



Government of **Western Australia**
Department of **Health**

Needle and Syringe Program Annual Report 2021-22

Western Australia

1 July 2021 – 30 June 2022

Acknowledgments

The information included in this report has been provided by NSP Coordinators and program staff. The Sexual Health and Blood-borne Virus Program (SHBBVP) thanks each respondent for their input into the 2021-22 NSP Annual Report. NSP Coordinators and staff should be commended for their work conducted throughout this reporting period.

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1.0 Executive summary

This report assists the Department of Health's Sexual Health and Blood-borne Virus Program (SHBBVP) in its system manager support role of planning, managing and monitoring the state-wide needle and syringe program (NSP). It is a requirement under the *Medicines and Poisons Regulations 2016* for all NSP coordinators to submit an annual report on program delivery to the CEO, Department of Health.

As of 30 June 2022, there were 102 total NSP approvals held under the *Medicines and Poisons Regulations 2016*. Out of these NSP approvals, a response was required for 90 approvals for the 2021-22 year. The remaining approvals were exempt from submitting an NSP annual report for 2021-22, as they provide regular reporting as part of Service Agreements held with the SHBBVP. The 2021-22 reporting period saw 94.4% compliance, with 85 NSP coordinators completing a report and one NSP coordinator submitting a 'nil activity' response. This report includes data from the following reporting periods; financial years 2018-19, 2019-20, 2020-21, and 2021-22. Data from four reporting periods is displayed to reflect the possible influence the COVID-19 pandemic had on data.

Equipment was distributed most commonly as pre-packaged kits (such as FITSTICK™ products). Some NSPs distribute loose needles and syringes, or a mix of loose needles and syringes and pre-packaged kits, as specified by their NSP approval issued by the Department of Health. All needles and syringes are required to be distributed along with a disposal receptacle.

Key findings of the responses for the 2021-22 report include:

- half of services (53%) distributed educational materials/resources
- referrals were made by 9% of sites
- disposal issues were reported by 20% of sites
- issues with NSP clients were reported by 1% of sites
- issues with NSP staff were reported by 2% of sites
- just under 5% of coordinators reported issues with coordinating their NSP
- nearly three-quarters (73%) of NSP coordinators engaged in at least one form of professional development and 76% undertook at least one activity to enhance their NSP.

Suggestions for service enhancement from participants included:

- education and further training on NSPs for coordinator and other staff
- provision of safe disposal units on site and in the community for public use
- more educational and referral resources with distributed equipment
- increasing the number of brief interventions with clients
- installation or improvement of Needle and Syringe Vending Machines/Dispensing Machines
- sites re-evaluating the most suitable location to distribute equipment from including requests for increased discreetness of NSP locations.

2.0 Introduction

NSPs are a highly successful harm reduction strategy that aims to reduce the transmission of HIV, hepatitis B and hepatitis C by the provision of sterile injecting equipment to people who inject drugs (PWID).

NSPs are supported by key state and national blood-borne virus (BBV) and alcohol and drug strategies including:

- WA Hepatitis C Strategy 2019–2023
- WA Hepatitis B Strategy 2019–2023
- WA HIV Strategy 2019–2023
- WA Aboriginal Sexual Health and BBV Strategy 2019-2023
- WA Alcohol and Drug Interagency Strategy 2018-2022
- Fifth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy 2018–2022
- Fifth National Hepatitis C Strategy 2018–2022
- Third National Hepatitis B Strategy 2018–2022
- Eighth National HIV Strategy 2018-2022
- Western Australian Alcohol and Drug Interagency Strategy 2018-2022
- National Drug Strategy 2017-2026.

In WA, there are currently four models of NSP operating:

- Needle and syringe exchange programs (NSEPs) – supply free sterile needles and syringes conditional on the return of used items (i.e., exchanged) or a cost recovery may apply.
- NSPs (outlets such as regional and rural hospitals, public health units, community health centres and non-government agencies) - provide access to free sterile needles and syringes as a component of their service.
- Pharmacy-based NSPs – run on a commercial basis via the retail of sterile needles and syringes. Approximately 600 additional community pharmacies retail packaged injecting equipment under a single blanket approval held by the Pharmacy Registration Board of Western Australia.
- Needle and Syringe Vending Machines/Dispensing Machines (NSVM/NSDMs) – a self-service device which either vends sterile injecting equipment on a cost-recovery basis (NSVM) or dispenses sterile injecting equipment for no-cost (NSDM). As of September 2023 there are no NSVMs in operation in WA.

