



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

Needle and Syringe Program Annual Report 2016-17

Western Australia
1 July 2016 – 30 June 2017

Acknowledgements

The information included in this report has been provided by NSP Coordinators and program staff. The SHBBVP thanks each respondent for their input into the 2016-17 NSP Annual Report. NSP Coordinators and staff should be commended for their work conducted throughout 2016-17 and the SHBBVP look forward to working with these teams again in 2017-18.

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1.0 Executive Summary

This report assists the Department of Health (DoH) Sexual Health and Blood-borne Virus Program (SHBBVP) in its system manager support role of planning, managing and monitoring of the state-wide needle and syringe program (NSP). It is a requirement under the *Medicines and Poisons Regulations 2016* for all NSP coordinators to report on service delivery at the end of each financial year.

As of 30 June 2017, there were 101 total NSP approvals held with the Sexual Health and Blood-borne Virus Program (SHBBVP). Out of these NSP approvals, a response was required for 90 approvals for the 2016-17 year. The remaining approvals are exempt from submitting an NSP annual report for 2016-17, as they provide regular reporting as part of service agreements held with the SHBBVP. The 2016-17 reporting period saw 100% compliance, with 88 NSP coordinators completing a report and two NSP coordinators submitting a nil activity response.

A summary of the key findings of the 2016-17 report are below:

- 77% of survey participants distributed some form of printed educational materials/resources
- 20% of survey participants provided referrals to other services
- 18% of survey participants reported that clients requested additional equipment from NSPs
- Issues reported by coordinators included disposal (20%), issues encountered with clients (17%), staff (7%) and in the coordination of the NSP (3%)
- 84% of respondents engaged in at least one form of professional development
- 83% of NSP coordinators undertook at least one activity to enhance their NSP
- 15% of coordinators indicated that they would benefit from additional support from the SHBBVP for their NSP, which included training, resources, and funding.

Suggestions for service enhancement from participants included:

- maintenance and further training of coordinator and other staff on NSP
- improve face-to-face training opportunities for regional NSP workers
- better NSVM equipment and maintenance
- increased development of, and access to, educational materials on harm reduction, NSP services, and peer education
- increase availability of sharps disposal bins
- better procedures to make ordering Fitstick packs easier.

NSP coordinators reported various levels of satisfaction in the function of their NSP with 15% reporting they were very satisfied, 53% reporting they were satisfied, 30% reporting neither satisfaction nor dissatisfaction and 2% reporting they were dissatisfied.

2.0 Introduction

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 (i.e. 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 packaged sterile needle and syringe products.

The *Medicines and Poisons Regulations 2016* stipulate 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.

There were eight organisations that provide NSP and NSEP that were exempt from submitting an NSP annual report for 2016-17, as they provide regular reporting as part of service agreements held with the SHBBVP. These exempt services included Peer Based Harm Reduction WA 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 2017, the SHBBVP, in collaboration with the Workforce Development Branch of the Mental Health Commission (MHC), updated both the Generic and Pharmacy Online NSP Orientation and Training Packages, which are now available via the Mental Health Commission training website on the following link:

<http://aodelearning.mhc.wa.gov.au/>

The SHBBVP also provides support to NSP coordinators and staff through the following:

- Supply of safe injecting equipment
- Phone and e-mail support for NSP related issues
- Fund organisations to provide blood-borne virus training to pharmacists and NSP staff
- Annual face to face two-day NSP training course
- Bi-annual NSP newsletter

- Bi-monthly video conferences with NSP regional coordinators.

In terms of needle and syringe distribution in Western Australia, Table 1 and Figure 1 in Appendix A show a steady increase in the distribution of needles and syringes between 2012/13 and 2015/16, with a slight decrease in 2016/17. This trend is similarly reflected in the 2017 Needle Syringe Program National Minimum Data Collection Report¹.

The following sections outline the results received, as reported by NSP Coordinators through the submission of NSP annual reports for 2016-17. 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.

