Needle and Syringe Program Annual Report

Western Australia
1 July 2012 – 30 June 2013

Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate

Communicable Disease Control Directorate. 2013 Needle and Syringe Program Annual Report, Western Australia 2012/13. Department of Health, Western Australia

Delivering a Healthy WA
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.
1. 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.

Of the 109 current Needle and Syringe Programs (NSPs), 83 coordinators (76 per cent) submitted a 2012-13 NSP Annual Report (see Appendix A for a list of these NSPs). Six NSP/NSEPs were exempt from submitting an NSP Annual Report during the 2012-13 period as they provide regular reports on activity as part of service agreements held with the Sexual Health and Blood-borne Virus Program (SHBBVP). This was the first year that these services were exempted from submitting an annual report, with the aim of avoiding duplication in results and reducing administrative burden on NSP services and the 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. Despite exemption, two of the aforementioned services did submit annual reports for the 2012-13 year, so those results have been included in this report. In addition, if NSPs did not have any activity during the reporting period (1 July 2012 to 30 June 2013) the coordinator of the NSP was not required to complete a 2012-13 NSP Annual Report. Coordinators were advised to notify the SHBBVP if no activity was recorded during this period.

Table 1 shows the report 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>72 (86.7%)</td>
<td>86.7</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>9*</td>
<td>6 (66%)</td>
<td>7.2</td>
</tr>
<tr>
<td>Needle and syringe exchange</td>
<td>6</td>
<td>2 (33%)</td>
<td>2.4</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>3 (42.8%)</td>
<td>3.6</td>
</tr>
<tr>
<td>Total</td>
<td>109</td>
<td>83</td>
<td>99.9%**</td>
</tr>
</tbody>
</table>

*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.

** Due to rounding, % of responses does not total 100%.
The SHBBVP, Department of Health WA (DoH) provided coordinators with the NSP Annual Report 2012-13 template (see Appendix B) which comprised of 23 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 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. Sixty-three annual reports were completed online (compared to 46 in 2011-12), while the remaining 20 reports were either emailed, faxed or mailed to the DoH. Annual reports were collected between July and September 2013. The results presented in this report apply to those 83 NSPs for which the coordinator submitted an annual report.

2. Service Provision

Eighty-one (97 per cent) of the 83 responding NSPs 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 Fitpack® and Sterafit™ products. Some NSPs distributed a mix of loose needles and syringes and pre-packaged kits.

Printed information on a variety of injecting drug use and health related topics was routinely distributed with injecting equipment or was available for clients to access in waiting areas at 58 (70 per cent) NSPs. In most NSPs, coordinators reported distributing multiple resources, as indicated in Figure 1, below:
Twenty-nine NSPs (35 per cent) referred clients to other services as shown in Table 2 below:

**Table 2: Number of NSPs who Referred Clients to Other Services**

<table>
<thead>
<tr>
<th>Type of Referral</th>
<th>Number of NSPs who Made Referrals</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug and alcohol counselling</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>Detoxification services</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Treatment and rehabilitation options</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Mental health care services</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Legal services</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Accommodation services</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Other NSP outlet</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Sexually transmitted infection testing</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Blood-borne virus Testing</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Hospital</td>
<td>8</td>
<td>9.6</td>
</tr>
<tr>
<td>Other medical practitioner</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1.2</td>
</tr>
</tbody>
</table>

3. **Disposal Issues**

Across the 83 NSPs, 12 coordinators (14 per cent) reported issues experienced regarding needle and syringe disposal over the reporting period. The key concern was about incorrectly disposed needles and syringes found in public areas / nearby the NSP. One NSP reported that a staff member incurred a needle stick injury as a result of a client returning a bottle containing syringes that was improperly sealed. In this instance, the injury was dealt with using appropriate first aid response and routine follow up.

