



SUBMISSION TO ANEX NATIONAL CONSULTATION

“Towards a National Needle and Syringe
Program Strategic Framework”

INTRODUCTION

NUAA would like to thank ANEX for the opportunity to make a submission to the National Needle and Syringe Program (NSP) Strategic Framework consultation. The Framework is an extensive and complex task. NUAA would like to commend ANEX for its comprehensive consultation process, which has included peer involvement. NUAA looks forward to our contribution shaping practical national guidelines, which will be disseminated widely and contribute to the development of healthy public policy.

NUAA has a vested interest in this framework, as a peer based drug user organisation advocating for the rights and health of people of who inject drugs, and as a primary NSP funded through NSW Health. Given this organizational context, this submission aims to provide a voice for peers and their experience with NSPs, as well as providing organizational experience in operating a primary NSP in New South Wales.

NUAA would like to draw attention to the differences in NSP service models across all states and territories, with some jurisdictions offering more comprehensive access to amounts and types of injecting equipment; some adopting a 'user pays' approach to provision of equipment rather than providing equipment free of charge. In this context, NUAA has concern for the establishment of a national NSP framework that may lead to people who inject drugs in any jurisdiction being left 'worse off'.

It is with this reasoning that NUAA believes contributions and recommendations made within this consultation results in a national framework that seeks to raise all jurisdictions to the highest possible NSP service delivery standard rather than taking a lowest common denominator approach when seeking a national 'standard'. In identifying the baseline standard for a national framework, NUAA believes we should commence from first principles, that is, what are the primary objectives of NSP and then develop good practice standards to ensure the greatest likelihood of achieving those outcomes.

NUAA's submission will be divided into three sections:

A. Executive Summary

B. Discussion of Key Issues

- 1) Peer Involvement**
- 2) Equipment and Disposal**
- 3) Access**
- 4) Referral and Brief Intervention**
- 5) Workforce Development**

C. Recommendations

EXECUTIVE SUMMARY

NUAA is the NSW drug user organisation, which represents and advocates for people who use drugs illicitly, and operates a primary NSP. NUAA has consulted with our organization, board and peer representatives to produce this submission. The key areas addressed in this submission came out of the feedback from this process, as well as giving a NSW context regarding NUAA's NSP.

NUAA believes this National Framework can serve as the cornerstone for NSPs across the nation, for both operation and future development. After attending the consultation and reading the discussion paper, it is apparent that there is a desperate need for clarity about what the primary objectives are for NSPs.

ANEX has recognized that the framework "will articulate the overall strategic direction for the sector through setting key areas of policy and practice considered to be vital to the future development and continuous improvement of NSPs in Australia." Future development can only occur if the framework is dynamic to the present and developing needs and trends of NSP service delivery, and within that understanding the diversity and overarching nature of drug use.

NUAA sees the Framework as a vision into the future, the ongoing progress and development of harm reduction and health promotion for people who inject drugs. NSPs are successful in Australia, effectively reducing the incidence of blood borne viruses (BBV) and they represent an effective financial investment by government. Although BBV prevention must remain a top priority, the health and social issues experienced everyday amongst people who inject drugs go far beyond BBVs.

As previously mentioned, there are differences in NSP service models across all states and territories, with some jurisdictions offering more comprehensive access to amounts and types of injecting equipment. This lack of consistent management of legislation and funding across the states and territories regarding NSPs has resulted in discrepancies in service provision, which has led to the program not being utilized to its full capacity. NSPs have the potential to advance the health of people who inject drugs beyond BBV prevention. This needs to be understood and appreciated within the development of the framework for health promotion within NSPs to be managed well.

The five key areas NUAA has identified regarding the framework are:

Peer Involvement

NUAA strongly believes peer involvement and education in NSPs is fundamental to the programs success. Particularly through contribution to informed decision making, broadening of community outreach, and reducing stigma in policy and society

Equipment and Disposal

Propagating best practice BBV prevention messages and then refusing to provide consistent access to appropriate equipment or disposal access limits people's capacity to put these messages into practice.