3.0 Methodology

The SHBBVP provided NSP Coordinators with the *NSP Annual Report 2016-17 pro-forma* (Appendix B) which comprised of 18 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 2017, although a two-week extension was granted past this date.

The report pro-forma was available to complete online through Survey Monkey, and there was also an option for coordinators to return reports via email or mail for those unable to access the online survey. Eighty-two reports were completed online (57 completed in 2015-16), with eight additional NSP Coordinators opting to email or mail their response 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.

4.0 Key Findings

3.1 Response rate

Ninety services were required to complete a 2016-17 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.

Ninety coordinators (100%) returned a response within the parameters of the reporting period (see *Appendix C: 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 *Medicines and Poisons Regulations 2016*. 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 (page 6) shows that the response rate has increased significantly compared to the last reporting period and the target compliance rate for completion of the annual report has been met.

¹ Heard S, Iversen J, Kwon JA and Maher L. Needle Syringe Program National Minimum Data Collection: National Data Report 2017. Sydney: Kirby Institute, UNSW Sydney; 2017

Table 1: NSP Annual Report Response Rate

| Reporting Period | Number of required responses | Number of reports completed | Number of 'nil activity' responses | Total number of responses |
|------------------|------------------------------|-----------------------------|------------------------------------|---------------------------|
| 2014-15 | 95 | 82 (86.3%) | 1 (1.1%) | 83 (87.4%) |
| 2015-16 | 93 | 80 (86%) | 2 (2.2%) | 82 (88.2%) |
| 2016-17 | 90 | 88 (97.8%) | 2 (2.2%) | 90 (100%) |

3.2 Service Provision

All NSPs that completed NSP annual reports for 2016-17 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 D.

Table 2: Service Provision

| Service Provided | Printed Materials and Resources | Referrals to Other Services |
|------------------|---------------------------------|-----------------------------|
| 2014-15 | 55 (67%) | 18 (22%) |
| 2015-16 | 57 (71%) | 18 (23%) |
| 2016-17 | 68 (77%) | 18 (20%) |

Table 3 (below) shows that requests for additional equipment have remained steady as compared to 2015-16. A breakdown of the equipment can be seen in Table 2 of Appendix D.

Table 3: Requests for Additional Equipment

| Reporting Period | Response (%) |
|------------------|--------------|
| 2014-15 | 13 (16%) |
| 2015-16 | 17 (21%) |
| 2016-17 | 16 (18%) |

3.3 Disposal Matters

Eighteen NSP coordinators (20%) reported issues experienced regarding needle and syringe disposal over the past 12 months. This is lower than the previous two reporting periods as seen in Table 4 (below). A further breakdown on the issues can be seen in Table 3 of Appendix D.

Table 4: Disposal Issues

| Reporting Period | Response (%) |
|------------------|--------------|
| 2014-15 | 25 (30%) |
| 2015-16 | 22 (28%) |
| 2016-17 | 18 (20%) |

3.4 Operational Matters

NSP coordinators were asked whether any operational issues were experienced over the 2016-17 reporting period. Table 5 (below) outlines the issues encountered and number of respondents over the past three reporting periods. Refer to Table 5 of Appendix D for a further breakdown.

Table 5: Service Provision

| Issues with: | Clients (%) | Staff (%) | NSP Coordination (%) |
|--------------|-------------|-----------|----------------------|
| 2014-15 | 17 (21%) | 9 (11%) | 14 (17%) |
| 2015-16 | 19 (24%) | 11 (14%) | 11 (14%) |
| 2016-17 | 15 (17%) | 6 (7%) | 3 (3%) |

Issues with clients, staff and NSP coordination have all seen substantial decreases compared to the previous year.

3.5 Professional Development

As stipulated within the *Medicines and Poisons Regulations 2016*, an NSP Coordinator must understand their 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, 74 out of 88 coordinators participated in some form of professional development to benefit the NSP (Table 6, page 8). There has been an increase compared to the last reporting period.

