



Government of **Western Australia**  
Department of **Health**

# Needle and Syringe Program Annual Report 2015-16

**Western Australia**  
**1 July 2015 – 30 June 2016**



## Acknowledgements

The information included in this report has been provided by NSP Coordinators and program staff. The SHBBVP thank each respondent for their input into the 2015-16 NSP Annual Report. NSP Coordinators and staff should be commended for their work conducted throughout 2015-16 and the SHBBVP look forward to working with these teams again in 2016-17.

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# 1.0 Introduction

Needle and syringe programs (NSPs) are a highly successful harm reduction strategy that aims to reduce the transmission of HIV, hepatitis B and hepatitis C by the provision of sterile injecting equipment to people who inject drugs (PWID). The Sexual Health and Blood-borne Virus Program (SHBBVP), in its support role to the system manager, coordinates the prevention and control of sexually transmitted infections (STIs) and blood-borne viruses (BBVs) in Western Australia, which includes planning, managing, and monitoring the state-wide NSP.

NSPs are supported by national BBV strategies and the following state strategies:

- [The WA Aboriginal Sexual Health and Blood-borne Virus \(BBV\) Strategy 2015-2018](#)
- [The WA Hepatitis B Strategy 2015-2018](#)
- [The WA Hepatitis C Strategy 2015-2018](#)
- [The WA HIV Strategy 2015-2018](#)

In WA, there are currently four models of NSP operating:

1. Needle and syringe exchange programs (NSEPs) – supply free sterile needles and syringes conditional on the return of used items (ie; exchanged) or a cost recovery may apply
2. NSPs – outlets such as regional and rural hospitals, public health units, community health centres and non-government agencies that provide access to free sterile needles and syringes as a component of their service
3. Pharmacy-based NSPs – run on a commercial basis via the retail of sterile needles and syringes
4. Needle and syringe vending and dispensing machines (NSVMs/NSDMs) – a self-service device which vends sterile needles and syringes.

The *Poisons Regulations 1965*<sup>1</sup> stipulates that NSP coordinators are required to submit an annual report at the end of each financial year. The report required for submission, provides an opportunity for NSP coordinators to raise any issues encountered, rather than to measure performance.

There were eight organisations that provide NSP and NSEP that were exempt from submitting an NSP annual report for 2015-16, as they provide regular reporting as part of service agreements held with the SHBBVP. These exempt services included WA Substance Users' Association (WASUA) sites, WA AIDS Council (WAAC) sites, Palmerston Mandurah, Hedland Well Women's Centre (HWWC), HepatitisWA, the Great Southern Population Health Unit, Magenta/Sex Worker Outreach Project WA (SWOPWA), and the Midwest Community Alcohol Drug Service.

In terms of needle and syringe distribution in Western Australia, Table 1 and Figure 1 in Appendix C show a steady increase in the distribution of needles and syringes between 2011 and 2016.

The following sections outline the results received, as reported by NSP Coordinators through the submission of NSP annual reports for 2015-16. Past summary reports have reflected on service provision methods, including distribution of printed materials and resources, client referral, additional equipment requested by clients, disposal and operational issues as well as professional development and suggestions for service enhancement. For this report comparisons have been made to previous reporting periods.

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<sup>1</sup> Replaced by the *Medicines and Poisons Regulations 2016* as of January 30, 2017

## 2.0 Methodology

The SHBBVP provided NSP Coordinators with the *NSP Annual Report 2015-16 pro-forma* (Appendix B) which comprised of 24 questions about the activities and operations of the NSP during the reporting period. Key topics included service provision, disposal matters, operational matters, professional development and general service matters. Reports were required to be completed before 31 August 2016, although a two-week extension was granted past this date.

The report pro-forma was available to complete online through the Department of Health website, and there was also an option for coordinators to return reports via email or mail for those unable to access the online template. Fifty-seven reports were completed online (compared to 42 in 2014-15), with 23 additional NSP Coordinators opting to email or mail their report to the Department of Health. The findings detailed in this report were analysed using thematic analysis and categorised into themes and sub-themes from which conclusions were drawn.

## 3.0 Key Findings

### 3.1 Response rate

Ninety-three services were required to complete a 2015-16 NSP annual report. This does not include the services previously noted as not being required to submit an annual report. In addition, approximately 550 additional community pharmacies retail packaged injecting equipment under a single blanket approval held by the Pharmacy Registration Board of Western Australia.

Eighty-two coordinators (88.2%) returned a report within the parameters of the reporting period (see *Appendix A: Participating needle and syringe programs*, for a list of these NSPs). Two services reported nil activity, and were not included in the analysis of the results. The target compliance rate for annual report completion is 100%, as per *Poisons Regulations 1965*. NSPs that do not submit an annual report are sent a letter requesting either a completed report, or a nil return response if no activity was recorded during the reporting period.

Table 1 (below) shows that the response rate has gradually increased over the last three reporting periods.

