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Western Sydney and Nepean Blue Mountains
Needle and Syringe Program Study:
A report to community

Never Stand Still

Arts & Social Sciences

Centre for Social Research in Health

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This study was approved by the Human Research Ethics Committees of UNSW Australia and relevant health authorities.

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This report and other publications are available at:

<https://csr.arts.unsw.edu.au/research/projects/evaluation-nsp-service-models-sydney-west/>

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Introduction

A partnership was established between the Centre for Social Research in Health (formerly the National Centre in HIV Social Research) and the Western Sydney (WS) and Nepean Blue Mountains (NBM) Local Health Districts to conduct a three year research project over the period 2011-2013.

The aim of the research project was to identify how NSP services:

1. Achieve the stated aims of the NSW NSP
2. Contribute to broader health outcomes in relation to the health and well-being of people who inject drugs

This report will focus on three activities from this project:

1. Surveys with NSP clients
2. Interviews with NSP clients
3. Interviews with NSP workers

In this area a range of NSP services were operating including:

- Primary – stand-alone services with specialised NSP workers, which are typically open during business hours
- Primary + Primary Health Care – where nurses and other professionals are available to provide primary health care to NSP clients in addition to NSP services

- Secondary – where equipment is available from another service such as a sexual health service or community health centre
- Vending Machine – where clients pay for equipment and is available 24 hours a day
- Outreach – where NSP workers deliver equipment to clients on a regular route or on request

Since the time of the study, other NSP modes have been introduced in NSW including internal dispensing chutes. These chutes are located in health services, such as hospital emergency departments, and equipment is available free of charge but without having to ask staff for the equipment.

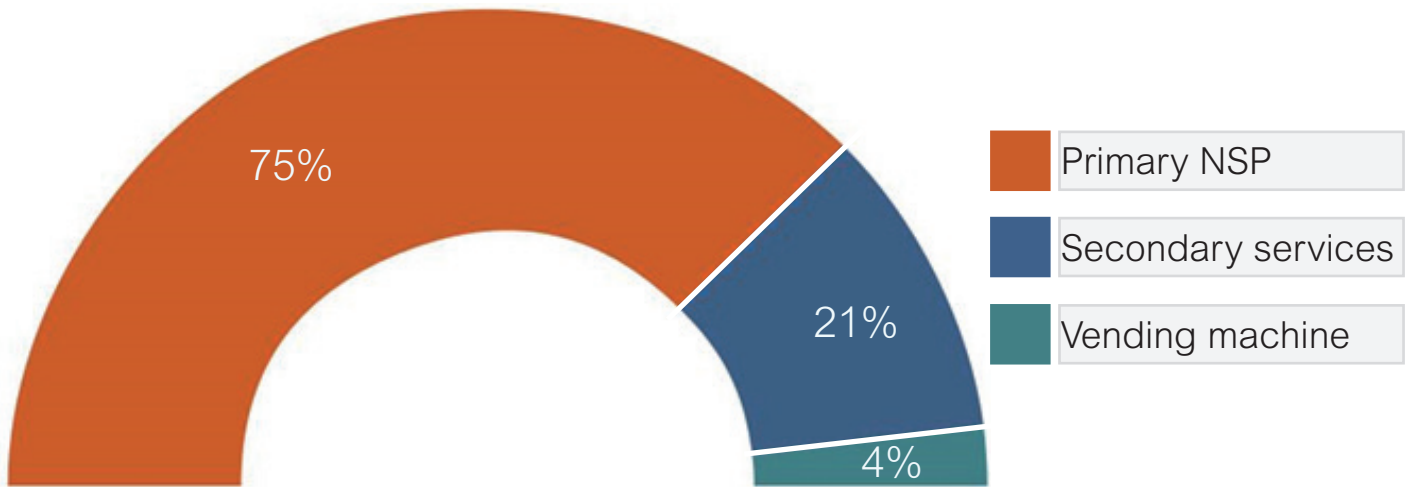
Method

Researchers were on site at a selection of primary, secondary and vending machine sites to ask clients to complete a survey. Clients were provided with a \$20 voucher for their time. Clients who completed the survey were also asked if they would participate in a follow-up interview for which they also received a \$20 voucher.

We also interviewed 12 NSP workers to ask them about their daily work and their opinions of what makes a “good” NSP service.