Table 6: Participation in Professional Development by NSP coordinators

| Reporting Period | Response (%) |
|------------------|--------------|
| 2014-15 | 70 (85.4%) |
| 2015-16 | 64 (80%) |
| 2016-17 | 74 (84%) |

For a breakdown on the professional development undertaken by NSP coordinators, refer to Table 6 of Appendix D.

3.6 Service Enhancement

Seventy-three NSP coordinators (83%) reported activities undertaken to enhance their NSP in 2016-17 (Table 7) demonstrating a strong commitment to service improvement. The proportion of responses have remained stable compared to the previous two reporting periods.

Table 7: Number of activities undertaken to enhance NSP

| Reporting Period | Response (%) |
|------------------|--------------|
| 2014-15 | 69 (84%) |
| 2015-16 | 65 (81%) |
| 2016-17 | 73 (83%) |

For a breakdown on the activities undertaken, refer to Table 7 of Appendix D.

3.7 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:

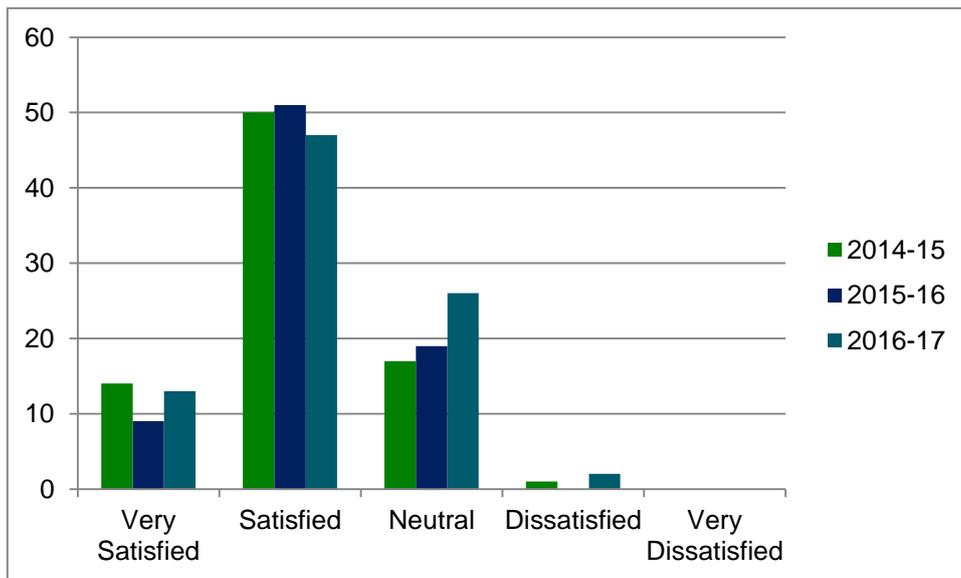
- maintenance and further training of coordinator and other staff on NSP
- improve face-to-face training opportunities for regional NSP workers
- better NSVM equipment and maintenance
- increased development of, and access to, educational materials on harm reduction, NSP services, and peer education
- increase availability of sharps disposal bins
- better procedures to make ordering Fitstick packs easier.

Thirteen NSP coordinators (15%) 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. Thirteen respondents (15%) were very satisfied forty-seven respondents (53%) indicated that the way the NSP operated within the community (Figure 1, page 9). Twenty-six respondents (30%) were neutral and two respondents (2%) reported dissatisfaction for this reporting period.

Figure 1: NSP coordinator satisfaction 2016-17



5.0 Conclusions and recommendations

The SHBBVP notes the suggestions for improving NSP in WA and the requests for additional assistance. As noted in the introduction, SHBBVP in collaboration with MHC have developed both a Generic and Pharmacy Online NSP Orientation and Training Package, which can be accessed below:

<http://aodelearning.mhc.wa.gov.au/>.

SHBBVP also provide a two-day face to face NSP training course annually in collaboration with the MHC. For more information regarding this training, please contact SHBBVP on (08) 9388 4841 or e-mail NSP@health.wa.gov.au.

