
APPENDIX A

OVERVIEW OF STATE AND TERRITORY NEEDLE AND SYRINGE PROGRAMS

AUSTRALIAN CAPITAL TERRITORY

SNAPSHOT

No of NSPs:	35 (including pharmacies)
Syringes distributed in 1999-2000:	593,000
Approximate Cost:	\$539,000

HISTORY AND PROGRAM FRAMEWORK

Needle and Syringe Programs have been operational in the ACT since 1989. The Drugs of Dependence Act 1989 was amended to provide for the licensing of three occupational groupings (doctors, nurses and pharmacists) plus individuals who had successfully completed an authorised training program and who were accredited by the Chief Health Officer. The training program is currently conducted by Assisting Drug Dependence Inc (ADDInc) with funding from ACT Department of Health and Community Care. ADDInc is also contracted to coordinate all other services associated with the operation of NSPs including supply, distribution and returns.

TYPES OF PROGRAMS

As at June 2001, there were 35 NSPs operating in the ACT consisting of:

- 2 primary outlets (ADDInc and Canberra Injectors Network);
- 11 secondary outlets such as government funded health services like community health centres and non Government services; and
- 22 pharmacy based programs.

There is usually a small outreach service provided for sex workers, but this is not operational at this time. The pharmacy program is relatively new, having been established with the assistance of COAG funds some 12 months ago. A person has been employed at ADDInc to coordinate the development and growth of the pharmacy program. Except for this paid position, the program is largely self-funded.

Pharmacy packs (consisting of 4 syringes, 4 ampoules of water, swabs, spoons and a disposal unit) are provided to the pharmacy at a cost of \$2 and sold to customers for \$4. All pharmacies in the program (along with all other NSP sites in the ACT) provide disposal facilities. However, there is no discount for people who return packs to pharmacies (as is the case in some jurisdictions).

The primary and secondary outlets provide a different type of kit consisting of syringes, water ampoules, swabs, spoons, cotton wool and a disposal unit. All of this equipment is available to users without charge. They also have available other forms of injecting paraphernalia such as butterfly clips and wide bore syringes, some of which is sold at cost recovery rates. The primary outlets provide the full range of ancillary services including information, education, referral, disposal and condoms.

The ACT has a comprehensive needle and syringe disposal strategy. As noted above, all NSPs (including pharmacies) have disposal facilities. This is supported by the following strategies (largely funded by the Department of Urban Services):

- sharps disposal facilities in every public toilet in the ACT;
- a Sharps hotline – a city ranger collects disposed syringes from public land and from private citizens who find a syringe on their land. Businesses are expected to pay for disposal costs;
- training for individuals (such as cleaners) on how to collect and dispose of syringes safely;

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- a depot for bulk waste; and
 - a range of brochures advising “how to dispose safely of used syringes” and “what to do if you find a syringe”. (to be released soon)

BARRIERS AND CHALLENGES

The issues confronting the ACT NSP over the past 12 years are similar to those experienced in other jurisdictions. The primary issue provoking community angst has been the disposal of needles and syringes. The ACT has responded to public concern by strengthening its strategies around disposal. A related issue has been the call for one-for-one exchange of syringes (i.e. that supply of a needle is contingent on the return of a used needle). This has been resisted to date, and its continued resistance largely rests on the political will of the ACT Legislative Assembly.

An interesting historical event was the move towards the provision of a greater range of injecting paraphernalia in each pre-packed kit that was distributed. The rationale for this was the risks of transmission of hepatitis C in ways other than through sharing syringes. Some consumers did not like the new packs as they were too big and bulky. NSPs received strong negative comment about the packs and subsequently streamlined the packs.

It is expected that the issues of disposal and one-for-one exchange will continue to arise on a periodic basis. In addition, there has been some discussion about a move towards a user-pays system in the NSP’s primary and secondary outlets (as is already the case in community pharmacies).

The other issue that is of some import is after-hours access. Only one service (Calvary Hospital) provides FitPacks after 9pm and is not centrally located. ADDInc is currently negotiating with other potential hosts with a view to expanding the range of after-hours services.

NEW SOUTH WALES

SNAPSHOT

No of NSPs:	797
Syringes distributed in 1999-2000:	11,566,000
Approximate Cost:	\$10,290,000

HISTORY

In 1987, the NSW government legalised possession of needles and syringes by amending the Drug Misuse and Trafficking Act 1985. A subsidised pharmacy program (the Pharmacy Distribution Scheme, later renamed the Pharmacy Fitpack Scheme) was funded in 1986 with the objectives of increasing access and encouraging the exchange of used syringes for new ones.

The public sector Needle and Syringe Program commenced in NSW in 1986 with a pilot program. In 1988, the program was rolled out across the state on an expanded pilot basis, with a focus on access, education, consumer involvement and the free supply and exchange of equipment.

