

# Needle and syringe program policy and guidelines for NSW



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# Introduction

## Background

The NSW Needle and Syringe Program (NSP) is an evidence based public health program that aims to protect the community from the spread of infections such as of HIV and Hepatitis C among people who inject drugs.

The first Australian Needle and Syringe Programs commenced operation as a pilot program in Sydney's inner city suburb of Darlinghurst, in November NSW in 1986. The Needle and Syringe Program in NSW comprises over 800 outlets. These include more than 385 public sector outlets, approximately 375 pharmacies and more than 100 automatic dispensing machines.

Australia-wide there are estimated to be more than 3,000 NSP outlets and in 2005, more than 30 million units of injecting equipment were distributed nationally.

In NSW there are fewer than 20 HIV notifications per year attributed to injecting drug use and the proportion of people who inject drugs infected with HIV has been maintained at less than 3% since the inception of the NSP. In addition, the NSP is the principle prevention strategy for Hepatitis C.

The World Health Organisation (WHO) recently published a technical paper which reviewed whether sterile needle and syringe programs have been demonstrated scientifically to reduce the spread of HIV among people who inject drugs.<sup>1</sup> The report stated that providing access to and encouraging utilisation of sterile needles and syringes for people who inject drugs is now generally considered to be a fundamental component of any comprehensive and effective HIV-prevention programme.

An independent report commissioned by the Australian Government and released with the endorsement of the Australian National Council on Drugs (ANCD) and the Australian National Council on AIDS, Hepatitis C and

Related Diseases (ANCAHRD), found that between 1991 and 2000, Australian governments spent a total of \$130 million (in 2000 prices) on Needle and Syringe Programs.<sup>2</sup> It estimated that by 2000, this investment had prevented 25,000 cases of HIV and 21,000 cases of Hepatitis C. It concluded that this would result in a long term saving to the health system – due to avoided treatment costs – worth a total of \$7.8 billion.

## Purpose

This document outlines the broad operational guidelines for Needle and Syringe Programs. It is intended as a framework within which Area Health Services can develop detailed operational guidelines appropriate to their own setting.

In this document the term:

- 'must' – indicates a mandatory practice required by law or by Departmental directive.
- 'should' – indicates a strongly recommended practice.

## Development and review

The NSW Needle and Syringe Program Policy and Guidelines have been developed in consultation with key stakeholders.

They replace the NSW Needle and Syringe Program Policy and Procedures Manual (1994) and have been updated with regard to current NSW Department of Health policy directives and guideline requirements.

The policy and guidelines will be subject to regular review, consistent with Policy Directive 2005\_481, *Policy, Guideline and Information Bulletin Distribution System for the NSW Department of Health*.<sup>3</sup>

# Aims and key principles

## Aim, objective and strategies

### Aim

- to minimise the transmission of blood borne viruses among people who inject drugs.

### Objective

- to minimise risk behaviours that have the potential to transmit blood borne viruses

### Strategies

- distribution of sterile needles and syringes and safe sex equipment
- promotion of safe disposal, including collection and disposal of used needles and syringes
- development and delivery of education programs relevant to the aim of the program
- provision of information on and referrals to other health and welfare services.

## Guiding principles of Needle and Syringe Programs

- The principles of the Needle and Syringe Program are consistent with those of the NSW and National HIV/AIDS, Hepatitis C and Drug Strategies which are key related documents.
- Non-partisan political support for pragmatic interventions such as Needle and Syringe Programs is required in order to effect sustainable behaviour change among some of the more marginalised groups in society.
- Enabling communities to address issues which impact on their health is a key goal of health promotion programs. Needle and Syringe Programs should work to enhance the capacity of people who inject drugs to initiate solutions to health issues.

- The acceptance by local communities of the need for the program is critical to its success. Services should work within their local communities to promote community understanding and acceptance of the NSP. In addition, Area Health Services and NSW Department of Health will play a role in ensuring acceptance of and support for the NSP among the health sector and the broader community.

### Harm minimisation

- The principle of harm minimisation has formed the basis of Australia's National Drug Strategy since 1985 and aims to promote better health, social and economic outcomes for both the community and the individual. Harm minimisation encompasses a wide range of approaches and involves a combination of supply reduction, demand reduction and harm reduction strategies.
- Supply reduction strategies aim to disrupt the production and supply of illicit drugs and the control and regulation of licit substances.
- Demand reduction strategies aim to prevent the uptake of harmful drug use, including abstinence orientated strategies and treatment to reduce drug use.
- Harm reduction strategies aim to reduce the impacts of drug-related harm on individuals and communities.

The Needle and Syringe Program falls within a harm reduction framework.

# Models of service delivery

## Coordination and development

Needle and Syringe Programs will consist of a mix of outlet types and service delivery modes with the aim of providing comprehensive access to sterile needles and syringes by people who inject drugs. In assessing the level of coverage of an Area-wide program, the public and private sector programs should be regarded as complementary components of the Needle and Syringe Program network.

The mix of Needle and Syringe Program outlet types and service delivery modes provided will need to take into account a number of factors including:

- the level of injecting drug use in the area
- whether there are concentrated areas of people who inject drugs
- level of participation of the pharmacy sector
- demographic profile of the people who inject drugs within the Area Health Service and service preferences of key populations
- level of funding available to the program.

In addition, community reaction to injecting drug use and Needle and Syringe Programs and the level of support for Needle and Syringe Programs from other health and welfare agencies will need to be considered.

Regardless of the organisational structure of the program, all Area Health Services must ensure that they have the capacity to oversee:

- the development and implementation of Area-wide NSP strategic planning
- coordination of the allocation and distribution of NSP funding in such a way as to maximise the public health effectiveness of the program
- the development of local policy and procedures and standards for service delivery.

The HIV/AIDS and Related Programs Managers will provide a first point of contact for the AIDS/Infectious Diseases Branch and other agencies seeking to liaise with Area NSPs.

## Outlet type

In NSW, NSPs are classified as either primary or secondary NSP outlets according to the following guide.

### Primary outlets

Primary outlets are services where provision of needles and syringes to prevent blood borne viruses is the prime purpose of the service. A primary outlet will employ staff in positions where their primary role relates to the provision of NSP services.

Primary outlets must:

- provide a range of needle gauges, 1, 3 and 5 ml syringes and condoms and lubricant
- provide fixed site disposal services
- provide education, health promotion and brief interventions
- provide referral to a wide range of health and community services
- collect comprehensive data on all elements included in the Needle and Syringe Program Quarterly Report as consistent with the NSW NSP Data Dictionary 2.0<sup>4</sup>
- collect client demographic and drug use data on a periodic basis
- provide support to secondary outlets as required (eg staff training and education, provision of injecting equipment and resources, data collection).

### Secondary outlets

Secondary NSP services are provided through a range of government and non-government agencies where the provision of needles and syringes is not one of the prime purposes of the service. Provision of needles and syringes occurs as one of a range of other health or community services. Secondary outlets will employ staff who are primarily employed to perform duties other than to provide NSP services.

Secondary outlets must:

- provide 1ml needles and syringes
- provide fixed site disposal services
- be able to refer people to the Alcohol and Drug Information Service (ADIS) and/or to a primary NSP.

Where capacity permits secondary outlets will also provide:

- a range of needle gauges and 1, 3 and 5 ml syringes
- education, health promotion, brief interventions and referral.

At a minimum, data on needle and syringe distribution must be collected from secondary outlets. This may be calculated from stock delivery data, or collected by secondary outlet staff. Where secondary outlets are able to collect comprehensive data on all elements included in the Needle and Syringe Program Quarterly Report (as consistent with the NSW NSP Data Dictionary 2.0<sup>4</sup>), this should be encouraged. Participation in periodic surveys should also be encouraged where capacity permits.

Typical secondary outlets include Community Health Centres, Sexual Health Services, Alcohol and Other Drug (AOD) Services, Youth Services, Aboriginal Community Controlled Health Services and Hospital Emergency Departments.

