Needle and Syringe Program Annual Report 2013-14

Western Australia
1 July 2013 – 30 June 2014
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Introduction

The Poisons Regulations 1965 state that a Needle and Syringe Program (NSP) Coordinator is required to submit an NSP Annual Report at the end of every financial year.

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

- needle and syringe exchange programs (NSEPs) – NSEPs supply free sterile needles and syringes conditional on the return of used items, ie, exchanged, or a cost recovery may apply

- health service-based NSPs – outlets such as regional and rural hospitals, public health units and community health centres that provide access to free sterile needles and syringes as a component of their service

- pharmacy-based NSPs – pharmacy-based NSPs are run on a commercial basis via the retail of sterile needles and syringes

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

In 2013-14 several NSP/Needle and Syringe Exchange Programs (NSEP) were exempt from submitting an NSP Annual Report as they provide regular reports on activity as part of service agreements held with the Sexual Health and Blood-borne Virus Program (SHBBVP). The services that were exempted included WA Substance Users’ Association (WASUA) sites, WA AIDS Council (WAAC) sites, Palmerston Mandurah, Hedland Well Women’s Centre, the Great Southern Population Health Unit and the Midwest needle and syringe exchange program. In addition, if NSPs did not have any activity during the reporting period (1 July 2013 to 30 June 2014) the coordinator of the NSP was not required to complete a 2013-14 NSP Annual Report. Three coordinators notified the SHBBVP that no activity was recorded during this period.

Of eligible NSP services (97 services), 74 coordinators (76%) submitted a 2013-14 NSP Annual Report (see Appendix A for a list of these NSPs). This response rate has remained consistent with previous reporting periods and provides an in-depth look at the way NSPs function in Western Australia.

Please note: The NSP approval held by Kimberley Public Health Unit covers multiple sites in the Kimberley region, with a coordinator based at each site. Some coordinators submitted 2013-14
NSP Annual Reports in addition to the report submitted for the Kimberley Public Health Unit, therefore this data has been included in the summary report, although there will be discrepancies between total reports received and overall number of approvals.

Table 1 (below) shows the reports submitted by type of NSP, but as mentioned previously, some services were exempt from submitting an annual report, although are included in the current NSP list.

<table>
<thead>
<tr>
<th>Type of NSP</th>
<th>Number of current NSPs*</th>
<th>Number of responses n(%)</th>
<th>% of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health-service based</td>
<td>86</td>
<td>65 (75.6%)</td>
<td>87.8</td>
</tr>
<tr>
<td>Pharmacy**</td>
<td>9</td>
<td>4 (44.4%)</td>
<td>5.4</td>
</tr>
<tr>
<td>Needle and syringe exchange</td>
<td>6</td>
<td>0 (0.0%)</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>5 (71.4%)</td>
<td>6.7</td>
</tr>
<tr>
<td>**Total</td>
<td>108</td>
<td>74</td>
<td>100%***</td>
</tr>
</tbody>
</table>

*Note: Current NSPs as at 30 June 2014

**Note: The nine pharmacies in the table have an approval to sell loose needles and syringes with a disposable receptacle. There are approximately another 550 community pharmacies which supply packaged injecting equipment under the Pharmacy Registration Board of Western Australia’s blanket approval.

*** Rounded total

The SHBBVP, Department of Health WA (DoH) provided coordinators with the NSP Annual Report 2013-14 template (see Appendix B) which comprised of 21 questions about the activities and operations of the NSP during the reporting period. Topics included service provision, disposal matters, operational issues, professional development, and ways to improve the NSP.

Coordinators were encouraged to complete the report online through the DoH website, while there was an option for coordinators to return reports via email/mail for those unable to access the online template. Forty-nine annual reports were completed online (compared to 63 in 2012-13), while the remaining 25 reports were either emailed, faxed or mailed to the DoH. Annual reports were collected between July and September 2014. The results presented in this report apply to those 74 NSPs for which the coordinator submitted an annual report.
Service provision

All NSPs that completed NSP Annual Reports for 2013-14 distributed injecting equipment to clients during the reporting period. Depending on the service type, equipment was either distributed as loose needles and syringes or in pre-packaged kits (such as Fitstick® and Sterafit™ products). Some NSPs distributed a mix of loose needles and syringes and pre-packaged kits.