Although possession of needles and syringes was legalised in 1987, possession of other items used to administer prohibited drugs, including other items of injecting equipment, remains illegal. Pursuant to the Act, the Director-General of Health is empowered to authorise a specified person or a specified class of persons to lawfully dispense needles and syringes (supply of which would otherwise be an offence). Two classes of agency can apply for approval to operate as an NSP. namely non-government organisations and public health sector

agencies. Approval is ultimately considered by the Chief Health Officer (NGO's) or Chief Executive Officer or Director (PHSA's).

Responsibility for statewide policy and planning of the NSP rests with the AIDS/Infectious Diseases Unit of the NSW Health Department. Responsibility for service delivery and operational matters is devolved largely to the state's 17 Area Health Services and, to a lesser extent, to a small number of community-based NGO's.

A recent significant event was the NSW Drug Summit, held in May 1999, which resulted in many progressive outcomes for the management and operation of drug-related programs in NSW. In the case of the NSP, the main benefit of the Drug Summit was that it demonstrated that there was broad support for the program and recognition of the need to expand the program commensurate with demand.

TYPES OF PROGRAMS

NSW has significant numbers of all types of NSPs. It has 34 primary outlets, 282 secondary outlets, 28 outreach services, 56 vending machines and 397 community pharmacy outlets. Within each of the 17 Area Health Services, there is usually at least one primary outlet, often incorporating an outreach component, and a range of secondary outlets which are usually located within community health services, hospital emergency departments and local NGOs. This 'hub and spoke' type of approach to NSPs means that the local primary outlet provides support, training and supply of equipment to the secondary outlets within the same area.

There is a small number of primary NSPs operating through non-government organisations, some of which operate in a limited way or cater to a specific target population.

All primary, secondary and outreach NSPs provide needles and syringes, Fitpacks or other disposal containers and other injecting equipment (such as swabs, water, spoons and cotton balls) free of charge. Community pharmacies, operating as part of the Pharmacy Fitpack Scheme, supply Fitpacks that contain either 3, 5 or 10 syringes for a cost of around \$3.30 or free if the customer has an exchange. The pharmacies are provided the equipment, through the NSP program at no cost. Vending machines mostly supply a 5 pack with water and swabs for a cost of up to \$3 (\$1 and \$2 being most common).

Injecting equipment is also sold through about 400 non-participating pharmacies on a purely commercial basis. A 1 mL insulin syringe costs an average of \$1.50 through these pharmacies, although prices of up to \$4.50 for a single syringe have been reported.

All NSPs, including pharmacies, operating as part of the Pharmacy Fitpack Scheme, have disposal facilities provided as part of the program. In addition, a Needle Clean Up Hotline was introduced in 1997 in response to community disquiet generated through disposal of syringes. Whilst the initiative has had relatively modest resources committed, it appears to have significantly reduced visible community complaints about discarded needles. The program is now working on a strategy to further improve local responses to discarded needles by increasing the commitment and involvement of the local government sector.

BARRIERS AND CHALLENGES

The early days of the program in NSW were characterised by a significant level of community acceptance in many areas and support from a number of key sectors, most notably the police. In more recent times there has been an erosion of bipartisan political support and the emergence of concerted, organised opposition from particular groups including some local government bodies. During the recent increase in heroin use, street-based drug activity became much more visible in a number of areas, leading to a marked increase in community anxiety. The issue of needle and syringe disposal continues to be the major source of community dissatisfaction with the program.

As a result of the Drug Summit in 1999, a range of new initiatives are now being trialed, including the medically supervised injecting centre in Kings Cross. Following the summit, it seems likely that there will be support for

further development of harm reduction programs in NSW (in contrast to the fight to simply preserve the status quo evident in some other states).

Currently the NSP appears to be limiting injection-related transmission of HIV to a very low level and this seems likely to continue for the foreseeable future. The main challenge to this relates to the possibility of outbreaks of HIV infection among particular populations with high levels of risk behaviour, including some indigenous populations and prison inmates. Ensuring effective access to prevention services for high-risk groups of this kind is a priority at this time.

The second major challenge is to achieve a significant reduction in hepatitis C infections. The extent to which further development of the NSP will enable this to be achieved is difficult to predict. Community understanding, acceptance and support for the NSP will probably be a key factor in determining whether such development occurs. Therefore, a key challenge now is to work out how to achieve a much higher, sustainable level of community support.

NORTHERN TERRITORY

SNAPSHOT

No of NSPs:	19 (2 primary, 5 secondary, 12 pharmacies)
Syringes distributed in 1999-2000:	604,000 (Est)
Approximate Cost:	\$373,000 per annum (Est.)

