

NEEDLE SYRINGE PROGRAMS

Program Refresh Report

August 2022

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EXECUTIVE SUMMARY

INTRODUCTION

In Australia, needle syringe programs (NSPs) form a key part of a harm reduction strategy to reduce the prevalence of Blood Borne Viruses (BBV). The programs provide the most common source of sterile needles and syringes and have been instrumental in the reduction of BBV in people who inject drugs (PWID). Since the foundation of the programs in 1987, there have been a number of changes in the legislation and patterns of use. Your Community Health (YourCH) established that there were opportunities review and refresh the service. An overview of best practice was created through a desktop literature review. Current practice was then investigated through document reviews, data analysis, surveys, and interviews. Strengths and development areas were explored and identified, and recommendations are made for improvement of the program.

RESULTS

The review highlighted a range of strengths and development areas for the program:

- Clients and staff expressed strong support for the current outreach service models. Outreach programs distributed significantly more equipment than fixed sites. Feedback about the hours of business was ambivalent. Some clients felt that evening outreach increased accessibility, others desired delivery during business hours. The lack of secure dispensing units (SDUs) also reduced access in the catchment, and likely increased the demand for outreach services. Anecdotally, the program appeared effective at engaging with Aboriginal and Torres Strait Islander populations, as well as people from culturally diverse backgrounds, however limited demographic data collection makes this difficult to confirm. Young people remain underrepresented within the program.
- The program effectively distributed syringes. The NSP distributed 578, 445 syringes in 2020-21. This results in a cost of \$0.75 per syringe, well under the estimated NSP average of between \$0.97-1.04 per syringe. It also distributed information on overdose response, naloxone, safer injecting practices, insulin, oral health, and Covid-19. The steroid education worker developed tailored resources for NSPs. During the pandemic, the team also provided face masks, hand sanitiser and Rapid Antigen Tests. However, steroid education clients stated a desire for more insulin needles and syringes. Clients also reported the recent equipment was blunt or barbed. Clients requested tourniquets, pill filters and water. Distribution of condoms remains low. Many clients were supported with healthcare access: referrals were made for HIV health, homelessness support, dental health, and vaccination. Far more referrals were made by outreach services than by fixed sites. Supported referral and assertive outreach was strengthened by staff working across other programs within the service. Syringe disposal occurred at high rates through the outreach teams, but much lower rates at fixed sites.

- Clients were overwhelmingly positive about the approach of NSP staff, and 100% of NSP clients strongly agreed or agreed that staff treated them with respect and dignity. Staff received support through team meetings which occur four times per year. Regular one on one supervision was not provided; however, support was available on an ad hoc basis on request. A large number of staff in the program make up a small FTE. This created significant logistic barriers to providing training and supervision. Staff also suggested that more training could occur around naloxone provision, GHB and safety on outreach.
- Most NSP staff felt that stakeholder engagement was made difficult by their hours of work. They also felt that there could be improvements in marketing the service and connecting to other NSPs. Stakeholder engagement did occur through the service manager, and through staff employment in other programs, however this was often reactionary in nature and did not integrate into the broader team. In contrast, the steroid education worker appeared to be well connected to other NSPs, gyms, GP practices and academics.
- Clients reported feeling comfortable giving feedback to staff. However, this appeared to be a significant area for development in the program-many consumers reported that this evaluation was the first time they had been asked for feedback about the program. YourCH does have a consumer advisory committee, and a consumer, carer and community participation (CCCP) framework, but it is unclear how the program utilises these. The program does not currently have designated lived experience roles, nor does it engage with living experience in a formal and structured manner.
- YourCH currently keeps the departmental NSP guidelines saved in a central drive. They have developed a practice manual which outlines the operating requirements of the program, including methods of referral, ordering of stock, supervision and support, data collection and incident reporting. This document is currently in the process of being updated. The program also has supporting policies around outreach and home visits. There is an appropriate policy and procedure for needlestick injuries. There is no current organisational policy around supporting young people accessing the service, though this is clearly mentioned in the departmental guidelines which are centrally saved. Staff reported following policies and procedures, though some admitted a limited awareness.
- Clients in the program generally felt that the program respected their privacy. Staff reported that the digital documentation has streamlined the reporting process. However, they also reported that data was collected in an inconsistent manner and that there were few mechanisms to ensure data was used for continuous improvement. A new data collection portal will go live on October 1st, 2022.

RECOMMENDATIONS

Based on this analysis, the following recommendations were made:

- **Recommendation 1** - Trial mixed models of service delivery during business hours
- **Recommendation 2** - Trial Secure Dispensing Units (SDUs)
- **Recommendation 3** - Trial Low Threshold Pickups at Fixed Sites
- **Recommendation 4** - Advocate Expanded and Improved Equipment
- **Recommendation 5** - Increase Staffing FTEs
- **Recommendation 6** - Develop and Recruit a Harm Minimisation Co-ordinator Position
- **Recommendation 7** - Mentor Another Staff Member in Steroid Education
- **Recommendation 8** - Develop and Implement a Stakeholder Engagement Plan
- **Recommendation 9** - Develop and Implement Lived Experience Models of Support
- **Recommendation 10** - Develop and Implement Living Experience Service Projects
- **Recommendation 11** - Review and Refresh Service Manual and Policies
- **Recommendation 12** - Refine Data Collection
- **Recommendation 13** - Advocate for Increased Resources for Harm Minimisation

INTRODUCTION

In Australia, needle syringe programs (NSPs) form a key part of a harm reduction strategy to reduce the prevalence of Blood Borne Viruses (BBV). Established in 1987, the programs have been lauded as a valuable and cost-effective service. Data suggests that NSPs are by far the most common source of sterile needles and syringes for people who inject drugs (Australian Government, 2022). NSPs have contributed to rates of needle sharing dropping from 70-90% to 17% and HIV prevalence in people who inject drugs (PWID) to lowering to 1% (Kirwan et al. 2015).

Despite the efficacy of the programs, there has been little recent guidance from the Victorian government, with the last state guidelines released in 2008 (Department of Health and Human Services, 2008). Since this time, there have been significant medical, legal and demographic changes. Hepatitis rates remain high in PWID despite advances in treatment (Kirwan et al., 2015), laws have changed around Naloxone and secondary syringe distribution (Drugs, Poisons and Controlled Substances Amendment Act, 2021), and methamphetamine injecting has increased (Sutherland et al., 2021). Your Community Health (YourCH) concluded that there were opportunities to investigate and implement evidence-based improvements to their NSP services, ensuring that they adapted to meet the needs of the community.

The following review was conducted to develop an understanding of best practices within Needle Syringe Programs, explore current practice, and offer recommendations for service development.

METHOD

FORMULATING BEST PRACTICE

Best practice in NSPs was ascertained through conducting a desktop review of practice across programs nationally and internationally. Based on this review, practice was sectioned into seven key categories:



Service model



Services provided



Workforce



Partners and stakeholders



Consumer perspectives



Policies and procedures



Data and monitoring

ANALYSING CURRENT PRACTICE

Current practice was analysed by examining three key data sources:

- A review of current program documentation, including service manuals, position descriptions, program plans and data submissions
- A program evaluation conducted in 2020-21 which examined YourCH's NSP data collection forms, including information on the client's status (new or repeating NSP client), gender, age, and the quantity and type of supplies provided
- A series of consultations, surveys and interviews conducted by the author

The following table shows an overview of types of consultations conducted and the number of participants in each:

Consultation Method	No. of respondents
NSP Client surveys	42
Steroid Education client surveys	9
Client interviews	8
NSP Staff consultations	7
Steroid Education consultations	1
Stakeholder/partner consultations	9

Current practice and best practice were then analysed and compared. Strengths and development areas were explored and identified for each category. Following this, a number of recommendations are made for improvement of the program.