Staff at 58 NSPs (78% of responses) provided printed information to clients on a variety of injecting drug use and health related topics during the reporting period. This information was routinely distributed with injecting equipment or was available for clients to access in reception/waiting areas. In most NSPs, coordinators reported distributing multiple resources, as indicated in Figure 1, below:

Figure 1: Types and frequency of information distributed by NSPs 2013-2014

Information was collected on client referral from NSPs, with 14 NSPs (19%) providing clients with some form of referral to other services. Multiple referrals were common among these NSPs, as indicated in Table 2.
Table 2: Number of NSPs who referred clients to other services

<table>
<thead>
<tr>
<th>Type of referral</th>
<th>Number NSPs who made referrals</th>
<th>Percentage of respondents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug and alcohol counselling</td>
<td>9</td>
<td>12.0</td>
</tr>
<tr>
<td>Blood-borne virus testing</td>
<td>7</td>
<td>9.4</td>
</tr>
<tr>
<td>Mental health care services</td>
<td>6</td>
<td>8.0</td>
</tr>
<tr>
<td>Sexually transmitted infection testing</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>Other NSP outlet</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>Other medical practitioner</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>Detoxification services</td>
<td>4</td>
<td>5.4</td>
</tr>
<tr>
<td>Treatment and rehabilitation options</td>
<td>4</td>
<td>5.4</td>
</tr>
<tr>
<td>Hospital</td>
<td>3</td>
<td>4.0</td>
</tr>
<tr>
<td>Legal services</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Accommodation services</td>
<td>2</td>
<td>2.7</td>
</tr>
</tbody>
</table>

For the first time in NSP annual reporting, NSP Coordinators were asked how frequently additional injecting equipment was requested from the NSP. The question was aimed primarily at regional health service based NSPs (the majority of NSP services in WA) that are approved to distribute Fitstick® packs, containing five 1ml syringes and five single disposable receptacles. Fifteen NSP Coordinators (20%) reported that clients have requested different equipment over the past 12 months. Frequency of request ranged from once or twice during the year up to daily requests for additional equipment. Many coordinators reported ‘frequent’ requests for different equipment.

Common items requested included:

- larger syringes (3ml, 5ml, 10ml)
- variety of needles (drawing up, 19g, 23g)
- winged infusion sets
- wheel filters
- swabs and sterile water.

Three NSP Coordinators elaborated on the reasons for additional requests for injecting equipment, stating the larger syringes and needles were requested for steroid use. This coincides with anecdotal reports that have been received by the SHBBVP from key partner organisations and regional NSPs of increasing use of ‘Performance and Image Enhancing
Drugs’ (PIEDs) within the community (PIEDs refer to substances that are generally used to enhance muscle growth or to reduce body fat. Can include anabolic androgenic steroids, human growth hormone, corticosteroids and other performance enhancing substances\(^1\)).

**Disposal issues**

Nineteen coordinators (26%) reported issues experienced regarding needle and syringe disposal over the reporting period, compared to 14% of responding coordinators in 2012-13. Similar issues were identified to previous reports, with incorrect disposal of sharps in public areas such as parks, walkways and public toilets. Some coordinators reported that incorrect disposal was also an issue on hospital grounds, with clients disposing of used injecting equipment in hospital car-parks, outside nurse’s quarters, near hospital entrances and in surrounding gardens.

NSP Coordinators took action on incorrect disposal in most of the instances previously mentioned. The most common actions taken were:

- installation of sharps disposal units at/nearby NSP site
- regular monitoring of sharps disposal units for emptying
- provision of safe disposal information, including verbal advice and written resources/signage at the NSP
- provided staff education
- increasing checks of hospital grounds for incorrectly disposed injecting equipment
- engagement with regional Needle and Syringe Program coordinator to educate clients.

One NSP service noted that they intended to inform community members of appropriate means of reporting sharps that have been incorrectly disposed of in public places. The NSP Coordinator detailed that several reports on social media platforms identified discarded injecting equipment in the community as an issue, although no reports were made to the local shire or to the NSP.