Some secondary outlets are involved in both drug treatment services and the distribution of sterile needles and syringes. Services participating in drug treatment programs should not be discouraged from supplying sterile needles and syringes.

## Service modality

Service modality refers to the method by which a NSP service is provided. NSP can be provided from fixed sites (buildings), via outreach (pedestrian or vehicle) or via automatic dispensing machines. Often a primary or secondary NSP outlet will operate more than one service modality.

### Fixed site

Refers to the provision of NSP services from a building.

## Outreach

The following strategies may be employed:

### Mobile outreach

Refers to the provision of NSP services through use of a vehicle and are typically provided from a specified location at a specified time. Mobile outreach services can be classified as primary or secondary depending on the prime purpose of the outreach. Primary mobile outreach services must provide a full range of injecting equipment and aim to provide education, brief intervention and referral services at levels similar to those offered at a fixed outlet. All mobile outreach services must provide disposal services.

### Pedestrian outreach

Pedestrian outreach services are provided by staff who move around from place to place or group to group in an effort to promote and extend the reach of the service. Distribution of needles and syringes takes place as part of this broader promotional and educational activity.

Pedestrian outreach may increase access to people who inject drugs who may not otherwise come into contact with NSP through other modes of service delivery. An important goal of outreach work should will be to develop rapport and credibility with clients, and refer them to other mobile or fixed site NSPs. The outreach worker's task includes developing an understanding of the social structures and characteristics of an area so that professional relationships are established leading to better access and use of sterile needles and syringes.

Generally, pedestrian outreach will provide basic injecting equipment and a limited range of education resources. Outreach workers will use brief interventions with clients and be able to make referrals as required.



### **Community events and other forms of outreach**

Outreach may also be provided at selected community events with the knowledge and support of event organisers. These should aim to provide a wide range of information and injecting equipment as well as referral information. Such one-off outreach also provides an opportunity to promote the value of the NSP to a wider audience, and staff should be trained and briefed on engaging with the general public as well as NSP clients prior to participating in such activities.

### **Automatic dispensing machines**

Automatic dispensing machines are devices used for the purpose of dispensing needles and syringes without the personal attention of staff. Automatic dispensing machines may or may not charge a fee.

### **Pharmacy outlets**

#### **Pharmacy NSP Scheme**

Throughout NSW, pharmacists may participate in the Pharmacy NSP Scheme, managed by the NSW Branch of the Pharmacy Guild of Australia (PGA). Under this scheme, pharmacists sell needles and syringes or exchange used needles and syringes for new ones at no charge. In general, the PGA is the primary support agency for participating pharmacies, however Primary NSPs may wish to establish contact with participating pharmacies and offer additional support to enhance service delivery and maintain participation rates.

Some retail pharmacies are involved in both methadone dispensing and the distribution of sterile needles and syringes. Pharmacists participating in Methadone Programs should not be discouraged from supplying sterile needles and syringes, consistent with Guidelines 2005\_004, *Needles/Syringes Distribution by Retail Pharmacies Involved in NSW Methadone Program*.<sup>5</sup>

### **Other pharmacy sales**

A small number of pharmacies sell needles and syringes independently of the Pharmacy NSP Scheme. The contribution of these outlets to the total number of syringes distributed per annum is estimated to be around 2–5% of total distribution.

### **Additional and ancillary services**

Some programs may wish to co-locate with or offer a wider range of health-related services to people who inject drugs. Examples of ancillary services include blood borne virus and sexual health screening, hepatitis B vaccination, case management or counselling services, wound management and vein care nursing. Access to such services must always be voluntary and at the client's request, and must not interfere with the capacity of the NSP to provide an anonymous, timely service to those clients who do not wish to engage with other services at the time of their visit. In general, it is not expected that such additional services be funded from core NSP funds, unless there is compelling evidence that needle supply and prevention education demands have been adequately met and there remains surplus capacity to provide additional services.

# Approval and authorisation

## Overview

The *Drug Misuse and Trafficking Regulation 2000*<sup>6</sup> provides for the Director General of the Department of Health (or his/her delegate) to approve Needle and Syringe Programs and to authorise persons or classes of persons to participate in such programs. Under the Regulation authorised persons are exempt from certain provisions of the *Drug Misuse and Trafficking Act 1985*,<sup>7</sup> that might otherwise prohibit them from supplying needles and syringes, possessing and supplying associated equipment, and giving out information in connection with an approved NSP.

The Regulation also exempts pharmacists and persons who act under supervision of pharmacists, from provisions of the *Drug Misuse and Trafficking Act 1985*<sup>7</sup> that might otherwise prohibit them from possessing and supplying equipment that can be used to administer prohibited drugs.

The effect of the *Drug Misuse and Trafficking Regulation 2000*,<sup>6</sup> is that staff authorised to perform NSP duties at an approved Needle and Syringe Program may dispense needles, syringes and associated equipment, and give out information in relation to their use, without being exposed to prosecution under the *Drug Misuse and Trafficking Act 1985*.<sup>7</sup>

Without authorisation it would be possible for prosecution to occur for the supply of needles and syringes, and possession and supply of associated equipment for use in the administration of a prohibited drug (under Section 11 of the Act). Prosecution could also occur for aiding and abetting the administration of a prohibited drug (under Sections 19 and 20). It should be noted that exemptions only apply for the purpose of enabling authorised persons to participate in an approved NSP within NSW. Unauthorised persons, and authorised persons providing needles and syringes outside of an approved NSP are liable for prosecution.

The *Drug Misuse and Trafficking Regulation 2000*<sup>6</sup> also specifically exempts any person from prosecution for aiding and abetting the administration of a prohibited drug (under Sections 19 and 20) for giving out information about the location or hours of an approved Needle and Syringe Program.

## Approval of NSP outlets

Prior to any centre or agency operating a NSP or installing an automatic dispensing machine, approval is required from an authorised officer of NSW Health.

Where the approval is for an agency that is part of the NSW public health system, the Chief Executive of the relevant Area Health Service has been delegated authority to approve Needle and Syringe Programs and authorise staff.

Where a centre or agency is not part of the NSW public health system, as is the case with non-government organisations, the Chief Health Officer of the Department of Health has been delegated authority to approve the establishment of Needle and Syringe Programs and authorise staff. In the case of the pharmacy sector, the Pharmacy NSP Scheme has been approved as an authorised Needle and Syringe Program, and approval of each individual pharmacy is not required.

Area Health Services should consider agencies and individuals that it is appropriate to notify prior to the establishment of a new NSP outlet or automatic dispensing machine. Area Health Services must notify police when planning to establish a new NSP outlet. Area Health Services should also consider notifying the local council and the local state Member of Parliament.

## Authorisation of staff

Specific persons or classes of persons (eg health education officers, registered nurses) must be identified in the application for approval of a Needle and Syringe Program. In general, it is not recommended that specific persons (ie named individuals) be authorised. It is recommended that services carefully consider which staff might at times be called upon to provide NSP services (eg reception staff) and request exemption for all staff who may be called upon to dispense injecting equipment or information in the course of their duties.

Documentation of approval of outlets and authorisation of staff must be retained by the Area Health Service and should also be retained by the individual NSP outlet.

In some circumstances (eg outreach work) services may wish to provide staff with a specific NSP authorisation card. These cards are not required to be issued or carried by staff but may be valuable in specific circumstances. A sample NSP authorisation card is at Appendix 1. Authorisation cards must only be issued to persons duly authorised to perform NSP duties as above.

Regardless of whether a specific NSP authorisation card is issued, it is recommended that staff performing NSP duties carry their Area Health Service or agency ID cards at all times.

### Students and volunteers

Under current NSW Department of Health policy, unpaid workers (including students and volunteers) are not eligible to be authorised to perform NSP duties. The provision of needles, syringes and associated equipment, and the provision of information regarding the use of injecting equipment are tasks that must not be performed by students, volunteers or any other unauthorised staff. Performing these duties would leave individuals exposed to prosecution. Students and volunteers can however contribute to the NSP by performing other duties within the confines of Area Health Service or agency guidelines for students and volunteers.