LIMITATIONS

All clients participating in the client interviews were selected by staff. Furthermore, clients completed surveys generally did so in the presence of a worker. While this was necessary to recruit respondents from an often hardly engaged population, it is likely to have led to a selection bias. When drawing conclusions about the results of these surveys it is important to consider that many other client perspectives may remain unrepresented.

Additionally, the steroid education worker is the only worker of this type in the team. As a result, the confidentiality of her consultation is incredibly limited. It is plausible that this has affected responses.

Furthermore, much of the data informing this evaluation has been collected during the Covid-19 pandemic. It is difficult to predict what effects this may have had on service access and support.

RESULTS

1. SERVICE MODEL

BEST PRACTICE

Intended purpose

Service Models within NSPs can be delivered through a variety of modalities, including fixed locations, mobile services, outreach teams and secure dispensing units (SDUs). Each modality has its own advantages and drawbacks. Strike et al (2006) suggest that service models should be designed with the following principles in mind:

- Maximise access to the program
- Maximise access to diverse and under-represented populations
- Maximise connection with stakeholders and community
- Design in collaboration with clients and stakeholders

Additionally, the former Victorian Department of Health and Human Services (2008), Now Victorian Department of Health suggested that service design should:

- Fill gaps in existing needle and syringe availability
- Deliver services in hours and locations which meet client need
- Be confidential and discrete
- Consider the security of staff

Service models should support people who inject a variety of different substances and be aware of the differing needs of users. Reports from the National Illicit Drug Reporting System (IDRS) reported that the most common drugs injected in the last month were methamphetamine (53% of people who inject drugs) and heroin (34% of people who in inject drugs) (Sutherland et al. 2021). There is also a growing number of people accessing NSP services who inject steroids and other image & performance enhancing drugs (IPEDs) (Van De Ven et al., 2022). Thus, any contemporary models of NSP should also be cognisant of the needs of this population. This cohort is often unlikely to visit community and health services, and best practice suggests that service delivery should occur at locations easily accessible to this population. This could occur through outreach to gyms, as well as engagement with personal trainers and other members of the fitness community.

CURRENT PRACTICE

YourCH is funded to provide harm minimisation through three modalities. Fixed site NSPs are located at Preston and East Reservoir and Northcote. Here clients can access equipment through customer service offices at each of the front counters. Equipment is available between 9am-5pm Monday to Friday. Outreach services are also provided through the NSP outreach team, funded through North Eastern AIDS Prevention (NEAP) initiative. Clients can access delivery of injecting equipment and information every night of the week, all year round, between 7.30pm and 11.30pm. YourCH also provides outreach and community education through the steroid education program. The steroid education program services all of Victoria and is available 9am-5pm Monday, Tuesday, Thursday and Friday.

Accessibility - outreach and fixed sites

All surveyed clients utilising the NSP outreach services stated that they found the program easy to access. When asked to respond to the statement “The program is easy to access” 73% strongly agreed, and 27% agreed. Results for the steroid education program were similarly positive: 89% strongly agreed, and 11% agreed. Many clients reported the outreach component as a significant ingredient in the service model’s success:



“They meet me at my home...I don’t have a car”- NSP outreach client

“Outreach is so much better for us. If we’re not working, we’re at the gym. We wouldn’t go to a health centre.” - Steroid Education client

“Night outreach hours work for people who are unable to attend fixed pick-up sites for many reasons; transport, location, employment hours, stigma, fear, practicalities & logistics of carrying used equipment, and volume requirements.” - NSP Staff member

Furthermore, outreach services deliver far more equipment than the fixed site services, in 2020-21, NSP outreach services delivered an estimated 394,605 needles and syringes, and the steroid education program a further 119,760 needles and syringes. In contrast, the three fixed sites distributed 64,080 needles and syringes. There are a number of factors which may have contributed to this including:

- Covid-19 lockdowns reducing fixed site access
- Lack of confidentiality when attending a health centre
- Challenges attending a health centre due to transportation
- Difficulties picking up larger quantities of equipment

Stakeholders also reported challenges with accessibility at fixed sites:



“Secondary NSPs seem less well frequented than primary services and outreach teams. The generalist staff often have other tasks to complete, and don’t have the time to build and maintain rapport.”

- NSP Stakeholder

For outreach services, peer distribution is likely to have significantly increased access to safe injecting equipment. ‘Peer’ or ‘secondary’ distribution is when PWID pass on clean equipment to other friends and acquaintances. On average, outreach clients picked up larger packs of syringes than fixed sites, and many survey and interview respondents discussed distributing equipment to other community members. This is consistent with findings from the recent Inquiry into drug law reform (Law Reform, Road and Community Safety Committee, 2018) which suggested over a third of NSP clients may be distributing to peers. Stakeholders also reported this:



“In outreach services, they might be seeing one person, but they are often passing on clean equipment to many more people in their community.” - NSP Stakeholder

Outreach also allows for broader geographic access. NSP outreach had regular service contacts across over 29 suburbs in the Northern Catchment. Staff also reported that they would balance travel efficiency with geographic access by meeting consumers who could travel closer to the office. Steroid education has a state-wide remit, and supported consumers across all Victoria, including regional areas. The worker supported clients across a total of 116 suburbs, as well as delivering capacity building activities interstate. Supporting a broad geographic access is crucial, particularly as rising methamphetamine use has increased injecting drug use in outer suburb and regional Victoria. As one stakeholder stated:



"I'm concerned that some of the current Needle Syringe Programs service inner city catchments very well, but other outer suburban areas have very little coverage." - NSP Stakeholder

As well as supporting broad geographic access, outreach also allows workers to tailor their deliveries to meet individual client need. For example, NSP workers will often drop off equipment in carparks when clients are nervous about staff attending their homes. The steroid education worker reported visiting clients in gymnasiums, carparks, and cafes.

Hours of service

NSP Outreach Clients reported a mix of feedback about the hours of business the service was provided. Many reported that there were significant barriers to them accessing services during the day. For example:



"I work. So night-time is better for me." - NSP Client

"Delivery after hours [works well]. I wouldn't want neighbours seeing deliveries during the day"
- NSP Client

However, there is also reason to believe that there is demand for outreach services during the day:



"I like the outreach because I know all the people, it's more personal and I have a chat. It's about the people, not the hours they're open." - NSP Client

"Some clients would prefer to access during the day rather the night. Most users get it during the day."
- NSP Client

"It might be good to have deliveries in the day." - NSP Client

The Steroid education program generally delivers services during business hours. For some clients, this has increased their hours of access, with contact received from both outreach services. Other clients stated that there were still significant gaps in the hours of access to equipment, pointing out that there are currently no Secure Dispensing Units (SDUs) in the city of Darebin:



“I’d like to see syringe dispensing units so we could get clean sharps 24 hours [of the day]” - NSP Client

Access for diverse and under-represented communities

NSP Outreach staff generally felt that the program was effective at “supporting access for diverse and under-represented populations”. 50% of NSP outreach staff strongly agreed with this statement, 33% agreed and 12% neither agreed nor disagreed. The Steroid education worker also strongly agreed the program supported access for diverse populations.

