Needle and Syringe Program
Annual Report

Western Australia
1 July 2010 – 30 June 2011

Sexual Health and Blood-borne Virus Program
Communicable Disease Control Directorate
Communicable Disease Control Directorate. 2011 *Needle and Syringe Program Annual Report, Western Australia 2010/11*. Department of Health, Western Australia.

Sexual Health and Blood-borne Virus Program  
Communicable Disease Control Directorate  
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While every endeavour has been made to check the accuracy of the information provided in this document, the Department of Health (WA) takes no responsibility for any errors that may be contained within.
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1. Introduction

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

Of the 107 current Needle and Syringe Programs (NSPs), 85 coordinators (79 percent) submitted a 2010-11 NSP Annual Report (see Appendix A for a list of these NSPs). Table 1 shows the annual reports submitted by type of NSP.

<table>
<thead>
<tr>
<th>Type of NSP</th>
<th>Number of current NSPs</th>
<th>Number of responses (%)</th>
<th>% of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health-service based</td>
<td>87</td>
<td>70 (80.5%)</td>
<td>82</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>6*</td>
<td>4 (66.7%)</td>
<td>5</td>
</tr>
<tr>
<td>Needle and syringe exchange</td>
<td>3</td>
<td>3 (100%)</td>
<td>3.5</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>8 (72.7%)</td>
<td>9.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>107</strong></td>
<td><strong>85</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*Note: The five pharmacies in the table have an approval to sell loose needles and syringes. There is approximately another 550 community pharmacies which supply packaged injecting equipment under the Pharmacy Registration Board of WA’s blanket approval.*

The Sexual Health and Blood-borne Virus Program (SHBBVP), Department of Health provided coordinators with the NSP Annual Report 2010-11 template (see Appendix B) which comprised 28 questions about the activities and operations of the NSP during the reporting period. Topics covered included service provision, disposal issues, operational issues, professional development, and how to improve the NSP.

Coordinators had the option to complete the report online through the Department of Health’s (DoH) website. Fifty two annual reports were completed online while 33 were either emailed or faxed to the DoH. Annual reports were collected between July and September 2011. The results presented in this report apply to those 85 NSPs for which the coordinator submitted an annual report.

2. Service Provision

Seventy-eight of the 85 responding NSPs distributed injecting equipment to clients during the reporting period. The WA AIDS Council’s mobile needle and syringe exchange van and the WA Substance Users’ Association in Perth and South West mobile needle and syringe exchange van distributed a range of loose needles and syringes with a disposal
container. All health service-based NSPs distributed Fitsticks™ to clients. Seven NSPs reported distributing a mix of loose needles and syringes, and packaged needles and syringes including Fitpacks® and Sterafits. These NSPs included pharmacies, health services and specifically targeted non-government organisations.

Printed information on a variety of injecting drug use-related topics was routinely distributed with injecting equipment or available for clients to access in waiting areas at 59 (69 percent) NSPs. Topics distributed the most were:

- Hepatitis C
- Safer using information
- Hepatitis B
- HIV/AIDS
- Drug Information
- Health and Medical Services
- Vein care.

Thirty two NSPs (38 percent) received requests from clients for referrals to other health services. The majority of these referrals were for drug and alcohol counselling, detoxification services, treatment and rehabilitation services, STI testing and BBV testing.

3. Disposal Issues

Across the 85 NSPs, 16 coordinators (19 percent) reported receiving concerns or queries from staff, clients, or the public regarding needle and syringe disposal. The key concerns were about incorrectly disposed needles and syringes found in public areas / by members of the public, and safe disposal practices from non-NSP workers and the public.

Eighty-three NSP Coordinators (98 percent) reported engaging in at least one strategy to facilitate the safe disposal of needles and syringes. The most common methods reported by coordinators to facilitate the safe disposal of needles and syringes were:

- Provision of injecting equipment with disposal containers (n=71)
- Education through printed resources or verbal direction (n=52)
- Fixed disposal units (n=21)
- Take back used needles and syringes (n=19)
- Referral to needle and syringe exchange programs (n=15).
4. Operational issues

NSP Coordinators reported experiencing problems with staff (n=30), clients (n=24), and coordinating the NSP (n=30), as shown in Table 2. Of the coordinators that reported experiencing problems with participating staff, the most common issue reported was moral objection or anxiety to distributing needles and syringes (n=18). Disruptive behaviour (n=10) and clients injecting drugs in close proximity to the NSP (n=9) were the most commonly reported problems by those coordinators who had reported experiencing problems with clients.