Results of survey with NSP clients

Recruitment



236 NSP clients completed a survey. They were recruited from a range of services with most recruited from a primary NSP.

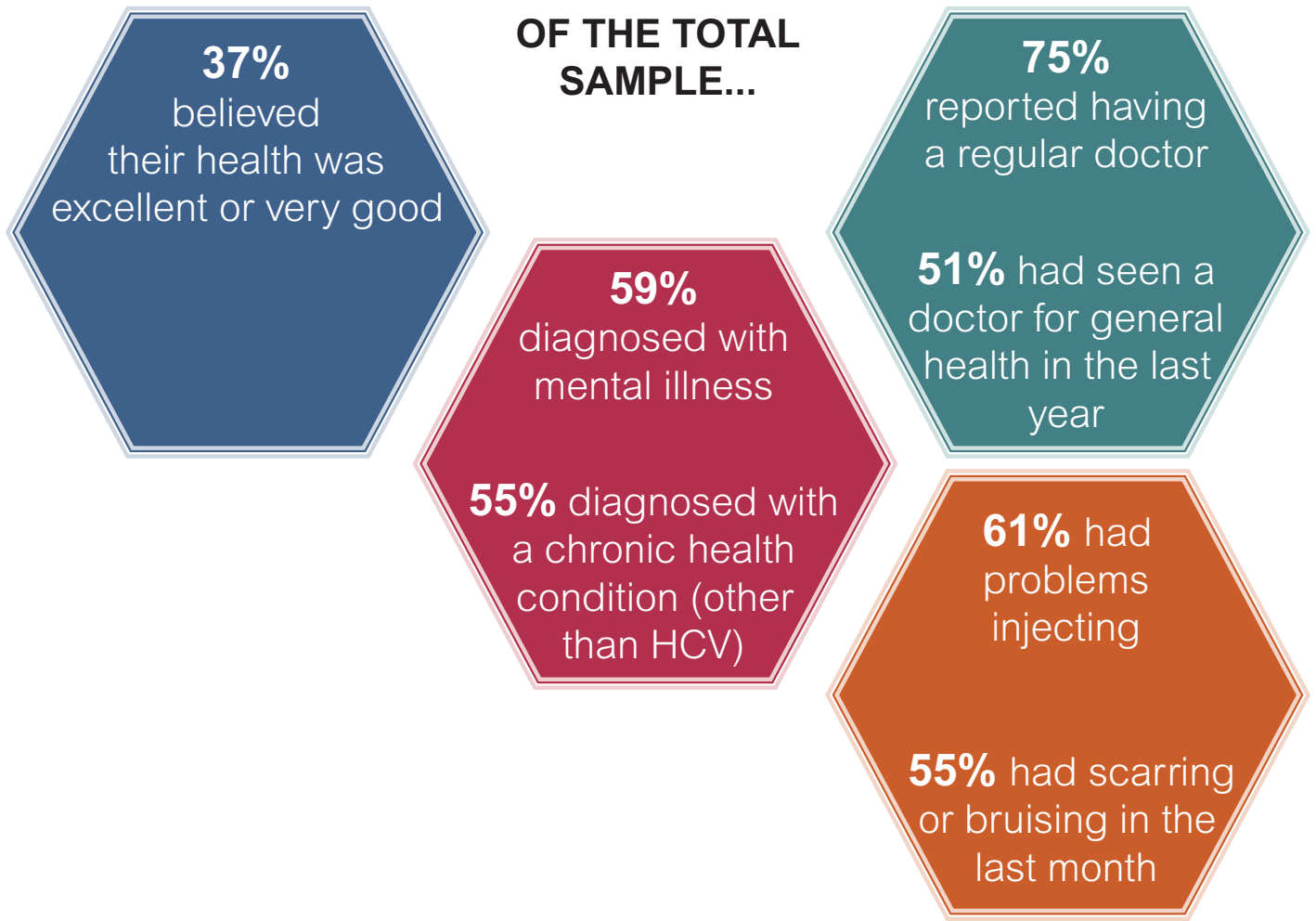
Key Characteristics: Demographics

- 64% were male
- Median age was 39 years
- 87% identified as heterosexual/straight
- 12% were living in unstable accommodation
- 22% identified as Indigenous
- 63% had ever been in prison
- 76% had completed year 10 or less schooling

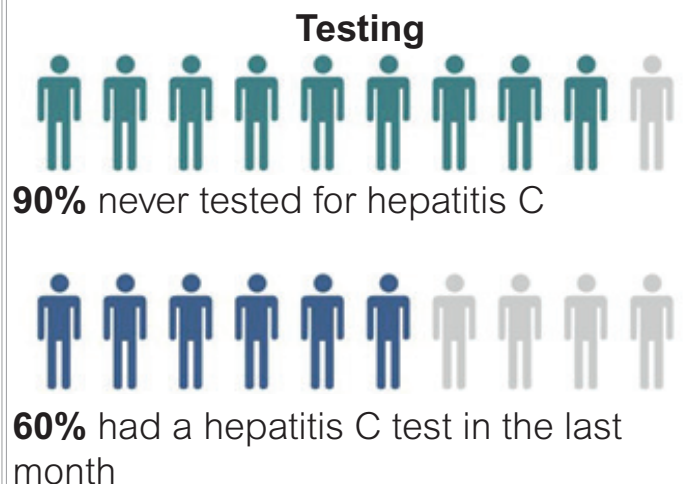
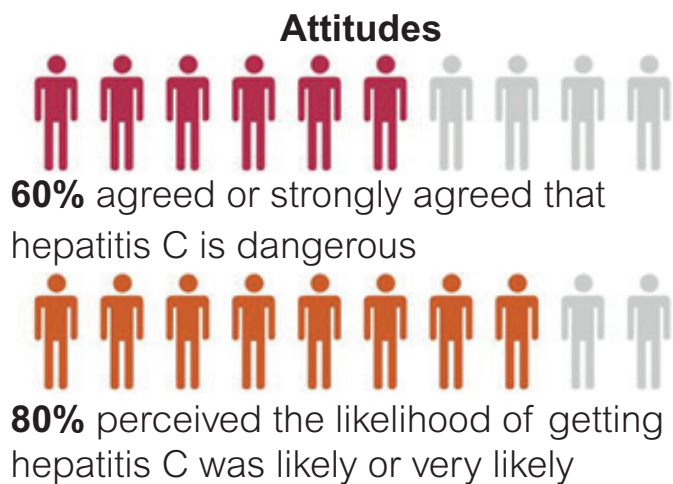
Key Characteristics: Illicit drug use

- Mean age of first injection: 19 years
- Drug injected last month:
 - 55% Meth/amphetamine
 - 45% Heroin
 - 38% Methadone
 - 45% Other opiates
 - 6% Steroids
- 46% injected daily in last month
- 54% agreed or strongly agreed that it is difficult to manage their drug use