If further NSP related training is required, it is recommended that all enquiries are directed to the appropriate Regional NSP Coordinator. Similarly, for safe disposal issues, SHBBVP advises enquiries to be initially directed to the Regional NSP Coordinator and for collaborative work to be undertaken with the local government authority where possible. SHBBVP can provide contact details for the Regional NSP Coordinators if required.

For Fitstick® ordering, NSP coordinators are able to seek assistance by contacting the generic NSP e-mail at NSP@health.wa.gov.au.

Access to educational resources has been discussed in previous annual reports, 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](#), [Peer Based Harm Reduction WA](#), [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 PWID, 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. This year, the annual report response rate reached the target compliance rate of one hundred percent.

Appendix A: 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:

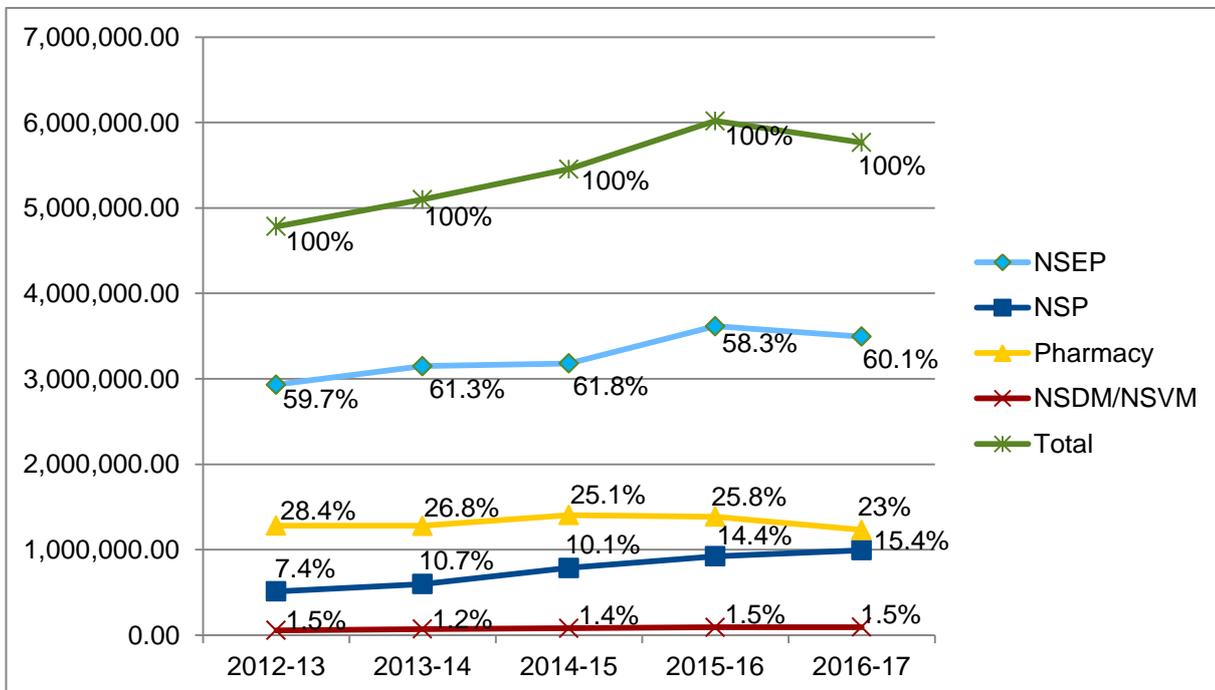
- [The WA Aboriginal Sexual Health and Blood-borne Virus \(BBV\) Strategy 2015-2018](#)
- [The WA Hepatitis B Strategy 2015-2018](#)
- [The WA Hepatitis C Strategy 2015-2018](#)
- [The WA HIV Strategy 2015-2018](#)

The following table and graph demonstrate a steady increase in needle and syringe distribution 2012/13 and 2015/16, with a slight decrease in 2016/17. This trend is similarly reflected in the 2017 Needle and Syringe Program National Minimum Data Collection 2017 which also saw a decline in needle and syringe distribution in 2016/17.