Access

The NSP system needs to upscale in order to meet the demands and needs in communities. Australia is in a position where we need to explore innovative models of best practice. Priority needs to be given to prison based needle syringe exchange (PNSE).

Referral and Brief Intervention

NUAA recognises that NSPs can play a role in providing direct access or links to services and treatment. This role is vital to successful health promotion and harm reduction messages amongst people who inject drugs. However, this role must not inhibit the core business objectives of NSPs.

Workforce Development

The skill set required by the NSP workers is commonly underestimated. In a workforce with such wide diversity, there needs to be a way to create consistency for efficient service delivery.

A: DISCUSSION OF KEY ISSUES

1) Peer Involvement

One of the main features that over rides all the issues regarding NSPs is the discrimination and stigma associated with injecting drug use. Involving peers and taking a community based approach is a major way to overcome this issue. NUAA strongly believes peer involvement and education in NSPs is fundamental to the programs success. There are three key points for peer involvement contributing to the growth and efficiency of NSPs:

- contribution to informed decision making
- broadening of community outreach
- Reducing stigma in policy and society

Contributing to informed decision making

The major stakeholder of the NSP National Framework is people who inject drugs. It would be ineffective for a major stakeholder to not be involved in the ongoing development and implementation of a Framework and delivery of NSP services. NUAA recognizes ANEX's collaboration with the Australian Injecting and Illicit Drug User's League (AIVL), and hopes the inclusion of this community voice has an ongoing and significant role in the implementation and review of the framework.

Broadening community outreach

Peer distribution through community networks must be recognized as a primary outlet for NSPs. Distribution directly through community networks has huge bearing on tapping into new and remote networks of people who inject drugs. Presently, peer distribution is unrecognised and unsupported in NSW. The *Needle and Syringe policy and guidelines for NSW* (NSW Health: 2006) place limitations for distribution to be the responsibility of employed NSP staff only. NUAA acknowledges and recognises the vital role peer networks play in the distribution and collection of injecting equipment and places equitable validity to peer distribution systems to that of formal NSPs. Peer distribution is efficient, cost effective and has a primary role, which needs to be recognised in policy and legislation.

Reducing stigma in policy and society

By acknowledging the significant roles of peers within NSPs, the Framework has the potential to begin tackling issues of stigma and discrimination. NSPs provide access to a basic human right to health. The program must play a leadership role in harmonizing approaches to legislation relating to BBVs and illicit drugs. Recognizing this within the framework, NSPs can move beyond the basic harm reduction agenda to a broader human rights agenda for people who inject drugs, which can transcend through national, state and territory public policy.

Presently in NSW, the possession of equipment, other than syringes, for the self administration of a prohibited drug remains an offence, with an associated conviction and charge of up to \$2200. Exemptions are made, under the approval of NSW Health, to authorised persons, i.e. NSP workers to possess or supply needs, syringes and associated equipment. This is a huge discrepancy in the government's policy approach of harm reduction.

The criminalisation of drug use per se directly feeds into the attitudes and stigma of the broader community. This contributes to the way in which NSPs operate and can negatively impacts on the effectiveness of the programs.

2) Equipment and Disposal

Propagating best practice BBV prevention messages and then refusing to provide consistent access to appropriate equipment across the board limits people's capacity to put these messages into practice.

It is unethical for NSPs to have arbitrary limits on amounts of equipment individuals can access. It is ineffective for policy to have no standards of what basic amounts and diversity of equipment are available.

The amount of needles distributed is directly correlated with the amount of BBV transmission reduction. In a cost effective analysis undertaken by the University of California, higher reductions were associated with more needles per client-year. (Wodak: 2005) The availability of equipment seems to be blocked by questioning of the safety of higher distribution. There are no studies that indicate more needles distributed equates with higher rates of injecting, increased use, recruitment of new people to injecting, or greater numbers of discarded needles.