\(^1\) National Drug and Alcohol Research Centre
Two NSP Coordinators reported that clients had asked where they can dispose of their sharps safely. On several occasions, clients at one regional health service based NSP brought used injecting equipment back, even though the NSP did not have the capability to accept and dispose of the used equipment. In these instances correct disposal information and education was provided to clients, with one of the services providing larger sharps disposal containers for the clients. One NSP detailed a local issue with the collection of their sharps disposal bins, which meant they had to close disposal bins for two weeks until other means of waste disposal was sought in the local community.

**Operational issues**

NSP Coordinators were asked about issues that they had experienced relating to clients, staff and the coordination of their NSP. Thirteen coordinators (17%) indicated they had experienced issues relating to clients, nine NSP coordinators (12%) reported issues experienced with staff, while seven NSP coordinators (9%) had experienced issues in coordinating their NSP. The section of the NSP Annual Report Pro-forma related to reporting of operational issues in 2013-14 was condensed compared to previous reports, with an inclusive question asking coordinators to state what the issue/s were and what action was taken to address the issue/s. Data were coded into categories and are summarised in Table 3, below:

<table>
<thead>
<tr>
<th>Operational issue</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issues with clients</strong></td>
<td>13</td>
</tr>
<tr>
<td>Disruptive/rude behaviour</td>
<td>4</td>
</tr>
<tr>
<td>Reluctance to wait if staff are busy with emergencies</td>
<td>3</td>
</tr>
<tr>
<td>Clients tried to access Fitpacks outside of NSP operating hours</td>
<td>2</td>
</tr>
<tr>
<td>Clients disposing of injecting equipment inappropriately on site</td>
<td>1</td>
</tr>
<tr>
<td>Littering of written resources and information</td>
<td>1</td>
</tr>
<tr>
<td>Clients injecting drugs in close proximity to the NSP</td>
<td>1</td>
</tr>
<tr>
<td>Clients under the influence of alcohol and/or other drugs</td>
<td>1</td>
</tr>
<tr>
<td><strong>Issues with staff</strong></td>
<td>9</td>
</tr>
<tr>
<td>Moral objection or anxiety to distributing needles and syringes</td>
<td>4</td>
</tr>
<tr>
<td>Staff limiting Fitpack distribution to one per client</td>
<td>2</td>
</tr>
<tr>
<td>Staff anxious clients will disrupt staff and patients on the wards</td>
<td>1</td>
</tr>
<tr>
<td>Staff unsure of responsibilities</td>
<td>1</td>
</tr>
<tr>
<td>Staff concerned clients using in the health service bathrooms</td>
<td>1</td>
</tr>
<tr>
<td><strong>Issues coordinating NSP</strong></td>
<td>7</td>
</tr>
<tr>
<td>Difficulty finding management time due to other work commitments</td>
<td>3</td>
</tr>
<tr>
<td>Lack of permanent staff</td>
<td>2</td>
</tr>
<tr>
<td>Poor data recording</td>
<td>1</td>
</tr>
<tr>
<td>Recent change of coordinator</td>
<td>1</td>
</tr>
</tbody>
</table>
Dealing with operational issues

Issues with clients
The most common action taken to deal with client related issues detailed in Table 3 (above), was addressing issues directly with the client/s in question, reinforcing that the behaviour exhibited could jeopardise the service. This related directly to behavioural and client intoxication issues as well as the instance reported whereby a client was found to be injecting in close proximity to the NSP. The clients attempting to access needles and syringes outside of approved NSP operating hours were advised where alternative NSPs were located nearby, available 24 hours.

Issues with staff
Multiple actions were undertaken to address staff with moral objection or anxiety about distributing needles and syringes. NSP Coordinators had direct discussions with relevant staff and encouraged all staff to complete the NSP Online Orientation and Training Package. NSP Coordinators that reported staff members were limiting the distribution of Fitsticks® to one pack per client, detailed how education was provided to staff members in question, along with a note left with Fitsticks®, explaining that more than one pack can be distributed to each client. One NSP Coordinator indicated that increased education for their NSP staff and management support was required to deal with internal staffing issues and how this affects the NSP.