The SHBBVP coordinates the prevention and control of sexually transmitted infections (STIs) and BBVs in Western Australia, which includes planning, managing, and monitoring the state-wide NSP.

The *Medicines and Poisons Regulations 2016* stipulate that NSP coordinators are required to submit an annual report to the CEO, Department of Health. The report provides an opportunity for NSP coordinators to raise any issues encountered during the financial year and assists the SHBBVP in its system manager support role of planning, managing and monitoring of the state-wide NSP.

There were 12 organisations that provide NSP and/or NSEP that were exempt from submitting an NSP annual report for 2021-22, as they provide regular reporting as part of service agreements held with the SHBBVP. These exempt services included Peer Based Harm

Reduction WA sites, WAAC (formerly WA AIDS Council) sites, Palmerston Mandurah, Goldfields Population Health Unit (NSEP), HepatitisWA, the Great Southern Population Health Units (NSEPs), Magenta/Sex Worker Outreach Project WA (SWOPWA), the Midwest Community Alcohol Drug Service (NSEP), and the Pilbara Population Health Unit (NSEP).

In terms of needle and syringe distribution in Western Australia, Table 1 and Figure 1 in *Appendix A: WA NSP distribution* shows a decrease in the distribution of needles and syringes between 2020-21 and 2021-22, with an overall decrease in distribution noticeable since 2018-19, likely due to the impacts of COVID-19.

The Key Findings sections is a summary of the responses by NSP Coordinators through the submission of NSP annual reports for 2021-22. For this report, comparisons have been made to previous reporting periods: financial years 2018-19, 2019-20, 2020-21, and 2021-22.

3.0 Methodology

The SHBBVP provided NSP Coordinators with the NSP Annual Report 2021-22 pro-forma (*Appendix D: Report pro-forma*) which comprised of 32 questions about the activities and operations of the NSP during the reporting period as well as the impact of COVID-19. Key topics included service provision, disposal matters, operational matters, professional development and general service matters.

The report pro-forma was available to complete online through RedCAP. For 2021-22, 86 reports were completed through RedCAP, with one of these services reporting a nil activity response. This compares to 2020-21, when 88 reports were completed. The qualitative data in the survey was analysed using thematic analysis and categorised into themes.

4.0 Key findings

4.1 Response rate

Ninety services were required to complete the 2021-22 NSP annual report survey. This does not include the services previously noted as exempt from this annual reporting process.

Eighty-six coordinators (97.8% response rate) returned a response within the parameters of the reporting period (see *Appendix B: Participating needle and syringe programs*, for a list of these NSPs). One service reported nil activity and was not included in the analysis of the results. NSP coordinators must either complete a report or provide a nil activity response if no activity was recorded during the reporting period.

Table 1 shows that the response rate has remained high over the past four years.

Table 1: Annual Report Response Rate

Reporting Period	Number of required responses	Number of reports completed	Number of 'nil activity' responses	Total number of responses
2018-19	88	87 (98.9%)	0 (0%)	87 (98.9%)
2019-20	89	88 (98.9%)	1 (1.1%)	89 (100%)
2020-21	91	88 (96.7%)	1 (1.1%)	89 (97.8%)
2021-22	90	85 (96.6%)	1 (1.1%)	86 (97.8%)

4.2 COVID-19

The COVID-19 pandemic led to physical distancing restrictions and interstate and intrastate travel restrictions over much of this reporting period. During this reporting period, only four NSPs reported changes in operating hours due to COVID-19 restrictions. Some sites made changes to service delivery to ensure compliance with physical distancing restrictions. Table 2 outlines the proportion of sites that made changes to their NSP related to COVID-19 in this reporting period. Section 1 of *Appendix C: Survey Results* has further detail on survey responses.

