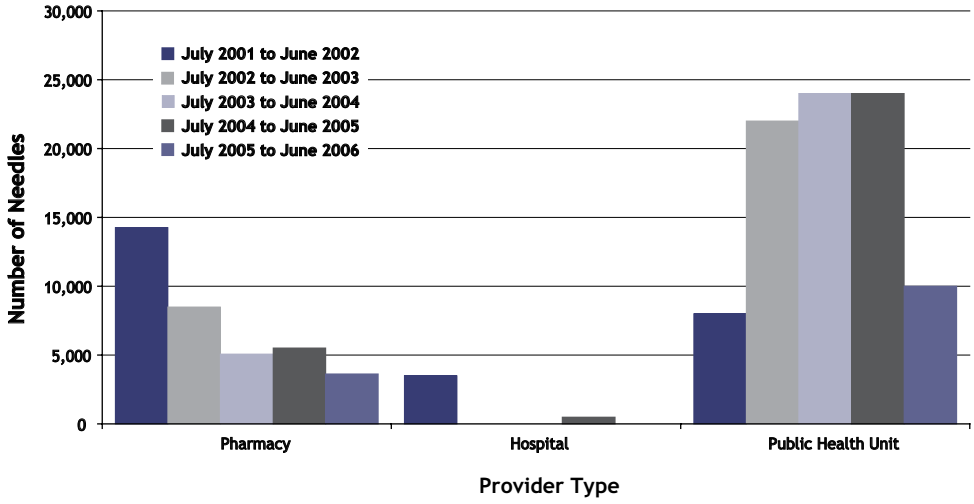
In the Goldfields region, where there was a slight decline in total distribution, there were declining distribution rates for pharmacies, public health units and the vending machine, but an increase in distribution through the hospitals.

Figure A.17 Distribution of needles and syringes by model - Great Southern region



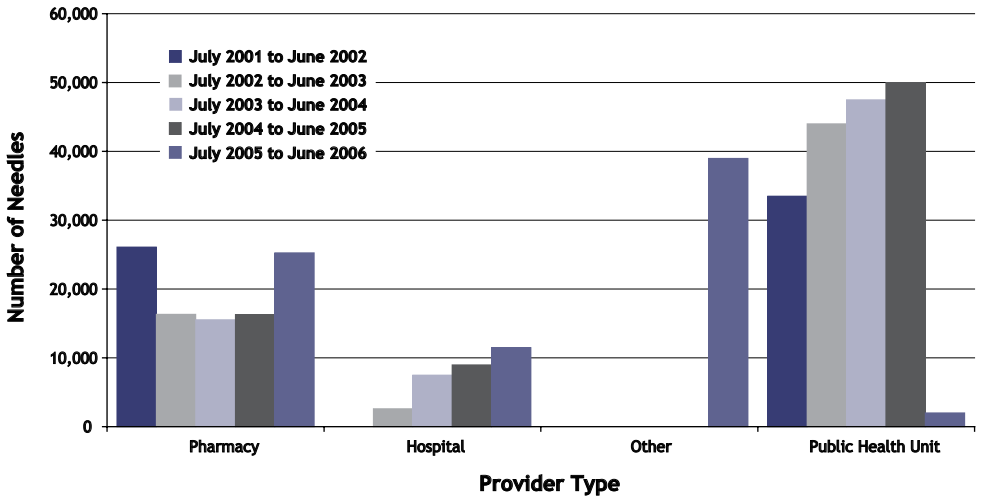
In the Great Southern region, distribution by pharmacies decreased from 2001/02 to 2002/03, but increased thereafter. Distribution by hospitals increased over the first four years, but then fell slightly in the last year. Overall, there was a slight upward trend across the region.