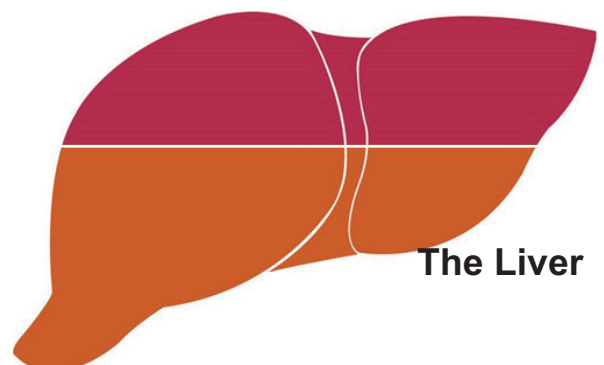
Health



Hepatitis C

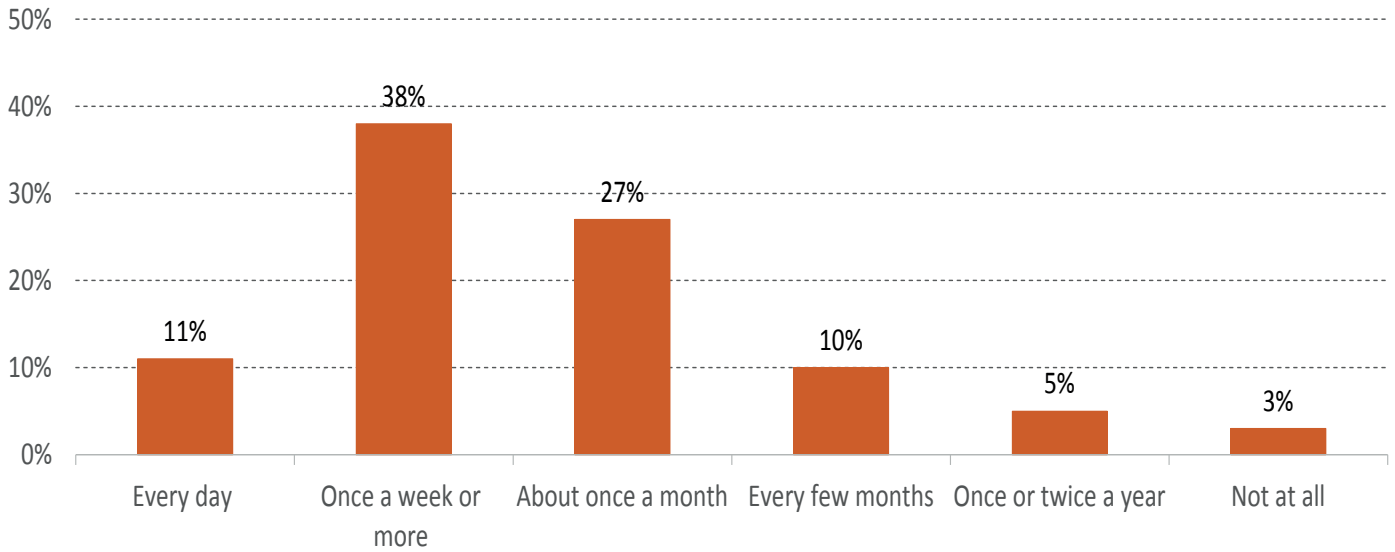


63% reported being diagnosed with hepatitis C



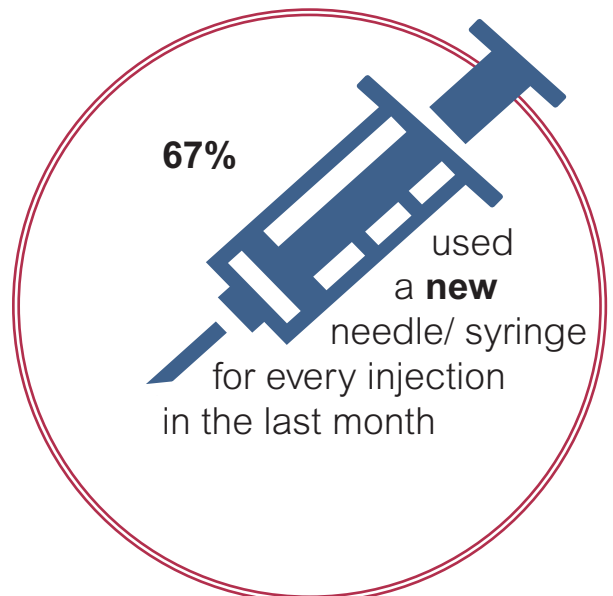
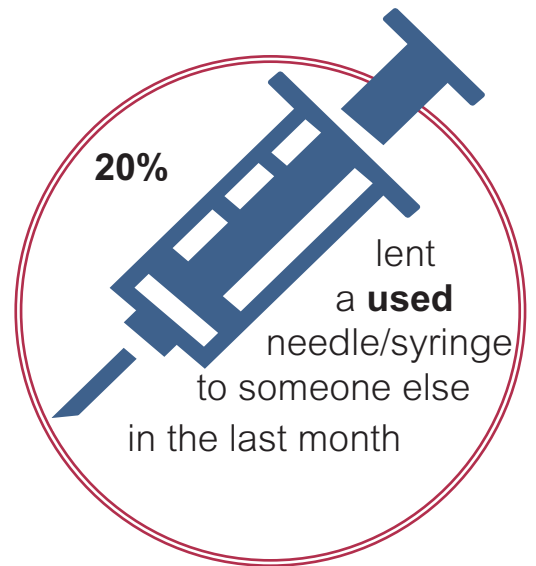
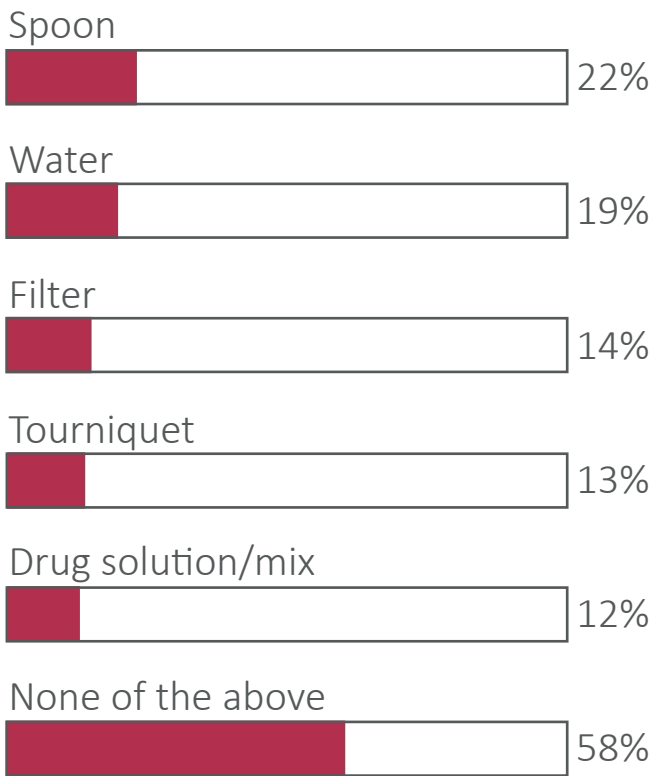
NSP