Table 2: COVID-19 Service Impacts

Reporting Period	Number of sites that had operating hours change	Number of sites that had changes to service delivery
2018-19	N/A	N/A
2019-20	3 (3%)	23 (26%)
2020-21	3 (3%)	18 (20%)
2021-22	4 (5%)	11 (13%)

Note: Some sites indicated their NSP had made changes to the operating hours related to COVID-19. However, when asked to describe the changes, some of those sites responded with changes to operating hours unrelated to COVID-19. Therefore, those sites were not counted in the total for changes to operating hours due to COVID-19.

Coordinators were asked if there were any other issues related to COVID-19 for their NSP. Five respondents described other issues related to COVID-19. The issues were grouped together, and themes included:

- reduced demand for equipment
- changes due to COVID-19 restrictions impacting client access and increased screening
- clinic closures and reduced face to face interaction with clients.

4.3 Service provision

Resources and referrals at NSPs are usually offered at the request of clients, although some NSPs have printed resources available to browse or take away. In the period 2021-22 there was a decrease in resources provided. This may have been due to Covid-19 related organisational infection control policies. A breakdown of referrals and resources provided can be seen in Table 2 and Figure 1 of *Appendix C: Survey Results* respectively.

Table 3: Resource and Referral Provision at NSPs

Reporting Period	Number Of NSP Sites that Distributed Printed Materials, Resources & Information	Number Of NSP Sites that Made Referrals to Other Services
2018-19	61 (70%)	13 (15%)
2019-20	65 (74%)	14 (16%)
2020-21	67 (76%)	11 (12%)
2021-22	45 (53%)	8 (9%)

Table 4 shows that for NSPs that only provide FITSTICK® packs (containing 1ml syringes) the number of sites that have received requests for different injecting equipment (eg: alternative tips/needles, barrels etc) has remained stable compared to the previous reporting periods. A breakdown of the equipment requested can be seen in Table 3 of *Appendix C: Survey Results*.

Table 4: Requests for Different Injecting Equipment at NSPs

Reporting Period	Number of Sites Who Received Requests
2018-19	16 (18%)
2019-20	10 (11%)
2020-21	11 (12%)
2021-22	11 (13%)

4.4 Disposal matters

Four NSP coordinators (5%) reported issues experienced regarding needle and syringe disposal in the 12 month period 2021-22. This is a decrease compared with the last three reporting periods and is shown in Table 5, below.

Table 5: Disposal Issues at NSPs

Reporting Period	Number of Sites Reporting Disposal Issues
2018-19	14 (16%)
2019-20	14 (16%)
2020-21	18 (20%)
2021-22	4 (5%)

A further breakdown on the disposal issues reported can be seen in Table 4 of *Appendix C: Survey Results*.

NSP coordinators were asked about the availability, location and awareness of sharps disposal bins. Less than half (49%) of NSP coordinators said that sharps disposal bins were available at the NSP site for public use. Most NSP coordinators were aware of the locations of sharps disposal bins within their community. Table 6 shows a further breakdown of responses.

Table 6: Availability, Location and Knowledge of Sharps Disposal Bins at NSP site for Public Use

Sharps disposal bin availability	Number of respondents			
	2018-19	2019-20	2020-21	2021-22
Availability of sharps disposal bins at NSP site for public use				
Available	41 (47%)	43 (49%)	38 (43%)	37 (44%)
Not available	41 (47%)	42 (48%)	44 (50%)	42 (49%)
Unsure	5 (6%)	3 (3%)	5 (6%)	6 (7%)
Missing response	0	0	1 (1%)	0
Location of sharps disposal bins if available¹				
Inside the health facility	32 (65%)	34 (79%)	29 (33%)	30 (35%)
Outside the health facility building/s (within grounds)	11 (22%)	14 (33%)	15 (17%)	14 (16%)
Unsure	0	0 (0%)	0	1 (1%)
Other	6 (12%)	6 (9%)	6 (7%)	0
Aware of other sharps disposal bin locations (excluding health facility)				
Yes	58 (67%)	58 (65%)	55 (62%)	48 (56%)
No	10 (11%)	17 (19%)	19 (22%)	32 (38%)
N/A (no safe disposal bins available in community)	19 (22%)	13 (15%)	13 (15%)	5 (6%)
Missing response	0	0	1 (1%)	0

Notes: ¹Multiple responses possible.