HISTORY

Needle and Syringe Programs have been operating in the Northern Territory since in 1989, when the Northern Territory AIDS Council (NTAC) and the AIDS Council of Central Australia (ACOCA) were established. In late 1990/early 1991, the distribution of needles and syringes through pharmacies in Darwin commenced. The Misuse of Drugs Act 1990 requires the licensing of positions within particular agencies to distribute needles and syringes. To date, 19 licenses have been granted. In addition, all medical practitioners and pharmacists are automatically authorised to distribute needles and syringes.

Injecting drug use in the Northern Territory differs significantly from other states and the ACT. The most commonly injected drugs in Darwin are prescribed opioids (particularly morphine) and amphetamines. Supply of morphine has recently shrunk due to the regulation of the distribution of morphine through General Practitioners. This pattern is different in Alice Springs where the supply of heroin is more common.

TYPES OF PROGRAMS

The two AIDS Councils (Darwin and Alice Springs) are the primary NSP outlets in the Northern Territory. Between them they distribute the majority of the 500,000 needles and syringes disseminated through NSPs in the NT each year. Supplementing the primary outlets are five secondary outlets operating through NT Health Service's sexual health clinics and Accident and Emergency Departments at each of the hospitals (located at Darwin, East Arnhem Land, Catherine, Tenant Creek and Alice Springs).

In addition to needles and syringes, primary outlets provide swabs and disposal units. Other items (such as condoms and injecting paraphernalia) may be provided on a cost-recovery basis through the core budget of the AIDS Councils. The services provided by the primary NSPs include education, advocacy, disposal, referral and support.

Needles and syringes are also distributed through commercial pharmacies. On commercial terms, pharmacies in the NT purchase “fit kits” from a third party source (either NT AIDS Council or suppliers from other states). These kits (consisting of 5 syringes and a disposal pack) are purchased for around \$3 and sold through pharmacies for between \$4 and \$6. It is not known how many of these kits are sold annually, but it is estimated to account for an additional 5-10% per annum (perhaps as many as 50,000 syringes).

The NT AIDS Council and Darwin City Council have collaborated to provide 10 disposal units in the Darwin area. The first of these was installed into the Casuarina Library in 1998. Prior to that, the only disposal facilities were located at NTAC and the Darwin Airport (men’s toilets). Disposal units are also located in the male and female toilets at Alice Springs Airport.

BARRIERS AND CHALLENGES

Like many other jurisdictions, NSPs in the Territory are a highly political issue and public perceptions have some influence over policy decisions. In recent times, increased cost recovery has been looked at and, accordingly, consideration is being given to strategies to increase the role of pharmacies as a major point of needle and syringe distribution. The other significant issue is that of disposal. On a regular basis the problem of needle and syringe disposal emerges and community debate ensues. The NT is currently developing a database to identify disposal hotspots. Contributing to the disposal issue is the fact that no pharmacy currently accepts used injecting equipment. Steps are being taken to provide bulk disposal facilities.

The legislative framework in the NT provides that needles and syringes can only be issued by licensed positions (as described above). This creates a difficulty when people in authorised positions are unavailable.

COAG funding has been provided for the establishment of an NSP in the suburb of Palmerston in Darwin. Prior to the NT Government issuing a license, it has required that the Palmerston Council support the new NSP. This support has not yet been forthcoming and, accordingly, the Palmerston NSP is yet to commence.

QUEENSLAND

SNAPSHOT

No of NSPs:	132 (+800 estimated pharmacies)
Syringes distributed in 1999-2000:	5,300,000 (+5,000,000 estimated through pharmacies)
Approximate Cost:	\$1,678,000

HISTORY

The enabling legislation for Needle and Syringe Programs in Queensland was enacted in the Drugs Misuse Act (as amended) 1989. The amendment allows for the supply of needles and syringes to any person for any lawful purpose. It also allows for the supply of needles and syringes to any person by medical practitioners, pharmacists and persons approved by the Minister of Health for the purposes of illegal drug use. This requires the Minister of Health to approve all staff or staff positions involved in NSPs. To obtain approval, staff are required to attend and successfully complete a 4-hour training program, upon which their names or positions are submitted to the Minister for final approval.

Prior to 1989, single syringes were sold commercially through pharmacies. The original Queensland NSP (known then as the Statewide HIV/AIDS and IDU Program) was located within the Sexual Health Unit of Communicable Diseases. In 1997, following a review of needle and syringe availability, the management of NSPs was shifted to Alcohol, Tobacco and Other Drugs Services.

Distribution of needles and syringes has tripled over the past six years (1996-2001). There has been an explosion of amphetamine use over this time (there are now an estimated 85,000 amphetamine users in Queensland) and it is likely that many people who use amphetamines are injecting on a casual basis. Use of heroin is not as dominant as it is in some other states; even so it is estimated that Queensland has approximately 17,000 heroin-dependent persons.

