

The Needle and Syringe Program Sydney West Area Health Service

Service Model 2008

About this Document

This document establishes the framework for the delivery of Needle and Syringe and related services in the Sydney West Area Health Service. In particular the model is carried forward to implementation by the SWAHS NSP Strategic Plan 2008 – 2012, but it can also be seen as the model that will guide directions beyond this time.

The Needle and Syringe Program Sydney West Area Health Service Service Model 2008

Introduction and Purpose of this Document

The Needle and Syringe Program [NSP] in Australia commenced operation as a pilot program in Darlinghurst Sydney in 1986. Over the last twenty-two years it has grown substantially in that there are over eight hundred outlets across NSW alone. In the west of Sydney the first outlet was established in Auburn in 1989 and was moved to Harris Park in 1990.

The Needle and Syringe Program in NSW has been a highly successful public health initiative with fewer than 20 new HIV notifications per year attributed to the sharing of injecting equipment. Informed estimates identify that fewer than 3% of people who inject drugs are infected with HIV. In fact, the 2006 Australian NSP survey places this figure even lower, at 1.5%. Independent reports commissioned by the Australian Government and the United Nations indicate that Needle and Syringe Programs have had a significant impact on human health. It is estimated that nationally 25,000 cases of HIV and 21,000 cases of Hep C were prevented because of this initiative – contributing to substantial cost savings in the health system.¹

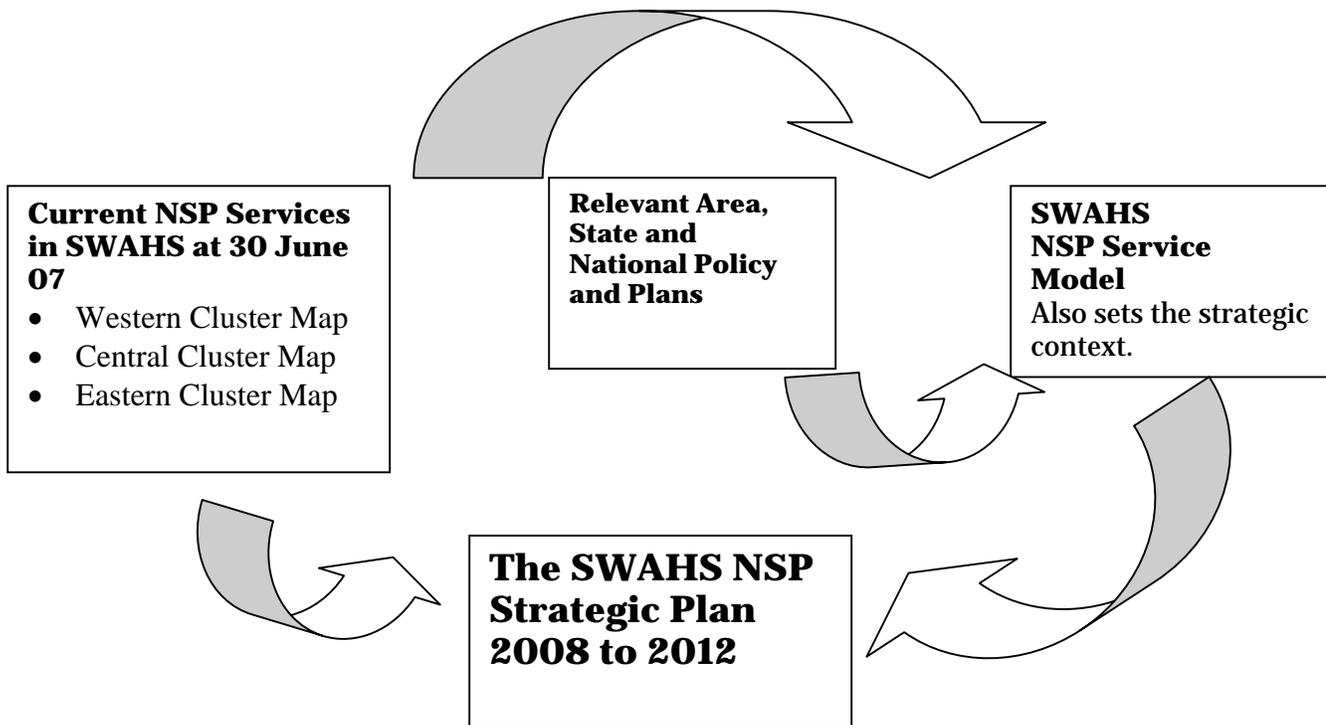
The NSP provides a frontline service for SWAHS with people who frequently do not have appropriate contact with the health system – either public or private. In order to ensure that the NSP continues to impact positively on the rate of infection of HIV and HCV, and to meet client needs, significant ongoing review and re-orientation of services is needed. In SWAHS this is to be organised within a defined Service Model so as to ensure that service development occurs in a planned and structured manner, in line with Government and Area priorities.