4.5 Operational matters

NSP coordinators were asked whether any operational issues were experienced over the 2021-22 reporting period and if any actions were taken to mitigate these. Table 7 outlines the operational issues encountered and the number of respondents over the past four reporting periods. Refer to Table 6 of *Appendix C: Survey Results* for detail on issues and actions reported.

Table 7: Number of Sites Reporting Issues in Service Provision

Reporting Period	Due to Clients	Due to Staff	Due to NSP Coordination
2018-19	7 (8%)	2 (2%)	5 (6%)
2019-20	8 (9%)	6 (7%)	3 (3%)
2020-21	3 (3%)	6 (7%)	5 (6%)
2021-22	1 (1%)	2 (2%)	4 (5%)

Encouragingly, the number of sites reporting issues in service provision has continued to remain low over the past four reporting periods.

4.6 Professional development

As stipulated within the *Medicines and Poisons Regulations 2016*, an NSP Coordinator must understand their duties as the coordinator of the program and must ensure that persons who participate in the conduct of the program understand the requirements of the *Regulations* and are appropriately instructed and trained. The SHBBVP provides information about training opportunities for new coordinators (see section 6.0 Resources) and ongoing professional development is encouraged.

For this report, 62 out of 85 coordinators participated in some form of professional development regarding NSP (Table 8). This has remained relatively stable compared to previous reporting periods.

Table 8: Participation in Professional Development by NSP Coordinators

Reporting Period	Yes Response (%)
2018-19	65 (75%)
2019-20	65 (74%)
2020-21	64 (72%)
2021-22	62 (73%)

For a breakdown on the professional development undertaken by NSP coordinators, refer to Table 7 of *Appendix C: Survey Results*.

4.7 Service enhancement

Sixty-five NSP coordinators (76%) reported undertaking activities to enhance their NSP in 2021-22 (Table 9). This has remained stable compared to previous recent reporting periods.

Table 9: Number of sites that undertook activities to enhance NSP

Reporting Period	Response n=90)
2018-19	61 (70%)
2019-20	66 (75%)
2020-21	67 (76%)
2021-22	65 (76%)

For a breakdown on the activities undertaken by NSP coordinators to enhance their site’s NSP, refer to Table 8 of *Appendix C: Survey Results*.