TYPES OF PROGRAMS

Queensland has 132 needle and syringe programs currently operational, which distribute around 5,000,000 needles and syringes per annum. The program has two primary Queensland Health operated sites (Brisbane and Cairns) and 130 secondary and NGO sites. In addition, outreach services are provided through some of the NGOs. Brisbane City Council and Queensland Health are in the process of establishing an after-hours street-based service to distribute equipment within the Fortitude Valley area. Biala, located in Brisbane, is the largest NSP in Australia and accounts for approximately 34% of the total number of syringes distributed in Queensland each year. It is a 24hour/7days per week alcohol and drug service with a full range of services including a methadone clinic and an AIDS medical unit. It is Queensland Health policy that every health service district must provide at least one NSP within its area. In addition, Accident and Emergency Services in all publicly funded hospitals are strongly encouraged to operate NSPs. However, some hospitals do not operate NSPs, while others operate the program without uniformity of service or with little enthusiasm.

Like programs in all states, the range of activities that each service engages in is commensurate with their degree of specialisation. The primary sites, NGOs and larger secondary sites provide a comprehensive range of services (greater range of injecting paraphernalia, provision of condoms, BBV testing, referrals, support and information), whereas the smaller programs are more likely to only provide basic services.

In addition to the provision of equipment, all Queensland Health NSPs provide used sharps collection and disposal facilities. Brisbane City Council has also recently installed 300 disposal bins in and around the city. Many other local councils have already, or are in the process of installing sharps disposal bins in appropriate locations.

The legislation automatically authorises all pharmacists to sell syringes. There are approximately 1,000 retail pharmacies in Queensland and it is estimated that around 80% of them sell needles and syringes at a retail price of between \$2 and \$5 for a five pack (average price is \$3). It is estimated that these pharmacies distribute about 5,000,000 syringes per annum (approximately the same number as the NSP). However, as this commercial operation takes place without any government involvement or regulation, it is difficult to determine exact figures. Queensland Health is in the process of talking directly with wholesalers of injecting equipment to obtain more accurate and detailed information.

BARRIERS AND CHALLENGES

From the outset of operating NSPs in Queensland, the program has experienced a significant level of public antagonism. This is well illustrated by the recent call from the Northern Queensland Local Government Association for the banning of NSPs. As a result, NSPs are continually defending their position and are operating from a position of reactivity rather than acting in accordance with sound evidence-based practice.

The major issue for action in Queensland, is the safe disposal of used needles and syringes. Although 80% of pharmacies sell syringes, almost none accept returned sharps. Queensland Health is currently exploring options with the Queensland Pharmacy Guild to encourage pharmacies to provide sharps disposal facilities. In addition to pharmacies, Queensland Health is working in partnership with local government to deal with disposal issues. This has resulted in the creation of a collaborative project between Queensland Health and the Local Government Association of Queensland within the framework of the Queensland Public Health Partnership Protocols. The first concrete result being the establishment of an 1800 State wide clean needle helpline.

SOUTH AUSTRALIA

SNAPSHOT

No of NSPs:	151
Syringes distributed in 1999-2000:	3,018,000
Approximate Cost:	\$830,000

HISTORY

In South Australia, the "Clean Needle Program" (CNP) is operated by the Drug and Alcohol Services Council (DASC) within a licensing framework. The legislation (the Controlled Substances Act) provides for trained agency representatives to possess and distribute needles and syringes in compliance with agency protocols.

The Clean Needle Program commenced in South Australia in 1989. The first fixed-site services were located at SAVIVE (South Australia Voice for IntraVenous Education) and Warinilla (a drug treatment service). The pharmacy program commenced in SA in the early 1990's.

TYPES OF PROGRAMS

Of the 151 NSPs in South Australia, there is 1 primary outlet (SAVIVE), 66 secondary outlets (located in hospitals, community health centres and youth services) and 84 community pharmacies (from a potential pool of 380 pharmacies). An informal outreach service is provided by SAVIVE, via their peer educators' informal network. A vending machine was installed at SAVIVE, but was vandalised and is no longer operational. An issue was raised about the appropriateness of vending machines given that they only disseminate equipment and do not provide users with information about safe using.

Of the primary and secondary outlets, 32 are based in the metropolitan area of Adelaide and 34 are in rural areas (mainly in country hospitals). The absence of any metropolitan hospitals from the program means that there are no 24-hour services in Adelaide, although there is 24-hour access through the majority of country hospitals.