While broad demographic data on cultural background is not collected, both NSP outreach and steroid education recounted regular access from culturally and linguistically diverse communities. This included engagement with South Indian, South-East Asian, and Middle Eastern clients. Stakeholder engagement with culturally specific organisations also occurs (see section 4.2). Staff reported that most health information was only available in English, and that they had not used or had a need to use interpreters their time working with the program. It is probable that there are PWID who do not speak English who are unaware or unable to access the program.

NSP staff reported that the program was effective and sensitive at engaging with Aboriginal and Torres Strait Islander populations., it is notable that 25% of clients interviewed identified as Aboriginal. Access for First Nations peoples is crucial. Literature suggests that people who identify as Aboriginal and Torres Strait Islander may be reluctant to seek supports from Aboriginal specific services for fear that their drug use will be revealed to their family or community (Penington, 2019). However, this is not the case for all First Nations clients. As one stakeholder highlighted:



“Generally speaking, our clients are slow to trust or engage with outside services. Connection works best when it is facilitated by workers with an existing relationship to our clients.” - NSP stakeholder

While the programs supported a broad range of ages, staff reported that most engagement was with older people. The percentage of NSP clients aged <25 years between 2020- 2021 was 1% in the East Reservoir, Northcote, Preston and the Steroid Education Programs, and 2% in the NSP outreach team. The average number of all NSP clients aged <25 years was 1%, lower than the 4% national average (Heard et al., 2019). This may, in part, be explained by other services in the catchment are providing equipment, as some youth services are also registered NSPs. There are also likely to be unique barriers reducing youth engagement with the services:



“Many young people are either living with their parents, or they are in out-of-home care...they are unlikely to use the outreach services for fear of others finding out about their drug use.” - NSP stakeholder

There have been efforts from staff to engage youth in services which have also faced barriers:



“I would love to increase access for youth by doing more presentations in schools, however this has been difficult.” - Steroid education worker

2. SERVICES PROVIDED

BEST PRACTICE

NSPs should provide a wide variety of equipment to service users (National Institute for Health and Care Excellence, 2014; Pennington Institute, 2019; Strike et al., 2006). This should include needles of varying lengths and gauges, syringe barrels of varying sizes, sharps bins, alcohol swabs and safe sex products. The Drugs, Poisons and Controlled Substances Amendment Act 2021 (Vic) has also enabled the supply of naloxone. NSPs should provide harm minimisation information on topics such as safe injecting practices, infection, legal support, drug information, safer sex practices and overdose (Pennington Institute, 2019).

NSPs should provide clients with referral and access to other health supports (National Institute for Health and Care Excellence, 2014), prioritisation should be given to services such as Hepatitis and HIV screening, vaccination, alcohol and other drugs services, GPs, mental health supports, housing, material aid, legal support and culture specific agencies.

Finally, NSPs should provide safe methods and locations for the return of used syringes (Department of Health and Human Services, 2008).

CURRENT PRACTICE

Provision of injecting equipment and harm minimisation information

In 2020-21, the program distributed a wide range of equipment. This included:

- 578,445 syringes
- 72 clients received alcohol wipes
- 106 clients received sharps disposal containers
- 51 clients received condoms
- 22 clients received Naloxone

This resulted in a program cost of approximately \$0.75 per needle/syringe. For comparison, studies (Treloar, 2014) have estimated the average cost per needle in 2010-11 as \$1.04 for primary NSPs, \$0.97 for secondary NSPs, and \$1.00 for outreach. This suggests that YourCH NSP is cost effective and efficient at distributing syringes and needles.

The program also distributed a range of information. This included information sheets on overdose, naloxone, safer injecting practices, oral health, and Covid-19. In addition, the steroid education worker circulated pamphlets about insulin use and developed tailored resources for NSPs. During the pandemic, the team also provided face masks, hand sanitiser and Rapid Antigen Tests. As well as providing equipment, staff also often provide education and health advice (see below in **referral and healthcare access**).

Clients reported a high degree of satisfaction with the equipment distributed. When asked whether “the program provides access to a range of equipment and information?”, 50% of surveyed clients agreed and 45% strongly agreed. Similar results were observed in the steroid education program: 44% agreed and 56% strongly agreed. Clients appreciated that there was a range of different equipment and sizes they could choose from.

However, staff and clients did identify areas for improvement. Steroid education clients regularly reported the need for smaller insulin syringes. NSP outreach staff often reported that there were improvements which could be made to streamline naloxone distribution. Clients across both outreach services also reported issues with the quality of new syringes, stating that they are often blunt or barbed. Some clients also requested additional equipment including water, pill filters and tourniquets. Staff also said that there would be benefits to carrying more information and flyers about other services, but also acknowledged challenges selecting and maintaining physical resources when working from the car. Staff and a 2021 evaluation also noted relatively low distribution of condoms.

Referral and healthcare access

The NSP and steroid education team provide a variety of supports to healthcare access including:

- Written healthcare information
- Healthcare education and brief intervention
- Written referral and access information
- Supported referral and service co-ordination

The NSP service collects data on occasions of Referrals/Education to other agencies. Categories of referral/education set out by the department are: Health, HIV/AIDS, Safe sex information, Drug and Alcohol, Other NSP, Hepatitis C, Safer Using, Welfare/ Accommodation and Other. This tracks the occasions of service, not the intensity of type. This means that data is unable to differentiate between a worker providing low intensity referral support (such as providing a telephone number) and more high intensity support (calling the service with the client, supporting with paperwork, talking through barriers to access etc.). In 2020-21 YOURCH NSP services made a range of referrals to other services. Fixed sites had 21 occasions of Referral/Education. The NSP outreach team had 149 occasions of Referral/Education. Steroid education recorded 498 occasions of Referral/Education. Surveyed NSP outreach clients reported a general satisfaction with health referrals and pathways. 59% of agreed or strongly agreed that the program “provided referral and healthcare information”. 41% neither agreed nor disagreed. Some clients explained that they had “never needed referral to other services” which may explain ambivalent respondents.

Staff reported providing brief education to clients around topics such as, safer injecting practices, BBV screening and support, naloxone use and access, vaccination, dental health and mental health. During the last 12 months, the NSP services benefited significantly from employing staff across other services at YourCH. Connections to the community safety team, the High Risk Accommodation Response team (HRAR) and the Oral Health team have been particularly beneficial. This has enabled streamlined referral pathways, and assertive follow up with clients. Staff reported that NSP outreach often gave them a space to build rapport, which supported clients to feel comfortable engaging with other services. In some cases, these referrals were significant, and potentially life changing:



“I hadn’t gone to the doctors for eleven years. If it wasn’t for the [NSP] team I wouldn’t have gone to doctors.” - NSP client

“I was going to be homeless. They helped me find a home and supported me with housing services. They have also helped me get onto buprenorphine when I was trying to quit. They’re amazing.” - NSP Client

Steroid Education reported very positive results, 78% of surveyed clients strongly agreed that the program provided them with referral and healthcare information. A further 22% agreed. Higher results in steroid education may be explained by two factors. Firstly, the client cohort may be more motivated to seek health referral and healthcare. Secondly, the program delivery during business hours is likely to enable easier referral support. Clients and stakeholders explained that the worker would educate others in selecting appropriate equipment, site rotation, health risks and BBV. Furthermore, clients reported receiving support to connect with GPs. The worker has developed strong connections with GPs who have an understanding of IPED use. These connections are crucial for supporting IPED users, as they face many obstacles accessing healthcare. As one stakeholder explained:



“One of the key barriers is stigma. Particularly from other health services. This is not a false perception. Many GP clinics offer very little to support steroid users outside of telling them to stop. Which is not very helpful...There are also medico-legal issues, for example, if someone discloses to their GP that they use anabolic steroids how might this effect their application for health insurance? There are many similar difficult issues.” - **Steroid Education Stakeholder**

Syringe disposal

In 2020-21, the number of needle and syringes returned directly through the YourCH NSP was estimated to be 271,490. 234,015 of these were returned through the NEAP program, 34,900 through the Steroid Education Program, 2,235 to the Preston site, 300 to the East Reservoir, and 40 to Northcote. Outreach programs appeared more effective at encouraging syringe disposal. Clients and staff reported that they often have large quantities of used syringes to dispose of and felt uncomfortable carrying these around. 100% of NSP and steroid education clients interviewed strongly agreed that the program provided safe syringe disposal.



“I always return my sharps to them, it feels good knowing they go somewhere safe, not just in the bin.”
- **NSP client**

“The staff member always picks up our sharps, which is really helpful. We try to encourage this in our community too.” - **Steroid Education Client**

3. Workforce

In some cases, NSP may be the only contact people using drugs have with health services. Therefore, it is important that NSP staff are able to engage clients and support them to make positive changes in their lives (Carruthers, 2018). The Pennington Institute (2019) has identified that NSP staff should have a non-judgemental stance, an ability to build rapport, an ability to set clear boundaries and an ability to engage with clients reluctant to access services.

Training should be provided to staff which supports their understanding of the purpose of the program and deliver services in line with best practice (The Department of Health, 2012; National Institute for Health and Care Excellence, 2014; Pennington institute, 2019; Strike et al., 2008). Training identified as beneficial for NSP staff includes service navigation, privacy and confidentiality, understanding blood borne viruses, drug interactions, managing challenging behaviours, safe injecting practices, responding to stick injuries first aid, and overdose responses. Staff should be trained to respond to a diverse range of service users, and agencies should also consider training staff accordingly. This may include cultural awareness and inclusivity training and LGBTIQ+ inclusivity training. Services should also be adept supporting people who use image and performance enhancing drugs (IPEDS). Given the complexity of this subject, it may be more practical to have one member of the team assigned as a specialist rather than training all staff (Van de Ven et al., 2022).

Staff also require appropriate support and supervision (Harm Reduction Coalition, 2010). Supervisors should meet regularly with staff to provide mentoring, support, and professional development. Supervisors should remain aware of some of issues that might be faced by NSP staff, these may include: unconventional hours increasing feelings of isolation, tasks without a clear “finish” which prevent a sense of achievement or professional development, and emotional challenges as a result of witnessing overdose, trauma or violence. As well as supervision, programs should also consider team building activities, conferences, and communities of practice to support connection and development.

CURRENT PRACTICE

Clients surveyed in NSP outreach and steroid education reported overwhelmingly positive experiences when dealing with staff. 90% of surveyed NSP clients strongly agreed that staff “treated them with respect and dignity”, with a further 10% agreeing. 88% of steroid education clients strongly agreed that staff treated them with respect and dignity, with a further 12% agreeing. Client interviews and surveys repeated demonstrated that staff are non-judgemental, trusted, and able to build strong rapport:



“The staff are fantastic! They are kind and helpful. I never feel judged.” - NSP client

“They get out the car and have a chat. They make you feel comfortable. They’re warm.” - NSP client

“They just come across like normal people. They don’t look down on you. They don’t judge you. They ask the extra questions; they ask how my family is doing. They’re just nice people.” - NSP client

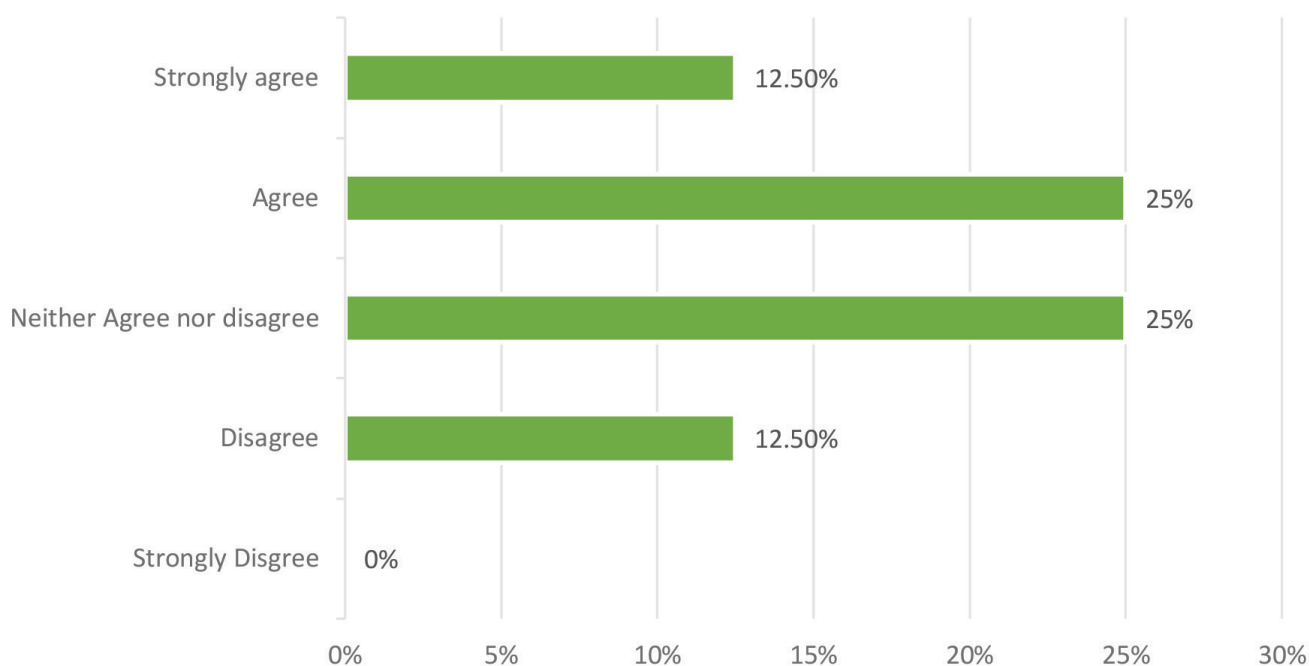
“The worker is amazing. She feels like a personal friend. She knows us.” - Steroid education client

Staff in the teams meet once every quarter. During this meeting, staff are given an opportunity to share practice wisdom and problem solve any issues that might be arising in the program. They are also provided with training and professional development during these sessions. All staff undertake mandatory training in LGBTIQ+ inclusion and Aboriginal cultural safety. Additional professional development has been delivered around topics such as:

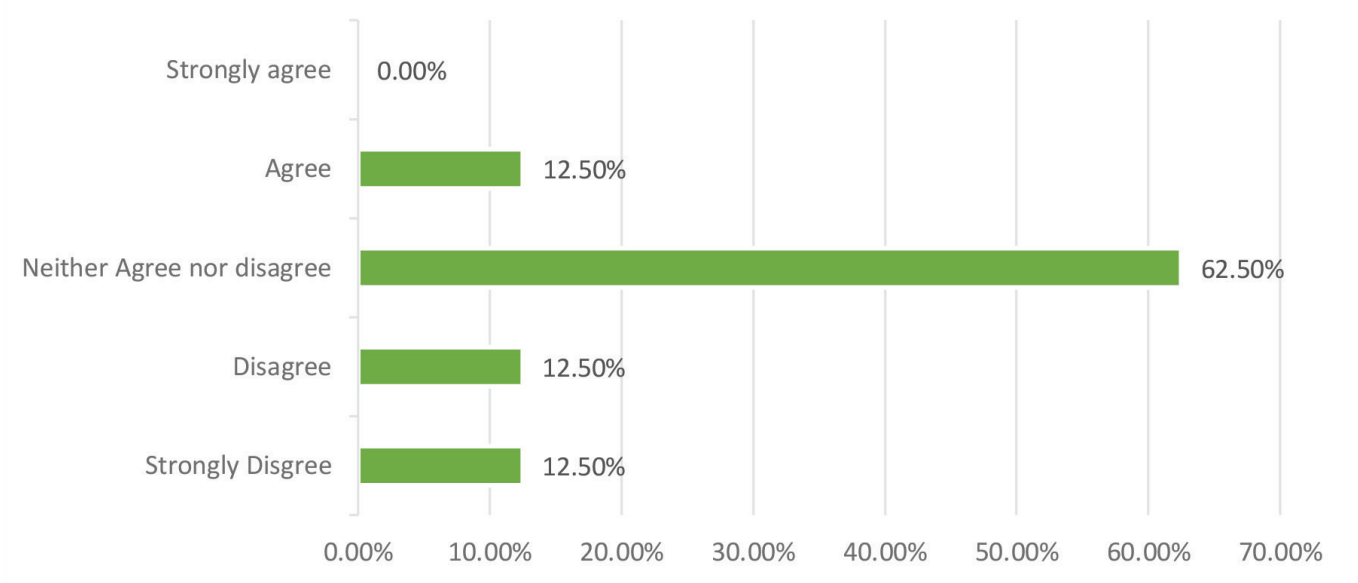
- Injecting related injuries and prevention
- Opioids, Naloxone and overdose response
- Legal supports and drug use
- Gender affirmative practice
- Family Violence response
- Steroid education

Feedback from NSP outreach staff about the level of training and professional development provided was ambivalent. The following tables illustrate staff responses:

The program provides effective and relevant training



The program provides effective professional support (access to supervision, conferences, communities of practice etc.)



Staff reiterated that they found the manager of the program available and supportive. However, staff stated that attending other training opportunities while working nights was difficult, and that they didn't receive one on one supervision. The NSP outreach team consists of a large number of staff on relatively small FTEs. The combination of staff working few hours per rostering period, and shifts occurring outside of business hours, produces serious logistical challenges for training and support.

NSP outreach staff also had a range of suggestions for relevant professional development. There was a desire to receive more training on topics such as: the provision of naloxone, information on newer drug trends such as synthetics and GHB and situational awareness/safety.

In contrast, the steroid education worker agreed that they received effective and relevant training; and that they were provided with effective professional support. It is of note that the steroid educator is employed at 0.80 FTE and works primarily during business hours. This is likely to have increased the ease in which they could access both training opportunities and individualised supervision with a manager. The steroid education worker reported that the manager was accessible when needed and that they would meet to discuss how to improve the program. However sometimes the large amounts of travel required in the role made it difficult to see them. They also liaised regularly with other NSPs and researchers, helping stay up to date to with current trends and contemporary practice.

4. Partners and Stakeholders

BEST PRACTICE

Best practice as recommended by the Penington Institute (2019) is to hold annual stakeholder engagement activities. This should support the NSP to understand changing client needs and modify their services appropriately. It can also support effective pathways into the program, and support clients to connect with other key services. Community consultation should include:

- People who use drugs (including those who don't currently use NSP)
- Frontline workers
- Local community members
- Consultation with at risk groups such as Aboriginal and Torres Strait Islander populations, Culturally and Linguistically Diverse populations, young people, homeless people, LGBTIQ+ communities
- Police
- Families and Carers (while being sensitive to client wishes and confidentiality)

Consultation can take a variety of forms depending on the aims and audience. This could include simple activities such as partner surveys, or more comprehensive activities such as interviews or forums.

CURRENT PRACTICE

50% of NSP outreach staff neither agreed nor disagreed that the program “effectively consults with key stakeholders”. 12.5% disagreed and 12.5% agreed. Staff reported that they did very little stakeholder engagement and felt there was room for improvement. They reported that the hours of employment made partnership development a challenge:



“Nightshifts make it hard to refer or network to other services” - NSP staff member

Interviewed NSP staff also stated that the service could be marketed more effectively. Workers stated that there didn't seem to be a strong understanding of what services were on offer, or how to access the NSP. This assessment was reinforced by feedback from NSP clients and stakeholders:



“There seems to be a lack of knowledge in the team about these services. There are improvements which could be made to marketing and to connection between the services. None of our staff knew how to access the service.” - NSP stakeholder

*“They could promote the program better. I'd never heard about this until a friend mentioned it to me.”
- NSP Client*

NSP staff expressed a desire for stronger connections with alcohol and other drugs services. They felt that stronger deeper knowledge and pathways to rehabilitation and detox services would allow them to take advantage of client's motivation to change drug use in a more opportunistic and timely manner. NSP staff also expressed a desire to improve connections with colleagues from other NSPs:



"I would love to see what other NSPs are doing. Maybe we could organise a networking event and see if we can exchange tips and tricks." - NSP staff member

This is not to suggest that no stakeholder engagement has occurred. Where staff worked across other programs, there were opportunities for them to liaise with partners and build relationships across other sectors. For example, staff working in the HRAR team often connected to other sectors including legal, homelessness, healthcare and alcohol and other drugs services. This supported both the referrals offered to clients of NSP and access to NSP supports for other sectors. Staff also reported that they kept connected to the sector through the monthly bulletins published by Penington. Significant partnership and stakeholder engagement was also undertaken by the manager of the program. For example, the manager liaised with Victorian Arabic Social Services and Preston Mosque and East Preston Islamic College as part of a broader effort to connect with culturally diverse populations. Furthermore, the manager of the services oversees multiple program types including community partnerships, health promotion and youth support. While this makes focussed partnership work challenging, it does offer connections to a broader range of partners.

The steroid education program is tasked with providing the community with information about the health impacts of IPED use, making stakeholder engagement and partnerships essential to service delivery. The worker strongly agreed that the service supported "connection with stakeholders and community". The worker is a regular speaker at health and community forums on IPED use in metropolitan, regional and interstate forums. Presentations are delivered to a range of services such including hospitals, educational institutions, community health services, other NSP's and related organisations. The steroid education worker also liaises with academics and researchers to inform policy direction around harm minimisation for IPED users. Feedback from stakeholders reflected the efficacy of this work:



"I found [the steroid education session] very informative and I learnt a lot. I think the big take away for me, is it confirmed a lot of that base knowledge on PIED use and increased my confidence to provide a better service for PIED consumers." - Steroid education stakeholder

"The program has a great relationship with other NSPs, my experience is that their staff are quite knowledgeable about steroid use, in part due to support from the educator."

