Acknowledgements

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Executive Summary

Needle and Syringe Program (NSP) Coordinators are required to submit an NSP Annual Report at the end of each financial year, as stipulated in the Poisons Regulations 1965. This summary report describes the results received from the collation of Needle and Syringe Program (NSP) Annual Reports for 2014-15, in Western Australia.

Survey results

A total of 82 NSPs completed an NSP Annual Report 2014-15 pro-forma distributed to NSP Coordinators in August, 2015. Ninety-five services were required to complete a report, with the remaining services (ten sites) exempt due to regular reporting to the Sexual Health and blood-borne Virus Program (SHBBVP). This response rate increased by 10% from the previous year (2013-14).

In addition to the health information included on the labels for Fitstick® and Sterafit™ products, 65% of respondents distributed other forms of printed educational materials/resources (hepatitis B & C, HIV and safer using information were the most popular) to clients.

Appropriate referral remains an important function of NSP, with the opportunity for clients to engage with broader health, alcohol and other drug (AOD) or social services available in WA. Twenty-two per cent of NSP Coordinators provided clients with referral pathways in 2014-15.

Issues in service delivery

Thirty per cent of NSP Coordinators reported disposal issues, with the most common issues relating to incorrect disposal on site and in surrounding areas, and littering of packaging and associated materials. Twenty-one per cent of NSP Coordinators reported a variety of operational issues were experienced throughout the 2014-15 year, with issues relating to clients and coordination of NSPs the most commonly reported. Actions were taken throughout the year to deal with these issues including, increased education and training for staff and clients, as well as revising their site-specific NSP guidelines, and accessing support and information from the Sexual Health and Blood-borne Virus Program (SHBBVP).

Professional development and service enhancement

Seventy respondents (85%) engaged in at least one form of professional development relating to NSP delivery in 2014-15. Reading NSP News, the bi-annual newsletter produced by the SHBBVP, and other professional publications were the most commonly undertaken professional development actions taken.

Similarly, 84% of NSP Coordinators undertook at least one activity to enhance their NSP in 2014-15. The provision of local training sessions for staff, encouraging staff to complete the NSP Online Orientation and Training Package, and packing additional resources to distribute alongside injecting equipment were reported most frequently by NSP Coordinators.

Recommendations

Providing access to sterile injecting equipment, relevant information and appropriate referral pathways should continue as key elements of service delivery through all NSP in WA. The SHBBVP can assist NSP Coordinators and staff working in NSP across WA, regarding resource
ordering, providing information on referrals, engaging with clients using brief interventions and accessing relevant professional development for staff.

1 Introduction

Needle and syringe programs (NSP) 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) coordinates the prevention and control of sexually transmitted infections (STIs) and blood-borne viruses (BBVs) in Western Australia. Part of the SHBBVP’s role is to coordinate the delivery and administration of the state-wide NSP in accordance with the Poisons Act 1964, including revision of state-wide policy for NSP, development of printed and online resources, liaison with partner agencies to provide workforce development and training opportunities, as well as assisting on-site NSP Coordinators in fulfilling the responsibilities of their role.

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 machines (NSVMs) – a self-service device which vends sterile needles and syringes.

It is a requirement of the Poisons Regulations 1965 for needle and syringe program (NSP) Coordinators to submit an annual report at the end of each financial year. There were eight organisations, covering 10 sites, that provide NSP and NSEP that were exempt from submitting an NSP annual report for 2014-15, as they provide regular reporting as part of service agreements held with the Sexual Health and Blood-borne Virus Program (SHBBVP). These exempt services included WA Substance Users’ Association (WASUA) sites, WA AIDS Council (WAAC) sites, Palmerston Mandurah, Hedland Well Women’s Centre, HepatitisWA, the Great Southern Population Health Unit, Magenta/Sex Worker Outreach Project WA (SWOPWA), and the Midwest Community Alcohol Drug Service. Although exempted from submitting an annual report, Magenta/SWOPWA did submit an NSP annual report for inclusion in the 2014-15 reporting period. For consistency, this information has been included in the summary provided in this report.
2 Methodology

The SHBBVP, Department of Health WA (DoH) provided NSP Coordinators with the NSP Annual Report 2014-15 pro-forma (Appendix B) which comprised of 23 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 2015, although a two-week extension was granted past this date.