Table 1.0 Needle and syringe distributions by NSP type

| | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 |
|------------------|-----------|-----------|-----------|-----------|-----------|
| NSEP | 2,932,972 | 3,148,875 | 3,180,950 | 3,615,752 | 3,494,801 |
| NSP | 512,741 | 598,168 | 786,288 | 924,233 | 994,484 |
| Pharmacy | 1,282,447 | 1,280,176 | 1,405,712 | 1,386,353 | 1,232,483 |
| NSVM/NSDM | 56,422 | 71,500 | 81,400 | 92,200 | 94,500 |
| Total | 4,784,582 | 5,098,719 | 5,454,350 | 6,018,538 | 5,816,268 |

Figure 1.0 Needle and syringe distributions by NSP type



Additionally, the per capita (aged 15-64) rate of needles and syringes distributed for WA was 3.2 syringes², which is higher than the national rate of 3.1 reported in the Needle and Syringe Program National Minimum Data Collection 2017 Report.

² Unpublished data for 2016/17, available upon request

Appendix B: Pro Forma



Government of **Western Australia**
Department of **Health, WA**
Communicable Disease Control Directorate

Needle and Syringe Program Annual Report 2016/17

Please note that under the *Medicines and Poisons Regulations 2016* 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: 31st August 2017

NSP COORDINATOR DETAILS

Program Location: _____ Program number: _____

Coordinator Name: _____

Email: _____ Phone: _____

PART 1. SERVICE PROVISION

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?

- | | |
|--|---|
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> BBV testing |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> STI testing |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> BBV treatment options |
| <input type="checkbox"/> Safer using information | <input type="checkbox"/> Detoxification services |
| <input type="checkbox"/> Vein care | <input type="checkbox"/> Body art |
| <input type="checkbox"/> First aid for overdose | <input type="checkbox"/> Safe disposal pamphlet |
| <input type="checkbox"/> Health and medical services | <input type="checkbox"/> Legal services |
| <input type="checkbox"/> Housing and welfare | <input type="checkbox"/> Location of safe disposal bins |
| <input type="checkbox"/> Drug information (please specify type): _____ | |
| <input type="checkbox"/> Other (please specify): _____ | |

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?

- Yes
 Unsure

No
If no, or unsure, please go to question 10

8. 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): _____

9. 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

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

- Yes No If no, please go to question 11

10a. If yes was indicated above, please indicate how often you experienced issues with NSP clients?

- At least once per week
 >1 week up to 1 month
 >1 month up to 3 months
 >3 months up to 6 months
 >6 months up to 12 months

10b. What was the issue/s and was any action taken to address the issue/s (please specify)?

11. 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 12

11a. If yes was indicated above, please indicate how often you experienced issues with NSP staff?

- At least once per week
 >1 week up to 1 month
 >1 month up to 3 months
 >3 months up to 6 months
 >6 months up to 12 months

11b. What was the issue/s and was any action taken to address the issue/s (please specify)?

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

Yes

No

If no, please go to question 13

12a. If yes was indicated above, please indicate how often you experienced issues in coordinating your NSP?

At least once per week

>1 week up to 1 month

>1 month up to 3 months

>3 months up to 6 months

>6 months up to 12 months

12b. What was the issue/s and was any action taken to address the issue/s (please specify)?