NSW Health policy makes it clear that each Area Health Service should provide a range of delivery modalities for the provision of injecting equipment. While effectiveness and efficiency are important goals of service delivery in the Needle and Syringe Program [NSP], Areas are encouraged to shape their services in ways that address the specific issues and needs of populations in the locality within their available budget and staffing resources. This occurs within the framework of policy established by NSW Health *Needle and syringe program policy and guidelines for NSW 2006*. This means that the configuration of needle and syringe programs will vary from Area to Area but will include a range of service modalities. It is important to note that although NSW Health Policy describes service modalities, it does not organise these under a Service Model. SWAHS is the first Area to undertake service development in this manner.

The Service Model outlined in this document identifies the broad approach to NSP in SWAHS. It establishes the directions in which SWAHS will move from the maps of current services, in order to shape service delivery in the future. It forms the basis of the proposed *SWAHS NSP Strategic Plan 2008 to 2012*. The following Diagram 1 indicates the interrelationships.

¹ Commonwealth Department of Health and Ageing 2005. *Return on Investment on Needle and Syringe Programs in Australia*
2. *Australian NSP Survey (2007)*, National Centre in HIV Epidemiology and Clinical Research, UNSW

Diagram 1: Contributing documents



What is meant by the Term Service Model?

In the context of this document a Service Model:

1. Scopes the range of service modalities delivered by the NSP in SWAHS
2. Identifies what services will be available
3. Establishes how services will be delivered
4. Determines who will deliver services
5. Identifies key client populations to be targeted by the Needle and Syringe Program.

Hence the Service Model focuses on establishing what services will be delivered, how and by whom these services will be delivered, and who will be targeted by the NSP across SWAHS. This provides a broad direction for the future of the program from 2008 onwards.

Rationale for the NSP Service Model

In order to develop services in a strategic way in line with NSW Health Policy, SWAHS has identified that the development of a Service Model is an essential starting point.

The Service Model establishes the strategic overview of the program and acts as its Strategic Framework.

Historically in SWAHS and elsewhere, in the absence of a strong Service Model, services are developed and organised in an ad hoc manner, often without due reference to establishing formal processes for considering a range of issues including:

- Client needs - including needs for injecting equipment and broader injector health needs
- Appropriate service modality – including cost benefit issues in service delivery
- Location of services – proximity issues and appropriate service hosting arrangements

- The nexus and relationship between basic NSP services ‘needles out’ and broader issues of injector health/primary health care
- Capacity building of specialist NSP staff, staff in secondary and pharmacy services and staff in allied services - for example A&E and partner services
- Consumer/client input into service modality and client needs.

The establishment of this Service Model assists the SWAHS to meet its obligations under NSW Health Policy in providing high quality services to injectors. This Service Model establishes directions for the period 2008 – 2012 and beyond.

Contextual Aspects of the Service Model

The delivery of NSP services in SWAHS occurs within the framework of a range local, state and national strategic documents. All these have been thoroughly reviewed during the development of this Service Model but relevant commentary has been included in the *SWAHS Needle and Syringe Program Strategic Plan 2008 to 2012*, so as to avoid repetition.

The comprehensive Needle and Syringe Program in Sydney West Area Health Service will provide services across a spectrum, so that clients have real choice in a way that that allows them to match their needs. This spectrum can be viewed in two ways as a *Service Modality Spectrum* and as an *Extent of Care Spectrum*.

A. Service Modality Spectrum: The range of modalities described below enables delivery of services across the Area within a location based approach. All service modalities can be engaged to form an integrated network of services relevant to client needs and access issues. Cost effective services are provided through the strategic use of all modalities. In this spectrum the service delivery options range from non face-to-face contact at the one end [dispensing machines] to significant contact supporting improved injector health at the other [Primary Health Care/NSP]. See Table 1 for description of each modality as it is defined in the NSW Health guidelines and Diagram 1 for how they sit on the spectrum.

In order to have an understanding of the Service Model it is essential that all stakeholders have a consistent view of what is meant by each modality and its location in relation to others across the spectrum. In the Sydney West Area Health Service the spectrum will include delivery of NSP services through the following modalities, all of which are defined precisely in the box [Table 1] below.

Table 1

Vending Machines /Automatic Dispensing Machines

Traditionally referred to by the term ‘Vending Machines’ and more recently renamed ‘Automatic Dispensing Machines’, they provide 24 hour machine-based access to equipment. Usually these vend 1ml syringes only. They offer relative anonymity, but client contact is limited to the provision of some written information. Dispensing machines are best installed outside and are often located close to existing fixed services. An appropriate disposal bin must be in close proximity to all automatic dispensing machines. As a variation, dispensing machines can be installed within premises, providing an anonymous, free service to complement an existing secondary modality.

Pharmacy Services

A number of pharmacists are involved in the NSP though a program conducted by the Pharmacy Guild, where they provide injecting equipment to their clients at a small fee. Clients usually pay for their first fitpack and can obtain subsequent packs upon exchange – but the payment regime depends on the pharmacist. Usually no referral or health promotion related interaction occurs.

Secondary Fixed Outlets

Injecting equipment is provided through a range of government and non-government agencies as an adjunct to their normal business. These agencies include Community Health Centres, Accident and Emergency Departments in Hospitals, Drug and Alcohol Services, Youth Services and others. In this service modality the major focus is on the distribution of injecting equipment rather than broader injector health or referral processes.