Figure A.18 Distribution of needles and syringes by model - Kimberley region



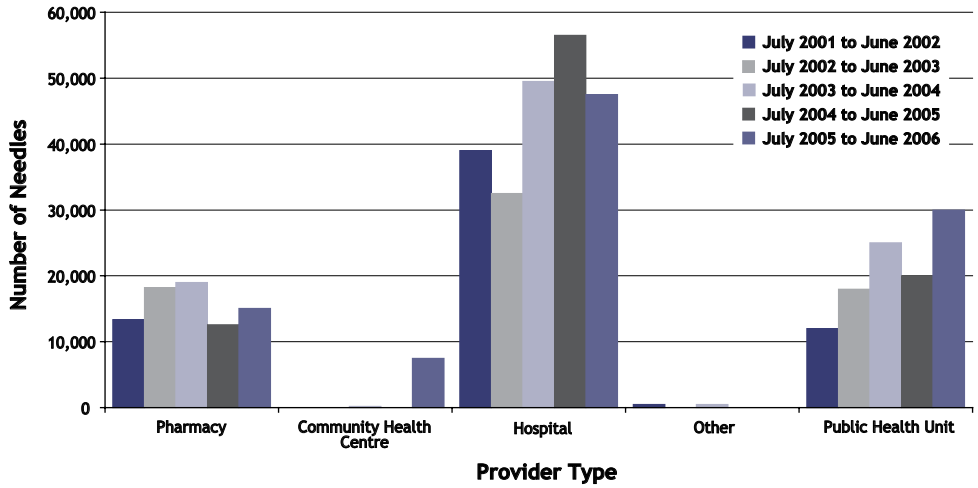
In the Kimberley region, distribution by pharmacies declined throughout the period, with a particular fall from 2001/02 to 2002/03. By contrast, distribution through the public health unit increased significantly in the first year, then by further small amounts in the subsequent two years. Distribution through this outlet fell significantly in 2005/06, although the reasons for this are unclear at this time. NB: In the Kimberly region the PHU orders NS and distributes on to the hospitals in the region.

Figure A.19 Distribution of needles and syringes by model - Midwest-Murchison region



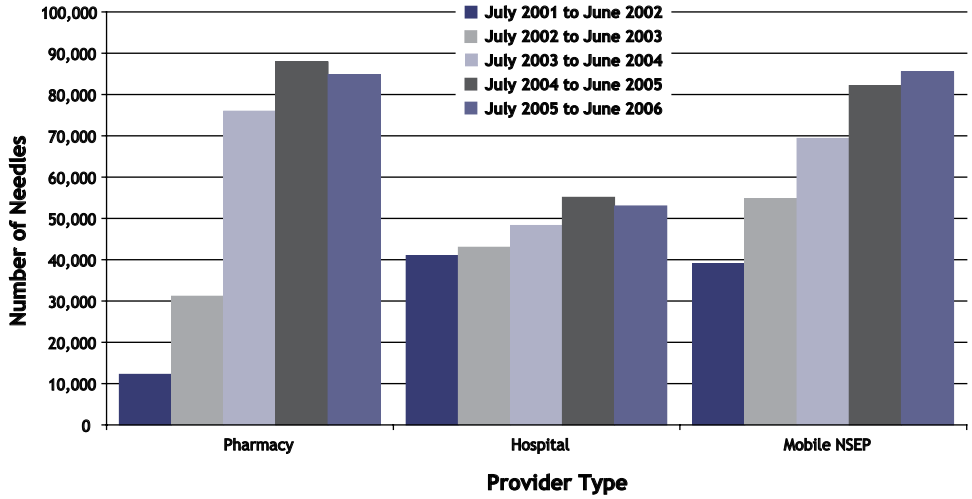
In the Midwest-Murchison region there was an increase in distribution across all outlet types during the period, although the reported decline in the public health unit in 2005/06 requires further investigation as to the factors behind it (could be attributed to a coding error between "Other" outlets). The Community Drug Service Team (classified as "Other" began to order instead of the PHU – this explains the significant and sudden increase/decrease in distribution.