The community pharmacy program is run on a partial cost-recovery basis. The program supplies community pharmacies with Fitpacks at no cost and charges these pharmacies (at cost price) for syringes supplied (\$0.1386 per syringe). Pharmacies sell Fitpacks to consumers at a cost of \$5 for a 10 pack and \$4 for a three pack. If consumers return a Fitpack, they receive a \$2.00 discount on a new pack. Currently, the syringes for the Fitpacks are supplied in bulk through the program, with pharmacies being required to assemble the packs themselves. This element of the program has been identified as having an impact on pharmacists' willingness to participate in the program, and is currently being addressed.

In addition to pharmacies that participate in the Needle and Syringe Program, other pharmacies sell needles and syringes on a purely commercial basis. They order equipment (such as the SK-3) from pharmacy wholesales and retail them at whatever price they consider appropriate. As these transactions are outside the bounds of the program, there is very little information available about quantity and price.

Disposal facilities are provided through the program at all NSP sites, including community pharmacies. Some local councils also provide disposal facilities at various sites such as public toilets and council offices. SA has recently launched a Needle Clean Up Hotline, operated through the Alcohol and Drug Information Service (ADIS), whereby members of the public can report syringes found in public places.

BARRIERS AND CHALLENGES

Access to NSPs in some locations (some country areas have resisted the introduction of an NSP into their community) and on a 24/7 basis in Adelaide have been issues for the program over the past few years. Only two sites in Adelaide provide after-hours access (at Hindmarsh and Norwood) and neither of these sites are open 24 hours. Encouraging metropolitan hospitals to participate in the program is identified as a major challenge for the immediate future.

There have been several barriers to the involvement of pharmacies in the program, including issues relating to clients' behaviour in the pharmacy (people accessing the methadone program rather than the NSP are not differentiated) and the time-consuming process of assembling the Fitpacks. One of the objectives for the program in SA is to increase the number of community pharmacies participating in the program and work has already commenced through the Pharmacy Guild (SA Branch), to further that objective. An initiative that is being pursued through the community pharmacy program is the provision of information and linkages with other services.

There is a reasonable level of political and community goodwill towards the program and it seems to have been relatively immune from the attacks that the program has faced in some other states.

As distribution of equipment increases, so do the costs of running the program. There is a desire to increase the range of equipment that is available through the program (including spoons and filters), but it is recognised that this will further exacerbate the problem of rising costs.

TASMANIA

SNAPSHOT

No of NAPs:	88
Syringes distributed in 1999-2000:	1,381,000
Approximate Cost:	\$622,000

The program in Tasmania is referred to as the "Needle Availability Program ("NAP").

HISTORY

In 1993, the Tasmanian Parliament passed the HIV/AIDS Preventive Measures Act, which established the regulatory framework for NAPs. Prior to this time, there had been some informal (and unlawful) dissemination of needles and syringes by individuals committed to preventing the transmission of HIV. The Act declares that permits are required to operate an NAP and identifies the basis upon which permits can be issued. Agencies wanting to run a NAP apply for a permit, nominate the individual (s) who will disseminate the equipment and have the conversation with the clients, attend education and training sessions etc. Once the permit is granted, the individual (permit holder) can delegate these powers to others, should they be unable to undertake them themselves.

The management of the NAP has always rested within the Sexual Health Branch under the Division of Health Advancement within the Department of Health and Human Services. There have been some suggestions that it should be moved to Drug and Alcohol Services within in the Department of Health and Human Services. This has, however, been resisted, on the basis that the focus of the program must be harm reduction and this is in sometimes in contrast with the philosophy surrounding the Alcohol and Drugs Services' approach to drugs.

The most commonly injected drugs in Tasmania vary between regions. Clients indicate, via a data-collecting tool administered to clients each time they access a NAP, that in Hobart the drugs mostly commonly injected are morphine or methadone; in Launceston it is morphine and amphetamines; and on the north-west coast, amphetamines are the drugs mostly injected. In 1999/00 only 4.3% of injecting drug users in Tasmania indicated that they mostly inject heroin.

TYPES OF PROGRAMS

Tasmania has no primary outlets (its largest NAP is located within the Tasmanian Council on AIDS and Related Diseases TasCAHRD), 28 secondary outlets (disseminating approximately 80% of all syringes) and 60 pharmacy-based outlets (disseminating approximately 20% of all syringes).

The secondary outlets are co-located with a range of services including hospitals, community health services, youth health and drug and alcohol services. There are a few 24/7 services, located within Accident and Emergency Departments in hospitals. Unfortunately, this is not the case in either Hobart or Launceston, although in Hobart a 24/7 Alcohol and Drug Detoxification Unit is involved in the program.

The secondary outlets order injecting equipment from a Medical Supply Company with which the Tasmanian Department of Health and Human Services ("DHHS") has a contract. The equipment is available to the NAP at no cost, but the outlets do not receive funding to provide the NAP service nor any ancillary services (such as disposal, referral, information, staff etc).