### Automatic dispensing machines

Section 36(1) of the *Poisons and Therapeutic Goods Act 1966*<sup>8</sup> makes it an offence to supply *regulated goods* via an automatic machine. Section 36(4) of the Act provides that the Minister may, by order published in the Gazette, exempt any *regulated goods* from the operation of subsection (1). With respect to the sale and supply of sterile hypodermic syringes and hypodermic needles by an automatic dispensing machine, an exemption from the operation of subsection (1) was granted by order published in the Gazette on the 22 June 1989. An exemption also exists in relation to the automatic dispensing of condoms and lubricant, allowing the sale and supply of condoms and lubricant through automatic dispensing machines.

As noted previously, the *Drug Misuse and Trafficking 1985*<sup>7</sup> prohibits the supply of needles and syringes and possession and supply of associated equipment for the purpose of injecting drugs. This means that only approved NSP outlets are able to supply needles and syringes via automatic dispensing machine. The provision of injecting equipment via automatic dispensing machine is therefore not a task that can be subcontracted to a third party.

There are no restrictions as to where an automatic dispensing machine can be located.

### Outreach

Section 34(1) of the *Poisons and Therapeutic Goods Act 1966*<sup>8</sup> makes it an offence to supply *regulated goods* while in a public street or other public place. Section 36(3) of the Act provides that the Minister may, by order published in the Gazette, exempt any person or class of person or any regulated goods from the operation of subsection (1). With respect to the supply of sterile hypodermic syringes, hypodermic needles, swabs, sterile water, cotton wool and waste containers designed for the disposal of syringes and needles, an exemption from the operation of subsection (1) was granted for persons authorised to participate in an approved NSP (including pharmacists) by order published in the Gazette on the 22 June 1989.

## Approval and authorisation process

The processes for approving NSP outlets, authorising staff to perform NSP duties and approving automatic dispensing machines are outlined below.

### All applications

- i The relevant centre/agency to complete an application form (see Appendix 2).
- ii The application is forwarded to the officer designated with responsibility to coordinate NSP authorisations and approvals (usually the HIV/AIDS and Related Programs Manager).

- iii The designated officer will assess the application and make a recommendation.
- iv Where a recommendation to approve an outlet and authorise designated staff has been made, the application is to be forwarded to the Chief Executive of the Area Health Service. Where a recommendation not to approve an outlet is made, written advice of this decision is to be forwarded to the applying agency.

### Health sector approvals

- v The Chief Executive of the Area Health Service is responsible for approval of the outlet or automatic dispensing machine and authorisation of the nominated classes of persons.
- vi Correspondence detailing the decision will be sent to the applying agency.
- vii The Area Health Service must keep a copy of the approval and authorisation documentation. A copy should also be sent to the AIDS/Infectious Diseases Branch.

### Non-government sector approvals

- v The Chief Executive of the Area Health Service is required to make a decision whether to endorse the application and if so, write to the Chief Health Officer, NSW Department of Health with a request that the application be considered. If the Chief Executive does not endorse the application written advice of this decision is to be forwarded to the applying agency.
- vi The Chief Health Officer is responsible for final approval of the outlet and authorisation of nominated classes of persons.
- vii Correspondence detailing the decision will be sent to the relevant Area Health Service.
- viii The Area Health Service must keep a copy of the approval and authorisation documentation.

# Operating a NSP

## NSP Workforce

The NSP workforce comprises staff employed in positions where their primary role is the provision of NSP services and staff whose work includes NSP tasks as part of another role (eg nurse, sexual health worker, youth worker). All staff undertaking NSP duties are recognised as needing to have the specialist skills and knowledge required for this role.

### Core skills and knowledge

In 2001, the NSW Health Workforce Development Program conducted a mapping of the NSP workforce. This mapping identified the following core NSP duties:

- i to provide injecting equipment and safe sex equipment to people who inject drugs
- ii to manage disposal of used equipment
- iii to provide education and information on injecting drug use and safe sex to people who inject drugs
- iv to conduct brief assessment and referral for people who inject drugs
- v to provide client support and assistance where appropriate
- vi to promote the NSP within the community (including community/agency liaison and development)
- vii to conduct health promotion with clients and the community
- viii to educate new workers and community groups
- ix to demonstrate professional development and update knowledge
- x to attend to agency and worker issues
- xi to carry out administrative tasks.

These duties should be reflected in the position descriptions of staff employed to undertake NSP roles. Items i and ii above are the minimum requirements for those staff whose work includes NSP tasks as part of another role. An expanded set of duties is provided at Appendix 3. These may assist in determining staff training and other learning and development needs.

## Workforce development

### Induction

Prior to commencing NSP duties, or as soon as practicable afterwards, staff authorised to participate in NSP should be inducted through a process that draws on relevant NSW Health, Area Health Service and local policies, procedures and protocols. The induction process may include on the job learning, self-directed learning or other forms of training. Issues to be covered should include:

- working effectively with people who inject drugs, including culturally appropriate service provision
- blood borne virus transmission and prevention
- National, State and local patterns of drug use
- range of injecting equipment available
- safe working practices
- legal and child protection issues in relation to NSP services
- health promotion strategies
- local assessment and referral processes.

### Ongoing development of staff

A skilled and valued workforce is one of the key priorities of NSW Health. The NSW Department of Health is committed to ensuring that learning and development programs are widely available, coordinated and linked to local service delivery needs.

The focus of workplace learning and development will be to identify the learning needs of staff in relation to their work and to provide for them to be met in the context of organisational goals and priorities.

NSW Health Workforce Development Project (WDP) in collaboration with NSW Network of Alcohol and other Drugs produces a six-monthly Training Directory listing training and development opportunities which include material relevant to the NSP workforce (refer to [www.wdp.nsw.gov.au](http://www.wdp.nsw.gov.au) for details). WDP can also provide advice and assistance relating to access to accredited workplace trainers and assessors.

## Service delivery

A client of a Needle and Syringe Program is a person who receives injecting equipment, educational resources, referral information or other services from any type of NSP outlet.

Because NSP clients are often involved in illicit drug use and there is considerable stigma attached to injecting drug use, people who inject drugs may have a number of concerns about accessing the program, including fear of exposure or concerns about discriminatory or judgemental attitudes. NSP staff should be aware of this and take care to establish a relationship of trust and stress the anonymity and confidentiality of the service. Many people who access automatic dispensing machines will want total anonymity and wish to avoid contact with NSP staff. It is important that staff do not intervene in machine transactions, unless requested.

In order to minimise sharing and re-use of needles and syringes it is necessary for people who inject drugs to have access to a sterile needle and syringe for every injection. NSPs should therefore aim to provide services where there are a minimum of conditions which may otherwise deter client access to services. In order to maximise the likelihood of the use of sterile needles and syringes for every injection, the following is to apply:

- access to sterile needles and syringes should be provided across the widest range of hours possible, and should include the availability of a facility which provides access 24 hrs, 7 days a week
- with the exception of automatic dispensing machines and pharmacy sales, services are to be provided free of charge
- NSP services and programs should be available to accommodate the needs of people from a wide range of social and cultural backgrounds
- NSP services must be provided on an anonymous and confidential basis
- clients must be treated in a respectful and professional manner

- as far as possible, service provision should be responsive to clients and additional educational and referral services should be provided in accordance with the client's own priorities. Care should be taken to avoid imposing unwanted interventions which may discourage the client from using the service in the future
- participation in counselling or other interventions or in surveys for the purpose of research and evaluation must be on the basis of the client's informed and voluntary consent. This requirement means that it is not acceptable for the provision of NSP services to be conditional on participation in such activities.

## Provision of needles and syringes

At a NSP outlet, all clients that require injecting equipment must receive a reasonable supply of sterile needles and syringes, as determined by the client and appropriate to budget and supply constraints, and an appropriately sized sharps container.