**Table 1: NSP Annual Report Response Rate**

Reporting Period	Required responses	Number of responses (%)	Number of Submissions
2013-14	97	77 (79.4%)	74 (76.3%)
2014-15	95	83 (87.4%)	82 (86.3%)
2015-16	93	82 (88.2%)	80 (86.0%)

### 3.2 Service Provision

All NSPs that completed NSP annual reports for 2015-16 distributed injecting equipment to PWID during the reporting period. Equipment was distributed most commonly as pre-packaged kits (such as Fitstick® and Sterafit™ products), whereas some NSPs distributed loose needles and syringes, or a mix of loose needles and syringes and pre-packaged kits, as specified by their NSP approval issued by the Department of Health. All needles and syringes are required to be distributed along with a disposable receptacle.

Resources and referrals from NSP are usually offered at the request of clients, although some NSPs have printed resources available to browse or take away. Table 2 (below) shows that for each of the categories, the figures remain relatively stable across the three reporting periods. A breakdown of referrals and resources provided can be seen in Table 1 of Appendix C (page 12).

**Table 2: Service Provision**

Service Provided	2013-14	2014-15	2015-16
Printed Materials and Resources	58 (78%)	55 (67%)	57 (71%)
Referrals to Other Services	14 (19%)	18 (22%)	18 (23%)

Table 3 (below) shows that there has been an increase in requests for additional equipment. A breakdown of the equipment can be seen in Table 2 of Appendix C (page 12).

**Table 3: Requests for Additional Equipment**

Reporting Period	Response (%)
2013-14	13 (18%)
2014-15	13 (16%)
2015-16	17 (21%)

### 3.3 Disposal Matters

Twenty-two NSP coordinators (28%) reported issues experienced regarding needle and syringe disposal over the past 12 months. This is consistent with the previous two reporting periods and can be seen in Table 4 (below). A further breakdown on the issues can be seen in Table 3 of Appendix C (page 13)

**Table 4: Disposal Issues**

Reporting Period	Response (%)
2013-14	25 (28%)
2014-15	25 (30%)
2015-16	22 (28%)

Three questions were introduced in this reporting period of the availability of sharps disposal bins (Table 5, below).

**Table 5: Availability of Sharps Disposal Bins**

<b>Availability of sharps disposal bins at NSP site for public use</b>	
Available	28
Not available	46
Unsure	5
<b>Location of sharps disposal bins if available</b>	
Inside the health facility	21
Outside the health facility building/s (within grounds)	7
Other	5
<b>Aware of sharps disposal bin locations (excluding health facility)</b>	
Yes	40
No	27
N/A (no safe disposal bins available in community)	13

A large number of NSPs did not have a sharps disposal bin at the site available for public use. The SHBBVP commenced a local government community safe disposal survey in 2016, to gauge awareness of safe disposal issues in local government areas across the state. Data has been collated and is currently awaiting analysis for future release to stakeholders. It is intended that the results from the local government disposal survey, can be considered in addition to results derived from NSP annual reporting, to assess availability of sharps disposal bins at NSP sites, and in the wider community.

### 3.3 Operational Matters

NSP coordinators were asked whether any operational issues were experienced over the 2015-16 reporting period. Table 6 (below) outlines the issues encountered and number of respondents over the past three reporting periods. Refer to Table 5 of Appendix B (page 14) for a further breakdown.

**Table 6: Service Provision**

<b>Issues with</b>	<b>Clients (%)</b>	<b>Staff (%)</b>	<b>NSP Coordination (%)</b>
2013-14	13 (18%)	10 (14%)	7 (9%)
2014-15	17 (21%)	9 (11%)	14 (17%)
2015-16	19 (24%)	11 (14%)	11 (14%)

There appears to have been increases in the number of issues with staff and clients, while issues with NSP coordination have decreased.

### 3.4 Professional Development

As stipulated within the *Poisons Regulations 1965*, an NSP Coordinator must understand his or her duties as the coordinator of the program and must ensure that persons who participate in the conduct of the program understand the requirements of the regulations and are appropriately instructed and trained. The SHBBVP provides information about training opportunities for new coordinators, and ongoing professional development is encouraged.

For this report, 64 out of 80 coordinators participated in some form of professional development to benefit the NSP. Once again, numbers have remained relatively stable over the last two reporting periods.

**Table 7: Participation in Professional Development by NSP coordinators**

Reporting Period	Response (%)
2013-14	59 (79.7%)
2014-15	70 (85.4%)
2015-16	64 (80%)

For a breakdown on the professional development by NSP coordinators, refer to Table 6 of Appendix B (page 15).

### 3.5 Service Enhancement

Sixty-five NSP coordinators (80%) reported activities undertaken to enhance their NSP in 2015-16 (Table 8, page 6), demonstrating a strong commitment to service improvement. The numbers have remained stable compared to the previous two reporting periods.