Issues coordinating the NSP
Depending on the type of NSP, different actions were taken to address issues in NSP coordination over the 2013-14 period. One coordinator reported on plans to provide education to regional staff on daily functioning and staff responsibilities in the NSP as a way to address staffing issues and poor recording of data. Other coordinators discussed the function and reporting responsibilities with the NSP Regional Coordinator in their specific region.
Professional development

Fifty-nine NSP Coordinators (79%) reported undertaking one or more forms of education/training relating to NSP in 2013-14. The most common types of professional development accessed in this reporting period included:

- read NSP News (n=42)
- read the NSP Information Pack (n=31)
- read professional publications (n=28)
- completed NSP Online Orientation and Training package (n=28)
- participated in 2014 NSP Coordinator Training (n=10)
- attended lectures, seminars, workshops (n=6)
- other (n=6).

Other forms of professional development reported by respondents included local NSP Coordinator/Regional Coordinator visits and training sessions, reading the NSP policy document for the specific NSP and taking part in external health surveys (such as the Goanna survey into sexually transmitted infections and blood-borne viruses among young Aboriginal and Torres Strait Islander people). NSP Coordinators also reported external training and workshops attended including National Health Promotion Conference in November 2013, Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) Symposium in April 2014, workshops run by HepatitisWA, seminar regarding performance and image enhancing drugs (May 2014) and a workshop session facilitated by the WA Substance Users’ Association in August 2014, held in the Kimberley.
General service matters

Sixty-three (85%) NSP Coordinators reported activities were undertaken to enhance their NSP in some way during the year (Table 4, below).

Table 4: Activities Undertaken to Enhance the NSP

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage staff to complete NSP Online Orientation</td>
<td>36</td>
</tr>
<tr>
<td>Make up packs with sterile water, swabs, condoms and information</td>
<td>32</td>
</tr>
<tr>
<td>Provide short training sessions for new staff</td>
<td>29</td>
</tr>
<tr>
<td>Provide in-house staff training</td>
<td>22</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>14</td>
</tr>
<tr>
<td>Provide debrief sessions for staff</td>
<td>13</td>
</tr>
<tr>
<td>Review the NSP guidelines</td>
<td>13</td>
</tr>
<tr>
<td>Develop a list of referral agencies for NSP staff</td>
<td>7</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>5</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: Respondents could select multiple answers

‘Other’ activities reported by NSP Coordinators to enhance NSP included regular communication between NSP Coordinator and hospital managers, a review on the provision of different needle and syringe pack options available at a regional NSVM, sourcing up-to-date drug information cards for inclusion with Fitsticks®, ensuring new staff are aware of location of Fitsticks® at regional health services, provision of condoms along with Fitsticks® and the establishment of a regional NSP working group.

The majority of NSP Coordinators reported they were either ‘very satisfied’ or ‘satisfied’ (n=62, 83.7% see Table 5) with the way their NSP operates within the community. The remaining 12 respondents indicated ‘neutral’ satisfaction with the way their NSP operates within the community.
Table 5: Level of satisfaction of the NSP Coordinator with the way the NSP operates within the community

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Number n(%) of responses 2013-14</th>
<th>Number n(%) of responses 2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>19 (25.6%)</td>
<td>21 (25.6%)</td>
</tr>
<tr>
<td>Satisfied</td>
<td>43 (58.1%)</td>
<td>47 (57.3%)</td>
</tr>
<tr>
<td>Neutral</td>
<td>12 (16.2%)</td>
<td>11 (13.4%)</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0 (0.0%)</td>
<td>2 (2.4%)</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>0 (0.0%)</td>
<td>1 (1.2%)</td>
</tr>
<tr>
<td>Total</td>
<td>74 (100%)*</td>
<td>82 (100%)*</td>
</tr>
</tbody>
</table>

* Rounded totals

The main concerns discussed in relation to satisfaction levels of NSP in the community included a current lack of interaction with clients - through limited service hours, use of NSVM instead of ‘face-to-face’ NSP and the short time available to provide brief interventions to clients accessing NSP, especially through emergency departments. NSP Coordinators indicated a lack of service access across the regions, which has been brought to the surface with a growing need identified in the community for NSP to target Aboriginal communities and PIED users. Confidentiality of services was also identified as an area of concern, as well as ensuring staff are being non-judgemental in the delivery of NSP services. In addition, one coordinator reported disposal services as being inadequate at the regional site they work at.

