2 AN OVERVIEW OF NEEDLE AND SYRINGE PROGRAMS (NSPS)

The information presented in this section has been largely derived from the paper "Needle and Syringe Programs: a review of the evidence" published by the Australian National Council on AIDS, Hepatitis C and Related Diseases (ANCAHRD).

2.1 AUSTRALIA'S STRATEGIES ON HIV/AIDS AND HEPATITIS C.

The first National HIV/AIDS Strategy was launched in 1989. According to Professor Richard Feachem, from the World Bank, who oversaw the evaluation of the second National HIV/AIDS Strategy:

"The first National HIV/AIDS Strategy released by the Commonwealth Government in 1989 provided a framework for an integrated response to the HIV epidemic and a plan for action across a range of policy and program activities. Needle and Syringe Programs were a key component on the education and prevention strategy."[1]

Professor Feacham concluded: *'Needle and Syringe Exchange Programs must be a foundation of Australia's prevention efforts in a third Strategy and beyond'*. The third National HIV/AIDS Strategy (Partnerships in Practice: National HIV/AIDS Strategy 1996-97 to 1998-99) continued to support Needle and Syringe Programs as an important part of its prevention program for people who inject drugs.

The fourth National HIV/AIDS Strategy and the first National Hepatitis C Strategy, continue to support Needle and Syringe Programs as effective harm reduction interventions.

2.2 OVERVIEW OF NEEDLE AND SYRINGE PROGRAMS

Needle and Syringe Programs are a public health measure to reduce the spread of blood borne viral infections such as HIV and hepatitis C among injecting drug users. These Programs are supported by the National Drug Strategy's harm reduction framework. They provide a range of services that include provision of injecting equipment, education and information on reduction of drug-related harms, referral to drug treatment, medical care and legal and social services. Equipment provided includes needles and syringes, swabs, vials of sterile water and 'sharps bins' for the safe disposal of used injection equipment. The aim of providing sterile injecting equipment is to prevent the shared use of injecting equipment, which can lead to the transmission of blood borne viral infections. Staff also address the potential for transmission of infection via sexual contact by providing condoms and safer sex education. By engaging injecting drug users in health services, those who continue to use drugs are likely to incur less harm to themselves and society. They are also an important point for collection of used injecting equipment.

The first Australian Needle and Syringe Program began in Sydney in 1986 as a trial project. The testing of syringes returned to this Darlinghurst Program detected an increase in HIV prevalence, suggesting that HIV was spreading among clients. In the following year Needle and Syringe Programs became NSW Government policy. Other States and Territories followed soon after.

There are a number of different models of Needle and Syringe Programs operating in Australia that vary between different jurisdictions and sometimes by locality. Depending on the jurisdiction, the proportions of these that are government run and non-government run also vary. Furthermore, of the NSPs operating in the non-government sector, a number of these are 'peer-based' NSPs. Peer-based NSPs can be distinguished by the employment of past or current drug users in the development and provision of NSP services to networks of injecting drug users.

[1] Feachem, RGA. 1995. Valuing the past… Investing in the future. Evaluation of the National HIV/AIDS Strategy 1993-94 to 1995-96. AGPS, Canberra.

It is widely understood that peer-based services have had a significant and positive impact on the delivery and acceptability of NSPs to injecting drug users.

Broadly the following NSP service models exist throughout Australia:

Primary outlets are stand-alone agencies that are specifically established to provide injecting equipment, sometimes along with primary medical care. Staff provide these specific services in a non-judgmental manner and develop a rapport with individuals who are otherwise hard to reach.

Secondary outlets offer needle distribution or exchange as one of a range of other health or community services. Typical secondary outlets include hospital Accident and Emergency Departments and Community Health Centres.

Mobile services are distribution and exchange services provided by vehicle or on foot.

Outreach services have workers who move around from place to place to extend the reach of the service, often out of hours.

Vending machines dispense needle and syringe packs containing several 1ml syringes for a small fee. These machines are monitored and restocked by Needle and Syringe Program staff.

Needle and Syringe Programs tend to be located in relatively public places because they need to be accessible. Various government-sponsored pharmacy schemes operate throughout Australia. Generally the schemes provide 1ml syringes, which can either be purchased, or, in NSW, exchanged free on return of a pack with used syringes. In addition to those participating in the government-sponsored schemes, other pharmacies sell needles and syringes and other equipment used for injecting on a commercial basis.

Over 40 countries operate Needle and Syringe Programs including: Australia, Belgium, Brazil, Bulgaria, Canada, China, Croatia, Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Hungary, India, Kazakhstan, Latvia, Luxembourg, Nepal, Netherlands, Norway, Philippines, Poland, Portugal, Slovak Republic, Salvador, Slovenia, Thailand, Ukraine, United Kingdom and the United States of America.

2.3 OPERATIONS OF NEEDLE AND SYRINGE PROGRAMS

While Needle and Syringe Programs operate in all Australian States and Territories, their type, level of activity and funding arrangements differ considerably between jurisdictions. As part of the current study, a profile on NSPs in each State and Territory was developed, in association with representatives from the respective State and Territory health authorities. These profiles are presented in Appendix A.

In addition, State and Territory health authorities were asked to provide details of the level of government expenditure and consumer fees paid for NSP services in recent years, together with estimates of the number of needles and syringes distributed. A summary of the data reported is presented in Table 2.1. It should be noted that in several instances, estimates have been imputed based on data provided by health authorities and the analysis of trends within each State/Territory.

The information presented in the table excludes expenditure on, and needles and syringes distributed through pharmacies that sell these products on a commercial basis and are separate from government-auspiced NSPs. Reliable data on these services are not available across all jurisdictions, and consequently they have been excluded from the analysis presented in this report. However, in order to test the possible effect of their inclusion in the financial analysis, sensitivity analysis presented in Section 4.8 considers the impact of higher levels of costs of operating NSPs without any increase in benefit.

Table 2.1 Expenditure and needles distributed by NSPs by State/Territory, 1999/2000 (1)

	Government Expenditure ($'000)	Consumer Expenditure ($'000)	Total Expenditure ($'000)	Needles Distributed (000)
ACT	$531	$8	$539	593
NSW	$9,827	$463	$10,290	11,566
NT	n.a.	-	n.a.	604[2]
Qld	$1,678	-	$1,678	5,300
SA	$787	$43	$830	3,018
Tas	$484	$138[2]	$622	1,381[2]
Vic	$4,767	-	$4,767	6,177
WA	$1,227	$2,349[2]	$3,576	3,209
Total[1]	**$19,673**	**$3,001**	**$22,674**	**31,848**

[1] Data relates to government-auspiced NSPs only. Excludes expenditure on needle and syringes sold through pharmacies on a commercial basis.

[2] Includes figures imputed from data provided by State/Territory health authorities.