**Table 8: Number of activities undertaken to enhance NSP**

Reporting Period	Response (%)
2013-14	63 (85.1%)
2014-15	69 (84.1%)
2015-16	65 (81.3%)

For a breakdown on the activities undertaken, refer to Table 7 of Appendix B (page 16).



### 3.6 Suggestions for service enhancement

In addition to reporting on activities undertaken, the NSP report pro-forma also provides coordinators the opportunity to raise issues and suggest ways to improve the operation of their NSP. The following suggestions have been grouped by themes:

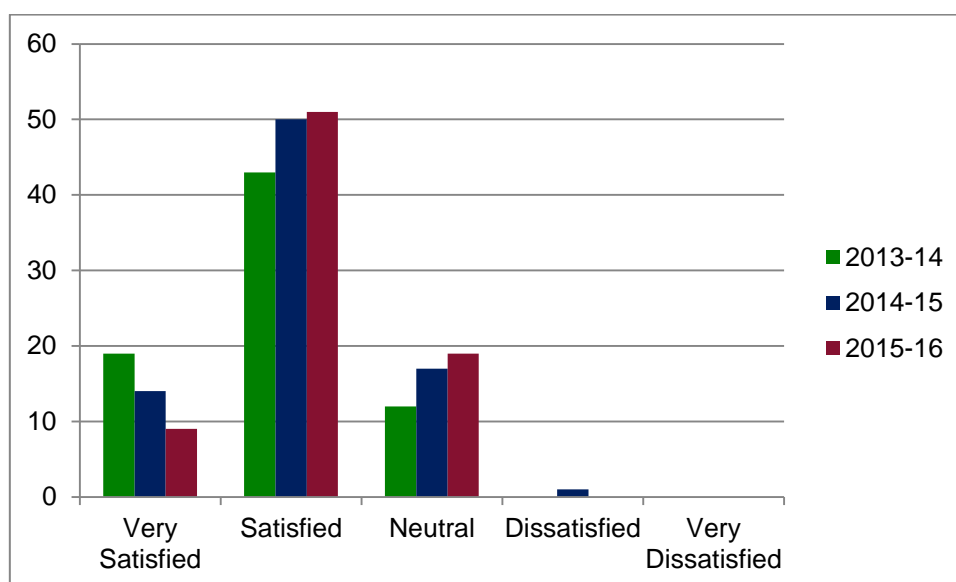
- maintain training of coordinator and other staff on NSP
- increase video conference training opportunities
- on-site NSP development including increasing access hours, additional equipment, better NSVM maintenance, and installing additional NSVMs and sharps disposal bins
- remove NSVM to increase brief intervention opportunities and to remove issues associated with NSVM not working
- increased development of, and access to, educational materials on harm reduction, NSP services, and support groups
- reducing the number of needles and syringes in each pack
- increasing awareness of the program to staff members and the general community.

Fourteen NSP coordinators (17%) indicated they would benefit from additional support specifically from SHBBVP for their NSP. Their suggestions included that the SHBBVP:

- provide increased training and workforce development opportunities related to NSP
- develop and distribute new resources that can be handed out with injecting equipment
- provide additional funding to support coordinator above clinical hours

Coordinator satisfaction is an important indicator of how an NSP is operating in the community and how staff view the program. Fifty-one respondents (64%) indicated that they were satisfied in the function of their NSP, while nine respondents (11%) were very satisfied with the way the NSP operated within the community (Figure 1). No coordinators reported dissatisfaction for this reporting period.

**Figure 1: NSP coordinator satisfaction 2015-16**



## 4.0 Conclusions and recommendations

The SHBBVP notes the suggestions for improving NSP in WA and requests for additional assistance. Access to educational resources has been discussed previously, with NSP coordinators encouraged to log into the *WA Health Quickmail* online publication ordering system. All resources are available to download, and depending on stock levels, most resources will be available in hard copy. NSP coordinators and health providers can access the online ordering system below:

<http://dohquickmail.com.au/>

Additional resources are available from key partner organisations in the sector including [WAAC](#), [WASUA](#), [HepatitisWA](#) and the Mental Health Commission ([MHC](#)). The SHBBVP will continue to work in collaboration with these organisations to develop new resources and update existing resources to meet the needs of the population.

The delivery of sterile injecting equipment to people who inject drugs, through NSPs, contributes greatly in reducing the transmission of BBVs in Western Australia. Continued provision of relevant information and referrals to key internal health and external community services is vital to the success of the program. The annual report response rate remains high, although optimally would be one hundred percent. Annual reporting assists the SHBBVP in its system manager support role of planning, managing, and monitoring the state-wide NSP.