Pharmacy-based outlets provide equipment to clients for a fee. They order equipment in the same manner as secondary outlets and, similarly, are not charged for the supply of this equipment. Unfortunately, due to a range of factors, the variety of equipment available through the pharmacy-based outlets is usually limited to 1mL Fitpacks.

The standard prices that are charged for equipment are \$6 for a 10 pack (10 syringes, 10 swabs, 10 water ampoules, Fitpack10 disposal unit) and \$4 for the 3 pack (3 syringes, 3 swabs, 3 water ampoules and FitPack3 disposal unit). If the client returns a FitPack they are able to purchase a 10 pack for \$3 and a 3 pack for \$2. If however, they cannot afford to pay, they will not be refused equipment. The Department of Health and Human Services has an agreement with pharmacies that was written 10 years ago. A Memorandum of Understanding is now being negotiated between the Department of Health and Human Services and the Pharmacy Guild of Australia (Tasmanian Branch) to clearly document the roles and responsibilities of both Government and Pharmacies in the NAP. All pharmacy-based outlets provide disposal facilities for returned equipment at their own cost.

NAPs provide an extensive range of equipment including different types and sizes of needles (18-30 gauge), different types and sizes of syringes (1mL-20mL), a range of sharps containers (1.4-68 litre), water swabs, FitPacks (3 and 10), insulin syringes (27 and 29 gauge). Outlets are able to order whatever equipment they believe their clients need, and package it in appropriate ways. In other words, there is no standard "pack" provided through Tasmanian NAPs. Secondary outlets do not charge consumers for any of the equipment that they supply through the NAP.

In addition to the pharmacy-based outlets participating in the NAP (approximately 50% of all pharmacies in Tasmania), other pharmacies sell syringes on a purely commercial basis.

BARRIERS AND CHALLENGES

The biggest barrier that has been faced in Tasmania, like most jurisdictions, is the political sensitivity of needle and syringe programs. As a result, the government has chosen to take a low key, discrete approach to the operation of NAPs.

Some government health agencies, although well positioned to host an NAP (such as large metropolitan hospitals and community health centres), have declined invitations to be involved. They appear not to have been further encouraged by respective Ministers.

Another issue has been the trend away from bipartisan political support for the NAP in Tasmania since the last change of government. This has led to the NAP being used for political purposes, rather than being recognised as an important public health initiative. It is anticipated that this push to dampen down public health initiatives could have significant future consequences for the program.

As a result of the continual increase in the number of needles and syringes distributed, the costs of running the Program are also increasing. This has led to varying suggestions for strategies including a review of the program and a user-pays program.

VICTORIA

SNAPSHOT

No of NSPs:	215
Syringes distributed in 1999-2000:	6,177,000
Approximate Cost:	\$4,767,000

HISTORY

Needle and Syringe Programs commenced in Victoria with four pilot programs in 1987. In 1988, the program was expanded state-wide. NSPs are governed by the Drugs, Poisons and Controlled Substances Act 1981 (Vic) which provides an exclusion for people authorised by that Act from the laws governing aiding and abetting illicit drug use. The Act enables the authorisation of agencies wanting to host an NSP (and records the agency name, positions, roles and hours of operation), as well as a general authorisation for pharmacists and pharmacy assistants. Once authorised by the Minister for Health, any changes within a service (eg hours of operation) must be notified to the Department. The requests for authorisation are considered by the Department, prior to making recommendations to the Minister. The Department gives consideration to such issues as consultation with the local community, the proposed location, training and general understanding of the operations of an NSP.

Until the most recent change of government (in December 1999), the NSP administration was located within Communicable Diseases Branch of Public Health. It is now located within the Drugs Policy and Services Branch of Victorian Department of Human Services.

Reports indicate that the main drug being used in Victoria is heroin, although in its absence (such as during the recent heroin drought), amphetamine use increases.

TYPES OF PROGRAMS

Of the 215 registered programs in Victoria, 14 are primary outlets (fully funded through the program), 180 are secondary outlets (which provide consumables, written resources and training) and 22 are pharmacy-based programs. In addition, there are 3 enhanced secondary outlets, located in drug hotspots, which are funded for some staff time, some disposal facilities and some community education and promotion.

Pharmacy involvement in the government-auspiced program is fairly limited, but other pharmacies do sell equipment. Those participating in the NSP program receive consumables for free and are supposed to provide it

to users free of charge (which removes the profit incentive for pharmacy involvement). The Department operates the ordering and supply process for all NSPs.

The equipment supplied through the NSPs includes needles, syringes (in a variety of sizes), swabs, condoms, lube, disposal units, plastic bags and printed materials. They do not currently supply water, spoon and filters, but consideration is being given to the possible provision of these items. There is some variation in what is supplied in a standard kit from NSPs as some choose to make up their own packs.