The 30 NSP Coordinators who reported problems with coordinating their NSP cited staff turnover as the most frequent problem (n=19). NSP Coordinators reported that high staff turnover led to problems with keeping consistent records of needle and syringe distribution, and with regular dissemination of information.

**Table 2: Operational Issue reported by NSP Coordinator**

<table>
<thead>
<tr>
<th>Operational issue</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems with staff</td>
<td>30</td>
</tr>
<tr>
<td>Moral objection or anxiety to distributing needles and syringes</td>
<td>18</td>
</tr>
<tr>
<td>Problems interacting with clients</td>
<td>6</td>
</tr>
<tr>
<td>Anonymity and confidentiality issues</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td>Personal safety concerns</td>
<td>3</td>
</tr>
<tr>
<td>Problems with participating clients</td>
<td>24</td>
</tr>
<tr>
<td>Disruptive behaviour</td>
<td>10</td>
</tr>
<tr>
<td>Clients injecting drugs in close proximity to NSP</td>
<td>9</td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
<tr>
<td>Problems co-ordinating NSP</td>
<td>30</td>
</tr>
<tr>
<td>Staff turnover</td>
<td>19</td>
</tr>
<tr>
<td>Record keeping</td>
<td>8</td>
</tr>
<tr>
<td>Accessing supply of needles and syringes</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td>Understanding the duties of the NSP coordinator role</td>
<td>3</td>
</tr>
<tr>
<td>Communication with the Department of Health</td>
<td>1</td>
</tr>
</tbody>
</table>
5. Department of Health updates

The majority of NSP Coordinators were aware of the recent updates to the following Department of Health NSP documents:

- Operational Directive OD 0315/11: Provision of Sterile Needles and Syringes from Rural and Regional Hospitals to People Who Inject Drugs* (n=63)
  *In the survey sample, this was not applicable for ten services

- Guidelines for the Establishment and Operation of a Needle and Syringe Program (n=73)

- Duties of an NSP coordinator (n=78)

Of the 85 NSP Coordinators, 52 (61 percent) had informed other NSP staff about the changes to these Department of Health documents. Furthermore, 13 coordinators had developed a list of harm reduction brief intervention questions for NSP staff, 41 had developed a list of referral agencies for NSP staff, and 46 had reviewed their program’s guidelines.

6. NSP News

NSP News is the newsletter distributed by the SHBBVP twice a year to all coordinators via email. Seventy-four coordinators (87 percent) reported they were aware of this publication, of which 92 percent (n=68) reported having read it in the last 12 months and 73 percent (n=54) had passed it on to colleagues.

NSP Coordinators were asked about the type of content they would like to see included more in NSP News. The content coordinators most commonly wanted to see more of were drug trends, interesting initiatives in NSP, safer injecting information and practical work advice. Other suggestions for improving NSP News included enhancing the font/colour of the publication to make it easier to read, providing information on new synthetic drugs, and including a youth-specific section.

7. Professional Development

Seventy-two NSP Coordinators (85 percent) reported undertaking at least one form of education/training relating to NSP during the reporting period. The most common types of professional development that were accessed were:

- Read the NSP Information Pack (n=45)
- Read professional publications (n=43)
- Participated in 2011 NSP Coordinator Training (n=18)
- Attended lectures, seminars, workshops (n=12).

Eighteen NSP Coordinators reported attending workshops and conferences which included the Anex 2010 Australian Drugs Conference – ‘Public Health and Harm Reduction’, NSEP and safer injecting presentations delivered by WASUA and various regional NSP updates organised by public health units and hospitals.

Sixty-seven NSP Coordinators (79 percent) reported undertaking at least one activity during the reporting period to ensure the continued implementation of their NSP. Table 3 indicates these activities and how many NSPs carried these out. Some coordinators engaged in several of these, while 18 coordinators reported engaging in none. Seven NSP Coordinators reported carrying out other activities which included putting up signage and visual displays within hospital area and on the Needle and Syringe Vending Machine, providing training to peers through outreach, consulting with staff on their training needs and supporting the WASUA NSEP van.