Figure A.20 Distribution of needles and syringes by model - Pilbara-Gascoyne region



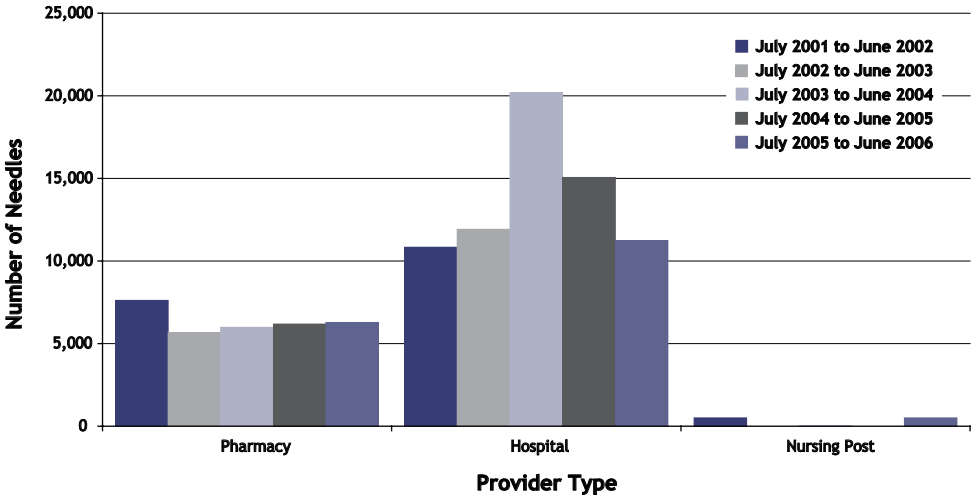
In the Pilbara-Gascoyne region, distribution through pharmacies fell slightly during the period, but this was more than offset by increased distribution through hospitals, public health units and, to a lesser extent, community health centres.

Figure A.21 Distribution of needles and syringes by model - South West region



In the South West region, distribution increased through all outlet types – pharmacy, hospital and mobile NSEPs – during the period. This suggests that there has been an increase in capacity in the region.

Figure A.22 Distribution of needles and syringes by model - Wheatbelt region



In the Wheatbelt region, distribution through pharmacies fell slightly during the period. Hospital distribution increased each year to 2003/4, but has declined since then.

Appendix B – NSP profile survey

Service Provider Survey

Thank you for participating in the Service Provider Survey. All answers are confidential.
*Please return your completed survey by **Friday 24th August 2007**.*

---

1. In what WA Health Region is your NSP located?

☐ Kimberly ☐ Goldfields ☐ South West

☐ Pilbara ☐ Wheatbelt ☐ Metropolitan North

☐ Midwest ☐ Great Southern ☐ Metropolitan South

2. Which of the following best describes the outlet your NSP operates from?

☐ NSEP ☐ Pharmacy ☐ Hospital ☐ Other

If other, please specify: _____

3. What are your hours of operation?

☐ Monday to Friday (approx. 9am – 5pm)

☐ Weekends

☐ After-hours service (describe below)

---

4. How do you staff your NSP service? (in EFTs)

No. Full Time staff: _____ No. Part Time staff: _____

No. Volunteers: _____ No. Casuals: _____

Part of other role: _____

5. What training do your staff receive to work in the NSP?

---

6. Is a minimum knowledge base required to work in the NSP?

☐ No ☐ Yes If Yes, please specify: _____

---

7. Do your staff need additional training or development?

☐ No ☐ Yes If yes, please describe: _____

_____

8. What injecting equipment and associated material does your NSP provide (please specify)?

_____

_____

9. Is there injecting equipment you would like to be able to provide but are unable to? (please specify the equipment and why you are unable to offer these):

_____

_____

_____

_____

10. (a) What is your process for distributing needles and syringes to consumers? (please describe)

_____

_____

(b) Do you have specific guidelines for distributing needles and syringes? (please describe).

_____

_____

11. (a) Do you charge consumers for injecting equipment?

☐ No ☐ Yes ☐ Sometimes (depending on equipment)

If yes, how much: _____

_____

(b) Does the cost impact on how consumers use the service?