*Note: It is recommended by the Department of Health WA that under no circumstances should NSP staff handle used injecting equipment returned by clients. NSP staff are expected to encourage clients to safely dispose of their used needles and syringes, and information to this effect should be made available to clients attending the NSP.*
NSP Coordinators were asked to provide information on what action was taken to address disposal issues – one NSP provided safe disposal notices in the sharps containers distributed, one NSP coordinator engaged with the local Shire, resulting in a disposal bin being placed in the community and increased awareness was raised in multiple locations promoting safe disposal of injecting equipment.

Seventy-eight NSP Coordinators (94 per cent) 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 disposal containers with injecting equipment (n=73)
- education through printed resources or verbal direction (n=45)
- taking back used equipment (n=21)
- referral to needle and syringe exchange programs (n=16)
- fixed disposal units in public amenities (n=9)
- availability of disposal bins (n=9).

4. Operational issues

NSP Coordinators were asked about issues that they have experienced relating to staff, clients and the coordination of their NSP. Twenty-one NSP coordinators (25 percent) reported issues experienced with staff, 14 coordinators (17 percent) indicated they had experienced issues relating to clients, while 21 NSP coordinators (25 percent) had experienced issues in coordinating their NSP. Table 3 below shows the responses received to these questions:

<table>
<thead>
<tr>
<th>Operational Issue</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issues with Clients</strong></td>
<td>14</td>
</tr>
<tr>
<td>Clients injecting drugs in close proximity to the NSP</td>
<td>6</td>
</tr>
<tr>
<td>Disruptive behaviour</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>3</td>
</tr>
<tr>
<td><strong>Issues with staff</strong></td>
<td>21</td>
</tr>
<tr>
<td>Moral objection or anxiety to distributing needles and syringes</td>
<td>18</td>
</tr>
<tr>
<td>Anonymity and confidentiality issues</td>
<td>5</td>
</tr>
<tr>
<td>Problems interacting with clients</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 3: Operational Issues reported by NSP Coordinator
As detailed in Table 3 above, the issues experienced in relation to clients remained similar to previous years as reported by NSP coordinators. The predominant issues included clients injecting in close proximity to the NSP (n=6), clients exhibiting disruptive behaviour (n=5) and ‘other’ issues (n=5). Some NSP coordinators reported issues with access to the needle syringe vending machine located on site and clients attempting to access injecting equipment from the wrong location as ‘other’ issues.

Coordinators were asked whether any action was taken to address the reported issues. The main actions taken were to encourage clients not to inject near NSPs via verbal communication and posters and offering training to different staff members in relation to the functions of the NSP and assisting clients. One service reported installing blue lights in toilet blocks to discourage injecting on/near the NSP site.

*Note: There is a lack of evidence to support the efficacy of blue lights installed in toilets as a strategy to deter injecting on site; versus the potential for blue lights to create issues related to increased health risks, harmful injecting procedures, unsafe disposal and potential injury to clients and others accessing the toilet block.

### Issues with staff

Twenty-one (25 per cent) NSP Coordinators reported experiencing issues with staff. Moral objection or anxiety to distributing needles and syringes was the predominant issue reported (n=18) with anonymity and confidentiality (n=5) also posing an issue for some NSP coordinators. The remaining issues included problems interacting with clients (n=3), personal safety concerns (n=2) and one reported issue whereby staff were distributing needles and syringes to clients who claimed the syringes were for insulin.
Increased staff training and education were identified as the main actions taken to address issues with staff, whilst discussions with staff members on their moral objections to distributing injecting equipment was also initiated in different NSPs. NSP coordinators also have encouraged staff members to complete the NSP Online Orientation and Training Program.

**Issues coordinating the NSP**

Twenty-one (25 percent) NSP coordinators also indicated that they have experienced issues with the coordination of their NSP, with the predominant issues including high staff turnover (n=11), issues with record keeping (n=9), access and supply of needles and syringes (n=6), as well as issues in understanding the duties of the NSP coordinator (n=6). Some NSP coordinators also reported that they had experienced issues in understanding relevant documentation and guidelines for coordinating the NSP. Vandalism of a needle and syringe vending machine was also reported, as was the issue of receiving damaged or bent needles from a supplier.