## Appendix A: Participating Sites

Albany Community Pharmacy	Rottneest Island Nursing Post
Albany Regional Hospital	Goldfields Public Health Services
Augusta Hospital	Goomalling District Hospital
Beverley Hospital	Great Southern Community AOD Service
Boddington Hospital	Harvey Hospital
Boyup Brook Soldiers Memorial Hospital	Jurien Bay Health Centre
Bremer Bay Health Centre	Kalbarri Health Service
Bridgetown District Hospital	Kalgoorlie Regional Hospital
Bruce Rock	Kambalda Health Centre
Bunbury Regional Hospital	Katanning Hospital
Busselton Hospital	Kellerberrin Memorial Hospital
Carnarvon Community Alcohol Drug Service	Kimberley Public Health Unit
Chinatown Pharmacy	Kojonup Hospital
Collie Health Service	Kondinin Districts Health Service
Coolgardie Health Centre	Kununoppin Health Service
Coral Bay Nursing Post	Lake Grace District Health Service
Corrigin District Hospital	Leonora Community Health
Cunderdin District Hospital	Margaret River District Hospital
Dalwallinu Hospital	Meekatharra Hospital
Denmark District Hospital	Merredin District Hospital
Derbarl Yerrigan Health Service Inc	Moora Hospital
Dongara Eneabba Mingenew Health Service	Mount Magnet Health Centre
Donnybrook Hospital	Nannup Hospital
Dumbleyung Memorial Hospital	Narembreen Memorial Hospital
Esperance Population Health Centre	Narrogin Hospital
Esperance Regional Hospital	Newman Hospital
Exmouth Hospital	Nickol Bay Hospital
Geraldton Hospital	Night and Day Pharmacy Bayswater
Norseman Hospital	Norseman Community Health Centre
Northam Regional Hospital	St Andrew's Pharmacy

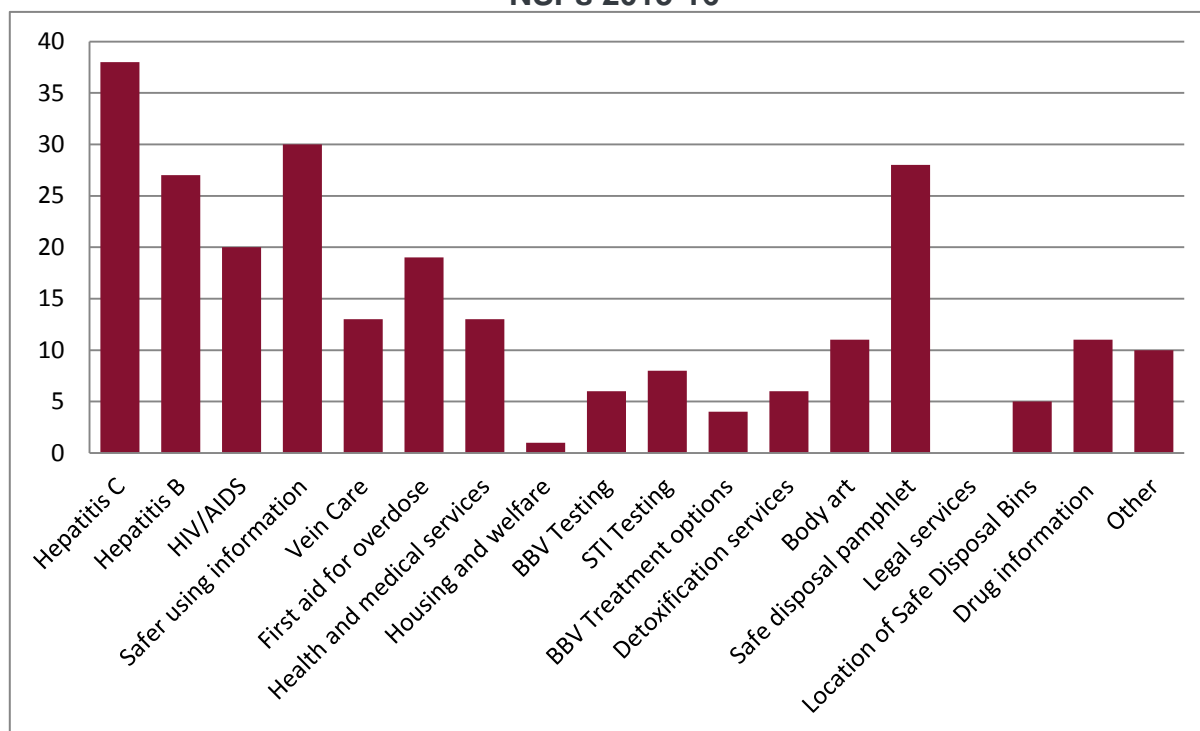
Northampton Health Service	Tambellup Health Centre
Onslow Hospital	Thomsons Lake Pharmacy
Pemberton Hospital	Tom Price Hospital
Pilbara Population Health Unit	Wagin Hospital
Pingelly Hospital	Warren District Hospital
Plantagenet Hospital	West Pilbara Population Health Unit
Quairading District Hospital	Wongan Hills Hospital
Ravensthorpe Hospital	Wyalkatchem District Hospital
Roebourne Hospital	Yirrigan Drive-In Chemist

## Appendix B: Survey Results

### 1.0 Service Provision

#### 1.1 Information Distributed

**Figure 1: Types and frequency of information distributed by NSPs 2015-16**



The “Other” category included information on steroids, other NSPs, the Hepatitis Helpline (HepatitisWA) and Recognise and Respond resources produced by the Mental Health Commission.