_____

_____

12. In addition to the distribution of injecting equipment, what other services and/or resources does your NSP make available to consumers (e.g. education and health promotion pamphlets etc.)? (please specify)

_____

_____

13. What referral processes does your NSP have, to link consumers with other community health services? (please specify)

_____

_____

14. Please rate and comment on how effective you think your NSP is, in engaging its consumers:

☐ Very effective ☐ Effective ☐ Somewhat effective

☐ Not effective ☐ Don't know

Comments: _____

_____

15. What factors make it difficult to engage consumers? _____

_____

16. What do you think are the key features of an effective NSP service? (please describe)

_____

_____

17. (a) Are there any barriers to operating an NSP? (please describe)

_____

_____

(b) If Yes, have these barriers been addressed?

☐ Yes ☐ No ☐ Don't know

If yes, how: _____

_____

18. Are there any external factors (positive or negative) that impact on service demand and the types of services required?

_____

_____

19. What are the strengths and weaknesses of your NSP service? Describe any improvements needed.

Strengths: _____

_____

Weaknesses: _____

_____

Improvements needed: _____

_____

20. Does your NSP need any other resources to enhance the quality of its services? (please describe)

21. What relationships does your NSP have with other community health services?

22. What are your data and reporting requirements?

23. Has your NSP evolved in ways that are different from what you expected?

☐ No ☐ Yes If yes, how:

24. Please enter any other comments below.

Thank you for participating in this survey. Your time is greatly appreciated.

Appendix C – Consumer survey

Consumer Survey

Thank you for participating in the Consumer Survey. All answers are confidential.

By filling out this survey, I consent to participating in this review, and give permission for my answers to be used to help improve the Needle Outlet.

Q1. **What is your gender?**

☐ Male ☐ Female ☐ Transgender

Q2. **What is your Age Group?**

☐ Under 18 ☐ 18-25 ☐ 26-30 ☐ 31-35

☐ 36-40 ☐ 41-45 ☐ 46+

Q3. **(a) Which outlet do you mainly visit?** _____

(b) Do you visit any other outlets?

☐ Yes ☐ No

If yes, which ones? _____

Q4. **When do you usually visit the outlet?**

☐ Monday to Friday (9am – 5 pm)

☐ Weekends

☐ After-hours service

If after-hours, describe when: _____

Q5. **How often do you visit the outlet?**

☐ Weekly ☐ Monthly ☐ Every 3 months ☐ Other

If other, please specify: _____

Q6. **Do you usually have to wait to be served?**

☐ Yes ☐ No

If so, how long on average? _____

Q7. **Are the staff helpful?**

☐ Never ☐ Sometimes ☐ Always

Any comments? _____

Q8. **Do you collect equipment for other people?**

☐ Yes ☐ No

If yes, how often and how much? _____

Q9. **Is there any other equipment or information you would like to see offered at the outlet you use?**

_____

_____

Q10. **What steps do you go through when you pick up equipment from the outlet?**

_____

_____

Q11. **(a) Do you have to pay for any equipment?**

☐ Yes ☐ No ☐ Sometimes (depending on equipment)

If yes, how much? _____

(b) How does this cost affect how you use the service?

_____

Q12. **(a) What other equipment or information do you access when you visit the outlet?**

_____

(b) How often would you access these?

_____

Q13. **Please rate how effective you think the outlet is in providing access to injecting equipment:**

☐ Very effective ☐ Effective ☐ Somewhat effective

☐ Not effective ☐ Don't Know

Any comments? _____

Q14. **What do you think are the key features that make an outlet successful? (please describe)**

_____

_____

Q15. **What sorts of things make it difficult or prevent you from accessing the outlet?**

_____

_____

Q16. **What sorts of things make it easy for you to access the outlet?**

_____

_____

Q17. **Please rate how much the following factors affect your access to the outlet.**

	Very Important	Important	Unsure	Not Important	No effect at all
Location	☐	☐	☐	☐	☐
Hours of operation	☐	☐	☐	☐	☐
Staff attitudes	☐	☐	☐	☐	☐
Staff knowledge	☐	☐	☐	☐	☐
Number of needles allowed	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐

If Other, please specify: _____

Q18. **What are the best and worst features of the outlet?**

Best: _____

Worst: _____

Q19. **Do you have any suggestions for how the outlet can improve the quality of its services?**