**Suggestions for service enhancement**

The following suggestions were made by NSP Coordinators to improve NSP services:

- provide increased range of stock; including filters, alternative sized needles and syringes etc
- insisting all associated staff complete NSP Online Orientation and Training Package
- increase in staff education and training eg; debriefing for staff, drug specific training, visits from key partner organisations
- provide education sessions for clients
• development of resources detailing needle and syringe types, steroid injecting information

• encouraging staff to build rapport with clients and engage in brief interventions

• improve data recording

• installation of more NSVMs.

Fifteen (20%) NSP coordinators indicated that they would appreciate additional support from the Department of Health for their NSP. These suggestions included:

• increase training opportunities for NSP staff

• provide advocacy to support local NSP initiatives including installation of disposal units in public toilets, relocation of NSVMs at regional sites and improving data recording

• organise regular collection of sharps containers

• provide increased funding for items not currently funded and for reprinting of locally produced NSP resources

• provide more community based programs including support groups, alcohol and other drug treatment and counselling programs

• develop more STI and BBV written resources for regional NSPs

• provide regular online/email updates on NSP issues.

Conclusion

Needle and syringe programs (NSP) play a vital role in the community, contributing towards reducing the transmission of HIV, hepatitis B and hepatitis C through the provision of sterile injecting equipment to people who inject drugs. NSP also provide health and safer injecting information, and can offer referral to drug treatment, BBV and STI testing/treatment and social services. Combined with regular reporting provided by NSEPs and other enhanced NSP services, the response rate for the 2013-14 NSP Annual Report was high and provides excellent insight into the operation of NSP within Western Australia.
Seventy-eight per cent of responding NSPs provided clients with printed resources in 2013-14 compared to 70% in 2012-13. Hepatitis C and B resources, along with safer using information have remained as the most frequently distributed material to clients. This year, information regarding a change to the formula of OxyContin (semi-synthetic opioid pain medication) was sent to NSP Coordinators, along with a flyer to put up at NSPs, explaining the harms in attempting to inject the new formula. Printed information on the change in OxyContin formula was distributed by 32 NSPs in WA. Health providers can access a range of NSP, STI and BBV resources by registering through the WA Health Quickmail online publication ordering system. This is a free bulk ordering service where minimum orders apply. Once registered, most resources can be either downloaded or ordered in hard copy for the relevant health service. NSP Coordinators and health providers can access the online ordering system by following the links on the WA Public Health website:

http://www.public.health.wa.gov.au/2/125/1/ordering_publications_and_brochures.pm

Agencies such as WA Substance Users’ Association, WA AIDS Council, HepatitisWA and the Drug and Alcohol Office (DAO) also produce printed resources and can be contacted directly for further information on what is available.

There was a noticeable reduction in overall referrals from NSPs to other services as reported in 2013-14 (19% of NSP provided referrals), compared to 2012-13 (35% of NSP provided referrals for clients). NSP staff are encouraged to provide referral information to clients as required, and within the constraints of the health service providing the NSP. Of the referrals made in 2013-14, drug and alcohol counselling, blood-borne virus testing and mental health care services were the highest reported referral types. This is consistent with previous years. A list of appropriate referral agencies is available on the WA Public Health Website and is also provided to NSP Coordinators as part of the NSP Information pack for new staff. Copies of the list can be requested from the SHBBVP if required. Some NSPs may choose to refer clients to other local services not listed on the referral agencies list, in which case a local reference list is recommended to be developed to assist in providing timely and appropriate referrals.