Mobile Outlets [designated locations]

Mobile outlets provide services in a similar manner to Primary Fixed Outlets, but from a vehicle in most circumstances [although they are occasionally provided on foot]. Usually mobile outlets have a pre-determined and promoted route. Most often these services have a regular client base.

Outreach Services [Flexible delivery]

Outreach services are designed to develop contact and credibility with clients or potential clients. The NSP workers develop an understanding of the social structures and mores of a population so that they might be encouraged to access equipment, as well as education and referral as appropriate. Effective flexible outreach services might result in changes to the mix of services offered in particular locations so as to better access clients. Injecting equipment is made available as part of outreach. Note that NSW Health policy explicitly states that special exemption is required to supply therapeutic goods in a public street or place. Hence specific approval is required for the use of mobile or other outreach services.

Primary Fixed Outlets

Primary fixed outlets provide services from a fixed location. These services are open at regular hours and staffed by NSP 'specialist' staff. Services may be provided from an office or shop front or from a van at a fixed location. Primary fixed outlets provide a service that meets some injector health needs of clients, as well as providing injecting equipment and condoms and lube. Health promotion, education and referral to appropriate allied health services and Drug and Alcohol services are important aspects of a Primary NSP. Ongoing client contact is also a key element of these services.

Primary Health Care/NSP Services [Fixed Outlets]

This model is not discussed in the policy but is the modality used at South Court in Nepean Hospital. It provides an enhanced range of Primary Health Care/NSP services to clients. It delivers all the functions of a Primary NSP plus injector health services. A full description of this model is available from South Court NSP.

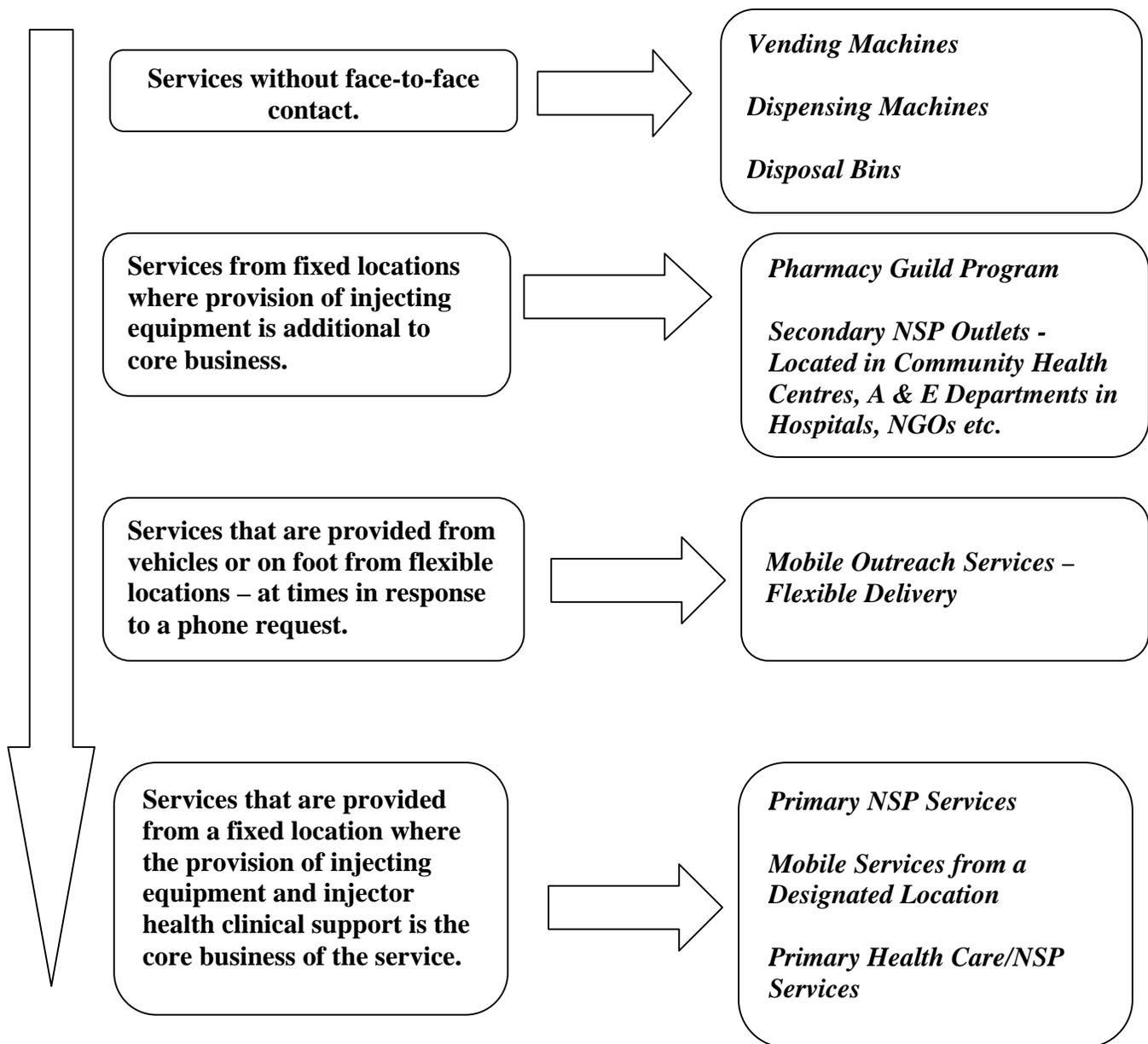
Disposal and Clean-up services

In order to continue to be a successful front line strategy, the NSP relies on strong support from the community to survive. Health services and other agencies, for example local government, are integral to the program's success in the community. Disposal issues are pivotal to the credibility of the service and the NSW Health policy is clear that all Areas must have in place disposal and clean up services and strategies which minimise risk to the program and the community.