_____

_____

Q20. **How would you rate the quality of the following services at the outlet?**

	Excellent	Good	Unsure	Adequate	Poor	N/A
General Information	☐	☐	☐	☐	☐	☐
Education Resources	☐	☐	☐	☐	☐	☐
Referral Services	☐	☐	☐	☐	☐	☐

Q21. **Is there anything else you would like to comment on regarding the outlet?**

_____

_____

_____

Q22. **And finally… please tell us which way you would like to receive your Coles Myer Voucher.**

☐ Post it to the following address:

Name (you can use a fake name) _____

Postal Address _____

_____

☐ Post it to the following Post Office and I will pick it up.

Please note that if you choose this option, you need to show photo ID as proof. So you need to tell us your real name.

Your Name (please use your real name)

_____

Post Office Name

_____

Address (if you don't know this, just write the suburb and/or postcode)

_____

_____

☐ Other: If the above processes don't suit you - please tell us the best way for us to get the Voucher to you.

_____

_____

All information you give us will be kept **strictly private** and will not be shared with anyone outside the Research Team.

Thank you for participating in this survey. Your time is greatly appreciated.

Appendix D – NSEP interview schedule

NSEP worker interview/focus group questions

Thank you for participating. All answers are confidential.

Demographics

1. **In what WA Health Region is your NSEP located?** ☐ Metro ☐ South West
2. **What are your normal hours of operation?**
   - ☐ Monday to Friday (approx. 9am - 5pm)
   - ☐ Monday to Friday (other hours) (describe): _____
   - ☐ Weekends: _____
   - ☐ After-hours service? (describe): _____

Staffing

3. **How do you staff your NSEP? (in EFTs)**

   No. Full Time staff: _____ No. Part Time staff: _____

   No. Volunteers: _____ No. Casuals: _____

   Part of other role: _____

4. **(a) What training do staff receive, to work in the NSEP?** _____

   _____

   _____

   (b) Is a minimum knowledge based required? ☐ No ☐ Yes

   _____

   _____

   (c) Is additional staff development needed? ☐ No ☐ Yes

   _____

   _____

Equipment and service provision

5. **What injecting equipment and associated material do provide to consumers?**

   _____

   _____

   _____

   _____

6. **Is there any injecting equipment you would like to provide but are unable to? (please specify equipment and why you are unable to offer these):**

7. **(a) What is your process for distributing needles and syringes to consumers?**

   (b) Do you have specific guidelines for distributing needles and syringes?

8. **(a) When are consumers charged for equipment and how much?**

   (b) Does this cost impact on how consumers use the NSEP?

9. **In addition to distributing injecting equipment, what other services and/or resources do you provide?**

10. **What referral processes do you have, to link consumers with other community health services?:**

11. **Please rate and comment on how effective you think your NSEP is, in engaging its consumers:**

    ☐ Very effective ☐ Effective ☐ Somewhat effective

    ☐ Not effective ☐ Don't Know

    Why? _____

12. What factors make it difficult to engage consumers?

13. What do you think are the key features of an effective NSEP?

14. (a) Are there any barriers to operating an NSEP?

(b) Have these barriers been addressed?

☐ Yes ☐ No ☐ Don't know

If yes, how?

If not, why?

15. Are there any external factors (positive or negative) that impact on service demand and the types of services required?

16. What are the strengths and weaknesses of the NSEP model? Describe any improvements needed.

Strengths:

Weaknesses:

Improvements needed: _____

_____

_____

Service specific questions

17. Does your NSEP need any other resources to enhance the quality of its services?

_____

_____

_____

18. What relationships does your NSEP have with other community health services?

_____

_____

19. What are your data and reporting requirements?

_____

_____

20. Has your NSEP evolved in ways that are different from what you expected?

_____

_____

_____

21. Any other comments?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for participating. Your time is greatly appreciated.