Additional questions were added in the 2013-14 NSP Annual Report pro-forma compared to previous reports, with information sought on frequency and type of additional equipment requested through NSP services. These questions were included to scope the landscape of NSP in WA in regard to changing client needs and accessibility to a wider range of equipment.
As discussed previously, 20% of NSP Coordinators reported requests for different equipment over the past 12 months, with larger syringes and a variety of loose needles the most frequently requested items. Some NSP Coordinators stated requests for larger syringes were for steroid use. The issue of PIED/steroid use has been raised with the SHBBVP and resources on steroid use/injecting behaviour are currently being developed. If you are working in an NSP and notice an increase in requests for different equipment, having a conversation with clients about their request may offer some insight into behaviour and lead to further opportunities for education. If you are concerned about client’s injecting behaviour, or would like some more information on how to approach issues such as steroid use and safer injecting, please contact the Western Australian Substance Users’ Association (WASUA) on (08) 9321 2877 or visit their website at: www.wasua.com.au

WASUA also provide a confidential postal service for regional and remote clients, whereby clients can request a range of injecting equipment to be delivered in areas lacking access to additional equipment. Clients can contact WASUA to discuss this service using the contact number provided above.

Disposal issues continue to be of increasing concern for NSP Coordinators, almost doubling in incidence from 2012-13. Incorrect disposal was identified as the primary issue in public areas and around hospital grounds. Installation of sharps disposal units and providing information/education to clients around safe disposal were the two most common actions taken to address disposal issues, although all NSPs that distributed Fitstick® packs to clients during the reporting period, would have supplied single use disposal containers along with 1ml fits as part of the contents of the Fitstick® products. The SHBBVP recognises that safe disposal is an issue that affects the wider community and will continue to focus on this in 2014-15. Future projects will focus on identifying established sharps disposal units in the community, encouraging installation of more sharps disposal units and providing this information to NSPs in order to address disposal across the state.

The proportion of issues experienced with clients remained similar than the previous reporting period, with 17% of coordinators reporting issues with clients in 2013-14 compared to 16% in 2012-13. Issues with staff and coordinating NSP reduced by over 50 per cent compared to the previous reporting period. Despite the decline in issues raised with the SHBBVP, emerging trends that can be identified from the data collected indicate client behaviour and staff objection to conducting NSP duties as key areas to improve. Limited time available to spend on NSP was
also noted by staff. Dealing with client behavioural issues is important as inappropriate behaviour may jeopardise the longevity of the program at the specific service. Any instances where clients exhibit behaviour that is disruptive or causing an issue to staff and other service users, should be raised with the service manager and SHBBVP should be notified if the issues are ongoing and can not be dealt with on site. The NSP Online Orientation and Training Package should also be promoted to staff working in NSP to further encourage staff to get involved with the NSP and positively reinforce attitudes towards the service and clients accessing NSP. The online training, as well as links to other training courses relevant to NSP workers can be found below:


Also remaining consistent from previous years, most NSP Coordinators reported activities undertaken within 2013-14 to enhance the services provided by their NSP. Providing staff with training opportunities, whether on site, through the SHBBVP in Perth or online were the most common responses, along with the distribution of information, swabs and other resources with injecting equipment. Staff and clients benefit from service enhancement as this provides an opportunity for progression in service delivery, building rapport with clients as improvements are made to cater for the ever changing needs of the client group.

Over 66% of NSP Coordinators reported being satisfied with the way the NSP operates in the community, with an additional 20% indicating being very satisfied. Compared to 2012-13 satisfaction rates have remained high with only a small number of NSPs reporting issues concerning overall satisfaction. Lack of client interaction was raised as an issue in a number of settings and is an area that although may be difficult to conduct (in locations with short time frames for interaction, busy emergency departments, NSVMs etc), is still an important part of NSP delivery. Encouraging staff to build rapport with clients through brief interventions, may increase client trust with the service and build a sense of support among the client group. Brief interventions can be as simple as handing out a pamphlet, engaging in conversation about using swabs, disposing of used equipment safely or just offering a few minutes to talk about referral services. Operational Directive OD0553/14 – Provision of Sterile Needles and Syringes from Rural and Regional Hospitals to People Who Inject Drugs, states that all regional and rural hospitals that provide emergency after-hours services are required to provide after-hours access, at a minimum, to needles and syringes for people who inject drugs. The SHBBVP is aware of access
issues across the state and welcomes suggestions and support from NSP Coordinators on how
to increase service accessibility further.