Information on where to safely dispose of needles and syringes, including the option to return used needles and syringes to the NSP should also be made available to clients.

Approval to operate as a NSP outlet must be confirmed before distribution of needles, syringes or associated equipment can take place from any agency/organisation.

All primary NSP outlets, and secondary outlets where capacity permits, will stock a variety of injecting equipment, including a range of syringe brands and sizes, a range of needle gauges and sizes, and a range of personal use and other disposal containers. Services must not offer winged vein infusion sets (also known as butterfly cannulas) or syringes with a volume of 10mL or greater. All injecting equipment must be distributed along with an appropriate disposal container.

Condoms and lubricant should also be made available from primary outlets. Condoms can be damaged by heat, therefore care must be taken to ensure that condoms are stored according to manufacturers instructions.

## Provision of associated equipment

Services may, from time to time and depending on budget limitations, provide other goods, such as water for injection, to promote the health of NSP clients. These items should must be made available in accordance with Area Health Service or relevant NGO policy and legislation. Items that are listed on the register of nurse-initiated medications must only be supplied by staff authorised to provide these.

## Provision of injecting equipment via automatic dispensing machine

The following guidelines apply to the operation of automatic dispensing machines:

- automatic dispensing machines must always be accompanied by an appropriate disposal bin. Information regarding disposal options should be displayed or accompany the injecting equipment dispensed.
- information about alternative sources of needles and syringes should be displayed on or near the machine (in case of malfunction)
- where condoms are dispensed from an automatic dispensing machine, the inside temperature of the machine must not exceed the manufacturer's recommendations
- dispensing of injecting equipment is a task that can only be provided by an approved NSP outlet and authorised staff, however, other tasks, such as removing and accounting for revenue, monitoring use of the machine, and servicing may be conducted by a third party
- benefits of an automatic dispensing machine will be maximised if the machine is should operational even whilst an adjacent fixed outlet is open
- revenue derived from the sale of goods through automatic dispensing machines must be returned to the NSP budget except where specific arrangements for this not to occur have been negotiated
- the collection of revenue must meet Area Health Service auditing requirements.

## Confidentiality

Personal information is defined as identifying information collected from or about an individual in order to provide them with health services. Personal information must not be collected in the course of providing injecting equipment.

In circumstances where the provision of ancillary services at the NSP does involve the collection of personal information, staff must adhere to the policies and procedures outlined in Policy Directive 2005\_593 the NSW Health Privacy Manual,<sup>9</sup> and Policy Directive 2005\_134, *HIV Confidentiality, A guide to legal requirements*.<sup>10</sup>

## Referrals

The NSP operates most effectively with a non-interventionist and low threshold approach, however clients can be expected to make a range of requests for information and other assistance. NSP staff should have knowledge of appropriate services in their area. It is recommended that agencies develop referral databases of key services, and establish referral pathways and protocols with key services, to assist access to services by NSP clients.

## Education and health promotion

All primary outlets are expected to maintain a supply of appropriate written resources designed to provide information to people who inject drugs. Where available, information should be provided in relevant community languages.

Staff may also receive requests for additional information on a range of subjects relating to HIV/AIDS, hepatitis C and injecting drug use. These requests present an opportunity to engage with clients and provide education, health promotion and other interventions as required. Staff should be offered learning and development opportunities to improve skills relevant to the provision of education and health promotion.

## Crisis intervention

There are a number of circumstances in which NSP staff may be required to provide crisis intervention. These circumstances may include dealing with clients who are intoxicated, in distress, or who are displaying aggressive or challenging behaviours.

In the interests of the health and well-being of clients and staff, services must have clear guidelines and procedures to manage such situations effectively.

## Intoxicated clients

Clients may at times present to the NSP when they are intoxicated. This can place both the client and staff at risk of harm, and services must have clear policies and procedures in place for managing such situations. Staff should receive training on how to recognise and work with people who are intoxicated, including strategies to assess the risk of overdose and respond appropriately.

## Clients in crisis/distress

On occasion, clients may present in a state of crisis or distress and seek assistance from NSP staff. Staff should respond by providing a supportive brief intervention and/or assessment and assisted referral to the service most appropriate to deal with the client's situation. Services should ensure that an up to date referral database is available to staff and that staff have the skills to assess and refer clients appropriately.

## Aggressive and challenging behaviours

Challenging behaviours may include clients being verbally abusive, angry, agitated, impatient, paranoid or sexually inappropriate. To manage these situations effectively, staff require skills in effective communication, conflict resolution, de-escalation and negotiation. Staff should be offered appropriate training and support to enable them to deal with such situations in accordance with Policy Directive 2005\_316, *Training Program – A Safer Place to Work: Preventing/Managing Violent Behaviour – NSW Health*.<sup>11</sup>

NSW Health has a zero tolerance approach to violence in the workplace and services must have appropriate procedures in place to minimise and address violent incidents. Further information is contained in the Policy Directive 2005\_315, *Zero Tolerance Response to Violence in the NSW Health Workplace*.<sup>12</sup>

Challenging behaviours can be very stressful for staff and procedures for debriefing, and accessing support and assistance, should be developed and made available to staff.

## Access and equity

People who inject drugs are not a homogenous group, and are found across a broad spectrum of lifestyles and social strata. That said, the NSW Health and Equity Statement *In All Fairness*<sup>13</sup> identifies that people from the most disadvantaged groups in our community have the highest rates of exposure to a number of health risk factors including drug use. Key vulnerable groups include people of Aboriginal and Torres Strait Islander origin, prisoners and children of prisoners, people with problems related to alcohol and other drugs, people on low incomes or who are unemployed. Whilst it does not automatically follow that all people who inject drugs have problematic drug use or belong to an identified disadvantaged group, people from populations identified as facing poorer health outcomes will be over represented amongst NSP clientele.

Needle and Syringe Programs should be aware of the cultural and linguistic diversity profile of the population in the area they are serving and ensure that services are able to be delivered in a culturally appropriate manner. Services should have a good understanding of who the service is reaching and, more importantly, any target groups (for example, young people or women) that may not be accessing their service. Suitable strategies should then be developed to redress any imbalances. Strategies should address not just issues of access, but also of service delivery and style.



## Promoting access

The physical location and layout of NSP facilities can have a profound effect on access to services, especially in areas where there is a high level of stigma attached to injecting drug use, and for specific populations. The report entitled *Increasing access to services in NSW for Aboriginal people at risk of contracting or who have blood borne infections*,<sup>14</sup> provides a checklist for effective location of services to maximise access for Aboriginal people. These should be used as a guideline for the location of all NSP service outlets.

Whilst the provision of services through a fixed site is usually the most effective means of reaching a wide range of people who inject drugs, there remain significant barriers to access for some individuals and sub populations. Barriers to accessing a fixed site NSP may include the fear of exposure, mobility issues associated with physical disability, cultural values and shame, transport availability, and lack of awareness of programs.

A range of strategies may be employed to overcome or minimise these barriers. In some circumstances outreach services may be utilised to target hard to reach populations or enable NSP services to be delivered in locations where fixed site services are not possible or practical. In other circumstances the provision of NSP services through secondary outlets at agencies such as Aboriginal Medical Services and Youth Services may assist to overcome barriers to access. Automatic dispensing machines can also be utilised to extend the reach of the NSP to locations where there is no suitable or available site from which to provide a fixed outlet. An automatic dispensing machine will also provide a greater degree of anonymity for people who do not want contact with staff or services and offers the additional advantage of providing access to injecting equipment after hours.

## Protection of children and young people

All NSP staff, including staff from non-government organisations are bound by the provisions of the *Children and Young Persons (Care and Protection) Act 1998*.<sup>15</sup> All NSW Health NSP staff must be familiar with and adhere to the provisions of Policy Directive 2005\_299, *Protecting Children and Young People*<sup>16</sup> and the *NSW Health Frontline Procedures for the Protection of Young People*.<sup>17</sup>

The *Children and Young Persons (Care and Protection) Act 1998*<sup>15</sup> provides the following definitions:

- a *child* means a person under 16 years
- a *young person* means a person who is aged 16 years or above but who is under the age of 18 years.