- Steroid education stakeholder

The steroid education worker identified schools as one of the key stakeholders to build connections with in future. This would support improved steroid education for young people, potentially preventing use and harm, and increasing access young people. Partners also identified opportunities in working closely with peak bodies and larger gyms:



“It might be beneficial to work with the peak bodies, such as Fitness Australia who can help lead changes within gyms. Many are of the misapprehension that engaging in steroid education will promote its use. It would also be good to engage with particularly large gyms. This might lead to benefits across multiple sites and help drive change in small organisations.” - Steroid education stakeholder

5. Consumer Perspectives

BEST PRACTICE

The Victorian Department of Health (2021) states that consumer participation should be prioritised in healthcare design and provision as it contributes to positive outcomes and increases accountability. Within AOD services, research suggests that consumer participation can increase consumer satisfaction, outcomes, and engagement (Goodhew et al., 2018).

Consumer participation can be conceptualised as “the three co-s” (Alford, 2013, p.75) That is, consultation: seeking feedback from clients. Codesign: directly engaging clients with service design and evaluation. And coproduction: where clients are involved in the delivery of the service itself. NSPs should aim to include clients of their services through each of these mechanisms. For example, NSPs should consider:

- Providing opportunities to provide feedback on the services and making changes based on this feedback
- Working closely with clients to design services, referral pathways and information
- Employing clients as peer workers, or including people with a lived experience of injecting drug use on governance groups

Research conducted by the Australian Injecting and Illicit Drug Users League (Carruthers, 2018) is consistent with these recommendations. Service users recommended creating pathways for employment of peer roles and ensuring that peer workers are adequately supported in NSP programs. When employing peer roles within NSP teams, organisations should carefully consider the supports required to do this effectively (Downing et al, 2005). This might include formalised supervision structures, peer communities of practice, clear definition of role and tailored training.

In 2021 a bill making amendments to the Drugs, Poisons and Controlled Substances Amendment Act 2021 (Vic) was passed. This legally allowed secondary distribution of syringes through peers. The changes provide opportunities for service providers to work with service users in new and innovative ways to increase access.

CURRENT PRACTICE

Staff identified consumer perspectives as an area for improvement in the program. Across both NSP and steroid education, 38% disagreed that the program “consults, collaborates and co-designs services with clients”. 38% neither agreed nor disagreed, and 14% agreed. Clients perspectives echoed this, when asked whether the program “asks for [their] opinions and feedback?”, 25% of interviewees strongly disagreed, 62.5% neither agreed nor disagreed, and 12.5% agreed. While clients and staff reported strong and trusting connections, there were no formal surveys or feedback mechanisms in place. Many clients reported that this evaluation was the first time they had been asked for their feedback. Needle syringe programs, including steroid education, face unique challenges to collaboration and consultation. Due to stigma, clients accessing the services are often reluctant to share information and request a high level of discretion from services. As one client explained:



“Our guys are pretty private. They’ll only speak to someone they know.” - **Steroid education client**

However, many clients did say that they would welcome more opportunities to provide feedback.



“They should do a survey from time to time. That way they would know if something wasn’t working well.”
- **NSP client**

Some even suggested strategies for gaining feedback, including surveys distributed through peers. Clients also suggested that any feedback requested should be in simple language. Clients also suggested providing a phone number or email where they could easily pass on feedback.

There is also no evidence of more comprehensive codesign occurring within the program. Your Community Health does have a Consumer Advisory Committee, however it is not clear what input or relevance this committee has to the delivery of NSP. YourCH also has a documented Consumer, Carer and Community Participation (CCCP) Framework which may support such initiatives. There is also strong evidence that some clients would welcome greater participation, when asked how the program could be improved, one client enthusiastically said:



“Maybe they could employ me!” - **NSP client**

There are no designated lived experience roles on the team, all staff are currently employed in the program as needle syringe program (NSP) outreach workers. Position descriptions make no mention of lived (or living experience) as a desirable attribute. However, it is noted that the steroid education worker has a history within the body building community, and this is documented within their scope of practice. This does not suggest that there are no staff who have a lived experience, rather that this is not formally identified and supported. YourCH’s strategic directions state their aspirations to grow the lived experience representation in the workforce and embed lived experience in the way services are designed and delivered. This may provide opportunities for innovation and improvement in the NSP program in future.

6. Policies and Procedures

BEST PRACTICE

NSPs should have appropriate policies and procedures to safely support the operation of the service (National Institute for Health and Care Excellence, 2014; Pennington institute, 2019). Policies that should be included include:

- Objectives of the program
- Key responsibilities and personnel
- Location and operating hours
- Data collection and reporting
- Syringe disposal, retrieving syringe litter and responding to stick injuries
- Maintenance of stock and projection of required equipment
- Referral processes

NSP services should also consider developing a policy explicitly for young people using the services. It should be recognised that people under 18 may have unique circumstances around consent, referral, and mandatory reporting (National Institute for Health and Care Excellence, 2014). This should be considered when developing a policy framework for the service.

CURRENT PRACTICE

When asked where the program had “clearly documented policies and procedures to the support the work”, 50% neither agreed nor disagreed, 32.5% agreed and 12.5% strongly agreed. The current departmental NSP guidelines are saved in a central drive. The program has also developed a practice manual which outlines the operating requirements of the program. This includes methods of referral, ordering of stock, supervision and support, data collection and incident reporting. This document is currently in the process of being updated. Further to this, the manager and steroid education worker have developed a scope of practice document which supports role clarity. The program also has supporting policies around outreach and home visits. Your Community Health also has a policy and procedure supporting needlestick injuries.

There is no current organisational policy around supporting young people accessing the service, though this is clearly mentioned in the departmental guidelines which are centrally saved.

Staff generally reported that they followed all the relevant policies and procedures. Though some did admit a limited awareness of them. It is likely that small FTE, irregular hours and limited supervision minimise awareness and access. Other staff pointed out that procedures were due for updating, suggesting that perhaps this should be done at a routine interval:



“Perhaps [we could have a] regular yearly or 2 yearly check in about any relevant NSP policies & procedures as a refresh.” - NSP staff member

7. Data and Monitoring

BEST PRACTICE

The collection of data is essential to the delivery of NSPs. It supports the understanding of drug use in the area and helps ensure the service is meeting the community's needs. In Victoria, the data is collected on a program called NSPISAR (Penington Institute, 2019). The data requested by the Department for NSPs includes:

- Date, time and visit status of client
- Demographics
- Number of people the client is collecting for, and number of needles and syringes distributed
- Where the individual has shared equipment since last visit
- Method of needle disposal
- Condoms distributed
- Education information distributed
- Whether referral was made to other agencies

Additional questions can also be added on the program, as requested by each agency. The National Institute for Health and Care Excellence (2014) suggests that services should also ask what types of drugs are being used.

Agencies collecting data should be mindful of client discretion. Services should aim to create a low threshold service which is well utilised, and collection of data should not be a barrier to access (Carruthers, 2018). It is preferable that clients leave some answers blank, rather than bring unwanted attention to their drug use (Penington Institute, 2019).