The report was available to complete online through the WA Health website, and there was also an option for coordinators to return reports via email/mail for those unable to access the online template. Forty-two annual reports were completed online (compared to 49 in 2013-14), with 40 additional NSP Coordinators opting to email or mail their report to WA Health. The results detailed in this report apply to those 82 NSPs for which the coordinator submitted an annual report.

3 Survey Results

The following sections outline the results received, as reported by NSP Coordinators through the submission of NSP annual reports for 2014-15. These results reflect 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.

3.1 Response Rate

Based on the number of approved NSPs, ninety-five services were required to complete a 2014-15 NSP annual report. This does not include the services excluded, as described in the introduction. 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 (86%) returned a report within the parameters of the reporting period (see Appendix A: Participating needle and syringe programs, for a list of these NSPs). The response rate has increased by 10% since the previous annual reporting period (76% response in 2013-14), with WA Health-service based NSPs, including sites delivering via NSVM, responding at a consistently high rate (88% of these services responded in 2014-15). Six out of the nine pharmacies across WA that hold individual approvals to retail loose needles and syringes with a disposable receptacle, returned annual reports for this period.

3.2 Service provision

All NSPs that completed NSP annual reports for 2014-15 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 WA Health. All needles and syringes are required to be distributed along with a disposable receptacle.

3.2.1 Printed materials and resources
As indicated previously, most NSPs that completed NSP Annual Reports for 2014-15, distributed pre-packaged needle and syringe kits. All packaged-product labels contain messages regarding safer using information, blood-borne virus (BBV) prevention and relevant referral sources, and NSPs are encouraged to provide additional printed resources. In addition to the information provided on each pack, fifty-five NSPs (67% of responses) were reported to have distributed additional printed educational material to clients on a variety of health and injecting drug use related topics during the reporting period. Printed materials were either distributed to clients along with injecting equipment or were available for clients to access in reception/waiting areas of the service. It was most common for NSP staff to distribute multiple resources to clients, as indicated in Figure 1.

Figure 1: Types and frequency of information distributed by NSPs 2014-2015

Information on hepatitis C, hepatitis B and HIV/AIDS, as well as ‘safer using’ information were the most frequently distributed resources, with ‘vein care’ and ‘safe disposal’ information also popular printed materials. Specific ‘drug’ information included information on oxycodone, cannabis use, steroids, poly-drug use, drug trends and information on accessing additional injecting equipment from other services. The ‘Other’ category included mental health effects of drug use, information on maintaining healthy relationships, local health service information, women’s health information and NSP opening hours over public holidays.

3.2.2 Referrals
Information was collected on client referral from NSPs, with 18 NSPs (22%) providing clients with some form of referral to other services. Client referral from NSP are offered at the request of clients. Compared to the previous year (2013-14), this has increased marginally, from 14
NSPs (19%) in that reporting period. Table 1, outlines the referral types indicated by NSP Coordinators, with many services offering multiple referrals to clients.

Table 1: Type of service clients are referred to

<table>
<thead>
<tr>
<th>Type of service referred to</th>
<th>Number NSPs who made referrals</th>
<th>Percentage of respondents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug and alcohol counselling</td>
<td>11</td>
<td>13.4</td>
</tr>
<tr>
<td>Mental health services</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Sexually transmitted infection testing</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Treatment and rehabilitation options</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Other NSP outlet</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Detoxification services</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Blood-borne virus testing</td>
<td>6</td>
<td>7.3</td>
</tr>
<tr>
<td>Hospital</td>
<td>6</td>
<td>7.3</td>
</tr>
<tr>
<td>Legal services</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Accommodation services</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other medical practitioner</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Other(^3)</td>
<td>2</td>
<td>2.4</td>
</tr>
</tbody>
</table>

*Notes: 1. Multiple response possible
2. Rounded totals
3. Other included hepatitis B vaccination and women’s health clinic

3.2.3 Additional equipment

Most NSPs that completed NSP annual reports for 2014-15 only distributed pre-packaged ‘Fitstick®’ packs from their service. Over this reporting period, thirteen NSP Coordinators (16%) reported that clients had, at some stage, requested different equipment from what was available from their NSP. Depending on the service type, some reports indicated that requests for additional equipment were made regularly (three to five times per week), once or twice monthly or only a selected number of times over the past 12 months.