A child or young person is at risk of harm if concerns exist for the safety, welfare and well being of the child or young person. Risk of harm refers to the likelihood that a child or young person may suffer physical, psychological or emotional harm as a result of what is done (physical, sexual or emotional abuse, domestic violence) or not done (neglect) by another person, often an adult responsible for their care. Risk of harm also refers to young persons who may suffer physical, sexual, or psychological harm as a result of environmental factors or self-harming behaviour.

*The Children and Young Persons (Care and Protection) Act 1998*,<sup>15</sup> establishes a process for people who have reasonable grounds to suspect that a child or young person is at risk of harm from abuse or neglect, to report to the Department of Community Services (DoCS).

Under Section 27 of *The Children and Young Persons (Care and Protection) Act 1998*,<sup>15</sup> it is mandatory for people working in health or welfare to report suspected risk of harm relating to children if they deliver services wholly or partly to children. It is also mandatory for health or welfare managers whose duties include direct responsibility for, or direct supervision of the delivery of services wholly or partly to children, to report risk of harm to a child. It should be noted that reporting is mandatory with respect to children and discretionary in relation to young people and pre-natal reporting. Health workers who fail to comply with mandatory reporting requirements are guilty of an offence.

## Parents and carers who inject drugs

Protecting the health and welfare of children is the role of every health professional coming into contact with children. NSP staff have an obligation to make a report to the DoCS Helpline regarding children, where a parent's or carer's use of alcohol or other drugs is affecting their ability to care for a child and they believe the child is at risk. Such consideration of risk can only be based on the worker's observations of, and knowledge of, the child's situation.

## Children who inject drugs

Within the current legal and policy framework, a child who is injecting drugs is at risk of harm, and must be the subject of a report to the DoCS Helpline. If the name of a client is not known, health workers must meet their reporting obligations by providing the Department of Community Services with a description of the client and any other identifying information.

Policy Directive 2005\_299<sup>16</sup> states that *'Depending on the age of the child, a clinical decision may be required to determine that it is appropriate to provide injecting equipment. It is essential that advice be provided regarding drug and alcohol and other support services prior to provision of injecting equipment'*.

The practical application of this policy is that workers must act to reduce potential harm and maximise the opportunity to engage the client in order to assess their situation and their exposure to harms. It is important that interventions do not discourage the client from continuing to use the service, where this is appropriate, as this may place them at further risk. The following actions must be undertaken:

- attempt to engage the child to assess the level of risk (including risk of exposure to blood borne virus)
- assess whether the provision of clean equipment is appropriate
- assess the extent of any other risks faced by the child and provide appropriate support, advice or other interventions
- prior to providing equipment NSP staff must provide the child with information on AOD support services available to the child
- make a report to the Department of Community Services.

## Young people who inject drugs

Under Section 24 of *The Children and Young Persons (Care and Protection) Act 1998*,<sup>15</sup> NSP staff may report concerns about risk of harm relating to a young person. Where NSP staff are concerned that a young person is at risk of harm from abuse or neglect they may make a report. The young person should be involved in the decision to report and the process of reporting, unless there are exceptional circumstances for their exclusion from the process. Where a young person does not agree to a report being made and a decision is taken to make a report, this information must be conveyed to Department of Community Services. Where NSP staff are unsure if the level of risk warrants the making of a report they may consult with DoCS and/or refer to the *NSW Interagency Guidelines for Child Protection Intervention*.<sup>18</sup>

NSP staff should also endeavour to reduce vulnerability to the risk of harm relating to a young person through the provision of support and referral to appropriate AOD and youth specific services.

## Pre-natal reporting

Under Section 25 of *The Children and Young Persons (Care and Protection) Act 1998*,<sup>15</sup> a health worker who has reasonable grounds to suspect, before the birth of a child, that the child may be at risk of harm after her or his birth, may make a report.

The intention of pre-natal reporting is to provide an opportunity for early support and assistance to pregnant women where their child, when born, may be at risk of harm, and to reduce the likelihood of the need for out-of-home care after the child is born. Pre-natal reporting should only occur where there are clear indications that an infant may be at risk of harm. For example, there may be a greater risk of harm where domestic violence or illicit drug use are present, or where other children in the family have previously been removed. The principle is that of supportive intervention rather than interference with the rights of pregnant women.

## Health and Safety

### Occupational health and safety

Employers have an obligation under the *Occupational Health and Safety Act 2000*<sup>19</sup> to provide a workplace that is safe and without risk to employees and visitors to the workplace. NSP managers must ensure that workplaces conform to all Area Health Service requirements and policies regarding Occupational Health and Safety (OHS). It should be noted that vehicles used for mobile outreach or transport are also workplaces.

The design of NSP facilities should also take into account OHS principles, in particular ensuring that staff are able to easily leave and/or secure service areas. Further guidance on appropriate facility design can be found in Policy Directive 2005\_339, *Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities*.<sup>20</sup>

### Staff safety

Needle and Syringe Programs must ensure that they have comprehensive policies and procedures to ensure the safety of staff. It is recommended that the following be incorporated into centre/agency policies:

- All NSP staff must wear suitable clothing whilst working. In particular, staff must avoid wearing sandals or open toed shoes because of the risk of needlestick injuries.
- Programs that transport sharps containers to disposal facilities must ensure that the mode and method of transportation does not place any persons at risk. Further information may be found in Policy Directive 2005\_132, *Waste Management Guidelines for Health Care Facilities August 1998*.<sup>21</sup>
- NSP staff should be familiar with local Area guidelines for transportation of nonemployees.
- It may be necessary to ensure that NSP staff operate in pairs. Employers and managers should make an assessment of the local conditions and allocate resources accordingly.
- Clear protocols addressing staff safety and procedures to be followed must be developed prior to the implementation of any outreach service.

- It is essential that staff conducting outreach services have access to an appropriate communications system allowing them to stay in contact with other outreach staff and with an appropriately staffed support service in case of emergency.
- NSP staff should not enter private property to dispense or collect syringes without the consent of the owner or occupier.
- All NSP facilities must have a critical incident procedure outlining processes and responsibilities for managing incidents, including client aggression, threats of violence and other potentially hazardous situations, consistent with Policy Directive 2005\_234, *Effective Incident Response: A Framework for Prevention and Management in the Health Workplace*.<sup>22</sup>
- Policy Directive 2005\_338 *Occupational Screening and Vaccination Against Infectious Diseases*<sup>23</sup> describes the NSW Health System's responsibilities in relation to occupational screening and vaccination of employees and other personnel against infectious diseases.

### Needlestick injury

All NSP outlets must have documented procedures for the management of needlestick injuries, consistent with Policy Directive 2005-311, *Management of health care workers potentially exposed to HIV, hepatitis B and hepatitis C*.<sup>24</sup>

### Management of sharps

Promoting safe disposal of used needles and syringes is a key component of the NSP. As stated in Policy Directive 2005\_262, *Community sharps disposal by public hospitals and authorised outlets of the NSW Needle and Syringe Program*,<sup>25</sup> all public hospitals and facilities that are authorised outlets of the NSP are required to accept used sharps from members of the community. At a NSP used needles and syringes and other medical sharps waste must be accepted at no charge, regardless of whether the person accessing the disposal service is a client of the NSP. Persons accessing a disposal service must not be required to provide information or documentation of a personal or medical nature.