As indicated above the SWAHS sees this range of modalities on a spectrum where services are provided in an impersonal way at the one end [dispensing machines] through to services delivered with a significant level of contact, seeking improved injector health at the other [Primary Health Care/NSP]. The Diagram 2 below describes the spectrum as it applies in SWAHS.

Diagram 2: The Service Provision Spectrum

Needle and Syringe Program – Sydney West Area Health Service
Service Model



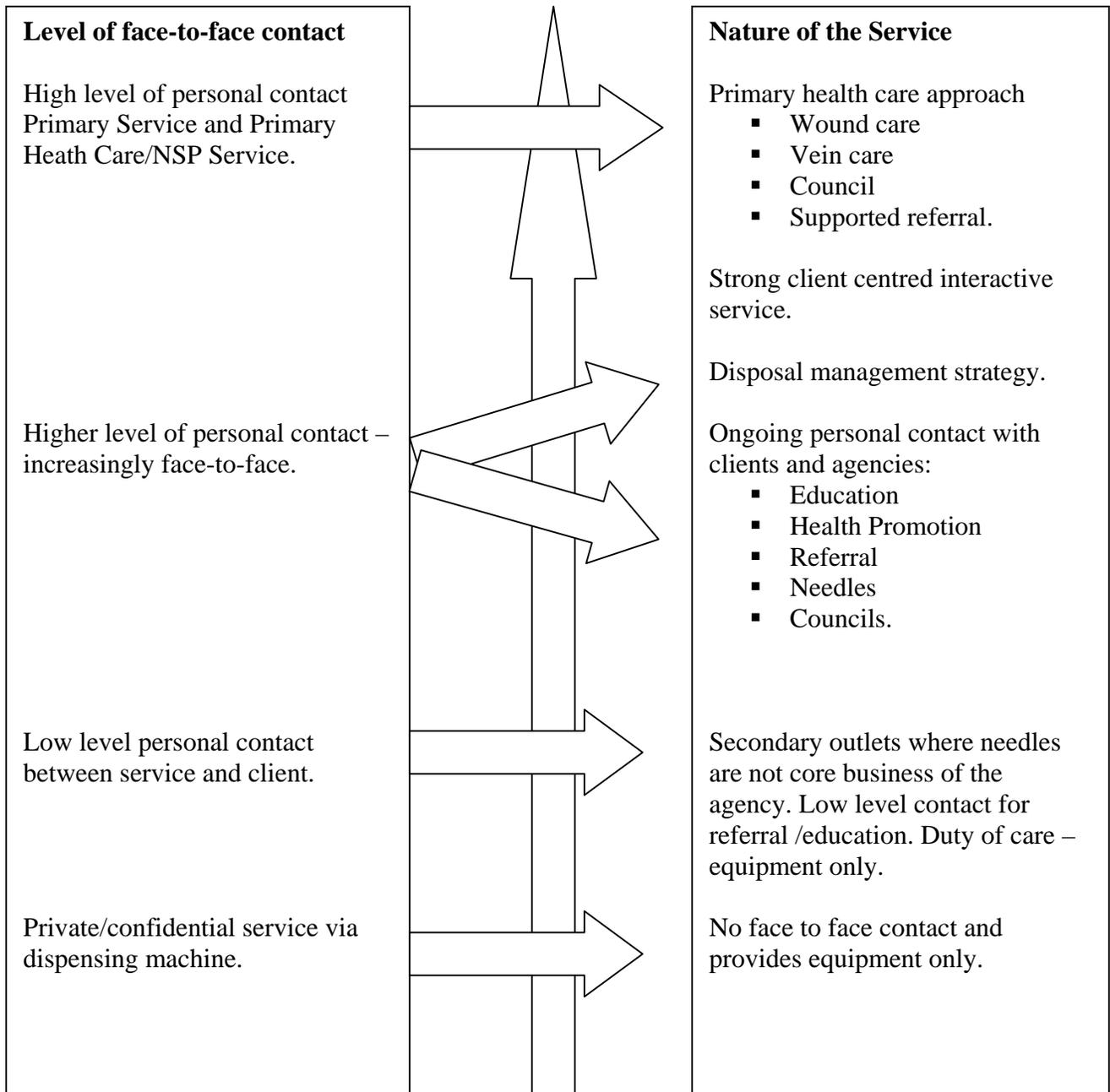
In addition, the NSP program addresses safe disposal and clean up services through the provision of disposal bins and the use of an 1800 number so that clean-ups can be requested. In this area of their role NSP staff need to liaise with staff from local government and the broader community.