Frequency of obtaining equipment from a NSP



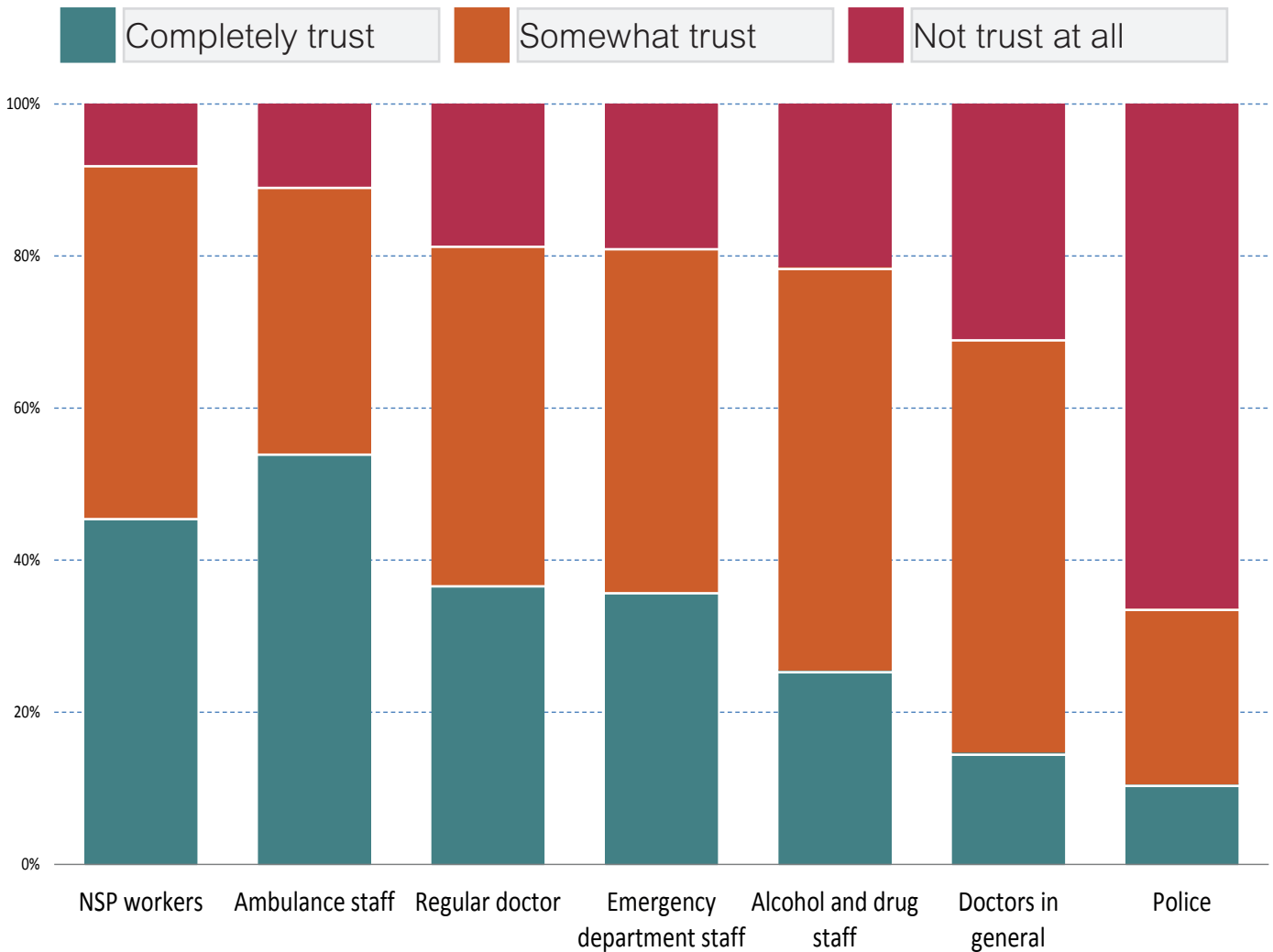
Equipment Sharing

Used another person's equipment in the last month...



Key Achievements

Trust



Trust in the NSP service was high. Participants reported that they felt mistrusted by other services because they used drugs. Clients described the NSP as place where they are treated “like any other person” and felt that their efforts to protect their health were respected by NSP staff.