Once community sharps are accepted or collected by public hospitals and authorised outlets of the NSW NSP the needles, syringes and other sharps become defined as clinical wastes, consistent with Policy Directive 2005\_132, *Waste Management Guidelines for Health Care Facilities August 1998*.<sup>21</sup>

Whilst NSP clients should be encouraged to return used needles and syringes to NSP outlets, including pharmacies, it is not essential for this to occur in order for clients to receive sterile equipment. This is because disposal facilities are more widely available than distribution points, and it may be more convenient and safer to dispose of used injecting equipment near to the place of residence or where injecting takes place, rather than transport used equipment to the nearest NSP outlet. Services should ensure that clients are provided with relevant information about the location of disposal facilities in surrounding areas.

### Return of used sharps

In order to minimise the likelihood of needlestick injury the following procedures apply when used needles and syringes are returned to the NSP:

- Staff must never touch or handle used needles, syringes or other injecting equipment returned to the NSP.
- Used needles, syringes, associated injecting equipment and/or disposal containers must be deposited directly into a sharps waste container by the client.
- Staff must never hold a sharps container while a client is placing used needles and syringes and/or associated injecting equipment into it.
- All health sector staff must adhere to the requirements of Policy Directive 2005\_247, *Infection Control Policy*.<sup>26</sup>

### Community sharps management

The management and safe disposal of used needles, syringes and other sharps is also an emerging issue for local government. This includes needles, syringes and lancets used by people with diabetes and other conditions requiring self-injection, as well as needles and syringes used by people who inject drugs. The collective term for such equipment is community sharps. NSW Department of Health, in collaboration with the Local Government and Shires Associations of NSW, has developed and distributed *Community Sharps Management Guidelines for NSW Councils*<sup>27</sup> to assist local government in the development of appropriate management plans.

The document emphasises that a partnership approach is essential and recommends that responsibility for sharps disposal be shared between a number of stakeholders including medical equipment manufacturers, healthcare services, local government, equipment users, non-government organisations and local businesses. NSPs can play a key role in the development of such partnerships and should be familiar with the community sharps management guidelines and proactive in working with local government to assist their local implementation.

Although the risk of transmission of HIV or hepatitis C infection from discarded needles and syringes is very low, there is a high level of anxiety in the community about the possibility of this mode of infection. Further, needlestick injuries can be painful, and require assessment by a medical practitioner. People injured therefore experience the inconvenience of seeking medical attention as well as the stress and anxiety of awaiting test results.

In order to maximise community support for the NSP program, these concerns need to be addressed constructively and unnecessary fears allayed. The promotion of safe disposal and community education and awareness are key elements of a constructive response.

### **Community sharps disposal bins**

Local councils and a number of other organisations and businesses provide community sharps bins in public places for needle disposal. Information on the location of the nearest public disposal bins should be made available to NSP clients and other members of the community requiring this service.

The NSP should be involved in liaison with local government authorities regarding the placement, monitoring and evaluation of community sharps disposal bins.

### **Disposal in household garbage**

The disposal of needles and syringes from non-clinical activities in household garbage or public litter bins is not prohibited under the *Protection of the Environment Operations Act 1997* but is not desirable. Local councils and waste contractors have legitimate occupational health and safety concerns for their staff if this practice occurs. NSP staff should not promote the disposal of needles and syringes in household garbage bins or public litter bins.

### **Disposal in recycling bins**

Needles, syringes, and sharps containers are not recyclable. The presence of these materials in kerbside recycling services raises significant occupational health and safety concerns for workers involved in the collection and sorting of recyclables, and many needlestick injuries have been reported. Clients of NSP and other users of needles and syringes in the community should be advised never to place used injecting equipment into household recycling bins.

### **Promotion of safe disposal**

It is important to educate NSP clients of the importance of safe disposal. Education can be conducted on a one to one basis during service provision, and by the display of educational materials and posters, including placing stickers onto personal sharps containers. Clients may also be encouraged to promote safe disposal awareness amongst their peers.

### **Community education on safe disposal**

Resources permitting, it may be useful to provide education on safe disposal for community groups and other agencies (eg schools, childcare centres, local businesses). These should aim to provide factual information on infection risk as well as safe disposal and available disposal services and facilities.

### **Needle clean up hotline**

A statewide Needle Clean Up Hotline operates to allow members of the public to ring a toll-free number (phone 1800 633-353 or 1800 NEEDLE) should they have concerns regarding syringe littering in public places. The Hotline is coordinated by Albion Street Centre and is staffed during business hours and on Saturday. At other times an answering machine takes messages.

Callers are provided with:

- an opportunity to express and discuss their concerns
- information and advice about options for resolving their concerns
- the option of a removal service if required.

Each Area Health Service must have established procedures for responding to Hotline calls. Promotional materials for the Needle Clean Up Hotline are available from The Albion Street Centre.

### **Collection of discarded needles and syringes**

NSP outlets should collect data on the location and type of injecting equipment discarded in order to build a profile of local hotspots. If resources permit, NSPs should conduct regular or occasional cleanups of these locations as warranted.

When NSP staff are involved in the collection of used needles and syringes from the community they must adhere to the guidelines in Policy Directive 2005\_247, *Infection Control Policy*.<sup>26</sup>

In addition, the following guidelines apply:

- never place hands into any hidden areas (eg drains, cavities or garbage bags) where the hands or fingers are not clearly visible
- wear puncture resistant work gloves. Disposable gloves should be worn under puncture resistant work gloves where appropriate to prevent contamination of the skin with blood or body substances
- do not attempt to recap, break or bend needles
- use a sharps container for collection of needles/syringes
- make sure no one is standing nearby when collecting needles/syringes to avoid accidental injury
- place the sharps container on the ground beside the needle/syringe to be collected (never hold the container) and pick up the needle/syringe by the barrel using appropriate tongs or similar equipment (eg easy-reacher) issued for this purpose
- place the needle/syringe in the sharps container, sharp end first. If disposable gloves have been used, place them in a waste container
- wash hands with warm water and soap. If tongs or other collection equipment have been used clean these items with detergent and warm water (while wearing impermeable gloves), and then treat with a suitable disinfectant solution and air dry.

## Service promotion

### Advertising

To protect the anonymity of clients there should be limited public advertising of the program. Word of mouth promotion through clients is generally an effective means of service promotion. Advertising for a specific outlet or dispensing machine should not be conducted through the media or other publications circulated to the general public.

The Alcohol and Drug Information Service (ADIS) keeps information on all NSW NSP outlets and pharmacies in order to provide information and referral services. Area Health Services should pass on information about any change in hours of operation or the establishment of new NSP services to the AIDS/Infectious Diseases Branch who will pass this information on to ADIS.

### Media liaison

Sound management of media issues and community relations will contribute to the ongoing success of the NSP. In the event of requests from the media regarding the program, staff and managers must refer to individual Area Health Service or NGO protocols. Media statements must be authorised for release by Area Health Service Media Units.

## Police relations

NSW Police supports and operates within the National Drug Strategic Framework: Australia's Integrated Framework 2004-2009<sup>28</sup> which is based on a harm minimisation approach to illicit drugs.

### Police operations

It has been NSW Police policy since 1988 that 'without restricting their day to day duties and obligations, police should be mindful not to carry out unwarranted patrols in the vicinity of NSPs that might discourage people who inject drugs from attending.'

This does not mean that NSP outlets and their immediate vicinity are off limits to police. It is important to remember that if drug supply or other criminal activity is occurring in the vicinity of a NSP, police may take any appropriate enforcement measures as they see fit.

NSPs should obtain a copy of the NSW Police publication *entitled The Needle and Syringe Program Guidelines for Police*.<sup>29</sup> These guidelines state:

- Police should consider the nature and extent of their activities in the vicinity of NSPs.
- If it is necessary that police carry out an operation in the vicinity of a NSP outlet, without compromising their investigation, police should contact NSP or pharmacy staff prior to doing so.
- If criminal activities, such as drug dealing and distribution of stolen property are occurring in the vicinity of a NSP, or there is an adverse effect on community amenity, where operationally appropriate, police should consider in the first instance approaching the NSP or pharmacy management to seek their assistance to overcome any difficulties.

- Police should refrain from actions which may lead to either a reluctance to obtain sterile needles and syringes, or discourage safe disposal of used injecting equipment.