Sterile water was the most commonly requested item, with tourniquets and alcohol swabs also requested on multiple occasions. Regarding additional injecting equipment specifically, NSP Coordinators reported larger syringes, different sized needles, wheel filters and butterfly infusion sets were also requested. Two coordinators reported that clients had requested additional disposable containers along with the equipment accessed from the NSP. The larger syringes and different sized needles were reported to have been requested for performance and image enhancing drugs (PIED) or steroid use.
3.3 Disposal issues

Twenty-five NSP Coordinators (30%) reported issues experienced regarding needle and syringe disposal over the past 12 months. This is consistent with the previous year where nineteen NSP Coordinators (26%) reported disposal issues. The following issues were most commonly reported:

- used needles and syringes found in surrounding hospital and health service car parks
- incorrectly disposed of injecting equipment found in public areas, including public toilets
- littering of educational resources and packaging
- lack of understanding on correct disposal techniques
- used equipment returned in inappropriate container
- cost of ongoing disposal service.

NSP Coordinators were asked about actions taken to deal with these issues. The most common actions included:

- hospital/pharmacy staff disposed of equipment found on site using correct methods
- NSP Coordinator meetings with local council and relevant parties
- training on correct disposal and procedure for dealing with needle stick injury
- communication with local council for collection of used equipment
- positioning of disposal bins in public areas and on site
- development of local resources
- local health professionals discussing safer disposal with clients.

3.4 Operational issues

NSP coordinators were asked whether any operational issues were experienced over the 2014-15 reporting period. Operational issues were separated into three topics: issues encountered with clients, issues with NSP staff, and/or issues experienced in coordinating the NSP. The following table (Table 2) outlines the issues encountered and number of respondents:

<table>
<thead>
<tr>
<th>Table 2: Operational issues reported by NSP Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational issue</td>
</tr>
<tr>
<td>Issues with clients</td>
</tr>
<tr>
<td>Disruptive/rude behaviour</td>
</tr>
<tr>
<td>Issues with NSVM (vandalism, traffic congestion near machine)</td>
</tr>
<tr>
<td>Clients tried to access Fitsticks® outside of NSP operating hours</td>
</tr>
<tr>
<td>Clients requesting too many Fitsticks®</td>
</tr>
<tr>
<td>Impatience of clients waiting to be seen</td>
</tr>
<tr>
<td>Conflict of interest – Clients undergoing therapy accessing Fitsticks®</td>
</tr>
<tr>
<td>Dealing with client complaints about equipment</td>
</tr>
<tr>
<td>Injecting drug use on site</td>
</tr>
</tbody>
</table>
3.4.1 Dealing with operational issues

NSP Coordinators were asked about actions taken to deal with the issues experienced above. The following sections detail the actions taken.

3.4.1.1 Issues with clients

The most common actions taken to deal with the issues identified above concerning client interaction included:

- NSP Coordinator meetings with appropriate staff
- management requests to provide training on how to identify and respond to a client experiencing mental health issues

To address the issue of clients attempting to access needles and syringes out of service hours, on most occasions NSP Coordinators provided clients with information on where else they can access equipment while the NSP is closed. On several of these occasions, clients were still provided with Fitstick® packs as failure to do so may have resulted in a potential health risk for the client.

Other specific actions that were taken to deal with the additional reported issues included:

- review and discussion raised regarding relevant Operational Directives
- completing a monthly report to the Accident and Emergency Department on current service use
- ordering and storing additional stock than previously kept on site
- improve communication methods between ED staff and the NSP Coordinator.

One NSP Coordinator reported that they had contacted the local Police station due to disruptive client behaviour and another coordinator mentioned they had attempted to deter clients from injecting on site via the placement of signs advising that the area was under video surveillance.
3.4.1.2 Issues with staff

As outlined in Table 2, the most frequently reported issue experienced with staff was a moral objection or sense of anxiety concerning the distribution of needles and syringes. NSP Coordinators reported the following specific actions were taken to address the issues:

- communicated with staff members regarding the requirement to deliver NSP
- provision of further education on benefits of NSP and site specific information
- commencement of a bi-annual NSP/harm minimisation training for staff
- promotion of the *NSP Online Orientation and Training Package*.