Appendix E – Other stakeholder survey

Other Stakeholder Survey

Thank you for participating in the Service Provider survey. All answers are confidential.
*Please return your completed survey by **Friday 24th August 2007**.*

1. **What is your:**

   Name: _____

   Position: _____

   Location: _____

2. **What is the nature of your involvement with NSP services?**

3. **(a) What training should staff in NSP services receive?**

   (b) Is a minimum knowledge base required to work in an NSP?

   ☐ No ☐ Yes

   If yes, please specify: _____

4. **What injecting equipment and associated materials should NSP services provide to consumers? (please describe)**

5. **What other services or resources should NSPs provide?**

6. **Should there be common guidelines for distributing needles and syringes?**

7. (a) Should there be a charge for injecting equipment provided through NSP services?

☐ No ☐ Yes

If yes, why and for what equipment? _____

_____

_____

_____

(b) What effect do you think a charge on injecting equipment would have on consumers?

_____

_____

8. What other community health services should NSPs link with?

_____

_____

9. What is the best way to 'market' NSPs?

_____

_____

10. (a) Please rate and comment on how effective you think NSPs are in engaging consumers:

☐ Very effective ☐ Effective ☐ Somewhat effective

☐ Not effective ☐ Don't Know

Any comments? _____

_____

(b) What factors do you think make it difficult to engage consumers?

_____

_____

11. What do you think are the key features of an effective NSP service? (please describe)

_____

_____

12. (a) Are there barriers to operating an NSP? (please describe):

_____

_____

(b) If so, have these barriers been addressed?

☐ No ☐ Yes

If yes, how? _____

_____

13. Are there any external factors (positive or negative) that impact on service demand and the types of services required?

14. (a) What are the strengths and weaknesses of the Needle and Syringe Program? (please describe)

Strengths: _____

Weaknesses: _____

(b) Are any improvements needed? (please describe)

15. Please rate the quality of the following NSP services:

	Excellent	Good	Unsure	Adequate	Poor
General information	☐	☐	☐	☐	☐
Education resources	☐	☐	☐	☐	☐
Referral services	☐	☐	☐	☐	☐

Any comments? _____

16. Do NSPs need any further resources to enhance the quality of their services? (please describe)

17. Has the Needle and Syringe Program evolved in ways that are different from what was expected?

☐ No ☐ Yes

If yes, how? _____

18. Do you have any other comments?

Thank you for participating in this survey. Your time is greatly appreciated.

Appendix F – Case study

The following is an illustration of how an NSP can be successfully integrated into other primary care agencies with positive flow-on in terms of referral and access to other services. The case study presented is the Hedland Well Women's Centre in Port Hedland. The case study provides an example of a successful NSP based in a regional area and the solutions implemented to address some of the challenges encountered.

Service model

The NSP is considered by some as an "enhanced" secondary model due to its encompassing service. The NSP is based in a women's health service which operates Monday to Friday (8 am – 4.30 pm). Staff are trained to deliver NSP services as part of their role. The core service of the centre is women's health, with 10% of clients accessing NSP services. During 2006/07 the centre had approximately 125 NSP client contacts a month and over half of theses were with Aboriginal clients. Interestingly, two-thirds of NSP client contacts were with males, despite the centre primarily providing women's health services. During this time a number of referrals were made to a range of health, treatment and support services. As such, the NSP is provided at the same "calibre" as women's services.

Equipment offered at the NSP include:

- Fitsticks®;
- Alcohol wipes;
- Sterile water;
- Educational material;
- Condoms; and
- Lubricant (when the centre is supplied).

In addition to the distribution of injecting equipment, other services and resources made available to NSP consumers include:

- Education (written or verbal);
- Stickers and leaflets, etc.;
- Referrals to counsellors, drug and alcohol team, social worker and mental health services;
- Advocacy;
- Support for family; and
- Brief intervention counselling and crisis counselling. Consumers also have access to the centre counsellor for ongoing sessions.

Public and community health nurses from Pilbara Population Health provide a weekly Women's Health Clinic offering Pap tests, hepatitis B vaccinations, and STI and BBV screening. Female clients are booked into this clinic, while men are referred to Pilbara Population Health.