CURRENT PRACTICE

Clients interviewed were asked whether the program “only collects data important to providing the service?”. 50% strongly agreed, 37.5% agreed and 12.5% neither agreed nor disagreed. Clients reported a high level of sensitivity and discretion from staff:



“They don't really ask much. When I used to go to the centre, they would ask a few questions. It was easy, not a barrier to getting sharps. I didn't mind.” - NSP client

When staff were asked whether the program collected “relevant and meaningful data?” 37.5% neither agreed nor disagreed, 50% agreed, and 12.5% agreed. NSP and steroid education programs collect data in line with the departmental requirements. Staff collect information with the support of an application on an iPad. Staff point out any information shared by clients is optional, and that this low-threshold increased access to the service. Staff reported that the app was very useful and streamlined the collection of data.

Some staff pointed out that each worker seems to collect information a little differently. For example, one staff member might document every call received as a service contact, another might only document face-to-face visits. This may result in inconsistencies in data, and in some cases under reporting of service. Staff said that they would like to see reports after they enter the data so they can get a sense of what is being achieved. Staff also felt that there were minor changes which could be made which would improve the functionality of the app. For example, default answers and drop-down boxes.

Staff also pointed out the data is limited in its ability to contribute to continuous improvement. For example, the only demographic data collected is on age and sex. This makes it difficult to ascertain whether the program is reaching under serviced populations (see section 1). A 2021-22 evaluation also pointed out additional gender options should be available, in line with recommendations from the Australian Bureau of Statistics (2020). Penington has shared that a new data collection portal will go live on October 1st 2022.

The steroid education worker also reported that we do not currently track outcomes for capacity building presentations. A feedback survey has been developed in collaboration with the health promotion team and will be implemented soon.

SUMMARY

By analysing consultations, program data and documentation contrast to academic literature, we can identify a number of strengths and development areas in the YourCH NSP. **Service models** should be delivered through a range of modalities, chosen to maximise access to the program, filling gaps in existing needle and syringe availability and increasing services for underrepresented populations. YourCH currently provides equipment through three modalities. Fixed site NSPs at office locations, NSP outreach delivered at night, and steroid education outreach and support during business hours. Clients and staff expressed strong support for outreach models, highlighting multiple barriers to attending fixed sites. Currently outreach models deliver significantly more equipment than fixed sites, this is likely due to secondary distribution from clients. Confidentiality, unfamiliar staff, and difficulties picking up large quantities of equipment also decrease utilisation at fixed sites. Feedback about the hours of support was mixed. Some clients felt that evening outreach increased their access, other desired delivery during business hours. The lack of secure dispensing units (SDUs) also reduces access in the catchment, and likely increases the demand for outreach services. Anecdotally, the program appears effective at engaging with Aboriginal and Torres Strait Islander populations, as well as people from culturally diverse backgrounds. However, the lack of demographic data collection makes this difficult to confirm. Young people are underrepresented within the program. This may be due to other services providing equipment, or it may be due to other barriers such as living with parents.

Services provided by NSPs should include a wide variety of equipment and health information, referral and healthcare access and safe methods of used syringe disposal. The program distributed 578, 445 syringes, making it cost effective compared to other programs of similar type. The program distributed information sheets on overdose, naloxone, safer injecting practices, insulin, oral health, and Covid-19. The steroid education worker developed tailored resources for NSPs. During the pandemic, the team also provided face masks, hand sanitiser and Rapid Antigen Tests. However, steroid education clients stated a desire for more insulin needles and syringes, and many clients reported the recent equipment was blunt or barbed. Clients also requested tourniquets, pill filters and water. Despite a recent evaluation recommendation, distribution of condoms remains low. Consumers were supported with healthcare access, with referrals made to HIV health, homelessness, dental and vaccinations. Far more referrals were made by outreach services than by fixed sites. Referrals were strengthened by staff working across other programs such as HRAR. Syringe disposal occurred at high rates through the outreach teams, but much lower rates at fixed sites.

NSP **workforces** should be non-judgemental, with an ability to engage with clients reluctant to access services. Staff should be well trained and knowledgeable about contemporary issues for people who inject drugs. They should also be well-versed in inclusive practice. Organisations should provide appropriate support and supervision, as well as opportunities to connect with team members. Clients were overwhelmingly positive about the approach of NSP staff, with 90% of NSP clients strongly agreeing that staff treated them with respect and dignity. Staff have team meeting four times per year, giving some opportunity to engage in professional development and support. Regular one on one supervision was not provided, however was available on an ad hoc basis on request. The large number of staff making up a small FTE created significant logistic barriers to providing training and supervision. Staff suggested that more training could occur around naloxone provision, GHB and safety on outreach.

NSPs should regularly engage with **partners and stakeholders** to design services, and support pathways in and out of the program. Most NSP staff felt that stakeholder engagement was made difficult by their hours of work. They also felt that there could be improvements in marketing the service and connecting to other NSPs. Some stakeholder engagement did occur through the service manager, and through staff employment in other programs, however this was often reactionary in nature and did not integrate into the broader team. In contrast, the steroid education worker appears to be well connected to other NSPs, gyms, GP practices and academics. There may be further benefits connecting with peak fitness bodies, large gymnasium businesses and schools.

NSPs should be deeply informed by **consumer perspectives**, including PWID who are not currently accessing services. Clients of the service should be supported to consult, codesign and coproduce services. Consumers reported feeling comfortable giving feedback to staff. However, this appears to be a significant area for development in the program-many consumers reported that this evaluation was the first time they had been asked for feedback about the program. YourCH does have a consumer advisory committee, and a consumer, carer and community participation (CCCP) framework, but it is unclear how the program utilises these. The program does not currently have designated lived experience roles, nor does it engage with living experience in a formal and structured manner.

NSPs should have **policies and procedures** which support the service to run safely and effectively. This should include outlines of program objectives, key responsibilities, locations and hours, data collection, injection control, maintenance of stock and referral processes. YourCH currently keeps the departmental NSP guidelines saved in a central drive. They have developed a practice manual which outlines the operating requirements of the program, including methods of referral, ordering of stock, supervision and support, data collection and incident reporting. This document is currently in the process of being updated. The program also has supporting policies around outreach and home visits. Your Community Health also has a policy and procedure supporting needlestick injuries. There is no current organisational policy around supporting young people accessing the service, though this is clearly mentioned in the departmental guidelines which are centrally saved. Staff reported following policies and procedures, though some admitted a limited awareness.

Finally, NSPs collect **data and monitor** this accordingly. This should include times and dates which client contact occurs, demographic data, amount of equipment distributed, patterns of use and referrals. Data collected should be mindful of consumer privacy and provide low thresholds to service access. Clients in the program generally felt that the program respected their privacy. Staff reported that the digital documentation has streamlined the reporting process. However, they also reported that data was collected in an inconsistent manner and that there were few mechanisms to ensure data was used for continuous improvement. A new data collection portal will go live on October 1st, 2022.

RECOMMENDATIONS

The following recommendations have been developed to support continuous improvement within the YourCH. Some of these recommendations are cost neutral and relatively simple to implement, while others may take more comprehensive planning or additional resourcing. Literature acknowledges that limited funding for secondary NSPs makes it difficult to deliver services of optimum quality and accessibility (Kirwan et al., 2015). Therefore, it is understood that not all the following recommendations may be practical and realistic. However, they should serve as a guide for future possibilities for the program.