Action taken to address the issues identified included education and training around the NSP and related policies and procedures, expansion of services and operating hours, as well as improving the security of on site infrastructure, including the needle and syringe vending machine.

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**5. Professional Development**

Seventy-two NSP Coordinators (87 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 NSP News (n=45)
- read professional publications (n=36)
- read the NSP Information Pack (n=34)
- participated in 2013 NSP Coordinator Training (n=12)
- attended lectures, seminars, workshops (n=8).
Other training and workshops that NSP Coordinators participated in included the regional Wheat-belt NSP forum, FPWA sexual health training, various online training courses and sessions organised locally.

6. General

Sixty-eight (82 percent) NSP Coordinators undertook activities to enhance their NSP in some way during the year. This is summarised in 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>Provide short training sessions for new staff</td>
<td>37</td>
</tr>
<tr>
<td>Encourage staff to complete NSP Online Orientation</td>
<td>37</td>
</tr>
<tr>
<td>Make up packs with sterile water, swabs, condoms and information</td>
<td>30</td>
</tr>
<tr>
<td>Review the NSP guidelines</td>
<td>23</td>
</tr>
<tr>
<td>Provide in-house staff training</td>
<td>21</td>
</tr>
<tr>
<td>Establish rapport and networks with regular clients</td>
<td>15</td>
</tr>
<tr>
<td>Provide debrief session for staff</td>
<td>11</td>
</tr>
<tr>
<td>Conduct community education sessions</td>
<td>9</td>
</tr>
<tr>
<td>Provide staff with region specific information</td>
<td>7</td>
</tr>
<tr>
<td>Develop a list of referral agencies for NSP staff</td>
<td>6</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>4</td>
</tr>
</tbody>
</table>

Note: Respondents could select multiple answers

*Other: 2013 NSP Coordinator training; Utilisation of health promotion posters at NSVM; Development of local NSP resource; Supply of wider selection of injecting equipment.

The majority of NSP Coordinators reported they were ‘satisfied’ (n=47, see Table 5) with the way their NSP operates within the community, with an additional 21 NSP Coordinators indicating they were ‘very satisfied’ with the function of their NSP. This high satisfaction level is consistent with the previous NSP Annual Report (2011-12).
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 2012-13</th>
<th>Number (%) of responses 2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>47 (56%)</td>
<td>25 (30%)</td>
</tr>
<tr>
<td>Satisfied</td>
<td>21 (25%)</td>
<td>50 (60%)</td>
</tr>
<tr>
<td>Neutral</td>
<td>11 (13%)</td>
<td>7 (8%)</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>2 (2%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>1 (1.2%)</td>
<td>0</td>
</tr>
</tbody>
</table>

NSP Coordinators noted that most NSP clients are polite and non-aggressive when requesting injecting equipment and that generally their NSP is well equipped to service the needs of the community. The main concerns provided in relation to levels of satisfaction were that some clients have requested Fitpacks® and other injecting equipment outside of service hours, there is a sense of urgency to expand NSP services due to a perceived lack of service delivery in particular regions and that it is time consuming to assist NSP clients when the NSVM has been vandalised.

7. Suggestions for service enhancement

A number of responses were received when asked in what way could the NSP be improved, These suggestions included:

- provide an increased range of stock eg; equipment used for injecting steroids, safe sex resources such as condoms and lubricant

- increase of sharps disposal bins on the health campus

- increased staff education

- increased signage notifying clients that sterile injecting equipment is available

- installation of more NSVMs
Nine (11 per cent) NSP coordinators indicated that they would appreciate a higher level of support from DoH for their NSP. Compared to the NSP Annual Report 2011-12, this has reduced by 12 per cent (19 responses or 23 per cent in 2011-12). Suggestions included:

- increase training opportunities for staff
- provide increased funding for items not currently funded
- increase access to STI and BBV written resources to regional NSPs

8. Conclusion

Results from the 2012-13 NSP Annual Report show the continued commitment and support of NSP staff in delivering services through needle and syringe programs in WA. The role that NSP plays in the community contributes greatly towards reducing the transmission of blood-borne viruses through injecting drug use. Consistent with previous years, the high response rate (76 percent) indicates NSP Coordinators are dedicated to their role and interested in improving NSP services.