With respect to outreach services, there are two foot patrols, one of which operates on a fixed route. One foot patrol works within the CBD during the day and night. Another foot patrol, in the Springvale area, operates during the day only. In metropolitan Melbourne, there are also seven car-based outreach programs operating each evening, seven days a week, until about 11 pm. There are two car-based outreach programs operating during the day.

Another outreach project in Victoria is the steroid project, which employs a worker to provide information about safe using and consumables to users of anabolic steroids. This project was piloted in 1996 and has been running since 1997.

All needle and syringe programs have disposal facilities supplied and maintained by Departmental funding. A Helpline has also been established to provide advice and referral to people who find a syringe that has been disposed of. If there is an agency in the area that has a collection service, the referral is made to that agency (eg Fitzroy NSP or a local government authority). Otherwise the person is given information about how to pick up the syringe safely. In addition, many local councils have installed disposal units in locations such as public toilets.

BARRIERS AND CHALLENGES

Like most jurisdictions, disposal incidents have plagued the operations of the NSP. The highest profile of these incidents involved a well-known triathlete who received a needle stick injury from a discarded needle on St Kilda beach. This resulted in huge media coverage and public outrage. There is a constant level of public concern about NSPs and a lack of understanding about the rationale for such programs. Like other states, the name of the program was changed (by the deletion of the word 'exchange') to reduce expectations that NSPs achieved or should achieve a 1-for-1 exchange of equipment.

The Minister for Health launched a 'Safe Needle Disposal Strategy' in January 2001 that includes the establishment of the HelpLine and a number of strategies relating to surveillance, best practice disposal and retrieval and working with local government to improve and expand retrieval services. A Monitoring Group with representation from NSPs, users, local government, pharmacies, public transport, police and epidemiology has been established to oversee the implementation of the strategy.

The role of NSPs within mainstream health services has also been a constant issue. It is not widely accepted that the provision of an NSP is part of the public health role of these services, and so the introduction of NSPs has been resisted by some health workers.

One issue that has not been raised in other jurisdictions is that of planning issues for local government that arise when application is made for planning approval for a needle and syringe program. Negotiations are currently underway to develop guidelines that will clarify this process.

Current debates and anticipated future issues in Victoria include the call for the use of retractable needles, educating the public about the real risks of transmission of communicable diseases as a result of a non-occupational needle-stick injury (to reduce concerns about needle and syringe disposal) and an apparent increase in the intensity of media sensationalism about NSPs.

Another issue of concern in Victoria relates to the requirement for the legalisation of possession of used equipment. Whilst it is not illegal to possess used equipment, the equipment and its contents can be seized,

tested and used in evidence to support other charges. This is reported by NSPs as being a barrier to appropriate disposal such as carrying a container of used syringes to an NSP and is likely to contribute to the immediate disposal of equipment at the location of its use (i.e. inappropriate disposal).

WESTERN AUSTRALIA

SNAPSHOT

No of NSPs:	80 (plus pharmacies)
Syringes distributed in 1999-2000:	3,209,000
Approximate Cost:	\$3,576,000

HISTORY

The Poisons Act 1964, was amended in 1994 to create a legal defence for persons participating in approved needle and syringe programs. The power to approve applications from organisations wishing to be authorised pursuant to this Act is vested in the Commissioner of Health, Health Department of WA. Legislatively, responsibility for the administration of needle and syringe programs in WA is carried by the Chief Pharmacist (Environmental Health: Drugs Poisons and Therapeutic Goods Control Section), Health Department of Western Australia. However, the Sexual Health Program, Communicable Disease Control Branch, Health Department of Western Australia plays a major role in liaison with service providers and providing statewide coordination of the program.

Until 1994, the provision of injecting equipment to people who were injecting drugs illicitly was illegal, and providers of needles and syringes could, as the law stood, have been charged with an offence under the Western Australian Criminal Code. Despite this, pharmacists and other services provided sterile needles and syringes to injecting drug users as a critical public health strategy in the prevention of further transmission of HIV. The Poisons Act amendments of 1994 led to an increase in the number of needles and syringes distributed and the number of outlets. NSPs first commenced in WA in 1987, with the Health Department of Western Australia administering a program providing sterile injecting equipment to injecting drug users (IDUs) in "SS5" kits (consisting of a disposal container, 5 sterile needles and syringes, condoms, and information pamphlets). These were distributed through the Western Australian AIDS Council and other agencies, and retailed through pharmacies. In July of 1992, Fitpacks[®] were introduced to replace the SS5 kits.