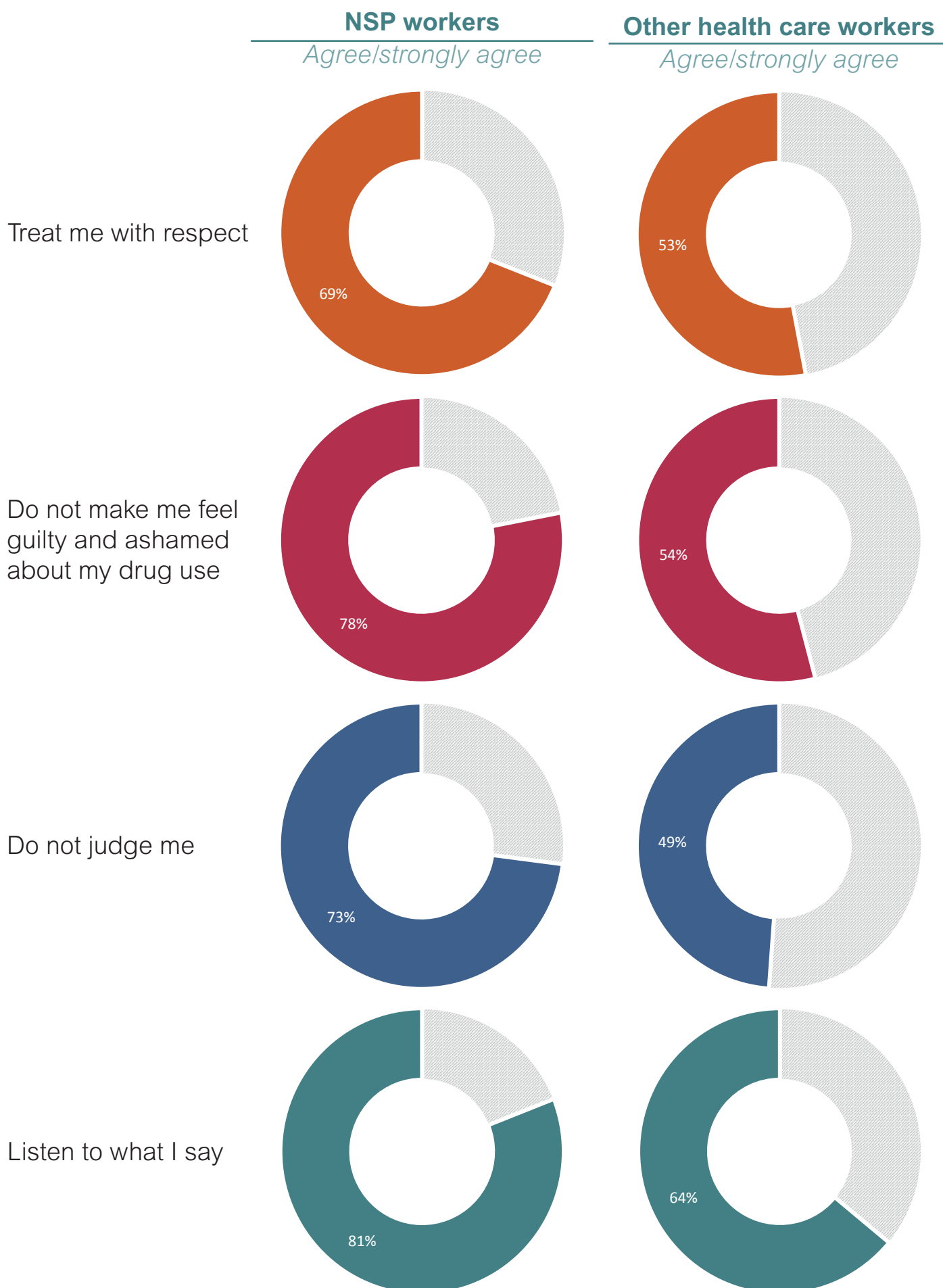
“They’re just quite happy to hand over what you need, and they don’t look down at you for any reason sort of thing because they know that you know, you’ve got a problem, at least you’re prepared to go there and use cleans ones than end up with more of a problem.” (John, male, 51)*

“That’s nice, the way they treat you. ... The way they try to make you feel like you’re not a piece of trash... They treat you nice. Respect.”

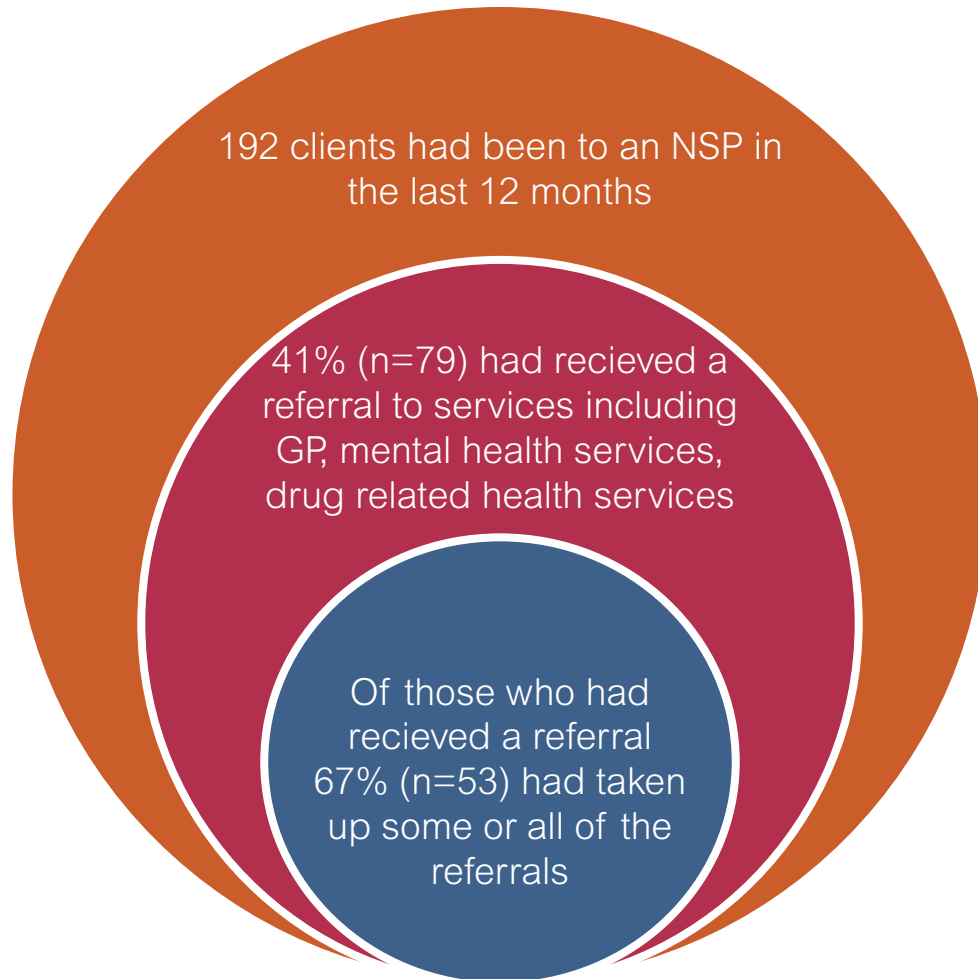
(Heather*, female, 35 years)