B. Extent of Care Spectrum: A range of approaches to care for those who inject drugs is also important and can also be described across this spectrum. Care which extends from the accessible yet totally confidential provision of injecting equipment at one end of the spectrum [needles out/ needles in] to care for broader injector health needs at the other. Diagram 3 below, uses the same spectrum and description of service as is detailed above. However it indicates how movement along the spectrum of services extends the breadth of focus of the program and the extent of injector care that

occurs. At the left hand end of the spectrum clients are provided with injecting equipment and disposal options [needles in/needles out]. This function is subsumed into all other services on the spectrum as well so that the program does not lose sight of its core business. As can be seen from Diagram 2 in conjunction with Diagram 3, as the service modality becomes more face-to face in its orientation, so the range of related and essential activities and partnerships becomes more extensive. Clients are provided with a high level of health care if they access services at the right hand end of the spectrum

In this regard the spread and depth of services increases with movement across the spectrum. Diagram 3 indicates how this occurs.

Diagram 3: Increasing breadth of services



For some people a tension exists between the goals of the program and the range of services required across the continuum. These are related to access, level of contact, numbers of needles and syringes distributed and measurement of success. It is not possible or sensible to merely compare the results of a service mode by the somewhat blunt tool of number of needles distributed, or by the number of clients contacted by type of service offered. By definition, a Primary Service may see fewer people and may even distribute fewer needles than Secondary Services or services delivered via dispensing machines. But the service modalities at this end of the spectrum will provide a higher level of care, will inform people about referral options and pathways related to broader injector health issues and will provide much more health promotion.

Aim and Objectives of SWAHS Needle and Syringe Program Strategy

In line with NSW Health Policy the aim of the Needle and Syringe Program in the Sydney West Area Health Service [SWAHS] is:

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

The objectives of the Needle and Syringe Program are to:

- 1. Engage with all those who inject drugs – especially those in priority target populations – so that injecting equipment and condoms are provided in accessible locations across SWAHS.*
- 2. Minimise risk behaviours that have the potential to transmit blood borne viruses.*
- 3. Provide referral pathways, brief interventions, health promotion opportunities and access to appropriate clinical services that improve the health of people who inject drugs.*
- 4. Provide clients of the service with sufficient quantities of needles and syringes to enable a new, sterile syringe to be used for every injecting episode.*
- 5. Promote the safe disposal of used needles and syringes and facilitate appropriate disposal infrastructure.*

Note that: The Aim of the Program is drawn directly from the *Needle and syringe program policy and guidelines for NSW* [NSW Health]. The objectives of the SWAHS plan are entirely consistent with the objectives and strategies that are laid out in the policy and guidelines document and the many objectives flagged in the two relevant state strategies, namely:

- NSW Department of Health 2006: *NSW HIV/AIDS Strategy 2006-2009 and associated environmental scan.*
- NSW Health 2007: *Hepatitis C Strategy, 2006 – 2009 and associated environmental scan.*

Principles of the NSP Service in SWAHS

The NSW Health Policy outlines a number of principles for the conduct of Needle and Syringe Programs. The following principles have been developed to establish a context and vision for the NSP in SWAHS and they are broadly in line with those established by NSW Health. Note that these Principles are also stated in the SWAHS NSP Strategic Plan 2008 to 2012 and they will underpin all the activities of the NSP.

Principles of the NSP Service in SWAHS

1. The Needle and Syringe Program in SWAHS is consistent with the directions established by the NSW and National HIV/AIDS, Hepatitis C and Alcohol and Other Drug Strategies.
2. The Needle and Syringe Program in SWAHS is conceptually based on harm minimisation principles. Harm minimisation includes supply reduction, demand reduction, health promotion, referral to appropriate services, supply of clean injecting equipment and injector health services. *
3. The SWAHS NSP will be needs and evidence based and will focus on delivering services to all injectors with emphasis on those in priority populations of the highest need.
4. The Needle and Syringe Program in SWAHS establishes a range of integrated public and private service modalities across the Area that enables people who inject drugs to access injecting equipment confidentially and from non-judgmental services. Across all SWAHS Clusters, strong linkages between the diverse parts of the program are essential. All NSP providers, whether primary or secondary/ public or private, see themselves as an integral part of a harm reduction program which has an important place in the public health system.
5. All people in SWAHS who inject drugs have a choice of NSP services. Information about service type, location and hours of operation will be well promoted among clients and potential clients. People who inject drugs can access services close to home from fixed outlets [primarily] and they can choose their service mode from a range across a spectrum.
6. NSP services in SWAHS are not static and this Service Model is not static. The implementation of this Service Model will grow the NSP service and accommodate emerging needs and issues over time.
7. Enhancing the health and quality of life of people who inject drugs is an important aspect of the NSP in SWAHS. In order to achieve this important public health objective, Primary health care services aimed at improving injector health are a feature of the Service Model in SWAHS.
8. NSP services will be provided in a non-judgmental and culturally sensitive way. Confidentiality of clients will be maintained.