## 1.2 Referrals Provided

**Table 1: Type of service clients are referred to**

Type of service referred to	Number NSPs who made referrals <sup>1</sup>	Percentage of respondents (%)
Drug and alcohol counselling	10	12.3
Treatment and rehabilitation options	7	8.6
Mental health services	6	7.4
Sexually transmitted infection testing	6	7.4
Hospital	5	6.2
Legal services	4	4.9
Other medical practitioner	4	4.9
Accommodation services	3	3.7
Other	3	3.7
Other NSP outlet	3	3.7
Detoxification services	2	2.5
Blood-borne virus testing	2	2.5

Notes: 1. Multiple response possible

2. 'Other' included domestic violence services and GP appointments

## 1.3 Additional Equipment

Most NSPs that completed the NSP annual report for 2015-16 only distributed pre-packaged 'Fitstick®' packs from their service. Over this reporting period, 17 NSP Coordinators (21%) had reported that clients had requested different equipment from what was available from their NSP at some stage.

**Table 2: Most commonly requested equipment outside Fitstick®**

Types of equipment requested	Number of requests
Water	8
Swabs	8
Barrels	5
Needles	4
Steroid Equipment	3
Other	3

The 'Other' category included filters, equipment for diabetes and disposal bins.

## 2.0 Disposal Matters

NSP coordinators were asked if any disposal issues were reported and what actions were taken to resolve them. Twenty-two responses (28%) were analysed and categorised into various themes seen in the table below.

**Table 3: Disposal Issues and Actions Taken**

Disposal issue	Reoccurrence of themes
<b>Disposal Issues</b>	
Used needles and syringes found in surrounding hospital and health service car parks	6
Incorrectly disposed of injecting equipment found in public areas, including public toilets, parks and sports clubs	5
Lack of support from community or management	3
Limited operating hours restrict distribution of needles and syringes	1
<b>Actions taken to resolve disposal issues</b>	
Positioning and monitoring of disposal bins in public areas and on site	4
Hospital/council/pharmacy staff disposed of equipment found on site using correct methods	4
NSP Coordinator meetings with local council and relevant parties	3
Training on correct disposal and procedure for dealing with needle stick injury	2
Public education efforts to promote safe disposal.	2
Client consultation/education	2

NSP coordinators were asked about the availability, location and awareness of sharps disposal bins.

**Table 4: Availability of Sharps Disposal Bins at NSP site for Public Use**

Disposal issue	Number of respondents
<b>Availability of sharps disposal bins at NSP site for public use</b>	
Available	28
Not available	46
Unsure	5
<b>Location of sharps disposal bins if available</b>	
Inside the health facility	21
Outside the health facility building/s (within grounds)	7
Other	5
<b>Aware of sharps disposal bin locations (excluding health facility)</b>	
Yes	40
No	27
N/A (no safe disposal bins available in community)	13

### 3.0 Operational Issues

NSP coordinators were asked to report any issues experienced with clients, staff, and in the NSP coordination. The responses were then analysed and categorised into the various themes seen in the table below.

**Table 5: Operational issues reported by NSP Coordinator**

Operational issue	Reoccurrence of themes
<b>Issues with clients (19 responses)</b>	
Disruptive/rude behaviour	6
Clients request Fitstick® packs outside of NSP operating hours	5
Injecting drug use on site	3
Issues with NSVM (vandalism, upset machine not working)	3
Smoking on site	1
Shoplifting	1
Conflict of interest – Patients trying to access Fitstick® packs	1
Littering	1
Issue about requirement to purchase disposal container	1
<b>Issues with staff (11 responses)</b>	
Moral objection or anxiety to distributing needles and syringes	6
Heavy workload	2
High staff turnover	1
Staff unaware service provides NSP	1
Staff not recording Fitstick® distribution	1
<b>Issues coordinating NSP (11 responses)</b>	
Difficulty allocating time towards NSP role	5
High staff turnover/staffing issues	3
Recent change of coordinator	2
NSVM out of working	2
Disruption to Fitstick® supply	1
Relief staff unaware of NSP procedures	1



## 4.0 Professional Development

**Table 6: Professional Development by NSP Coordinators**

Activity	Number of responses
Read NSP News	38
Read NSP Information Pack	34
Read professional publications	30
Complete NSP Online Orientation and Training Package	26
Participate in 2016 NSP Coordinator Training	11
Attend seminars/lectures/workshops	11
Other	6
None	15

Other included: Online training, tertiary education and attending regional NSP coordinator meetings.

## 5.0 General Service Matters

### 5.1 Activities undertaken to enhance NSP

Sixty-five NSP coordinators (80%) reported activities undertaken to enhance their NSP in 2015-16 (Table 7, below), demonstrating a strong commitment to service improvement.