The availability of written information for NSP clients has remained consistent over the last two years, with 70 percent of NSPs in 2012-13 supplying written information and resources to clients (compared to 73 percent in 2011-12). Information on hepatitis C and safer using were the most frequently distributed resources, which is also consistent with previous years. The DoH has a suite of printed health promotion and prevention materials available on a range of sexually transmitted infection (STI), blood-borne virus (BBV) and injecting drug use topics. STI and BBV resources are now available from DoH in seven languages including Arabic, Burmese, Chinese, French, Indonesian, Thai and Vietnamese, as well as English. NSP Coordinators can access these by following the ordering details on the Public Health website:


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.

A slight decrease in referrals made by NSPs to other services was reported in 2012-13, with 35 per cent of NSPs making referrals for clients, compared to 44 per cent in 2011-12. Drug and
alcohol counselling, treatment and rehabilitation services remained the highest referral source, closely followed by mental health care services and sexually transmitted infection testing, which took over from blood-borne virus testing as a lead referral type in 2012-13. A list of appropriate referral agencies is provided by the SHBBVP to NSPs, although there are additional agencies in the local community that NSP staff are encouraged to refer clients to. Copies of the list can be requested from the SHBBVP if required.

Safe disposal of injecting equipment was a focus of the NSP Annual Report 2012-13, with 14 percent of NSP coordinators reporting needle and syringe disposal issues in the reporting period. This is a slightly reduced proportion than 2011-12 (17 percent). The main issue reported was incorrect disposal in public areas, which was also evident in the 2011-12 report. Ninety-four percent of NSPs engaged in at least one method to facilitate the safe disposal of needles and syringes, with the common methods including provision of education through printed resources or verbal direction (54 percent) and taking back used equipment (25 percent).

NSP Coordinators reported a number of operational issues with clients (16 percent), staff (25 percent) and the coordination of the NSP (25 percent). Key issues included moral objection from staff or anxiety to distributing needles and syringes (21 percent compared to 15 percent in 2011-12), high staff turnover (13 percent compared to 15 percent in 2011-12) and clients injecting in close proximity to the NSP (7 percent compared to 9.5 percent in 2011-12). Issues involving disruptive client behaviour reduced from 13 percent of respondents in 2011-12 to 6 percent in 2012-13. NSP Coordinators noted increased staff training and education on NSP as the main methods used to respond to the aforementioned staff/coordination issues. The main way in which the issue of clients injecting in close proximity to the NSP was addressed was through verbal communication and the distribution of posters in/around the NSP.

Eighty-seven percent of coordinators undertook at least one form of education or training related to NSP during the 2012-13 reporting period, with 54 percent of NSP Coordinators reading NSP News, 43 percent reading other relevant publications and 40 percent going over the contents of the NSP information pack. Fourteen percent of those responding to the NSP Annual Report 2012-13 indicated attendance at the 2013 NSP Coordinator training. HepatitisWA and WASUA also provide staff education and training sessions. Further information on training opportunities can be obtained from the SHBBVP.
Eighty-two percent of NSP Coordinators undertook activities to enhance their NSP over the reporting period with the main responses being the provision training sessions for new staff, encouraging staff to complete the NSP Online Orientation and Training package and making packs up with sterile water, swabs, condoms and information for clients. Enhancement of services within NSP is an important aspect of development and helps to build trust within the client group as services develop to cater for their needs. Also, staff benefit from service enhancement as this can provide an opportunity for progression in their role and a greater understanding of NSP.

Satisfaction levels among NSP Coordinators has remained high with 56 percent of coordinators indicating they were very satisfied with the way their NSP operates in the community. An additional 25 percent reported that they were satisfied in the way the NSP operates. Compared to 2011-12 more coordinators reported being very satisfied in 2012-13 (30 percent in 2011-12), while those reporting being satisfied with their NSP function has reduced by 35 percent (60 percent in 2011-12). The concerns raised regarding levels of satisfaction mainly relate to NSP service hours, a perceived need to expand services and vandalism to NSP services.