* all names have been changed

There were significant differences in clients' report of their interactions with NSP staff compared with other health workers. In each measure, NSP workers were rated more favourably than other health care workers.



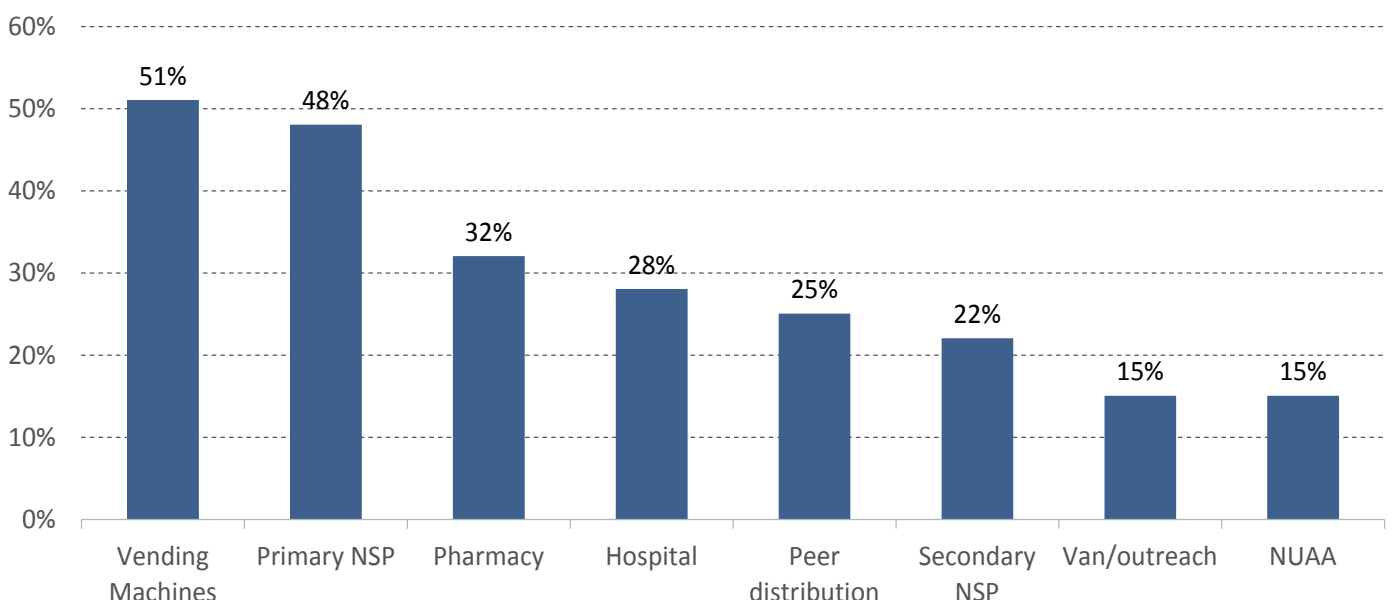
Referrals



NSP service use and experiences

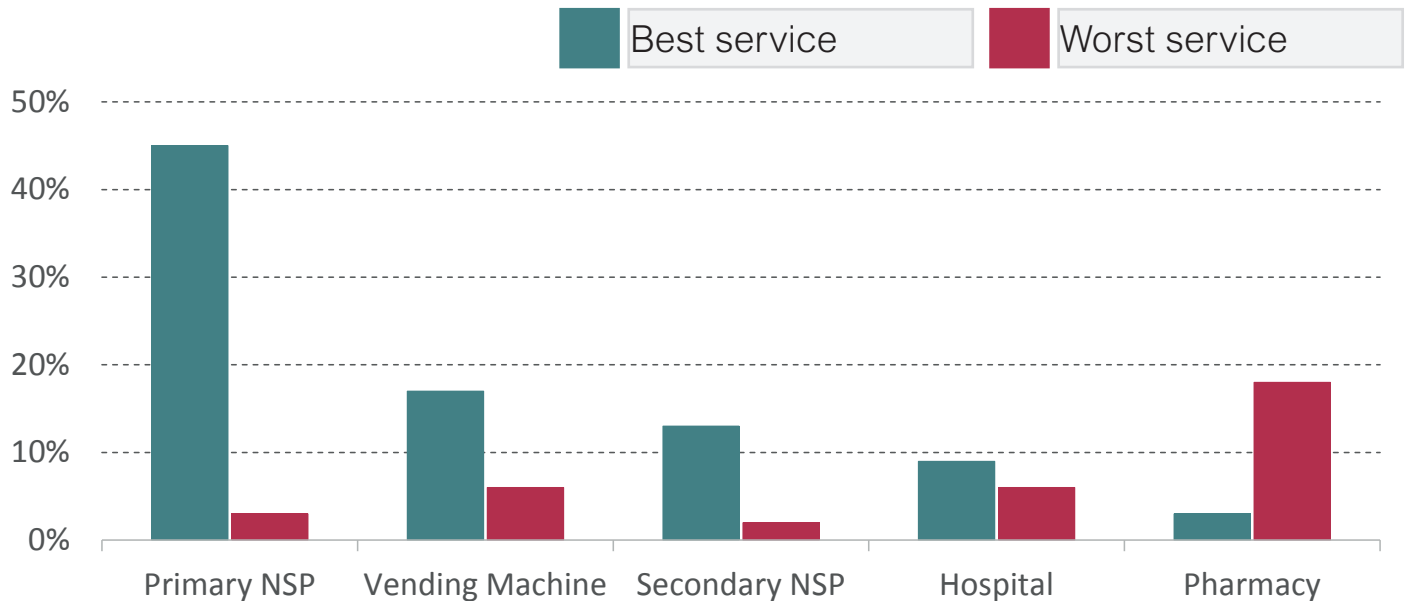
Where did clients get their injecting equipment in the last month?