3.4.1.3 Issues coordinating the NSP

Twelve NSP Coordinators reported issues in coordinating their NSP, with the most common responses including a recent change in coordinator and related staffing issues, issues with stock (storage capacity and delivery) and a lack of interaction with clients due to the use of needle and syringe vending machines (NSVMs). All new NSP Coordinators are provided with guidance from the SHBBVP on coordination of the NSP, including an introductory NSP Information Pack. Many coordinators reported to have read the information included in the pack over the reporting period, as detailed in the professional development section (below). Other actions taken to address identified issues in coordination included:

- education provided to new staff
- modifying the stock ordering procedures across multiple sites
- completing the *NSP Online Orientation and Training Package*
- building rapport with other NSP Coordinators and service providers in the region.

3.5 Professional development

As stipulated within the *Poisons Regulations 1965*, an NSP Coordinator must understand his or her duties as the coordinator of the programme and must ensure that persons who participate in the conduct of the programme 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.

Seventy respondents (85%) engaged in at least one form of professional development relating to NSP delivery in 2014-15. The most common types of professional development engaged in over this period included:

- read NSP News (n=38/46% of respondents)
- read professional publications (34/41%)
- read the NSP Information Pack (33/40%)
- completed the NSP Online Orientation and Training Package (27/33%)
- attended seminars/lectures/workshops (14/17%)
- participated in the 2015 NSP Coordinator Training (10/12%)
- other (8/9.7%).

NSP Coordinators were asked about seminars/workshops attended, other than the annual face-to-face NSP Coordinator Training, which is recommended for all new coordinators to attend.
Responses included the STI and BBV Quarterly Forum, regional workshops and NSP update sessions, sexual health specific training, safe disposal/needle stick injury presentations, staff and community meetings as well as hepatitis workshops (facilitated by HepatitisWA). ‘Other’ forms of professional development included Naloxone administration training, online hepatitis B and hepatitis C training, WA Country Health Service (WACHS) brief intervention training, as well as organising educational materials and harm minimisation training for staff.

3.6 General service matters

Sixty-nine NSP Coordinators (84%) reported activities undertaken to enhance their NSP in 2014-15 (Table 3, below), demonstrating a strong commitment to service improvement.

Table 3: Activities undertaken to enhance the NSP

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide short training sessions for new staff</td>
<td>40</td>
</tr>
<tr>
<td>Encouraged staff to complete NSP Online Orientation package</td>
<td>39</td>
</tr>
<tr>
<td>Make up packs containing swabs, water, condoms, information etc</td>
<td>32</td>
</tr>
<tr>
<td>Provide in-house staff training</td>
<td>22</td>
</tr>
<tr>
<td>Review the NSP Guidelines</td>
<td>21</td>
</tr>
<tr>
<td>Provide debrief sessions for staff</td>
<td>18</td>
</tr>
<tr>
<td>Provide staff with region specific information</td>
<td>14</td>
</tr>
<tr>
<td>Establish rapport and networks with regular clients</td>
<td>13</td>
</tr>
<tr>
<td>Develop a list of referral agencies for NSP staff</td>
<td>9</td>
</tr>
<tr>
<td>Conduct community education sessions</td>
<td>5</td>
</tr>
<tr>
<td>Develop a list of harm reduction brief information questions for NSP staff</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>

Other activities undertaken by NSPs to enhance their services across the state included:

- delivery of education sessions to staff
- development of a monthly report to keep Accident and Emergency staff up-to-date
- formation of partnerships with local Aboriginal Community Health teams
- revision of hospital nursing manual, including updated NSP information.

Coordinator satisfaction is an important indicator of how an NSP is operating in the community and how staff view the program. Fifty respondents (61%) indicated that they were satisfied in the function of their NSP, while fourteen respondents (17%) were very satisfied in the way the NSP operated in the community (Figure 2). Seventeen NSP Coordinators felt neutral in their satisfaction with the program, and the remaining coordinator reported being dissatisfied in the
way the NSP operated over the 2014-15 year. This coordinator commented that due to the NSVM on-site, there were limited opportunities to engage with clients one-on-one. Overall, these rates are comparable to the previous annual reporting period (2013-14).