Recommendation 1 - Trial mixed models of service delivery during business hours

The delivery of services during evenings creates several challenges for the program:

- It reduces connection to the broader organisation
- It reduces opportunities for supervision and training
- It makes referral to other services difficult
- It makes connection to other stakeholders and partners difficult

While evening shifts are important to meet consumer need, there is also a desire from some consumers to receive services during the day. YourCH NSP should trial some shifts for staff during the day. If financially possible, this should be done in addition to the existing program shifts. If this is not possible then YourCH should consider moving a Sunday shift to a weekday. It is noted that this move has precedence in other NSPs in the metro area. For example, both Western and Southern service do not provide delivery on weekends. Key duties for workers on day shifts could include:

- Supporting warm referrals for clients with identified needs
- Connecting with partners and stakeholders
- Providing delivery for clients who prefer day-time services

Recommendation 2 - Trial Secure Dispensing Units (SDUs)

There are currently no SDUs in the North-East catchment. This results in reduced access for clients, and a reliance on outreach services to acquire equipment outside business hours. Furthermore, there is evidence to suggest that SDUs provide access for cohorts reluctant to use outreach or health services. YourCH NSP should consider purchasing and maintaining an SDU in the catchment. There is precedence for departmental funding for SDUs and it may be possible to implement at relatively low cost.

Recommendation 3 - Trial Low Threshold Pickups at Fixed Sites

Uptake of pick-ups at fixed sites is low. Over the counter pick-ups are difficult for some clients, who may have concerns about their confidentiality. Furthermore, where clients do pick up from sites, this is unlikely to result in referral to other healthcare services. Where space permits, YourCH NSP should consider creating a discrete cupboard or cabinet where clients can pick up equipment without needing to approach client service officers.

Recommendation 4 - Advocate Expanded and Improved Equipment

Equipment which can be provided by the NSP is constrained to what is available through the Department of Health. Equipment which is regularly requested by unavailable includes:

- Pill filters
- A range of insult syringes and needles
- Sterile water

Additionally, many clients have reported a recent drop in the quality of syringes and needles. YourCH NSP should advocate for an expansion of equipment, as well as provide formal feedback on issues with injecting equipment. Three immediate avenues that this could be undertaken are:

- Through submission of the Department of Health Consumables Comment form
- Through contacting aod.enquiries@dhhs.vic.gov.au or faxing to the Needle and Syringe Program, Drug Policy and **Services on 03 9096 8726**
- Through collective advocacy at the Harm Reduction Network meetings

Recommendation 5 - Increase Staffing FTEs

The NSP program is currently staffed by a high number of staff making up a relatively low amount of FTE. While this has benefits in allowing for backfill of shifts, it also creates significant challenges including:

- Difficulty providing adequate supervision
- Difficulty co-ordinating training and professional development
- Difficulty support team connections and communities of practice

Other NSPs have faced similar challenges and have recently moved towards minimum FTEs for positions. YourCH NSP should consider increasing the amount of FTE required to be worked by each staff member.

Recommendation 6 - Develop and Recruit a Harm Minimisation Co-ordinator Position

The service manager currently oversees a variety of programs, making focussed attention on NSP development a difficult task. To increase support and development of the team, YourCH NSP should consider the creation of a senior co-ordinator position within the team. Similar structures have been adopted at other NSPs, for example the Southern team has a part-time co-ordinator position, and the Western team has an AOD professional excellence coach.

A harm minimisation co-ordinator would have some of the following duties:

- Support stakeholder engagement and attend network meeting
- Support service development (including refresh project implementation)
- Support professional development

By working across day and evening shifts, this staff member would be well placed to connect with local networks, and to understand the professional development requirements of the team.

Recommendation 7 - Mentor Another Staff Member in Steroid Education

Research suggests that supporting IPED harm minimisation often requires specialist knowledge and relationships. Therefore, it is often more practical to support the development of specialist positions (such as the steroid education worker) than to support development in whole teams. Partners and clients state that this has been highly successful, and the worker is incredibly well regarded. However, having one staff member be responsible for this role across the state also creates vulnerabilities for the program and the IPED community.

YourCH NSP should support the steroid education worker to mentor another staff member in her knowledge, role and relationships. This would support program continuity in the event that the worker is promoted, becomes ill or resigns.

Recommendation 8 - Develop and Implement a Stakeholder Engagement Plan

Understanding stakeholder perspectives (including those of clients) is crucial to the delivery of high-quality programs. Currently no formal methods to undertake this exist. YourCH NSP should develop a stakeholder engagement plan. The plan should include some of the following elements:

- Surveys of key stakeholders at regular (at-least annual) intervals
- Surveys of client experience at regular (at-least annual) intervals
- Increase marketing through service presentations, events, and flyers
- Formalised referral pathways and partnerships to other health services, including those existing within YourCH
- Engagement with existing Harm Reduction networks and communities of practice

Recommendation 9 - Develop and Implement Lived Experience Models of Support

The employment of identified lived experience roles can increase access and reduce stigma for clients accessing NSPs. When undertaking this, organisations should carefully consider the supports required to do this effectively, this might include specialist training, peer supervision and peer communities of practice. YourCH NSP should:

- Develop a model of peer support, including the required support structures
- Develop and recruit to lived experience roles once these structures are in place

There are a growing number of supports for organisations undertaking such work, and YourCH should consult closely with SHARC (Self Help Addiction Resource Centre) and Harm Reduction Victoria when implementing.

Recommendation 10 - Develop and Implement Living Experience Service Projects

There is a growing focus on the ways in which people with a living experience of injecting drugs can improve the quality and accessibility of services. For example, Harm Reduction Victoria recently undertook a project whereby lived experience volunteers distributed equipment to peers. Participants were reimbursed for training and data submitted. The program distributed over 200,000 syringes in the year. YourCH NSP should consider, develop and implement projects with increased living experience contributions to the program. Some opportunities for projects might be:

- Secondary distribution of equipment and health information
- Peer distribution and collection of feedback surveys
- Co-design of key marketing materials or program plans

Once again, peak bodies such as Harm Reduction Victoria may offer insights and learnings to support the implementation of these projects.

Recommendation 11 - Review and Refresh Service Manual and Policies

NSPs should have a suite of policies and procedures which support the safe delivery of services. YourCH NSP does have a variety of policies, procedures, and service manuals, however some of these are out of date. YourCH NSP should undertake a review and refresh of the service manuals for NSP and steroid education. New service manuals should include client journeys and program logics, which may support program definition and evaluation. YourCH NSP should also consider developing a policy and procedure outlining supports for people under 18 accessing the service. New manuals should be reviewed by the team to ensure that all staff are aware of the requirements of their role.

Recommendation 12 - Refine Data Collection

Within NSPs, the need for high quality data to inform service design needs to be balanced with client discretion and easy access. The current YourCH NSP data collection has room for improvement in consistency, content and reporting.

In order to refine data collection, YourCH NSP should undertake the following:

- Discuss reporting definitions to establish consistency of reporting and data integrity
- Regularly report data back to staff so they can contribute to continuous improvement
- Include measurements of experience and outcome in capacity building activities undertaken by the steroid education worker

There are also further possibilities for improvements in the content of data collection, and the functionality of the web application. However, given that a new data collection portal will go live on October 1st, 2022, services should wait before implementing further changes.

Recommendation 13 - Advocate for Increased Resources for Harm Minimisation

NSPs should have a suite of policies and procedures which support the safe delivery of services. YourCH Despite the strong evidence of efficacy and return on healthcare investment, Needle Syringe Programs in all their forms receive a low level of resourcing. In order to deliver services of high quality and accessibility, further investment is required.

YourCH NSP should connect to other NSPs, peak bodies and networks to collectively advocate for increased resourcing.

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