Even though only a very small number of participants were recruited from vending machines, the most common place that clients obtained equipment was vending machines, followed by primary NSPs.



Where is the best place to get injecting equipment?

Trusting the service was important in clients' thoughts about the best and worst places to get equipment. Primary NSPs and vending machines were rated as the best places. Pharmacy was rated as the worst place to get equipment.



Why was this site the BEST place to obtain needles and syringes?

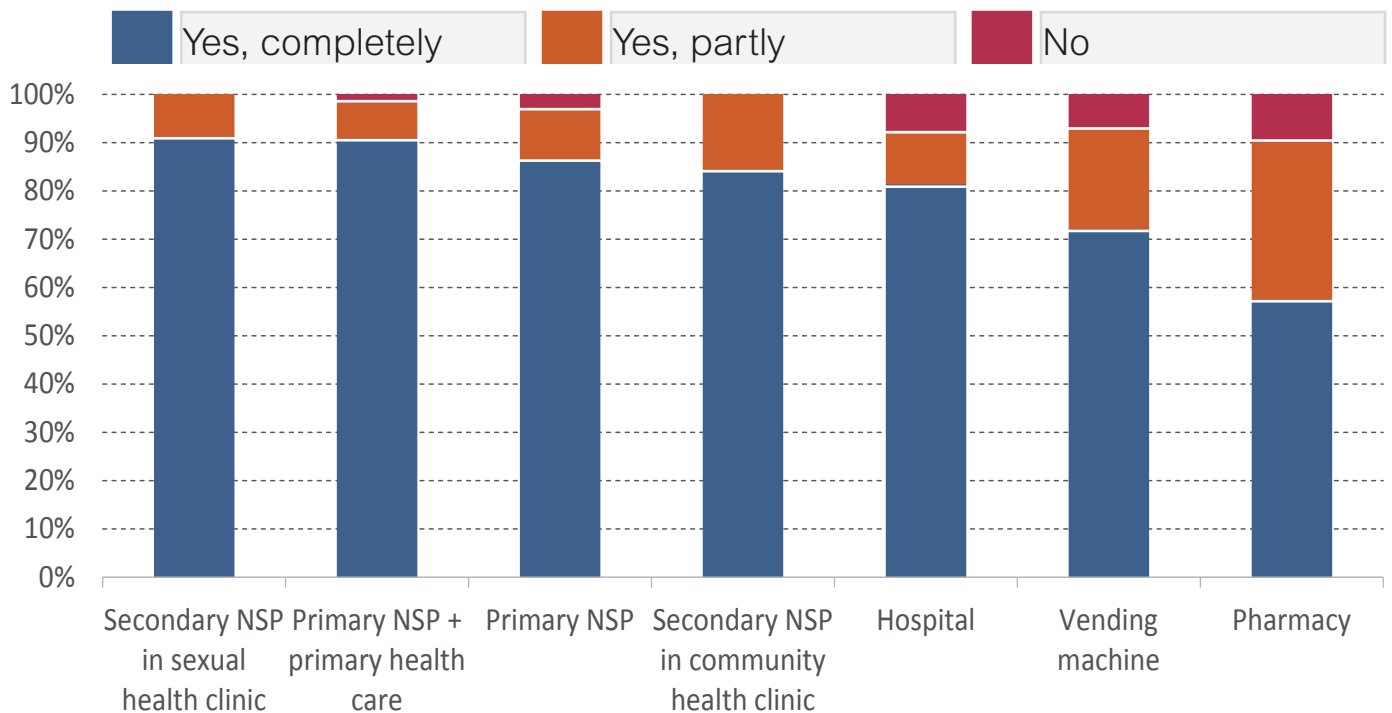
- 27% convenience
- 22% trust the service
- 18% like the staff at the service

Why was this site the WORST place to obtain needles and syringes?

- 27% do not trust the service
- 14% not friendly environment (including being judged, feeling out of place, being treated badly)
- 13% inconvenient (including restricted opening hours)