PART 4. PROFESSIONAL DEVELOPMENT

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

Participated in 2017 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):

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

PART 5. GENERAL SERVICE MATTERS

14. 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

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

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 or call (08) 9388 4841

Appendix C: Participating Sites

| | |
|---|--------------------------------------|
| Albany Community Pharmacy | Laverton District Hospital |
| Albany health Campus Emergency Department | Leonora Community Health |
| Augusta Hospital | Leonora Hospital |
| Beverley Health Service | Margaret River Hospital |
| Boddington Hospital | Meekatharra Hospital |
| Boyup Brook Hospital | Merredin Hospital |
| Bremer Bay Health centre | Moora Hospital |
| Bridgetown Hospital | Morawa Perenjori Health Service |
| Broome Hospital | Mount Magnet Nursing Post |
| Bruce Rock Hospital | Mullewa Health Service |
| Bunbury Regional Hospital | Nannup Hospital |
| Busselton Health Campus | Narembeen Memorial Hospital |
| Carnarvon Health Campus | Narrogin Regional Hospital |
| Chinatown Pharmacy | Newman Hospital |
| Collie Health Service | Nickol Bay Hospital |
| Coolgardie Health Centre | Night & Day Pharmacy Bayswater |
| Coral Bay Nursing Post | Norseman Community Health Centre |
| Corrigin Hospital | Norseman Hospital |
| Cunderdin Hospital | Northam Regional Hospital |
| Dalwallinu Hospital | Northampton Health Service |
| Denmark Health Service | Onslow Hospital |
| Derbarl Yerrigan Health Service | Palmerston Albany |
| Dumbleyung Memorial Hospital | Palmerston Katanning |
| Esperance Population Health Centre | Pemberton Hospital |
| Esperance Region Hospital | Pilbara Population Health - West |
| Exmouth Hospital | Pilbara Population Health Unit |
| Fiona Stanley Hospital | Pingelly Health Centre |
| Geraldton Hospital | Plantagenet Cranbrook Health Service |

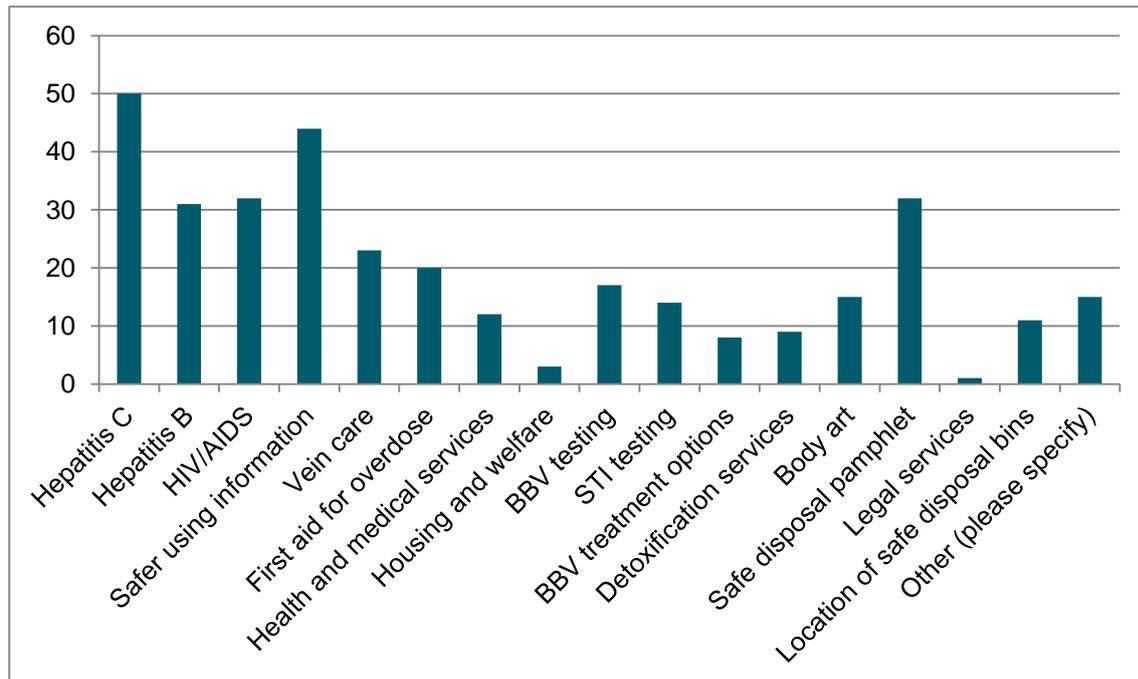
| | |
|-----------------------------------|-----------------------------------|
| Gnowangerup Hospital | Quairading District Hospital |
| Goomalling Hospital | Ravensthorpe Hospital |
| Harvey Hospital | Roebourne Hospital |
| HIV Case Management Program | Rottnest Island Nursing Post |
| Jurien Bay Health Centre | Southern Cross Hospital |
| Kalbarri Health Service | St Andrews Pharmacy |
| Kalgoorlie Population Health Unit | Tambellup Health Centre |
| Kalgoorlie Regional Hospital | Thomsons Lake Pharmacy |
| Kambalda Health centre | Tom Price Hospital |
| Katanning Hospital | WACHS Midwest Dongara |
| Kellerberrin Hospital | Wagin Health Service |
| Kimberley Public Health Unit | Warren District Hospital |
| Kojonup Hospital | Wongan Hills Hospital |
| Kondinin Hospital | Wyalkatchem Koorda Health service |
| Kununoppin Health Service | Yirrigan Drive Chemist |
| Lake Grace Hospital | York Health Service |