**Table 7: Activities undertaken to enhance NSP**

Activity	Number of responses
Provide short training sessions for new staff	40
Encouraged staff to complete NSP Online Orientation package	40
Make up packs containing swabs, water, condoms, information etc.	28
Provide in-house staff training	22
Review the NSP Guidelines	15
Establish rapport and networks with regular clients	15
Provide staff with region specific information	14
Develop a list of referral agencies for NSP staff	8
Conduct community education sessions	4
Develop harm reduction brief information questions for NSP staff	3
Other	8

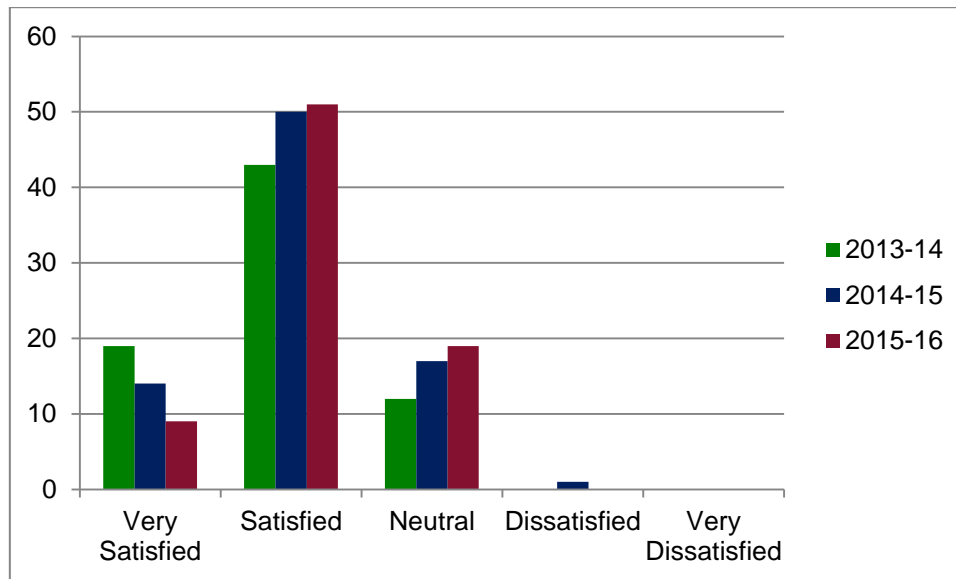
Other activities to enhance NSPs included:

- delivery of education to staff
- updating or providing resources for clients
- collaborative partnerships with the community, other departments or organisations

### 5.2 NSP Coordinator Satisfaction

NSP coordinator satisfaction is an important indicator of how an NSP is operating in the community and how staff view the program. Fifty-one respondents (63%) indicated that they were satisfied in the function of their NSP, while 19 respondents (23%) were very satisfied with the way the NSP operated within the community (Figure 2 page 20).

**Figure 2: NSP coordinator satisfaction 2015-16**



Two coordinators raised concerns that the delivery of Fitstick® packs through NSVM, reduced opportunities to conduct brief intervention with clients. Similarly, other NSP coordinators commented on the after-hours nature of their service, making it difficult to interact with clients.

One NSP coordinator indicated a preference for a NSVM onsite.

### 5.3 Suggestions for service enhancement

Respondents provided suggestions for ways in which their NSP could be improved. The following suggestions have been grouped by themes:

- maintain training of coordinator and other staff on NSP
- increase video conference training opportunities
- on-site NSP development including more access hours, additional equipment, better NSVM maintenance, and installing additional NSVMs and sharps disposal bins
- remove NSVM to increase brief intervention opportunities and to remove issues associated with NSVM not working
- increased development of, and access to, educational materials on harm reduction, NSP services, and support groups
- reducing the number of needles and syringes in each pack
- increasing awareness of the program to staff members and the general community.

Fourteen NSP coordinators (17%) indicated they would benefit from additional support from SHBBVP for their NSP. Their suggestions are included in Table 8 (page 18).

**Table 8: Support required from WA Health**

<b>Activity</b>	<b>Reoccurrence of themes</b>
Training for staff	5
Information for clients	4
Support for staff	2
Did not indicate what support was required	2
Additional funding	1

## Appendix C WA NSP Distribution

A number of WA Sexual Health and Blood-borne Virus Strategies 2015-18 listed below encourage increasing availability and access to sterile injecting equipment among people who inject drugs:

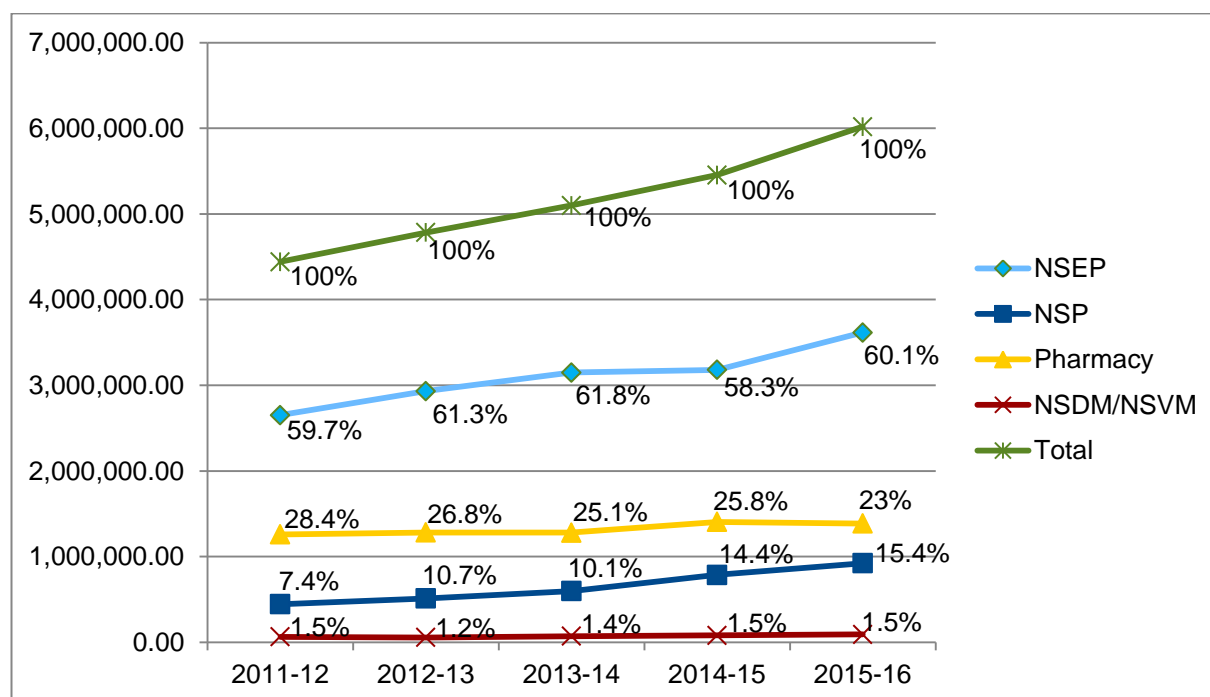
- [The WA Aboriginal Sexual Health and Blood-borne Virus \(BBV\) Strategy 2015-2018](#)
- [The WA Hepatitis B Strategy 2015-2018](#)
- [The WA Hepatitis C Strategy 2015-2018](#)
- [The WA HIV Strategy 2015-2018](#)

The following table and graph demonstrate a steady increase in needle and syringe distribution over the last five reporting periods.

**Table 1.0 Needle and syringe distributions by NSP type**

	2011-12	2012-13	2013-14	2014-15	2015-16
<b>NSEP</b>	2,650,957	2,932,972	3,148,875	3,180,950	3,615,752
<b>NSP</b>	466,104	512,741	598,168	786,288	924,233
<b>Pharmacy</b>	1,260,465	1,282,447	1,280,176	1,405,712	1,386,353
<b>NSVM/NSDM</b>	64,850	56,422	71,500	81,400	92,200
<b>Total</b>	4,442,376	4,784,582	5,098,719	5,454,350	6,018,538

**Figure 1.0 Needle and syringe distributions by NSP type**



Additionally, data from the Needle and Syringe Program National Minimum Data Collection 2016 Report suggests that the per capita (aged 15-64) rate of needles and syringes distributed for WA was 3.4 syringes<sup>2</sup>, higher than the national rate of 3.1.

<sup>2</sup> Unpublished data, available upon request

## Appendix D Pro Forma



Government of **Western Australia**

Department of **Health, WA**

**Communicable Disease Control Directorate**

### Needle and Syringe Program Annual Report 2015/16

Please note that under the Poisons Regulations 1965 it is a condition of any needle and syringe program (NSP) approval that a report be submitted at the end of every financial year. The information provided assists in planning for the future development and expansion of NSP provision statewide.

**DUE DATE: 31<sup>st</sup> August 2016**

#### NSP COORDINATOR DETAILS

Program Location: \_\_\_\_\_ Program number: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **PART 1. SERVICE PROVISION**

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1. Did your NSP distribute any information to clients during the year?