**Figure 2: NSP Coordinator satisfaction 2014-15**

Minimal negative comments were received regarding coordinator satisfaction with the delivery of NSP, with one coordinator expressing concern over the difficulty in addressing incorrect sharps disposal, whilst two coordinators mentioned time restrictions, both to part-time staff operating the program and for NSP opening hours as presenting difficulties in providing an optimal service. One coordinator also mentioned the delivery of Fitsticks® through the NSVM as being a limiting factor for conducting brief interventions that otherwise could be shared with clients.

One NSP Coordinator also detailed their plans to approach their local town council and lobby for the provision of fixed syringe disposal units in the local area. Working in partnership with other teams at the NSP site was also indicated as an area to work on via one respondent. Another comment received related to a lack of awareness of BBV risk through unsafe tattooing procedures, including ‘backyard’ tattooing in the general community. Education was sought on this topic for NSP staff.

### 3.7 Suggestions for service enhancement

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

- increased development of, and access to, educational materials including culturally appropriate resources, brochures, stickers etc., based on harm reduction, hepatitis information, alcohol and other drugs and safer disposal
- increased access to condoms for distribution with Fitsticks®
- revise number of needles and syringes in each pack
• NSP development on-site (develop alternative and effective methods of service delivery, establish NSVM, establish NSEP, improve physical access on-site to maintain client confidentiality)
• increasing access points in community, including access to supplies at all hours
• maintain training for coordinator and other staff on NSP policy, BBV prevention, referral pathways and methods to promote the service to those in need.

Eleven NSP Coordinators (13%) indicated they would benefit from additional support from WA DoH for their NSP. Their suggestions included, that the Department:

• provide training and workforce development opportunities related to NSP (whether face-to-face or via video-conference)
• share positive stories and experiences in the community and outline importance of the program
• develop and distribute new resources that can be handed out with injecting equipment
• maintain regular contact with NSP staff
• develop strategies to address the perceived increase in injecting drug use among Aboriginal people
• provide funding for swabs and freight for non-profit organisations.

Another suggestion was that regional NSP Coordinators should provide increased support to regional NSP sites.

4 Conclusions and recommendations

4.1 NSP Resources

Provision of printed materials and resources from NSP is a vital part of service delivery. NSP Coordinators are encouraged to lodge their own orders for relevant information and resources available from WA Health, as the SHBBVP has limited copies of these resources. Health providers can access a range of NSP, STI and BBV resources by registering through the WA Health Quickmail online publication ordering system. Registering for the system is easy and all orders are free (minimum orders apply). 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:


Additional resources are also available from key partner organisations working in the sector, including the WA Substance Users’ Association (WASUA), WA AIDS Council (WAAC), 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.
4.2 Referrals to other services

All NSP Coordinators that commence in their role are provided with a list of referral agencies, as part of the NSP information pack. Similar information is available on the Healthy WA website. It is also recommended that a local referral list be developed to assist clients in addressing their needs within the local community.

4.3 Equipment availability

Most NSP Coordinators that submitted NSP annual reports indicated only distributing Fitstick® products, as provided by the SHBBVP. A number of requests for additional equipment were reported, with similar needs identified than the previous reporting period. Most of the items requested by clients are available from needle and syringe exchange programs, which are run in various locations around Western Australia, and clients can be referred to these services where available:

Needle and syringe programs in WA

WASUA also offer a postal service for regional and remote clients where additional equipment can be ordered through the service. Clients can be directed towards WASUA for further information:

www.wasua.com.au

4.4 Safe disposal of injecting equipment

NSP Coordinators continued to report a variety of issues with inappropriate disposal of injecting equipment over the past year. Safe disposal is an important aspect of NSP delivery, therefore, all coordinators are encouraged to discuss disposal with staff and clients to reinforce the importance of this issue. Through the work conducted by the NSP Regional Coordinators, individual site NSP Coordinators and key partner organisations, the SHBBVP has been able to engage with local council workers and community members in various locations across the state to educate on safe disposal techniques and advocate for the provision of sharps disposal units in the community. Projects will continue to focus on this element of service delivery.