The DoH aims to support each NSP and will aim to address the suggestions made by NSP Coordinators in this report. As far as increasing training/education for NSP staff, the 2014 NSP Coordinator Training is currently being planned and will be held in May 2014. In addition, all staff involved in NSP operation are encouraged to complete the NSP Online Orientation and Training package (http://www.public.health.wa.gov.au/3/527/2/training_and_courses.prm). As mentioned earlier in this report, NSP Coordinators can access relevant written resources via the DoH online publication ordering system (link provided page 9). This is a free bulk ordering service where minimum orders do apply. The inclusion of condoms with Fitpack® distribution is up to the individual NSP Coordinator as condoms are not supplied under current NSP funding. Supplies of condoms and other sexual health promotion resources can be sourced at a reasonable cost from a number of organisations including the WA AIDS Council and FPWA Sexual Health services. Coordinators are also reminded that the SHBBVP are available to discuss any issues, including the range of equipment provided or ideas that NSP staff may have throughout the year and can offer information and support to staff in relation to NSP provision.

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

## Participating Needle and Syringe Programs

NSPs for which coordinators submitted an NSP Annual Report 2012/13

<table>
<thead>
<tr>
<th>Location</th>
<th>Location</th>
<th>Location</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany Community Pharmacy</td>
<td>Esperance Regional Hospital</td>
<td>Albany Regional Hospital</td>
<td>Exmouth Hospital</td>
</tr>
<tr>
<td>Augusta Hospital</td>
<td>Geraldton Hospital</td>
<td>Beverley Hospital</td>
<td>Goldfields Public Health Services</td>
</tr>
<tr>
<td>Boddington Hospital</td>
<td>Goomalling District Hospital</td>
<td>Boyup Brook Soldiers Memorial Hospital</td>
<td>Great Southern Aboriginal Health Service</td>
</tr>
<tr>
<td>Bremer Bay Health Centre</td>
<td>Great Southern Community Drug Service Team</td>
<td>Bridgetown District Hospital</td>
<td>Great Southern Population Health Unit</td>
</tr>
<tr>
<td>Bruce Rock Memorial Hospital</td>
<td>Harvey Hospital</td>
<td>Busselton Hospital</td>
<td>HepatitisWA</td>
</tr>
<tr>
<td>Busy Bee Chemist and Newsagency</td>
<td>Jurien Bay Health Centre</td>
<td>Carnarvon Hospital</td>
<td>Kalbarri Health Service</td>
</tr>
<tr>
<td>Chinatown Pharmacy</td>
<td>Kalgoorlie Regional Hospital</td>
<td>Collie Health Service</td>
<td>Kambalda Health Centre</td>
</tr>
<tr>
<td>Compari Midwest Community Drug Service Team</td>
<td>Katanning Hospital</td>
<td>Coolgardie Health Centre</td>
<td>Kellerberrin Memorial Hospital</td>
</tr>
<tr>
<td>Coral Bay Nursing Post</td>
<td>Kimberley Public Health Unit</td>
<td>Corrigin District Hospital</td>
<td>Kojonup Hospital</td>
</tr>
<tr>
<td>Cunderdin District Hospital</td>
<td>Kondinin Districts Health Service</td>
<td>Dalwallinu Hospital</td>
<td>Lake Grace District Health Service</td>
</tr>
<tr>
<td>Denmark District Hospital</td>
<td>Leonora Community Health</td>
<td>Department of Health, Communicable Disease Control Branch</td>
<td>Margaret River District Hospital</td>
</tr>
<tr>
<td>Derbarl Yerrigan Health Service Inc</td>
<td>Merredin District Hospital</td>
<td>Dongara Eneabba Mingenew Health Service</td>
<td>Moora Hospital</td>
</tr>
<tr>
<td>Donnybrook Hospital</td>
<td>Mount Magnet Health Centre</td>
<td>Dumbleyung Memorial Hospital</td>
<td>Mullewa Health Service</td>
</tr>
<tr>
<td>Esperance Population Health Centre</td>
<td>Nannup Hospital</td>
<td>Narembeen Memorial Hospital</td>
<td>Wagin Hospital</td>
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</tbody>
</table>
Narrogin Hospital
Newman Hospital
Next Step Specialist Drug and Alcohol Services
Nickol Bay Hospital
Norseman Community Health Centre
Northam Regional Hospital
Northampton Health Service
Onslow Hospital
Pemberton Hospital
Pilbara Population Health Unit
Pingelly Hospital
Plantagenet Hospital
Quairading District Hospital
Ravensthorpe Hospital
Roebourne Hospital
Rottnest Island Nursing Post
Southern Cross District Hospital
St Andrew’s Pharmacy
Thomsons Lake Pharmacy
Tom Price Hospital
WA AIDS Council
WA AIDS Council Fremantle BBV Clinic
Warren District Hospital
Women’s Health Resource Centre
Wyalkatchem District Hospital
Yirrigan Drive-In Chemist
York Hospital
Appendix B