**Table 3: Activities undertaken to ensure the continued implementation of the NSP**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make up packs with sterile water, swabs, condoms and information</td>
<td>36</td>
</tr>
<tr>
<td>Provide short orientations sessions for new staff</td>
<td>34</td>
</tr>
<tr>
<td>Regular in-house staff training</td>
<td>25</td>
</tr>
<tr>
<td>Establish rapport and networks with regular clients</td>
<td>20</td>
</tr>
<tr>
<td>Providing debrief session for staff</td>
<td>19</td>
</tr>
<tr>
<td>Provide staff with region specific information</td>
<td>18</td>
</tr>
<tr>
<td>Conduct community education sessions</td>
<td>9</td>
</tr>
</tbody>
</table>

Multiple answers possible

**8. General**

Thirty NSP Coordinators reported raising awareness of their NSP in the last 12 months through various means (see Table 4). Advertising on information boards in the NSP was reported by 16 of these coordinators while five reported raising awareness through advertising in targeted magazines. Ten coordinators used other means to raise awareness of their NSP and these included:

- Assisting in a community consultation to establish a fixed site NSEP
- Delivering presentations that overview the NSP to relevant stakeholders
- Submitting an article in the organisational newsletter
- Organising events for World Hepatitis Day
- Word of mouth promotion with regular clients, community groups and local organisations
- Working and collaborating with community centres
- Organising a NSP promotional stand at the local agriculture show.

**Table 4: Activities undertaken to raise awareness of the NSP**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertise on information boards in the NSP</td>
<td>16</td>
</tr>
<tr>
<td>Advertise in specifically targeted materials</td>
<td>5</td>
</tr>
<tr>
<td>Published article in local newspaper</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
</tbody>
</table>

Multiple answers possible

The majority of NSP Coordinators reported they were either ‘very satisfied’ or ‘satisfied’ \((n=19, 41; \text{ see Table 5})\) 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 (%) of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>19 (22%)</td>
</tr>
<tr>
<td>Satisfied</td>
<td>41 (48%)</td>
</tr>
<tr>
<td>Neutral</td>
<td>24 (28%)</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>0</td>
</tr>
</tbody>
</table>

Additionally, coordinators made several comments raising issues and concerns about the operation of their NSP including; issues of client confidentiality acting as a barrier to access, damage and vandalism to needle and syringe vending machines and issues with disposal. There were also numerous positive comments from NSP coordinator’s expressing satisfaction with the operation of the NSP service and positive interactions with both staff and clients.
9. Suggestions for service enhancement

Coordinators identified several ways that their NSP services can be improved for clients and staff, including providing greater access to safe disposal facilities and education for clients, increasing awareness about NSP services in the community and implementing strategies to improve client confidentiality.

Twenty-one NSP Coordinators said that the DoH could improve its support for their NSP. Suggestions included the provision of additional training opportunities for staff, particularly using online mediums or delivering workshops on location to improve access for regional staff. The need for additional equipment such as swabs and sterile water, and information pamphlets, to hand out to clients was also identified by a number of coordinators as important. Finally, some coordinators suggested that support from DoH in data collection and storage processes would be useful.

10. Conclusion

Results from the 2010-11 NSP Annual Reports illustrate that Western Australian NSP staff are continuing to deliver a high standard of service to clients and the general population. The high response rate (79 percent) to the 2010-2011 Annual Report is an indication of the Coordinators’ attentiveness and dedication to their NSP duties.

A large proportion of NSP across the state reported providing education and referral for clients in 2010-11. The proportion of NSPs providing referrals increased significantly in 2010-11 to 38 percent compared to 19 percent in the previous year which highlights increased inter-agency networking and collaboration. The majority of referrals were made to drug and alcohol counselling, treatment and rehabilitation services and detoxification services. Most NSPs (69 percent) distributed information to clients on various injecting drug use-related topics, most commonly information on hepatitis C. The DoH provides NSPs with printed health promotion and prevention information on a variety of injecting drug use-related topics. For a list of these resources, please see Appendix C.

It is apparent that NSPs continue to experience local issues. The proportion of NSP Coordinators reporting concerns regarding needle and syringe disposal decreased by 10 percent from the previous year, while the number of NSP Coordinators reporting problems with clients, staff and coordinating the NSP increased. Occasional disruptive behaviour from clients, and ongoing issues with staff such as moral objections to providing NSP services, turnover and inconsistent record-keeping remain the key issues. NSP
coordinators should be commended for their efforts to respond to these issues, and for their work to improves and raise awareness of their NSP services, provide training opportunities for staff and participate in professional development.