Appendix D: Survey Results

1.0 Service Provision

1.1 Information Distributed

Figure 1: Types and frequency of information distributed by NSPs 2016-17



The “Other” category included information on steroids, other harm reduction services, hepatitis A, illicit drug information, condom use, wound care, and poor memory.

1.2 Referrals Provided

Table 1: Type of service clients are referred to

| Type of service referred to | Number NSPs who made referrals ¹ | Percentage of respondents (%) |
|--|---|-------------------------------|
| Drug and alcohol counselling | 13 | 14.8 |
| Mental health services | 11 | 12.5 |
| Treatment and rehabilitation options | 6 | 6.8 |
| Sexually transmitted infection testing | 6 | 6.8 |
| Hospital | 5 | 5.7 |
| Blood-borne virus testing | 3 | 3.4 |
| Accommodation services | 2 | 2.3 |
| Legal services | 1 | 1.1 |
| Other NSP outlet | 1 | 1.1 |

Notes: 1. Multiple response possible

1.3 Additional Equipment

Most NSPs that completed the NSP annual report for 2016-17 only distributed pre-packaged 'Fitstick®' packs from their service. Over this reporting period, 16 NSP Coordinators (19%) 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 | 9 |
| Swabs | 4 |
| Barrels | 4 |
| Needles | 4 |
| Filters | 3 |
| Disposal container | 3 |
| Spoons | 2 |
| Other | 3 |

The 'Other' category included tourniquet, bruise cream, and gloves.

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 |
|--|------------------------|
| Disposal Issues | |
| Used needles and syringes found in surrounding hospital and health service car parks | 9 |
| Incorrectly disposed of injecting equipment found in the community including parks and unoccupied houses | 5 |
| Pharmacy ceased their disposal service, resulting in increased in disposal issues | 1 |
| Actions taken to resolve disposal issues | |
| Client consultation/education | 5 |
| Hospital/council/pharmacy staff disposed of equipment found on site using correct methods | 4 |
| NSP coordinator meetings with local council and relevant parties | 3 |
| Public education efforts to promote safe disposal. | 2 |
| Location of incorrectly disposed injecting equipment was recorded | 2 |
| Provided training on correct disposal and procedure for dealing with needle stick injury to local shire | 1 |
| NSP coordinator conducts ongoing perimeter checks for incorrectly disposed injecting equipment | 1 |

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 |
|---|-----------------------|
| Availability of sharps disposal bins at NSP site for public use | |
| Available | 38 |
| Not available | 2 |
| Unsure | 48 |
| Location of sharps disposal bins if available³ | |
| Inside the health facility | 29 |
| Outside the health facility building/s (within grounds) | 8 |
| Other | 5 |
| Aware of sharps disposal bin locations (excluding health facility)³ | |
| Yes | 27 |
| No | 7 |
| N/A (no safe disposal bins available in community) | 4 |

³ An error in the question route was found after the data was extracted. Participants who answered not available/unsure did not have the opportunity to answer this question.