### Liaison

Area Health Service staff should liaise with their Local Area Command as early as possible prior to commencing operations as a NSP outlet. In addition, pathways for regular police liaison should be established.

If difficulties arise between police and the NSP it is essential that these be resolved as quickly as possible. Problems, which are unable to be resolved through the normal liaison process, should be referred to Area Health Service senior management or NSW Department of Health. In the case of non-government organisations, the relevant management protocol should be followed, and Area Health Service senior management should be informed of the problem and the course of action proposed.

### NSP operations

NSP staff must be mindful not to become involved in any activities which may constitute a breach of the *Drug Misuse and Trafficking Act 1985*.<sup>7</sup> NSP staff must not:

- become involved in interactions between police and NSP clients
- give assistance to, or become involved with, NSP clients in procurement of contacts, drugs or money to procure drugs
- give assistance or information to NSP clients regarding known police activities.

NSP staff should also refrain from placing themselves in a position where they will obtain information about the criminal activities of NSP clients. This information is not required in order to carry out NSP duties.

In light of this, it is unlikely that NSP staff will have significant information regarding criminal activity of NSP clients. NSP staff must be aware however, that if they have information concerning a serious criminal offence they should pass this information on to Police. A serious criminal offence' means an offence that has a penalty of five years or more imprisonment. This covers offences such as drug trafficking, serious assaults, sexual assaults, murder and manslaughter.

Further information regarding legal and statutory requirements for health care workers is available in the *Legal Information Guide for the Public Health System*<sup>30</sup> produced by the Legal Branch of the NSW Department of Health.

# Evaluation and monitoring

Evaluation helps to ensure that program objectives are being met, and provides information that can assist in program and policy development. Monitoring of the NSP occurs primarily through measurement of achievement against performance indicators.

A range of evaluation techniques, including analysis of performance indicators, client surveys and specifically commissioned research projects, are conducted to inform future planning, development and implementation of the program by individual services, Area Health Services and the AIDS/Infectious Diseases Branch.

Key data sources for quality improvement are Area Health Service quarterly reports, periodic surveys of NSP clients, and epidemiological data in relation to HIV, HCV and other blood borne viruses. Examples of performance indicators that may assist in the evaluation of health outcomes and service objectives in relation to NSP are identified at Appendix 4. It is not anticipated that all services in all programs will be able to collect the full range of data.

## Data collection

NSP service activity data have been collected since the program was first established in New South Wales in 1988. Area Health Services collect and report NSP data on a quarterly basis as described in the NSW Health Needle and Syringe Program Data Dictionary 2.0.<sup>4</sup>

The dataset has been an important source of information used by the NSW Department of Health, Area Health Services and Needle and Syringe Programs to measure the overall efficiency of NSP services and plan effective service delivery. The collated statewide data are regularly made available to HIV/AIDS and Related Diseases Program Managers. The data are also made available to other relevant Government Departments and other organisations as appropriate.

## Cost efficiency

Given the large demand for needles and syringes in NSW it is important that cost efficiency measures are taken. Careful scrutiny of cost efficient resource allocation is the responsibility of Areas in strategic planning for local services. It is accepted that geographic and demographic factors will influence the cost of service provision and that unit costs will vary. However, it is important for each Area to assess the cost per unit of injecting equipment distributed on an annual basis and to monitor expense patterns over time.

## Changes to service delivery

Planning and evaluation processes may result in the need to make changes to service delivery. Factors which will impact on changes to service delivery may include client demand, shifting patterns of drug use, and access and equity issues. All alterations to services should involve client and stakeholder consultation. It is also important to ensure that NSP clients are provided with adequate advance notice of changes to the service.

## Client suggestions and complaints

All services should have a procedure for clients to provide feedback and suggestions or make a complaint. Feedback or complaints handling systems are an important element of quality client service which can assist to identify areas that need improvement, provide an opportunity to give service and satisfaction to dissatisfied customers, provide an opportunity to strengthen support for agencies and give clients the opportunity to have their legitimate complaints considered in a clearly defined process for complaints handling.

Further guidance on complaints handling can be found in the guidelines GL2005\_061, *Frontline Complaints Handling – better practice guidelines*.<sup>31</sup>



# Abbreviations

ADIS	Alcohol and Drug Information Service	MoU	Memorandum of Understanding
AHS	Area Health Service	NGO	non-government Organisation
AIDB	AIDS/Infectious Diseases Branch	NSP	Needle and Syringe Program
ANCAHRD	Australian National Council on AIDS, Hepatitis C and Related Diseases	NSW	New South Wales
ANCD	Australian National Council on Drugs	OHS	Occupational Health and Safety
DoCS	Department of Community Services	PGA	Pharmacy Guild of Australia
HCV	Hepatitis C	WHO	World Health Organisation
HIV	Human Immunodeficiency Virus	WDP	NSW Health Workforce Development Program

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# Appendices

## Appendix 1

Sample NSP authorisation card

## Appendix 2

Templates for NSP approval and authorisation

## Appendix 3

NSP staff core skills and knowledge

## Appendix 4

NSP health outcomes and service objectives

# Appendix 1

## Appendix 1. Sample NSP authorisation card

<p><b>Needle and Syringe Program AUTHORISED PERSON</b></p> <p><b>Name:</b> .....</p> <p><b>Signature:</b> .....</p> <p><b>Agency:</b> .....</p> <p><b>Expiry date:</b> .....</p>	<p><b>PHOTO</b></p>
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The bearer of this card whose name and signature appears on the front is authorised by the Director-General, NSW Department of Health, or his/her delegate under Clause 4 of the *Drug Misuse and Trafficking Regulation 2000* to participate in an approved Needle and Syringe Program. Subject to clause 5 and 6 of that Regulation, the authorised person is exempt from the provisions of sections 11, 19 and 20 of the *Drug Misuse and Trafficking Act (1985)* for the purpose of enabling participation in an approved Needle and Syringe Program.

# Appendix 2

## Needle and Syringe Program – Approval and authorisation

Application for Health Sector Agencies

**Primary NSP Outlet**       **Secondary NSP Outlet**       **Automatic dispensing machine**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**1. Please describe the services that this agency currently provides?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. What geographic area does this agency service?**

\_\_\_\_\_

**3. Who are the main target groups?**

\_\_\_\_\_

**4. Has any liaison with relevant agencies or individuals been undertaken? (Please describe)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. If this application is for a NSP outlet:**

List the names of specific persons or specific classes of person nominated to participate in the NSP

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**6. If this application is for a dispensing machine:**

Where will the dispensing machine be located? (Describe in detail)

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**7. HIV/AIDS and Related Programs Manager comments on this application**

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**8. Application approved:**

\_\_\_\_\_  
Area Health Service Chief Executive  
Signature

**Application not approved:**

\_\_\_\_\_

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**9. Please forward a copy of this form when completed and approved to:**

AIDS/Infectious Diseases Branch  
NSW Department of Health  
Locked Mail Bag 961  
NORTH SYDNEY NSW 2059



## Needle and Syringe Program – Approval and authorisation

Application for non-government agencies:

**Primary NSP Outlet**

**Secondary NSP Outlet**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**1. Please describe the services that this agency currently provides?**

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**2. What geographic area does this agency service?**

---

**3. Who are the main target groups?**

---

**4. Has any liaison with relevant agencies or individuals been undertaken? (Please describe)**

---

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5. List the names of specific persons or specific classes of person nominated to participate in the NSP

---

---

---

6. HIV/AIDS and Related Programs Manager comments on this application

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---

7. Application endorsed:

\_\_\_\_\_  
Area Health Service Chief Executive  
Signature

Application not endorsed:

\_\_\_\_\_

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8. Please forward this application to NSW Department of Health for approval:

Chief Health Officer  
Deputy Director-General  
Population Health  
NSW Department of Health  
Locked Mail Bag 961  
NORTH SYDNEY NSW 2059

# Appendix 3

## NSP staff core skills and knowledge

The following table provides detail on the core skills and knowledge identified in section 5.