4.5 Client issues

Issues experienced with clients were reported by 21% of coordinators, which is slightly higher than 2013-14 (17% of respondents). Although the majority of clients are respectful, clients exhibiting disruptive behaviour jeopardise the future of NSP for all service users, therefore, clients need to be made aware of this. By building rapport with clients and educating on acceptable behaviour, it is hoped that clients will appreciate the service and engage in a friendly and respectful way.
4.6 Staff concerns

Minimal issues were reported relating to staff at NSP (11% of respondents) which is comparable to the previous year. Moral objection to distributing injecting equipment continues to be the most commonly reported issue. Staff education is paramount to addressing any concerns or apprehension with distributing injecting equipment, and the SHBBVP can assist with directing NSP Coordinators towards appropriate educational materials and training. Key partner organisations such as WASUA and HepatitisWA can be contacted regarding facilitating education sessions on a number of topics related to NSP, brief intervention, values and attitudes and hepatitis awareness.

4.7 Workforce development

Staffing availability was identified as the most common issue in coordinating NSP in 2014-15. Training additional staff to be able to facilitate the program when the NSP Coordinator is on leave/conducting other duties is recommended, although it is recognised that staff do have other tasks to complete in their role.

The *NSP Online Orientation and Training Package* is a useful training resource that is easy to access and all staff are encouraged to complete this training, together with the Annual NSP Coordinator training that is held each year in Perth. Both training opportunities aim to educate NSP Coordinators, staff and those interested in establishing an NSP on the provision of NSP and how their role relates to the facilitation of this program. For information about the next NSP Coordinator Training please contact the SHBBVP on (08) 9388 4841. The *NSP Online Orientation and Training Package* as well as other informative resources are available here:

**Information for needle and syringe program providers**

Over 80% of NSP Coordinators engaged in professional development and undertook some activity to enhance their NSP service in 2014-15, which has remained consistently high. As issues related to injecting drug use and delivery of NSP are topics that are constantly evolving, professional development is vital to educating staff and expanding knowledge in this area. The link below is to the sexual health and BBV workforce development page of the WA Health website:

**Sexual health and blood-borne viruses – workforce development**

4.8 Enhancement of NSP

NSP Coordinators are encouraged to engage in activities that enhance their NSP, of which providing short training sessions and encouraging staff to complete the online course were the two most common activities undertaken. The SHBBVP encourages NSP Coordinators to engage with Regional NSP Coordinators and Program staff at SHBBVP to discuss ways in which their NSP can be enhanced.

The SHBBVP notes the suggestions for improving NSP in WA and requests for additional assistance from WA DoH. Access to educational resources has been discussed previously, with NSP Coordinators encouraged to log into the WA Health Quickmail online publication ordering
system (Page 11) and/or contact the SHBBVP for more information on where to access additional resources if required. Information on accessing condoms is available from the WA AIDS Council (www.waids.com) and Sexual and Reproductive Health WA (SRHWA) (www.srhwa.com.au). The development of alternative means of service delivery and increasing access to sterile injecting equipment for people who inject drugs is constantly progressing in WA, as highlighted as a key priority action within the WA Hepatitis C Strategy 2015-2018. New resources are currently being developed, including revision of the messages contained on Fitstick® labels. The WA Aboriginal Sexual Health and Blood-borne Virus Strategy 2015-2018 includes priority actions to improve the awareness of, and engagement with, NSP among Aboriginal people who inject drugs, as well as increasing NSP delivery in regional and remote areas. This will involve actions that aim to address injecting drug use within the Aboriginal community. The strong partnership approach within WA Health to work with non-government organisations across the state will continue, as new training and workforce development opportunities are explored. All suggestions and requests from NSP Coordinators for additional support from WA Health are welcomed and will be followed up where possible.