** Note that at times in the literature the phrases 'harm minimisation' and 'harm reduction' are used synonymously. For the purpose of this plan, harm minimisation is broader and comprises a range of harm reduction approaches [for example NSP, supply reduction and demand reduction]. NSP as a harm reduction strategy is set within a harm minimisation context but it should be noted that NSP does not focus on supply reduction.*

The Service Model

Introduction: This Service Model defines the way in which Needle and Syringe Services are to be delivered, structured and supported in SWAHS from mid 2008 until 2012. Importantly though, the Service Model does not describe the way services are currently structured; it provides a shape for the future. Maps of the current NSP services in each cluster as at 30 June 2008 have been developed and have been used to inform some of the specific components and directions of this Service Model.

The best way to describe the Service Model is as a destination which the Area is striving to reach. As described above, the implementation of the Service Model is supported by an NSP Strategic Plan 2008 to 2012 which identifies the steps that need to be taken to make the Service Model a reality over a five year period.

Relationship to the Principles of the NSP Service: The Service Model for the Sydney West Area Health Service is based upon the principles outlined above and all services will be delivered in line with these principles in all locations. The Area will deliver services so that clients are offered a range of services from dispensing/dispensing machines to primary health care services. All NSP services will be needs-based and data will be collected regularly, which will add to the pool of evidence about the reach and effectiveness of the program.

What NSP Service Modalities will be delivered in SWAHS?

An essential starting point for this Service Model is that the entire range of NSP services will be spread in a strategic, needs-based manner across the whole Area. This will occur so as to maximise client access to injecting equipment and to the broader range of services linked to the NSP. Client access will be maximized so that each service modality is established to ensure that clients:

- Are in reasonable proximity to a location where equipment is available
- Can obtain equipment via travel on public transport
- Can access broader primary health services as appropriate
- Have appropriate disposal options available
- Are treated non-judgmentally and with dignity.

To reach the Goal and Objectives of the program and to maximize client access NSP services will be appropriately oriented as follows within the context of this Service Model over the five years 2008 to 2012:

Primary NSP services will be delivered in Parramatta, Merrylands, Mt Druitt and/or Blacktown and Penrith. They will focus on delivering the highest quality NSP to each client at the level of service described above. Staff in appropriate roles in Primary Outlets will have a significant role in extending and supporting the range of services in each cluster. They will:

- Strategically identify new Secondary Outlets and bring them into the service profile.
- Ensure that all Secondary Services work within a current MOU which describes responsibilities and linkages.
- Support Secondary Services by providing training, equipment and general support.
- Deliver outreach services [fixed and mobile] to the extent that these form a part of the service mix.
- Liaise with pharmacies involved in the program as appropriate and identify/negotiate involvement from new pharmacies, where they are the most appropriate option to fill location gaps in the mix of services.
- Establish a working partnership with councils and agree how relationships are to occur through the establishment of an MOU and/or through other partnership processes.
- Liaise with councils under a current MOU, undertake disposal/clean up as required within the service mix and provide training etc for council staff as appropriate under the MOU.

Primary Health Care/NSP services that provide injecting equipment and also target broader injector health needs, and will continue to be available from the South Court Centre in Nepean Hospital. Over the next three years provided client needs are confirmed, a second Primary Health Care/NSP Service will be established in Mount Druitt in the Central Cluster. Both South Court and the new service will provide the full range of activity offered by Primary Outlets plus specific clinical services as appropriate and needed. Supported referral will be a feature of these services. In addition, over the next five years work will be undertaken to establish whether there is a need for a Primary Health Care/NSP Service at Parramatta and how this might occur. In the meantime some limited clinical services [for example – wound care] might be offered in Central and Eastern Clusters and more

extensive referral pathways need to be forged. It is important to note that these pathways might occur across cluster boundaries.

Secondary NSP Services will be spread across the Area, located in A & E Departments in Hospitals, in Community Health Centres, and in the facilities of non-Government organisations etc. Strategic consideration of the placement of these outlets will be undertaken in each Cluster by the team leader. Clearly the availability of host organisations and their willingness to provide Secondary Services, will vary from location to location. It is clear that significantly more Secondary Outlets need to be established in the Central Cluster. Proactive effort needs to occur in order to obtain this outcome. Secondary Services in Eastern Cluster require additional support and training in order to make them more effective. Note that the current service at Auburn CHC will not continue as a part time [one-day per week] Primary Service, but will revert to a full time Secondary with strong support from the Parramatta NSP. Project based activity to target sex workers will occur in liaison with the Parramatta Sexual Health Service and SWOP.

Dispensing machines will be located in all Secondary NSP outlets. Support for Secondary Services will be managed by dedicated staff members in each Primary NSP. Secondary Services will be provided through an arrangement that specifies a minimum service level and training, and ongoing support will be provided to appropriate staff in all Secondary Outlets.

Mobile NSP Services in both fixed and flexible locations will be used to ensure service availability in parts of the Area where other modalities are not available or are limited in their reach. If sub populations of clients are identified in areas where access is difficult, the NSP will use a Fixed Mobile service to meet this need. Negotiation with local government will be required before this is possible. Note that a fixed mobile service means using a van/car to distribute equipment at regular locations on a consistent basis.

Through the use of dispensing machines and strategically located secondary outlets and dispensing machines the program provides access to injecting equipment twenty-four hours a day in some locations. The use of dispensing machines will occur [where appropriate sites are available and location can be negotiated] on a pilot basis for six months minimum, in locations where there is a lack of knowledge about whether injecting behaviour occurs and a review of any adverse consequences and rates of utilization will be conducted.