Consumers are not required to pay for any equipment but they are asked for a gold coin donation when accessing water.[17] Filters were identified as additional equipment the NSP would like to offer, since current drug trends are seeing consumers injecting tablets.

[17] The NSP purchases sterile water. Swabs are purchased using funding from other areas of the centre's budget. Consumers are not denied from accessing water if they do not have any money as they are asked to pay at the next visit.

The process for distributing equipment is viewed as quite an engaging process:

1. Consumers enter the centre like other clients and are greeted on arrival. It is not presumed that the consumer is there to access the NSP as NSP consumers are known to visit the centre for reasons other than picking up equipment.
2. The foyer has displays with a wide variety of educational materials that clients can access if staff are busy. There are times when it is not appropriate for male clients to access the centre, and in such cases there is signage.

   Fitsticks® are given in what is referred to as a "Harm Minimisation Pack" which also includes swabs, condoms, and literature/information (e.g. *Fit News* newsletter) inside a paper bag. Staff prepare these packs to ensure efficient and confidential service provision, even when they are busy.
3. The pack is then given to the consumer, who is asked if there is anything else they need (if so then this is addressed). Data is recorded after the client has left.

One consumer rated the NSP as "very effective" in providing access to injecting equipment as staff were *"very approachable"* and for the fact that the service actually provides equipment.

Since over half of NSPs clients who access the centre are Aboriginal (2006/07 data), the service needs to be innovative in targeting this group and addressing cultural issues. Solutions include finding and/or creating resources suited to literacy levels and adapting how staff engage with Aboriginal clients.

In accordance with the DoH *Guidelines for the Establishment and Operation of a Needle and Syringe Program*, the coordinator applies the principles of having the equipment set up in one designated area and ensuring that staff learn about the program and always act professionally.

Training and previous knowledge-base

All staff receive training (one-on-one and group education) to work in the NSP, which includes discussion of the program by the NSP coordinator and orientation to the injecting equipment. NSP provision is addressed at all stages of the centre's employment procedure.

In regard to previous knowledge, it was identified that staff should have an understanding of the reason for which sterile injecting equipment is provided, while also not condoning the injecting behaviours of clients. While it was stated that staff do not require additional training or development, transient staff can pose challenges concerning training. It was noted that it was very important for staff to have access to training as it normalises NSP service provision.

Engagement of consumers

As illustrated above, the service model at the NSP can be considered holistic, with the provision of Fitsticks® (i.e. the distinct harm minimisation packs) and the greater level of engagement by staff when consumers request Fitsticks®. Distribution of Fitsticks® is also complemented by a wide-ranging referral system to various support workers. The general information, education resources and referrals services were all rated as "excellent" by one consumer. While the proactive nature of the NSP is time-consuming, it was identified that extra effort by staff makes service provision easier for consumers.

However, the model was rated as being only "somewhat effective" in its ability to engage consumers. This was attributed to the outlet relying heavily on word-of-mouth to promote its services and being restricted by only operating during weekdays. As a result, the NSP was seen as not being able to reach a greater number of people who inject drugs. Therefore, while word-of-mouth among consumers is viewed as the optimal (and only) way of promotion, the NSP produces *Fit News*, which is a newsletter discussing the Needle and Syringe Program in Port Hedland and BBV information. It was noted that a subtle approach to the promotion of the NSP is required with the general public, for example:

"We play down what the service is - we don't want to draw attention to the NSP client."

While not wanting to draw attention to individual clients, the NSP is listed in all of the centre's promotional materials, with its other services. The suggestion was made that the service be more overt with signage to direct clients to the NSP. Appropriate promotion was also identified as a key feature for an effective NSP.

Barriers

At the time of this report, the Pilbara Region did not have a regional NSP project officer, which was seen to be a weakness. In regard to external factors which can impact on service demand, this was noted as relating to the challenges faced by consumers when accessing equipment from the hospital NSP:

"Clients work long hours, 12 days. When they approach the hospital to collect equipment they often encounter difficulties."