---

### **1 Provide injecting and safe sex equipment to people who inject drugs**

- 1.1 Access clients and establish rapport
- 1.2 Distribute equipment to meet the needs of clients
- 1.3 Promote services available to client groups
- 1.4 Maintain confidentiality of client information
- 1.5 Appraise physical, pharmacological, legal, and psychological situation when providing equipment
- 1.6 Respond to crisis situations when required in line with agency protocols
- 1.7 Stock outlet/s with appropriate equipment
- 1.8 Maintain records/statistical data on equipment.

---

### **2 Manage disposal of used needles and syringes**

- 2.1 Supply safe disposal containers to people who inject drugs, secondary outlets and other community groups/locations
- 2.2 Assist in the safe disposal of used needles and syringes
- 2.3 Arrange collection of returned used equipment by licensed contractors
- 2.4 Respond to needle clean-up hotline calls
- 2.5 Maintain records of returned equipment and inappropriate disposal
- 2.6 Provide information on safe disposal to secondary outlets and community groups.

---

### **3 Provide education and information on drug use and safe sex**

- 3.1 Assess current concerns of people who inject drugs
- 3.2 Providing clear, simple 1:1 education on injecting technique and disposal of equipment and safe sex practices
- 3.3 Provide written educational materials on safe practices
- 3.4 Organise and/or conduct groups/workshops for people who inject drugs
- 3.5 Promote education on injecting technique and safe disposal among people who inject drugs
- 3.6 Relate to clients in a way that empowers them to assess their own risks and make informed choices
- 3.7 Evaluate interventions.

---

### **4 Conduct brief assessment and referral for people who inject drugs**

- 4.1 Develop and maintain a referral network of available health services and resources
- 4.2 Provide, upon the client's request, appropriate assessment and referral to other health, welfare and community agencies
- 4.3 Conduct brief crisis intervention as required.

---

### **5 Provide client support and assistance where appropriate**

- 5.1 Provide appropriate support or action to clients at risk of abuse, exploitation or discrimination
- 5.2 Assist such clients to access health and/or legal support when requested
- 5.3 Be familiar with Area Health Service complaints procedures.

---

### **6 Promote the NSP within the community**

- 6.1 Develop and maintain links and liaison with other health and community agencies
  - 6.2 Promote the NSP service to other relevant agencies, services and community groups
  - 6.3 Promote the availability of training and community education to such agencies and services
  - 6.4 Support other agency staff as appropriate.
-

---

**7 Conduct health promotion with clients and the community**

- 7.1 Conduct needs assessment among groups of people who inject drugs
  - 7.2 Plan, implement and evaluate campaigns for people who inject drugs
  - 7.3 Link with state and national health promotion campaigns and local community activities
  - 7.4 Research existing resources and current program provision
  - 7.5 Adapt and/or produce resources to meet target group needs
  - 7.6 Implement and evaluate health promotion and community education activities and programs.
- 

**8 Educate new NSP staff and community groups**

- 8.1 Assess existing skill level of new primary and secondary outlet staff with respect to Area Health Service requirements and identify gaps
  - 8.2 Provide appropriate education and support to new staff as required
  - 8.3 Provide information and education to staff in relevant agencies/services within the community
  - 8.4 Evaluate education programs.
- 

**9 Demonstrate professional development and update knowledge**

- 9.1 Keep up to date with research developments, policies and educational practices within HIV/AIDS/Hep C prevention
  - 9.2 Contribute to the development of the agency through attendance at relevant staff development activities, NSP industry programs, conferences and meetings, sharing skills and information with co-workers.
- 

**10 Attend to agency and staff issues**

- 10.1 Describe roles and responsibilities of self, other staff and clients
  - 10.2 Carry out all work duties in a way that supports self and colleagues to have a safe work environment
  - 10.3 Operate in the workplace in accordance with NSW Code of Conduct circulars, National Strategy for HIV/Hep C and OH&S requirements
  - 10.4 Communicate effectively with work colleagues, supervisors and other agency staff
  - 10.5 Contribute to a positive team environment
  - 10.6 Develop agency and personal strategies for dealing with critical incidents
  - 10.7 Implement strategies for maintaining own personal, physical and emotional well-being
  - 10.8 Debrief crisis situations with supervisor, peer or clinical supervisor.
- 

**11 Carry out administrative tasks**

- 11.1 Order and monitor stock
  - 11.2 Maintain secondary outlets in area with supplies and support
  - 11.3 Maintain and stock dispensing machines and mobile vehicles as required
  - 11.4 Collect statistical data on the service for monitoring and evaluation
  - 11.5 Maintain records for DoCS notification and for Needle Hotline Calls
  - 11.6 Work within budget constraints or manage service/program budgets
  - 11.7 Research and implement new strategies to maximise service effectiveness
  - 11.8 Follow appropriate protocols and organisational policies and procedures, such as OHS, Code of Conduct, NSW NSP Policy and Guidelines, Area Health Service policies etc.
  - 11.9 Prepare reports, correspondence and other administrative tasks
  - 11.10 Answer telephone efficiently and courteously, including Needle Clean Up Hotline calls.
-

# Appendix 4

## NSP health outcomes and service objectives

### NSP health outcomes

Outcome	Performance indicator/measure	Data source
HIV transmission attributed to injecting drug use is minimised	Number of annual notifications for HIV infection attributed to injecting drug use	Annual surveillance reports
	Prevalence of HIV amongst NSP clients	Australian NSP survey
HCV transmission attributed to injecting drug use is minimised	Number of annual notifications for HCV infection	Annual surveillance reports
	Prevalence of HCV amongst NSP clients	Australian NSP survey

### NSP service outcomes

Outcome	Performance indicator/measure	Data source
Needles, syringes, condoms and other equipment are distributed at levels which reflect underlying demand	Number of needles, syringes, condoms and other equipment distributed	AHS reports
	Number of client occasions of service	AHS reports
	Proportion of people who inject drugs reporting shared use of equipment	Australian NSP survey. Periodic NSP surveys
People who inject drugs have equitable access to Needle and Syringe Program services	Total number of clients	AHS reports
	Client demographics	AHS reports Periodic NSP surveys
	Geographic coverage of NSP	AHS reports
All NSP staff are aware of the health issues associated with injecting drug use	Proportion of NSP staff receiving induction and inservice training	AHS reports
Education and health promotion is provided on safer using and safer sex practices at all staffed outlets	Number of education and health promotion activities conducted	AHS reports
Clients of NSP have skills, knowledge and equipment for prevention of transmission of blood borne viruses and safer sex practices	Range of resources provided	AHS reports
	Proportion of clients demonstrating accurate knowledge and skills in relation to blood borne virus prevention and safe sex behaviour	Periodic surveys, peer education programs and research reports

## NSP service outcomes (cont'd)

Outcome	Performance indicator/measure	Data source
Clients are referred appropriately to other health, drug treatment and welfare services	Range of services provided across program	AHS reports
	Rates of referral	AHS reports
	Documented referral pathways or formal MoUs with key services	AHS reports
	Proportion of staff trained in referral and/or brief intervention skills	AHS reports
Maximise safe disposal of needles and syringes	Record of Hotline calls	AHS and Hotline reports
	Number of complaints and adverse media stories	Media reports
	Records of sharps collected by NSP and other sources	AHS and Council reports
Needle Cleanup Calls are managed appropriately	Management of and response to community calls	AHS and Hotline reports
Community support for Needle and Syringe Program is maintained or enhanced	Level of complaint from community about NSP	AHS and Hotline reports
	Evidence of regular ongoing police liaison activity	AHS reports
	Levels of education services delivered to community agencies	AHS reports
	Establishment and retention of secondary outlets	AHS reports
	Extent of positive and negative media coverage of NSP	Media reports
NSP service is cost-effective	Return on investment	One off analyses
	Cost per unit output	Distribution and financial data