While mobile outreach services will form an important part of the mix of services across SWAHS, regular mobile flexible outreach services to a single client following a call will occur only in exceptional circumstances. Priority for mobile outreach will be for clients with mobility issues. Clients will be strongly encouraged to obtain their injecting equipment from fixed locations wherever possible.

Pharmacy based distribution of injecting equipment is an important part of the service mix. In this regard pharmacies might be part of the scheme operated by the Pharmacy Guild of NSW and supported by NSW Health, or they might operate independently. Pharmacies are integral to the service mix in that they often provide services in locations where clients are at some distance from a publicly operated service. Ongoing links between public and private schemes need to be forged by NSP dedicated staff.

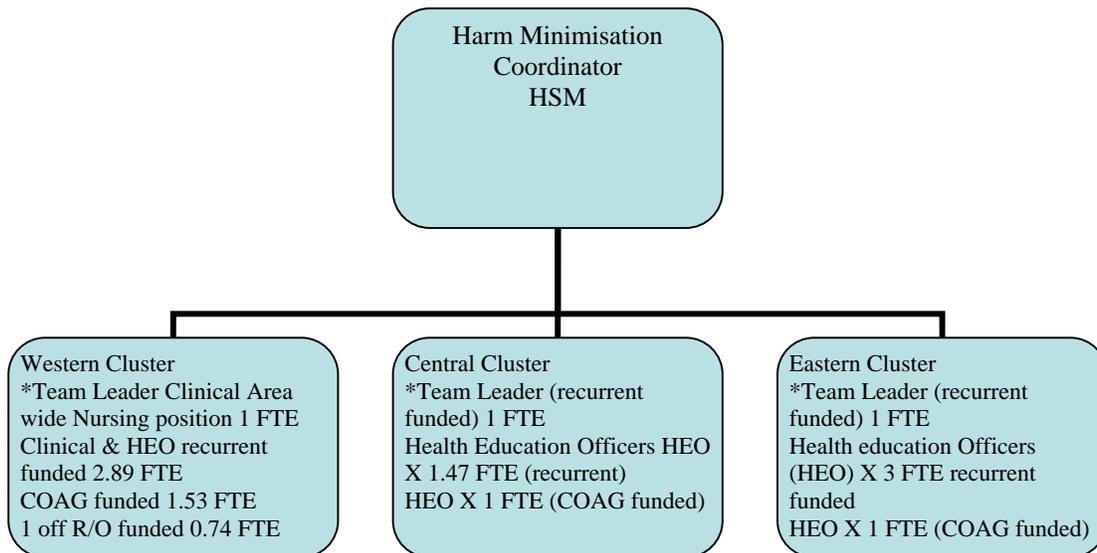
Consumer reference groups: Consumer liaison is an important part of this service model. The SWAHS NSP will liaise with the NSW Users and AIDS Association [NUAA] and then move to establish functioning consumer reference groups for each cluster. These will meet with NSP staff on at least a six monthly basis to discuss client needs, service mix and other related issues.

Who Will Provide the Services?

Primary and Primary Health Care/NSP Model Services will be delivered by NSP specialists led by a Team Leader in each location – currently this means there must be at least one Primary Service per cluster but this may vary over time.

Primary [and Primary Health Care NSP] Services will operate as service teams, where staff work collaboratively to provide services and to solve problems within the program. They aim to provide the highest quality services to clients and significant support for staff in Secondary Services. It would be unlikely that the program could be maintained with fewer than three primary locations across SWAHS. In the event that a Primary is staffed by a sole NSP dedicated worker it is essential that this person is included as a member of the team in a larger Primary outlet and is supported by the team functions. It is also essential that staff back-up facilities are available to cover the single staff member during recreation and sick leave and service emergencies.

The diagram below outlines the structure of the NSP service.



Staffing Notes:

- *Central & Eastern Cluster Team Leaders are operational positions with a Team Leader component.
- *Note Western Cluster Team Leader is an area-wide clinical position with a Team Leader component.
- NSP funding is derived from two main sources – NSW Health AIDS Program funding, and Commonwealth (COAG/IDNS) funding. This latter is received on a three year funding cycle, so technically, cannot be considered ‘recurrent.’

Through a desire to ensure quality, all dedicated NSP staff will be trained and supported appropriately so they can deliver services of the highest quality. In addition to their regular duties, all non-team leader level NSP staff will be allocated a particular area of focus [for example, Liaison with Local Government] that they will hold responsibility for, regardless of location.

Who are the Key Partners?

In delivering this Service Model high quality relationships with a significant range of partners are required. These are listed below and establishing energetic, positive relationships will be the responsibility of Team Leaders in each cluster and the Harm Minimisation Program Coordinator. NSP specialist staff will also be involved in ensuring relationships are maintained.

NSP Secondary Program Providers: This will be delivered by the staff employed in a generalist capacity by the host agency, and hence all those agencies delivering Secondary Services are key partners. The staff of the Primary Services have a responsibility and a mutual interest in training and strongly supporting the staff of Secondary locations. All equipment and health promotion and referral information required by Secondary Services will be provided by the nearest Primary outlet. A generic MOU for Secondary Services is available to shape this partnership.