TYPES OF PROGRAMS

WA has one dedicated fixed-site primary needle and syringe exchange, three mobile outreach exchange services, 75 secondary outlets, and one vending machine. The primary site is operated by Western Australian Substance Users' Association (WASUA) and is located in Northbridge (Perth). The Western Australian AIDS Council (WAAC) operates two mobile services from a range of different sites in Perth and a new mobile program operated by WASUA has been established in the regional centre of Bunbury (funded through COAG Diversion Initiative). Secondary outlets are provided through other services such as hospitals (41 outlets), health units, nursing posts and community health centres. They account for less than 5% of total needle distribution in WA.

Two vending machines had been installed at a drug and alcohol service operated by the Health Department, but they are currently non-operational due to vandalism. When operational, the vending machines were disseminating just over 1% of all needles and syringes. A trial of a vending machine commenced operation at Kalgoorlie Regional Hospital in March 2001. In the first eight weeks of operation, similar numbers of Fitpacks[®] have been vended through the machine at cost of \$3.00 as were given out at no cost over the counter of the

Accident and Emergency Department for same time period last year. The machine has to date not been vandalised or broken into.

The operations of NSPs in WA are significantly different from those in other states in several significant ways. Firstly, approximately sixty-five per cent of needles and syringes distributed in WA are sold through pharmacies. Secondly, the two services that offer exchange do so on a cost-recovery basis, that is, a charge of 25c per needle if there is no exchange.

The pharmacy program is commercial in nature (equipment is ordered directly from the pharmaceutical wholesaler and sold at a price determined by the pharmacy). The Health Department of WA supplies information labels that are attached to the Fitpacks[⊃] at the point of manufacture and packing (i.e. prior to dispatch to the pharmaceutical wholesalers). Under a collective licence held by the Pharmaceutical Council of WA, pharmacists are licensed to sell only Fitpacks[⊃], Fitpack[⊃] Plus and Sharpkitz, and most commonly retail a combination of these products. Fitpacks[⊃] consist of 5 syringes in a disposal unit (average price 5.50), whilst Fitpacks[⊃] Plus contain 3 syringes, water, swabs and spoons in a disposal unit (average price \$6.50). Prices for each product vary significantly between outlets (including across location and hours of operation). There are no return discount or exchange, nor disposal facilities provided through pharmacies. There are a few pharmacists that have applied for individual licenses to allow them to sell loose needles and syringes with a disposal container.

The Health Department of WA includes safe disposal messages on all Fitpack[⊃] labels, and has produced a pamphlet to inform the general public on how to appropriately dispose of used needles and syringes they may find discarded. Further, HDWA has made available to local government authorities needle and syringe disposal bins for installation in their public amenities. Maintenance of the bins is the responsibility of the local government authority. The WASUA and WAAC NSPs provide disposal facilities for used equipment.

A demonstration project involving WA Drug Abuse Strategy Office, WA Police Service, HDWA, local governments (Town of Vincent and City of Perth) and WASUA has developed strategies and resources to educate both the general public and people who inject drugs in the practice of safe disposal of used injecting equipment.

BARRIERS AND CHALLENGES

Historically, public and political support for the program has been one of the most difficult barriers to overcome. There has been a level of recognition of the need for the program from the government, but this has fallen short of making public statements to that effect. The media occasionally seizes on events such as needle and syringe disposal and makes a significant public issue out of it. There is a minority within the community who voice marked opposition to the program.

The major issues in WA for the NSP are those of access and equity. The sheer size of the state and the distribution of the population across the state make access for many people problematic. There is now a reasonable coverage of NSPs and/or participating pharmacies across WA, but there are some areas (such as some mining towns) where injecting drug use is known to be occurring but the supply of injecting equipment is limited. 24-hour access also poses an issue, as there is only one 24-hour pharmacy based in Perth and some of the major regional centres do not have 24-hour outlets (NSPs or pharmacies). Historically, there was an informal agreement between the Health Department and the Pharmacy Guild (WA Branch) that the Department would not establish an NSP in an area during pharmacy trading hours. This agreement is now being revisited as it is restricting access in some locations.

Equity of access is an issue in WA more so than in any other state as it is the only state that operates its NSPs largely on a cost-recovery basis and its pharmacy program is commercial. This means that people in areas not serviced by an NSP can only access Fitpacks[⊃], at full retail price (around \$5 to \$6 in rural areas and \$5 to \$7 in metropolitan areas) and this is likely to have an impact on people with lower incomes. As noted above, the only 24-hour service in Perth is located in a pharmacy. This raises an issue of after-hours access not only for people on lower incomes and others who are price sensitive, but also for those who live in outer metropolitan areas, and

does not allow for choice in mode of service provision. These issues are currently being considered in WA, whilst recognising the costs involved in adding more NSPs to the current service system.

The WA Health Department is conscious of the advantages of having such a successful pharmacy program at a very low cost, but also recognises the dilemmas that have been created through the agreement with the Pharmacy Guild at the inception of the program. This issue is in the process of being explored with a view to widening access and the availability of needles and syringes.