The issues identified in the report highlight the importance of training secondary site staff in NSP provision. In addition to the annual NSP Coordinator Training, throughout the year staff training can be delivered to regional areas by non-government agencies including HepatitisWA and the WA Substance Users’ Association. For more information on training opportunities, please contact the Sexual Health and Blood-borne Virus Program (SHBBVP). Finally, SHBBVP have just piloted an online NSP coordinator orientation package which will be available in early 2012.

The SHBBVP thank the NSP Coordinators for their invaluable contribution to NSP provision in Western Australia.
### Appendix A

#### Participating Needle and Syringe Programs

**NSPs for which coordinators submitted an NSP Annual Report 2010/11**

<table>
<thead>
<tr>
<th>Albany Regional Hospital</th>
<th>Kondinin Districts Health Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augusta Hospital</td>
<td>Lake Grace District Health Service</td>
</tr>
<tr>
<td>Beverley Hospital</td>
<td>Laverton District Hospital</td>
</tr>
<tr>
<td>Bodddington Hospital</td>
<td>Magenta and SWOPWA</td>
</tr>
<tr>
<td>Boyup Brook Soldiers Memorial Hospital</td>
<td>Margaret River District Health Service</td>
</tr>
<tr>
<td>Bremer Bay Health Centre</td>
<td>Menzies Health Centre</td>
</tr>
<tr>
<td>Bridgetown District Hospital</td>
<td>Merredin District Hospital</td>
</tr>
<tr>
<td>Bruce Rock Memorial Hospital</td>
<td>Moora Hospital</td>
</tr>
<tr>
<td>Bunbury Regional Hospital</td>
<td>Nannup Hospital</td>
</tr>
<tr>
<td>Busselton Hospital</td>
<td>Narembeen Memorial Hospital</td>
</tr>
<tr>
<td>Busy Bee Chemist and Newsagency</td>
<td>Newman Hospital</td>
</tr>
<tr>
<td>Carnarvon Hospital</td>
<td>Next Step Specialist Drug and Alcohol Services</td>
</tr>
<tr>
<td>Chinatown Pharmacy</td>
<td>Nickol Bay Hospital</td>
</tr>
<tr>
<td>Collie Health Service</td>
<td>Norseman Community Health Centre</td>
</tr>
<tr>
<td>Midwest Community Drug Service Team</td>
<td>Norseman Hospital</td>
</tr>
<tr>
<td>Coolgardie Health Centre</td>
<td>Northam Regional Hospital</td>
</tr>
<tr>
<td>Coral Bay Nursing Post</td>
<td>Northampton Health Service</td>
</tr>
<tr>
<td>Corrigin District Hospital</td>
<td>Palmerston South Metro Community Drug Service</td>
</tr>
<tr>
<td>Cunderdin District Hospital</td>
<td>Pemberton Hospital</td>
</tr>
<tr>
<td>Dalwallinu Hospital</td>
<td>Pilbara Population Health Unit</td>
</tr>
<tr>
<td>Denmark District Hospital</td>
<td>Pingelly Hospital</td>
</tr>
<tr>
<td>Department of Health, Communicable Disease Control</td>
<td>Plantagenet Hospital</td>
</tr>
<tr>
<td>Directorate</td>
<td></td>
</tr>
<tr>
<td>Derbarl Yerrigan Health Service</td>
<td>Quairading District Hospital</td>
</tr>
<tr>
<td>Dongara Eneabba Mingenew Health Service</td>
<td>Rottnest Island Nursing Post</td>
</tr>
<tr>
<td>Donnybrook Hospital</td>
<td>Southern Cross District Hospital</td>
</tr>
<tr>
<td>Dumbleyung Memorial Hospital</td>
<td>St Andrew's Pharmacy</td>
</tr>
<tr>
<td>Esperance Community Health Centre</td>
<td>Tambellup Health Centre</td>
</tr>
<tr>
<td>Esperance Regional Hospital</td>
<td>Tom Price Hospital</td>
</tr>
<tr>
<td>Exmouth Hospital</td>
<td>WA AIDS Council</td>
</tr>
<tr>
<td>Geraldton Hospital</td>
<td>WA Substance Users’ Association - Fixed NSEP</td>
</tr>
<tr>
<td>Goldfields Public Health Services</td>
<td>WA Substance Users’ Association - South West</td>
</tr>
<tr>
<td>Goomalling District Hospital</td>
<td>WACHS Midwest Murchison</td>
</tr>
<tr>
<td>Great Southern Community Drug Service Team</td>
<td>Wagin Hospital</td>
</tr>
<tr>
<td>Great Southern Population Health Unit</td>
<td>Warren District Hospital</td>
</tr>
<tr>
<td>Harvey Hospital</td>
<td>West Pilbara Community Health Service</td>
</tr>
<tr>
<td>Hedland Well Women's Centre</td>
<td>Wickham Health Centre</td>
</tr>
<tr>
<td>HepatitisWA</td>
<td>Women's Health Resource Centre</td>
</tr>
<tr>
<td>Kalbarri Health Service</td>
<td>Wongan Hills Hospital</td>
</tr>
<tr>
<td>Kalgoorlie Regional Hospital</td>
<td>Wyalkatchem District Hospital</td>
</tr>
<tr>
<td>Katanning District Hospital</td>
<td>Yarloop Community Health Centre</td>
</tr>
<tr>
<td>Kellerberrin Memorial Hospital</td>
<td>Yirrigan Drive-In Chemist</td>
</tr>
<tr>
<td>Kimberley Public Health Unit</td>
<td>York Hospital</td>
</tr>
<tr>
<td>Kojonup Hospital</td>
<td></td>
</tr>
</tbody>
</table>