Pharmacy Program Providers: Because of the need to develop integrated services the pharmacists who are distributing injecting equipment and all shop-front pharmacy staff are important partners. It is important that all Primary Outlets establish a relationship with pharmacists within their cluster. Rapport with pharmacists and their staff needs to be established, and support provided when possible. While this is not a major role for primary NSP staff, it is part of a strategic approach. In addition, pharmacies should be encouraged to refer clients to Primary Services [including Primary Health Care/NSP] as appropriate.

Local Government: Councils are important to the successful delivery of the NSP particularly with regard to clean-up and disposal issues. Hence every council in SWAHS is a key partner - Auburn, Baulkham Hills, Hawkesbury, Parramatta, Holroyd, Blacktown, Penrith, Blue Mountains and Lithgow Councils.

A generic Council MOU has been developed and will be taken to all councils and progressed as appropriate. Also it is of note that before fixed site mobile services can be provided approval from local governments must be obtained. Hence a vital relationship with each council is important.

Clients of the NSP: It is essential that consumers of the program are seen as partners in its delivery. The Service Model includes the establishment of consumer reference groups in each Cluster. NUAA is an important partner in this process. It is of note that appointment to the reference groups is recommended as being for a period of two years and an appropriate level of incentive should be offered for membership, if possible. See note below concerning the non-government sector agencies that will assist access into the client population.

Allied Health Service Providers: Because of the range of needs of NSP clients, the program must develop and maintain effective partnerships with a wide range of allied health services. Partnership is required so that referral pathways are established, referral occurs effectively, NSP clients are treated in a confidential/non-judgmental fashion; and appropriate clinical services are accessed. Partners include:

- A&E Departments in all hospitals in the Area
- Drug and Alcohol Services
- Sexual Health Services
- Mental Health Services
- Community Health Centres
- HCV services.

Non-Government Organisations: These organisations are program partners because of their proximity to the priority target populations. They bring connection, representation and perspective to the partnership.

- AIDS Council of NSW [ACON]
- Sex Workers Outreach Project [noted: a part of ACON]
- NSW Users and AIDS Association
- Hep C Council of NSW
- HIV/Hep C Multicultural Service [noted: not an NGO but included in this list because of their connection with CALD communities.]

Government and other Related Agencies: Because of the nature of the work of NSP services, especially those providing Primary Health Care/ NSP, high quality relationships with related government services and agencies are required. Liaison is needed with:

- NSW Police
- Corrective Services/Justice Health
- Juvenile Justice
- Probation and Parole
- Department of Community Services
- Department of Housing
- Centrelink
- Local TAFE Institutes
- University of Western Sydney
- Relevant research centres: NDARC, AH&MRC, NCHSR.

This is a significant array of program partners – one that some may feel is excessive. The success of the program in all of its aspects relies on the NSP Primary staff establishing significant and where possible, mutually beneficial working relationships with all partners.

Who will NSP services be provided to?

The NSP in SWAHS aims to provide injecting equipment to every person in SWAHS who injects drugs, every time they inject, and hence to reduce the sharing of injecting equipment. To this end though the following key populations are important:

- Aboriginal people who inject drugs.
- People within the Area who have been recently released from prison.
- Sex workers who inject drugs, in partnership with SWOP and the Sexual Health Service.
- People from a Culturally and Linguistically Diverse Background who inject drugs.
- Gay and other homosexually active men who inject.
- People living with HIV/AIDS who inject and their sexual partners.
- Poly drug users.
- People new to injecting drugs.
- People who inject steroids.
- Young people.

Contact with these populations might occur through promotion of the NSP or via specific projects and activities undertaken by NSP staff. Determination of the best ways to reach these people will be based on need and opportunity and will differ from location to location and across the clusters.

What about clean-up and disposal issues?

Studies conducted in Australia and overseas have found there is no increase in the discarding of used needles and syringes following the introduction of Needle and Syringe Programs. In addition Needle and Syringe Programs help to reduce the number of improperly discarded needles and syringes by providing disposal bins and containers, educating clients about safe disposal and by clearing discarded injecting equipment from areas where injecting drug use occurs. Any common sense view of the situation leads one to the view that the vast majority of needle users do not dispose of needles irresponsibly.

Community support for the NSP is essential and appropriate disposal and clean-up services are a feature of the NSP in SWAHS, in order to maintain a high level of support from the community, for the program. The NSP in SWAHS will build improved relationships with all councils across the Area. To this end an MOU will be developed and implemented with all councils. This will cover issues including:

- The location of sharps bins.
- Regular disposal of contents of sharps bins.
- Emergency clean-up support and services including the 1800 number – to be promoted to the community.
- Support and training for council outdoor and waste management staff.
- Support for place-based health promotion activities that Council might manage.
- NSPs will promote the Needle Clean-up Hotline to the general community and will respond to clean up requests in a timely manner.
- Promotion of NSP services, as appropriate.

Implementation of the Service Model

This document establishes the Service Model within a strong strategic framework. The development of a *SWAHS Needle and Syringe Plan 2008 to 2012* will chart the implementation process for setting this model into operation.

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