The suggestions in this report, made by NSP Coordinators to improve NSP services, including
increasing departmental support have been noted and the SHBBVP aims to address these
recommendations within the constraints of capacity and available funding. The SHBBVP
encourages all staff involved in NSP to complete the NSP Online Orientation and Training
Package and engage in training opportunities when available. NSP Coordinators and other staff
can contact the SHBBVP for any information regarding training, either internal, online or through
our key partner organisations. Finally, the SHBBVP in partnership with other government
departments and key non-government agencies continually work on improving current
resources to suit the needs of clients and changing trends in injecting drug use. NSP
Coordinators will be notified when changes to existing resources are made/new resources are
released by the Department of Health WA.

The SHBBVP thank the NSP Coordinators and staff for their invaluable contribution towards
reducing the transmission of blood-borne viruses, by providing health and safer injecting
information, referral and support services to people who inject drugs in Western Australia.
Appendix A

Participating Needle and Syringe Programs
NSPs for which coordinators submitted an NSP Annual Report 2013-14

<table>
<thead>
<tr>
<th>Albany Community Pharmacy</th>
<th>Kalgoorlie Regional Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany Regional Hospital</td>
<td>Kambalda Health Centre</td>
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<td>Kondinin Districts Health Service</td>
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<td>Leonora Community Health</td>
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<td>Margaret River District Hospital</td>
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<td>Next Step Specialist Drug and Alcohol Services</td>
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<td>Norseman Community Health Centre</td>
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<td>Dongara Eneabba Mingenew Health Service</td>
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<td>One Arm Point</td>
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<td>Dumbleyung Memorial Hospital</td>
<td>Onslow Hospital</td>
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<td>Esperance Population Health Centre</td>
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<td>Pilbara Population Health Unit</td>
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<td>Plantagenet Hospital</td>
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<td>Women's Health Resource Centre</td>
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<td>Wongan Hills Hospital</td>
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<td>Wyndham Hospital</td>
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<td>York Hospital</td>
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</table>
Appendix B: NSP Annual Report Pro-forma 2013-14

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

Needle and Syringe Program
Annual Report 2013/14

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 2014

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 ☐ BBV testing
☐ Hepatitis B ☐ STI testing
☐ HIV/AIDS ☐ BBV treatment options
☐ Change in Oxycontin formula ☐ Steroids/PIEDs*
<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safer using information</td>
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<tr>
<td>Detoxification services</td>
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<td></td>
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<tr>
<td>Vein care</td>
<td></td>
<td></td>
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<tr>
<td>Body art</td>
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<tr>
<td>Drug information</td>
<td></td>
<td></td>
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<tr>
<td>First aid for overdose</td>
<td></td>
<td></td>
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<tr>
<td>Health and medical services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal services</td>
<td></td>
<td></td>
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<tr>
<td>Housing and welfare</td>
<td></td>
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<tr>
<td>Other (please specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*PIEDs or ‘Performance and Image Enhancing Drugs’ refer to substances that are generally used to enhance muscle growth or to reduce body fat. Can include anabolic androgenic steroids, human growth hormone, corticosteroids and other performance enhancing substances (National Drug and Alcohol Research Centre).

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

- Yes
- No

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
- Accommodation services
- Other NSP outlet
- STI testing
- BBV testing
- Hospital
- Other medical practitioner
- 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

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

- 
- 
- 
- 
- 

21
7. What types of equipment have been requested?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PART 2. DISPOSAL MATTERS

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

☐ Yes ☐ No If no, please go to question 10

9. 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

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

☐ 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)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12. 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 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 you experienced any issues in coordinating your NSP?

☐ 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)?

__________________________________________________ _______________

__________________________________________________ _______________

__________________________________________________ _______________

__________________________________________________ _______________

PART 4. PROFESSIONAL DEVELOPMENT

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

☐ Participated in 2014 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

17. 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):

__________________________________________________________________________________

__________________________________________________________________________________

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

☐ Very satisfied
☐ Satisfied
☐ Neutral
☐ Dissatisfied
☐ Very dissatisfied
Comments

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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

☐ Yes ☐ No

21. 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
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