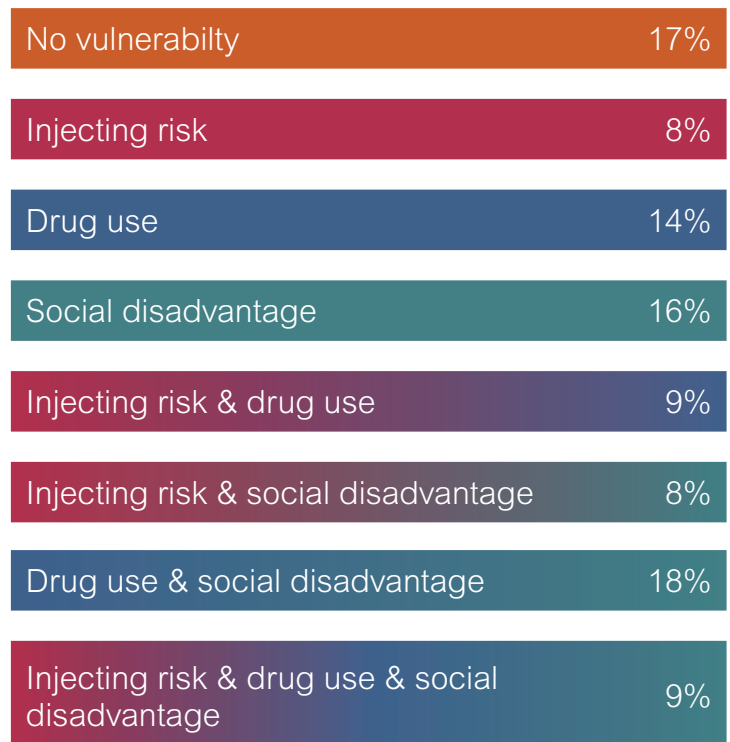
Did clients get their needs met at their last visit to a NSP?

About 90% of clients reported that primary and secondary NSPs completely met their needs. Only 60% of clients who visited a pharmacy at last visit reported that their needs were completely met.



Multiple and complex needs

We found a small group of people who had higher than average scores on three areas of vulnerability. 9% of the total group had higher scores on injecting risk, drug use and social disadvantage measures. This group was more likely to have been diagnosed with a mental illness, be reliant on government benefits and experienced more life stressors in the last 12 months. Besides these challenging life circumstances, this group was also more likely to report higher rates of sharing equipment. Can the sharing practices of this group be addressed without their other health and social needs being addressed? How to best support this group of clients is a key question for NSP services. Education and provision of clean needles is obviously not enough to support this group of clients.



Acknowledging the work of NSP staff

NSP staff spoke about the work they do in setting up new NSP outlets. The 2013 NSW NSP guidelines emphasised that NSP should be provided through a variety of locations and types of outlets. NSW has been successful in expanding the network of NSP outlets across the state. However, starting up these new outlets takes a lot of work.

NSP staff described that they sometimes needed to “woo” workers from other services and challenge their attitudes to drugs and to NSP services. This meant that NSP staff needed to support each other and work out how to best influence other services while keeping client access to NSP as the main priority.

“I’ve seen discrimination against NSP workers because sometimes we are seen as scumbags.”

(Staff participant #12)

“I woo my secondaries ... I buy chocolates, cakes, biscuits ... make sure I spend a bit of quality time talking to them, often about my home life, so that they realise I am actually a person.”

(Staff participant #9)

Besides challenging staff from other health services, NSP workers also advocated for their clients with staff from other sectors, such as police. In the following example, this NSP worker was able to rely on their understanding of NSP guidelines as well as their own professional and personal confidence in challenging the actions of a police officer.

“[The police officer] started harassing one of my clients at the [vending] machine. Yeah, they were going to search him at the machine. Right in front of the NSP. I said, “what’s going on, what are you doing?” And they went “oh my partner dropped something from the bridge, I’m just seeing if he’s got it”. I said “what?”, he said “I don’t have to tell you”. So it was just a ploy to just search people right in front of the NSP, when they really shouldn’t be doing that. There are guidelines. ... I got his details and reported it.” (Staff participant #12)

Summary

This study has shown that NSP clients face a range of challenges in their lives including low income, low education and employment and high rates of incarceration.

NSP services are highly trusted by clients, in part because of the respect that NSP staff demonstrate towards clients. Despite clear preferences about which services are “best” and which meet their needs, NSP clients use a range of services. Vending machines, with 24 hour access, are an important part of clients’ patterns of use.

NSP clients have high rates of health

and social needs. One of the main barriers to

taking up referrals is trust in external services. Given that NSP is a trusted

service, NSPs could “host” other services in

efforts to meet the needs of clients.

A small proportion of NSP clients report extremely challenging health and social needs as well as very high rates of blood borne virus risk. For this group, education and sterile equipment are not enough to reduce BBV risks. It needs to be further examined what else NSP services could do to meet the needs of these clients and reduce their blood borne virus risks.

NSP staff have to endure discrimination toward them from staff of other services in their attempts to establish and support additional NSP outlets. The work that NSP staff undertake to support new services needs to be acknowledged in job descriptions, training and time allocations.

Resources

Needle syringe program (NSP) directory	Search for the closest NSP service across NSW	http://www.health.nsw.gov.au/hepatitis/Pages/nsp-outlets.aspx
Sharps disposal directory	Search for the closest location to dispose of your sharps safely	www.safesharps.org.au
Hepatitis NSW, Hepatitis infoline: Free and confidential	Peak community-based hepatitis organisation in New South Wales	1800 803 990 Monday to Friday, 9am to 5pm www.hep.org.au
NSW Users and AIDS Association (NUAA)	Not-for-profit NSW-based organisation advocating for people who use drugs, particularly those who inject drugs. Information about drug use and safe injecting	1800 644 413 (country callers) 02 8354 7300 (Sydney metro) www.nuaa.org.au
Aboriginal Community Controlled Health Services	To find the closest Aboriginal Community Controlled Health Services to you	02 921 247 777 www.ahmrc.org.au
Prisons Hep C Infoline: Free and confidential	Inmates can access the Prisons Hepatitis Infoline by using the freecall system within their prison. The service can also provide information, support and referrals to people whose family and friends are inside, including sending information packs	Inmates can call number 3 on the common calls list
Jailbreak	A weekly half-hour radio program for prisoners, their families and supporters that focuses on reducing the risk of transmission of HIV, hepatitis and sexually transmissible infections	www.crcnsw.org.au/services/jailbreak