Appendix B

Needle and Syringe Program Annual Report 20010/11

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: 29th July 2011

NSP COORDINATOR DETAILS

Program Location: _________________________________ Program number: __________
Name:________________________________________________________
Email:_________________________________________________________________ Phone: __________________

Please complete ALL sections of this report by marking the appropriate boxes and providing as much information as possible about your NSP for the year 1 July 2010 to 30 June 2011.

PART 1. SERVICE PROVISION

1. In the past 12 months, did you distribute Fitpacks/Fitsticks, or single needles and syringes through your program?

   Fitpacks/Fitsticks:
   ☐ Yes ☐ No

   Single needles and syringes:
   ☐ Yes ☐ No

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

   ☐ Yes ☐ No If no, please go to question 4

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

   ☐ Hepatitis C ☐ BBV testing
   ☐ Hepatitis B ☐ STI testing
   ☐ HIV/AIDS ☐ BBV treatment options
   ☐ Safer using information ☐ Detoxification services
   ☐ Vein care ☐ Tattooing
   ☐ Drug information ☐ First aid for overdose
   ☐ Health and medical services ☐ Legal services
   ☐ Housing and welfare ☐ Other (please specify):__________
4. How many referrals did your NSP make during the year?

- [ ] 0
- [ ] 1-5
- [ ] 6-10
- [ ] 11-15
- [ ] 16-20
- [ ] More than 20 (please specify): _______

5. What types of referrals were made by your NSP?

- [ ] Drug and alcohol counselling
- [ ] Detoxification services
- [ ] Treatment and rehabilitation options
- [ ] STI testing
- [ ] BBV testing
- [ ] Other (please specify): ___________

**PART 2. DISPOSAL MATTERS**

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

- [ ] Yes
- [ ] No  
  If no, please go to question 8

7. What was the nature of the issue/s:

________________________________________________________________________

________________________________________________________________________

8. What strategies are in place at your NSP to facilitate the safe disposal of needles and syringes?

- [ ] Provision of injecting equipment with disposal containers (including Fitpack, Fitstick)
- [ ] Take back used equipment
- [ ] Education through printed resources or verbal direction
- [ ] Fixed disposal units in public amenities
- [ ] Availability of disposal bin
- [ ] Referral to needle and syringe exchange programs
- [ ] None
- [ ] Other (please specify):

________________________________________________________________________

________________________________________________________________________

**PART 3. OPERATIONAL MATTERS**

9. In the past 12 months, what types of issues have been experienced with NSP clients?

- [ ] None
- [ ] Disruptive behaviour
- [ ] Verbal abuse
- [ ] Clients injecting drugs in close proximity to the NSP
- [ ] Other (please specify):

________________________________________________________________________
10. In the past 12 months, what types of issues have been experienced from NSP staff?