Used needle and syringe disposal in Australia needs to be improved and availability of disposal sites needs to be increased. Discarded needles will remain unless community disposal bins and education around appropriate disposal is not addressed.

It would be helpful to consider a normalised process to address disposal concerns, including comprehensive access to community disposal bins, adequate education around appropriate disposal, and awareness of the real risks associated with discarded needles.

3) Access

The core objective of NSPs is to reduce and prevent the transmission of BBVs and as such sterile injecting equipment must be readily available and easy to access by people who inject drugs. As strong as the evidence for NSP effectiveness is, data is confounded by the presence or absence of alternate availability of sterile injecting equipment. (Wodak: 2005) The lack of 24 hour access, reliance on vending machines to pick up the slack in certain areas, and access to comprehensive equipment at these areas is completely in opposition to the harm reduction messages.

The NSP system needs an upscale to meet the demands and needs in communities. Australia is in a position where we need to explore innovative models of best practice.

Prisons

No Australian prison currently provides access to sterile injecting equipment. Some jurisdictions have made bleach available. There is significant concern regarding the efficacy of using bleach as a decontaminant for needles, with evidence of the effectiveness of bleach in decontamination of injecting equipment considered to be weak. (WHO: 2004)

Whilst evidence has shown positive changes in risk behaviours amongst people who inject in the community, there has been little to no change in risk behaviours in prisons. Prison hosts an extremely high rate of injecting drug; half of prisoners in NSW have an injecting history or active habit. (Butler, T: 1997)

NSW research has shown that approximately one-third of all male prisoners are infected with hepatitis C, and this rate is double amongst female prisoners. (Butler T et al: 1997) On top of this we need to take into account the high numbers of initiation to injecting occurring in the prison system.

In looking at NSPs, respect for health as a human right is a progressive discussion. However in prisons we are seeing infection risk at a peak, and no resemblance of basic duty of care being taken into account. In creating a national framework that wants to look to the future of Australia's NSPs, prisons must be a top priority.

4) Referral and Brief Intervention

Research suggests that one-third of individuals accessing NSPs do not have access to other services. (NCHSR: 2000) NSPs are in a powerful position to act as a medium between peers and treatment, advice, counselling, legal and social welfare, education and primary health care.

It has been widely acknowledged that it is the other activities that complement the benefits of NSPs, including education, increasing the capacity, range and quality of drug treatment (especially substitution treatment) and community development of people who inject drugs. (Wodak: 2005)

The core business of NSPs is the prevention of BBVs amongst people who inject drugs. NUAA believes the role of NSPs providing direct access or links to such services is essential to providing comprehensive health promotion and harm reduction messages amongst people who inject drugs, this must not be at the expense of the NSPs core business.

5) Workforce Development

The skill set required to work in a NSP is underestimated. NSP workers are largely responsible for harm reduction amongst people who inject drugs, with at times limited support.

There is a broad need to 'skill up' the NSP workforce, in terms of knowledge base about drug use and trends, interventions and communication skills. In a workforce with such wide diversity, there needs to be a way to create consistency.

Such workforce consistency must be established across the board without creating additional services within NSPs that may detract service focus from BBV prevention.

C: RECOMMENDATIONS

1. Continued involvement of AIVL, Australia's peak peer drug user organisation in the Frameworks development, implementation and review.
2. The role of peers is formalised and recognised as a vital component for the ongoing success of NSPs.
3. Peer distribution recognised as the most efficient and effective primary outlet.
4. Acknowledgement of stigma and criminalisation and the negative impact it has on NSP affectivity.
5. No limitations on quantity of equipment distribution.
6. Equipment distribution must remain free, without limitations, and consistently facilitate best practice harm reduction messages.
7. Normalisation of disposal procedures within the broader community.
8. 24 hour access to equipment
9. NSPs operating out of every prison in Australia.
10. NSP outlets are determined by geographical requirements, and are attentive and responsive to community needs.
11. NSPs remain focused on BBV prevention and that additional services do not detract from this.
12. Involvement of all NSP workers – primary and secondary - in ongoing training and support.

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