In turn, demand for equipment at the Well Women's Centre increases. Also, the transient nature of the community's population impacts on service demand.

Strengths, weaknesses and improvements needed

Strengths of the NSP include staff being friendly and understanding and not feeling "offended" at having to provide injecting equipment. A consumer identified the staff to be *"very helpful"*. As demonstrated throughout this report, staff attitudes/presentation is noted as a core element of an effective NSP, e.g. "The way you treat clientele will determine success". The proactive nature of staff to engage with consumers and form relationships with them assists in staff being able to offer support to consumers when needed - both the staff feeling comfortable to do so, and the client accepting of the support offered. Another strength noted was the fact that staff are actually providing the service, however the transience of staff was noted as a weakness.

Corresponding to this strength is the outlet's wide-ranging referral system, which is facilitated by the NSP being co-located in a health centre offering other support services both for the consumer and their family. As a result, consumers can be referred to other staff immediately, while in turn staff from other services can participate in the NSP, e.g. observe processes and how staff engage.

Lack of after-hours access to Fitpacks® was noted as a gap in service delivery, however operating hours of the NSP cannot be changed. One consumer stated that being unable to access Fitpacks® on the weekend (at the NSP) was a weakness of the service. While consumers are able to access Fitpacks® at the hospital after-hours, a busy A&E department was not perceived as an optimal location for an outlet. The suggestion for a vending machine was made, but this does not provide any form of consumer engagement. Again, it was questioned whether a vending machine alone meets the objectives of harm minimisation. Ideally, NSP services would like to be offered across the region via different models, e.g. hospital, clinic and vending machine. This increases accessibility to sterile injecting equipment, catering to the different schedules and preferences of the consumer.

The NSP at the centre was seen as comprising a significant component of service delivery. However the funding allocated to the NSP service was insufficient, for example:

"The NSP provides 10% of the centre's clientele, but the NSP receives less than 10% of the centre's funding."

As a result, should there be a surge in the demand for services, the NSP may be unable to meet consumer needs. It was noted that as the NSP is proactive in making swabs and sterile water available to consumers, such items could be provided to the NSP at no cost by the SHBBVP.

A further potential challenge for the service in the future is whether its principal role is changing (by default) from a Community Health Centre to an NSP. This could have potential implications for its primary source of funding. Nevertheless, the Hedland Well Women's Centre provides a pragmatic example of how a rural health service has adapted its mode of delivery, staff roles and attitudes and service profile to meet the demands for NSP services, while continuing to support its traditional clientele.

Appendix G – Reference group membership

Name	Position	Organisation
Frank Farmer (Chair of the Reference Group)	Manager	Hepatitis Council of WA
Trish Langdon	Executive Director	WA AIDS Council (NSEP)
Leigh Cleary	NSEP Coordinator	WA AIDS Council (NSEP)
Sandra Fox	Manager	WA Substance Users' Association (NSEP)
Sam Liebelt	NSEP Coordinator	WA Substance Users' Association (NSEP)
Lenette Mullen	President	Pharmacy Council of WA (also representing Pharmacy Guild of WA)
Christine Doust	Infection Control Nurse	Kalgoorlie Hospital
Genny White	Nurse	Roebourne Hospital
Damien Roper	BBV & Sexual Health Project Officer, Regional Coordinator	Great Southern Aboriginal Health Service
Dr Susan Carruthers	Chair Research Fellow	WA Viral Hepatitis Committee Curtin University of Technology
Janet Brown	Manager	Hedland Well Women's Centre
Dr Chantal Ferguson	Public Health Medical Registrar	Communicable Disease Control Directorate, Department of Health WA
Jude Bevan	Senior Policy and Planning Officer	Sexual Health & Blood-borne Virus Program, Department of Health WA
Lisa Bastian	Manager	Sexual Health & Blood-borne Virus Program, Department of Health WA
Vanessa Hunt	Senior Program Officer	Sexual Health & Blood-borne Virus Program, Department of Health WA
Georgiana Lilley	Project Officer	Sexual Health & Blood-borne Virus Program, Department of Health WA

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