5 Summary

Through the provision of sterile injecting equipment to people who inject drugs, the delivery of NSP in Western Australia contributes greatly to reducing the transmission of BBVs. Provision of appropriate information, referrals to drug treatment facilities, BBV and STI testing and treatment services, along with referrals to other identified health and social services are paramount to the success of the program. The annual report response rate remains high and assists the SHBBVP in program planning and addressing any concerns held by NSP Coordinators across the state.
## Appendix A: Participating needle and syringe programs

**Participating needle and syringe programs (NSP)**  
NSP for which coordinators submitted an NSP Annual Report 2014-15

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Service Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augusta Hospital</td>
<td>Great Southern Aboriginal Health Service</td>
</tr>
<tr>
<td>Beverley Hospital</td>
<td>Great Southern Community Drug Service Team</td>
</tr>
<tr>
<td>Boyup Brook Soldiers Memorial Hospital</td>
<td>Hacienda Pharmacy</td>
</tr>
<tr>
<td>Bremer Bay Health Centre</td>
<td>Harvey Hospital</td>
</tr>
<tr>
<td>Bridgetown District Hospital</td>
<td>Jurien Bay Health Centre</td>
</tr>
<tr>
<td>Bruce Rock Memorial Hospital</td>
<td>Kalbarri Health Service</td>
</tr>
<tr>
<td>Bunbury Regional Hospital</td>
<td>Kalgoorlie Regional Hospital</td>
</tr>
<tr>
<td>Busselton Hospital</td>
<td>Kambalda Health Centre</td>
</tr>
<tr>
<td>Busy Bee Chemist and Newsagency</td>
<td>Katanning Hospital</td>
</tr>
<tr>
<td>Carnarvon Community Alcohol and Drug Service</td>
<td>Kellerberrin Memorial Hospital</td>
</tr>
<tr>
<td>Chinatown Pharmacy</td>
<td>Kimberley Public Health Unit</td>
</tr>
<tr>
<td>Collie Health Service</td>
<td>Kojonup Hospital</td>
</tr>
<tr>
<td>Coolgardie Health Centre</td>
<td>Kununoppin Health Service</td>
</tr>
<tr>
<td>Corrigin District Hospital</td>
<td>Laverton District Hospital</td>
</tr>
<tr>
<td>Cunderdin District Hospital</td>
<td>Leonora Community Health</td>
</tr>
<tr>
<td>Dalwallinu Hospital</td>
<td>Leonora Hospital</td>
</tr>
<tr>
<td>Denmark District Hospital</td>
<td>Magenta/SWOPWA</td>
</tr>
<tr>
<td>Derbarl Yerrigan Health Service Inc.</td>
<td>Margaret River District Hospital</td>
</tr>
<tr>
<td>Dongara Eneabba Mingenew Health Service</td>
<td>Meekatharra Hospital</td>
</tr>
<tr>
<td>Donnybrook Hospital</td>
<td>Moora Hospital</td>
</tr>
<tr>
<td>Dumbleyung Memorial Hospital</td>
<td>Mount Magnet Health Centre</td>
</tr>
<tr>
<td>Esperance Population Health Centre</td>
<td>Mullewa Health Service</td>
</tr>
<tr>
<td>Esperance Regional Hospital</td>
<td>Nannup Hospital</td>
</tr>
<tr>
<td>Exmouth Hospital</td>
<td>Narembeen Memorial Hospital</td>
</tr>
<tr>
<td>Geraldton Hospital</td>
<td>Narrogin Hospital</td>
</tr>
<tr>
<td>Gnowangerup District Hospital</td>
<td>Newman Hospital</td>
</tr>
<tr>
<td>Goldfields Public Health Services</td>
<td>Next Step Specialist Drug and Alcohol Services</td>
</tr>
<tr>
<td>Goomalling District Hospital</td>
<td>Nickol Bay Hospital</td>
</tr>
<tr>
<td>Norseman Community Health Centre</td>
<td>Southern Cross Family Practice</td>
</tr>
</tbody>
</table>
### Appendix A: Participating needle and syringe programs