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 theme |
|--|-----------------------|
| Issues with clients (15 responses) | |
| Disruptive/rude behaviour | 7 |
| Clients request Fitstick® packs outside of NSP operating hours | 3 |
| Injecting drug use on site | 2 |
| Issues with NSVM (vandalism, upset machine not working) | 2 |
| Not enough privacy for clients | 1 |
| Clients requesting too many fitstick packs | 1 |
| Conflict of interest – Patients trying to access Fitstick® packs | 1 |
| Issues with staff (6 responses) | |
| Moral objection or anxiety to distributing needles and syringes | 5 |
| Heavy workload | 1 |
| Issues coordinating NSP (3 responses) | |
| High staff turnover/staffing issues | 2 |
| Difficulty allocating time towards NSP role | 1 |
| Issues with NSVM | 1 |

4.0 Professional Development

Table 6: Professional Development by NSP Coordinators

| Activity | Number of responses* |
|--|-----------------------------|
| Read NSP Information Pack | 40 |
| Complete NSP Online Orientation and Training Package | 37 |
| Read professional publications | 32 |
| Read NSP News | 31 |
| Participate in 2017 NSP Coordinator Training | 15 |
| Attend seminars/lectures/workshops | 8 |
| Other | 2 |
| None | 14 |

Other included: Staff orientation and attending regional NSP coordinator meetings.

*Multiple responses possible

5.0 General Service Matters

5.1 Activities undertaken to enhance NSP

Seventy-three NSP coordinators (83%) reported activities undertaken to enhance their NSP in 2016-17 (Table 7, below), demonstrating a strong commitment to service improvement. Multiple answers could be selected.

Table 7: Activities undertaken to enhance NSP

| Activity | Number of responses |
|--|---------------------|
| Encouraged staff to complete NSP Online Orientation package | 47 |
| Provide short training sessions for new staff | 43 |
| Review the NSP Guidelines | 23 |
| Establish rapport and networks with regular clients | 19 |
| Provide in-house staff training | 18 |
| Provided debrief sessions for staff | 12 |
| Provide staff with region specific information | 9 |
| Conduct community education sessions | 7 |
| Make up packs containing swabs, water, condoms, information etc. | 5 |
| Develop harm reduction brief information questions for NSP staff | 3 |
| Other | 3 |

Other activities to enhance NSPs included:

- Provided education sessions to local shire staff
- Discussed NSP at staff meetings

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. Forty-seven respondents (53%) indicated that they were satisfied in the function of their NSP, while 13 respondents (15%) were very satisfied with the way the NSP operated within the community (Table 8, page 25). Two coordinators (2%) reported dissatisfaction with the way the NSP operated with their community.

Table 8: NSP coordinator satisfaction 2017

| Year | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied | Total |
|---------|----------------|-----------|---------|--------------|-------------------|-------|
| 2014-15 | 14 | 50 | 17 | 1 | 0 | 82 |
| 2015-16 | 9 | 51 | 19 | 0 | 0 | 79 |
| 2016-17 | 13 | 47 | 26 | 2 | 0 | 88 |

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:

- maintenance and further training of coordinator and other staff on NSP
- improve face-to-face training opportunities for regional NSP workers
- better NSVM equipment and maintenance
- increased development of, and access to, educational materials on harm reduction, NSP services, and peer education
- increase availability of sharps disposal bins
- better procedures to make ordering Fitstick packs easier.

Thirteen NSP coordinators (15%) indicated they would benefit from additional support from SHBBVP for their NSP. Their suggestions are included in Table 9 (below).

Table 9: Support required from WA Health

| Activity | Reoccurrence of themes |
|--|------------------------|
| Training for staff | 8 |
| Provide community information sessions | 2 |
| Information for clients | 1 |
| Support with vending machines | 1 |
| Funding for a NSP van | 1 |
| Additional equipment | 1 |



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