Needle and Syringe Program
Annual Report 2012/13

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 2013

NSP COORDINATOR DETAILS
Program Location: _________________________________ Program number: __________

Name: ____________________________________________________________________________

Email: ______________________________________________________________________________ Phone: __________________

PART 1. SERVICE PROVISION

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

2. 
   Fitpacks/Fitsticks:
   ☐ Yes ☐ No
   Single needles and syringes:
   ☐ Yes ☐ No

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

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

4. 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 ☐ Body art
<table>
<thead>
<tr>
<th>Service Offered</th>
<th>0</th>
<th>1-5</th>
<th>6-10</th>
<th>11-15</th>
<th>16-20</th>
<th>More than 20 (please specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug information</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First aid for overdose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and medical services</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Legal services</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Housing and welfare</td>
<td></td>
<td></td>
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<tr>
<td>Other (please specify):</td>
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</table>

5. How many referrals did your NSP make during the year?

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

<table>
<thead>
<tr>
<th>Type of Referral</th>
<th>0</th>
<th>1-5</th>
<th>6-10</th>
<th>11-15</th>
<th>16-20</th>
<th>More than 20 (please specify):</th>
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</thead>
<tbody>
<tr>
<td>Drug and alcohol counselling</td>
<td>✓</td>
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<tr>
<td>Detoxification services</td>
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<tr>
<td>Treatment and rehabilitation services</td>
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<td>Mental health care services</td>
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<td>Legal services</td>
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<td>Accommodation services</td>
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<tr>
<td>Other NSP outlet</td>
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<tr>
<td>STI testing</td>
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<tr>
<td>BBV testing</td>
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<td>Hospital</td>
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<tr>
<td>Other medical practitioner</td>
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<td>Other (please specify):</td>
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</tbody>
</table>

**PART 2. DISPOSAL MATTERS**

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

<table>
<thead>
<tr>
<th>Status</th>
<th>0</th>
<th>1-5</th>
<th>6-10</th>
<th>11-15</th>
<th>16-20</th>
<th>More than 20 (please specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>No</td>
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</table>

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

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

9. Was any action taken to address the issue/s (please specify)?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
10. 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

11. 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):

12. How did this situation arise?

-------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------

13. Was any action taken to address the issue/s (please specify)?

-------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------

14. 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):

15. Was any action taken to address the issue/s (please specify)?

__________________________________________________ ___________________
__________________________________________________ ___________________
__________________________________________________ ___________________

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

☐ None
☐ Understanding the duties of the NSP Coordinator
☐ Accessing supply of needles and syringes
☐ Record keeping
☐ Staff turnover
☐ Communication with the Department of Health
☐ Understanding relevant guidelines or documentation
☐ Other (please specify):

__________________________________________________ ___________________
__________________________________________________ ___________________
__________________________________________________ ___________________

17. 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 2013 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

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 the 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?

__________________________________________________ ___________________

__________________________________________________ ___________________

__________________________________________________ ___________________

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