#### Participating needle and syringe programs (NSP)
NSP for which coordinators submitted an NSP Annual Report 2014-15

<table>
<thead>
<tr>
<th>Norseman Hospital</th>
<th>St Andrew's Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northampton Health Service</td>
<td>Tambellup Health Centre</td>
</tr>
<tr>
<td>Onslow Hospital</td>
<td>Thomsons Lake Pharmacy</td>
</tr>
<tr>
<td>Pemberton Hospital</td>
<td>Wagin Hospital</td>
</tr>
<tr>
<td>Pilbara Population Health Unit</td>
<td>Warren District Hospital</td>
</tr>
<tr>
<td>Pingelly Hospital</td>
<td>West Pilbara Community Health Service</td>
</tr>
<tr>
<td>Plantagenet Hospital</td>
<td>Women's Health Resource Centre</td>
</tr>
<tr>
<td>Quairading District Hospital</td>
<td>Wongan Hills Hospital</td>
</tr>
<tr>
<td>Ravensthorpe Hospital</td>
<td>Wyalkatchem District Hospital</td>
</tr>
<tr>
<td>Roebourne Hospital</td>
<td>Yirrigan Drive-In Chemist</td>
</tr>
<tr>
<td>Rottnest Island Nursing Post</td>
<td>York Hospital</td>
</tr>
<tr>
<td>Southern Cross District Hospital</td>
<td>Pharmacy Registration Board Of Western Australia</td>
</tr>
</tbody>
</table>
Appendix B: NSP Annual Report Pro-forma 2014-15

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

**Needle and Syringe Program**
**Annual Report 2014/15**

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: 31st August 2015**

**NSP COORDINATOR DETAILS**

Program Location: ____________________________ Program number: __________
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?
   - [ ] 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): ____________________________

3. Have any needs been identified through your NSP regarding available resources or information (eg: multi-lingual, culturally secure/specific resources etc)?
   - [ ] Yes
   - [ ] No
   If no, please go to question 5
4. If yes was indicated above, what resource/information needs have been identified?
________________________________________________________________
________________________________________________________________
________________________________________________________________

5. Were any referrals made for clients in the past 12 months?
☐ Yes      ☐ No  If no, please go to question 7

6. If yes was indicated above, what types of referrals were made by your NSP?
☐ Drug and alcohol counselling  ☐ Other NSP outlet
☐ Detoxification services   ☐ STI testing
☐ Treatment and rehabilitation services  ☐ BBV testing
☐ Mental health care services  ☐ Hospital
☐ Legal services  ☐ Other medical practitioner
☐ Accommodation services  ☐ Other (please specify): __________________

7. 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 10

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

9. What types of equipment have been requested?
________________________________________________________________
________________________________________________________________
________________________________________________________________

PART 2. DISPOSAL MATTERS

10. Has your NSP experienced any issues regarding needle and syringe disposal in the past 12 months?
☐ Yes      ☐ No  If no, please go to question 12

11. If yes was indicated above, what was the issue/s and was any action taken to address the issue/s (please specify)?
________________________________________________________________
________________________________________________________________
________________________________________________________________
PART 3. OPERATIONAL MATTERS

12. In the past 12 months, have any issues been experienced with NSP clients?
   □ Yes               □ No               If no, please go to question 14

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

14. 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 16

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

16. In the past 12 months, have you experienced any issues in coordinating your NSP?
   □ Yes               □ No               If no, please go to question 18

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

PART 4. PROFESSIONAL DEVELOPMENT

18. As the NSP Coordinator, what type of education and training related to NSPs have you participated in, in the past 12 months?
   □ Participated in 2015 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):
   ____________________________________________________________
   ____________________________________________________________
PART 5. GENERAL SERVICE MATTERS

19. Have you done any of the following to enhance your NSP in the last 12 months?
   - Provide short orientation sessions for new staff
   - Encouraged staff to complete Online NSP Orientation and Training Package
   - Provide in-house staff training
   - Provide staff with region specific information
   - Provide debrief sessions for staff
   - Conduct community education sessions
   - Establish rapport and networks with regular clients
   - Make up packs with sterile water, swabs, condoms and information
   - Develop a list of harm reduction brief information questions for NSP staff
   - Develop a list of referral agencies for NSP staff
   - Review or update NSP guidelines
   - None of the above
   - Other (please specify):

20. Please indicate your level of satisfaction with the way your NSP operates within your community:
   - Very satisfied
   - Satisfied
   - Neutral
   - Dissatisfied
   - Very dissatisfied

   Comments

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

   Comments

22. Do you require any additional support from the Department of Health for your NSP?
   - Yes
   - No
23. If yes, in what ways can the Department of Health enhance this support?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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:

____________________________________________________________________________
____________________________________________________________________________

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

Please return completed reports to:

David Worthington
Program Officer
Sexual Health and Blood-borne Virus Program
PO Box 8172, PERTH BUSINESS CENTRE WA 6849
Ph: 08 9388 4805
David.Worthington@health.wa.gov.au