☐ Yes

☐ No

If no, please go to question 3

2. If yes, what type of information was distributed by your NSP?

☐ Hepatitis C

☐ Hepatitis B

☐ HIV/AIDS

☐ Safer using information

☐ Vein care

☐ First aid for overdose

☐ Health and medical services

☐ Housing and welfare

☐ Drug information (please specify type): \_\_\_\_\_

☐ Other (please specify): \_\_\_\_\_

☐ BBV testing

☐ STI testing

☐ BBV treatment options

☐ Detoxification services

☐ Body art

☐ Safe disposal pamphlet

☐ Legal services

☐ Location of safe disposal bins

3. Were any referrals made for clients in the past 12 months?

☐ Yes

☐ No

If no, please go to question 5

4. If yes was indicated above, what types of referrals were made by your NSP?

☐ Drug and alcohol counselling

☐ Detoxification services

☐ Treatment and rehabilitation services

☐ Mental health care services

☐ Legal services

☐ Other NSP outlet

☐ STI testing

☐ BBV testing

☐ Hospital

☐ Other medical practitioner

☐ Accommodation services

☐ Other (please specify): \_\_\_\_\_

5. If your NSP only provides Fitsticks (containing 1ml syringes), have any clients requested different injecting equipment over the past 12 months (eg: alternative tips/needles, barrels etc)?

☐ Yes

☐ No

If no, please go to question 8

6. If yes was indicated above, how frequently have clients requested additional equipment?

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7. What types of equipment have been requested?

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## **PART 2. DISPOSAL MATTERS**

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8. Has your NSP experienced any issues regarding needle and syringe disposal in the past 12 months?

☐ Yes

☐ No

9. If yes was indicated above, what was the issue/s and was any action taken to address the issue/s (please specify)?

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10. Are sharps disposal bins available at the NSP site for public use?

☐ Yes

☐ No

☐ Unsure

If no, or unsure, please go to question 12

11. If yes, where are the safe disposal bins located? (Please select all that apply)

☐ Inside the health facility

☐ Outside the health facility building/s but within the grounds of the health facility

☐ Other (please specify): \_\_\_\_\_

12. Are you aware of the locations of safe disposal bins in the community which are available for public use (excluding those available at your health facility)?

☐ Yes

☐ No

☐ N/A (no safe disposal bins available in the community)

### **PART 3. OPERATIONAL MATTERS**

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13. In the past 12 months, have any issues been experienced with NSP clients?

☐ Yes

☐ No

If no, please go to question 15

14. If yes was indicated above, what was the issue/s and was any action taken to address the issue/s (please specify)?

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15. In the past 12 months have any issues been experienced in relation to the NSP from NSP staff?

☐ Yes

☐ No

If no, please go to question 17

16. If yes was indicated above, what was the issue/s and was any action taken to address the issue/s (please specify)?

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17. In the past 12 months, have you experienced any issues in coordinating your NSP?

☐ Yes

☐ No

If no, please go to question 19

18. If yes was indicated above, what was the issue/s and was any action taken to address the issue/s (please specify)?

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### **PART 4. PROFESSIONAL DEVELOPMENT**

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19. As the NSP Coordinator, what type of education and training related to NSPs have you participated in, in the past 12 months?

- ☐ Participated in 2016 NSP Coordinator Training
- ☐ Completed Online NSP Orientation and Training Package
- ☐ Read the NSP Information Pack
- ☐ Read professional publications
- ☐ Read NSP News
- ☐ Attended seminars/lectures/workshops\*



- ☐ None  
☐ Other (please specify):

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\*Please specify the title(s) of the seminars/lectures/workshops, and the location and name of organisation hosting the event:

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## **PART 5. GENERAL SERVICE MATTERS**

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20. Have you done any of the following to enhance your NSP in the last 12 months?

- ☐ Provided short orientation sessions for new staff  
☐ Encouraged staff to complete Online NSP Orientation and Training Package  
☐ Provided in-house staff training  
☐ Provided staff with region specific information  
☐ Provided debrief sessions for staff  
☐ Conducted community education sessions  
☐ Established rapport and networks with regular clients  
☐ Make up packs with sterile water, swabs, condoms and information  
☐ Developed a list of harm reduction brief information questions for NSP staff  
☐ Developed a list of referral agencies for NSP staff  
☐ Reviewed or update NSP guidelines  
☐ None of the above  
☐ Other (please specify):

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21. Please indicate your level of satisfaction with the way your NSP operates within your community:

- ☐ Very satisfied  
☐ Satisfied  
☐ Neutral  
☐ Dissatisfied  
☐ Very dissatisfied

Comments

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22. Do you have any suggestions that may improve your NSP?

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23. Do you require any additional support from the Department of Health for your NSP?

☐ Yes

☐ No

24. If yes, in what ways can the Department of Health enhance this support?

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I have undertaken the duties of the Coordinator of an approved needle and syringe program as set out in the Poisons Regulations 1965.

Signature of the Coordinator:

Date:

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**Thank you for your assistance in completing this report and your continued contribution to NSP provision in Western Australia.**

**Please return completed reports to:**

Email: [NSP@health.wa.gov.au](mailto:NSP@health.wa.gov.au)

Mail:

Program Officer

Sexual Health and Blood-borne Virus Program

Communicable Disease Control Directorate

PO Box 8172, PERTH BUSINESS CENTRE WA 6849

For any questions please email [NSP@health.wa.gov.au](mailto:NSP@health.wa.gov.au) or call (08) 9388 4805



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