- None
- Moral objection or anxiety to distributing needles and syringes
- Personal safety concerns
- Problems interacting with clients
- Anonymity and confidentiality issues
- Other (please specify):

11. In the past 12 months, what type of issues have you experienced in coordinating your NSP?

- None
- Understanding the duties of the NSP Coordinator
- Understanding recent changes to the Operational Directive (if applicable), Guidelines, and/or Duties of an NSP Coordinator documents
- Accessing supply of needles and syringes
- Record keeping
- Staff turnover
- Communication with the Department of Health
- Other (please specify):

12. Are you aware of the recent updates made to the following Department of Health NSP documents?

Operational Directive OD 0315/11: Provision of Sterile Needles and Syringes from Rural and Regional Hospitals to People Who Inject Drugs*
- Yes
- No
- N/A

Guidelines for the Establishment and Operation of a Needle and Syringe Program
- Yes
- No

Duties of an NSP coordinator
- Yes
- No

*Only applicable to regional hospitals with an after-hours emergency department

13. Have you informed other NSP staff about the changes to these documents?
- Yes
- No

14. Have any of the following been implemented in your NSP?

- Develop a list of harm reduction brief intervention questions for NSP staff
PART 4. PROFESSIONAL DEVELOPMENT

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

☐ Participated in 2011 NSP Coordinator Training
☐ Read the NSP Information Pack
☐ Read professional publications
☐ 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:

_________________________________________________ __________________
_________________________________________________ __________________

16. Are you aware of the publication, NSP News, published by the Sexual Health and Blood-borne Virus Program?

☐ Yes         ☐ No         If no, please go to Part 5

17. If yes, have you read the NSP News in the last 12 months?

☐ Yes         ☐ No

18. Do you pass NSP News on to your colleagues?

☐ Yes         ☐ No

19. What do you get out of reading NSP News?

________________________________________________________________________
________________________________________________________________________
20. Below is a list of content options that have or could be included with NSP News. Please indicate which of these you would like to see less of, the same amount of or more of:

<table>
<thead>
<tr>
<th>Content Option</th>
<th>Less of</th>
<th>Same amount</th>
<th>More of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upcoming NSP-related training opportunities and events</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>NSP agency profiles</td>
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<td>User’s perspectives</td>
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21. Do you have any suggestions to enhance NSP News?

________________________________________________________________________
________________________________________________________________________

PART 5. GENERAL SERVICE MATTERS

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

☐ Provide short orientation sessions for new staff
☐ Provide in-house staff training
☐ Provide staff with region specific information
☐ Provide debrief session for staff
☐ Conduct community education sessions
☐ Establish rapport and networks with regular clients
☐ Make up packs with sterile water, swabs, condoms and information
☐ None of the above
☐ Other (please specify):

________________________________________________________________________

23. Have you done any of the following to raise awareness of your NSP in the last 12 months?

☐ Advertise in specifically targeted material
☐ Publish article in local newspaper
☐ Advertise on information boards in the NSP
☐ None of the above
☐ Other (please specify):

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

- [ ] Very satisfied
- [ ] Satisfied
- [ ] Neutral
- [ ] Dissatisfied
- [ ] Very dissatisfied

Comments

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

26. Can the Department of Health enhance support for your NSP?

- [ ] Yes
- [ ] No

If no, please go to question 28

27. If yes, in what ways?

________________________________________________________________________

________________________________________________________________________

28. Any other comments?

________________________________________________________________________

________________________________________________________________________

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:

Trinity Fredericks
Program Officer
Sexual Health and Blood-borne Virus Program
PO Box 8172, PERTH BUSINESS CENTRE WA 6849
Ph: 08 9388 4805 / Fax: 08 9388 4877
Trinity.Fredericks@health.wa.gov.au
## Appendix C

**Blood-borne Virus & NSP Publication Catalogue**


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<thead>
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<th>NAME OF PUBLICATION</th>
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<tr>
<td>Needle &amp; Syringe Programs in our Community</td>
<td>HP010453</td>
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<td>Needle &amp; Syringe Programs: your questions answered/a review of the evidence</td>
<td>HP003458</td>
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<td>Liver First (Australian Injecting &amp; Illicit Drug Users League)</td>
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<td>Safe Disposal of Needles and Syringes</td>
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<td>What is Hepatitis C?</td>
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<td>Hepatitis: Our Communities, Our Responsibility (resource for Aboriginal people)</td>
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