4.8 Suggestions for service enhancement

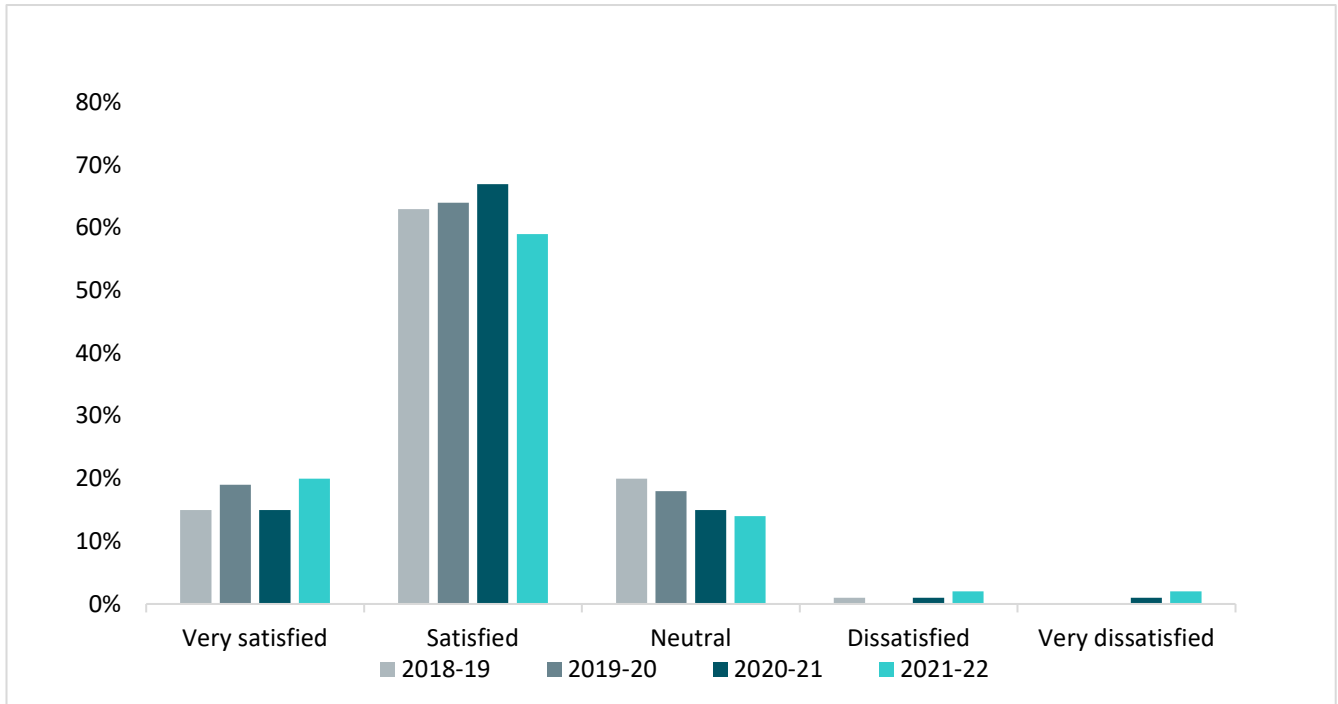
In addition to reporting on activities undertaken, the NSP report pro-forma also provides coordinators the opportunity to raise issues and suggest ways to improve the operation of their NSP. There were 18 respondents that provided suggestions for improving their NSP. The suggestions were grouped into the following themes:

- education and further training on NSPs for coordinator and other staff
- provision of safe disposal units on site and in the community for public use
- more educational and referral resources with distributed equipment
- increasing the number of brief interventions with clients
- installation or improvement of NSVM/NSDM
- sites evaluating the most suitable location to distribute equipment from
- increased discreetness of NSP locations.

4.9 General Service Matters

NSP coordinator satisfaction is an important indicator of how an NSP is operating in the community and how staff view the program. NSP coordinators were asked to indicate their level of satisfaction with the way their NSP operates within their community. In the 2021-22 survey, seventeen respondents (20%) were very satisfied, fifty respondents (59%) satisfied, fourteen respondents (15%) neutral, two respondents were dissatisfied, and two respondents indicated they were very dissatisfied. It was determined that the respondents who indicated dissatisfaction with the NSP reported this was due to challenges with the physical site (lack of awareness in the community, afterhours access issues due to COVID-19 infection control policies). Two respondents indicated they were very dissatisfied with the way their NSP operates, one respondent provided no comment, and the other respondent requested more education and stated issues with the physical location of the NSP site.

Figure 1: NSP coordinator satisfaction with the way their NSP operates within their community



4.9.1 Support provided by SHBBVP

Four NSP coordinators (5%) indicated they would benefit from additional support specifically from SHBBVP for their NSP. Their suggestions included that the SHBBVP provide increased training and workforce development opportunities related to NSP and to provide information regarding some funding queries.

5.0 Conclusion

Despite the challenges presented by the COVID-19 pandemic during this reporting period, NSP Co-ordinators and staff continued to provide sterile needles and syringes to PWID and showed commitment to the principles of harm reduction.

Compared to the last reporting period, this report indicating a decrease in the number of NSP sites that distributed printed materials, resources, and information; and in the number of NSP sites that made referrals to other services. This decrease is likely due to the continuation of infection control policies introduced during the COVID-19 pandemic and the overall decrease seen in the distribution of needles and syringes during the pandemic (see Appendix A: WA NSP distribution: Table 1 Needle and syringe distributions by NSP outlet type)

Disposal of used injected equipment issues continues to be an important element of NSP service delivery. The number of services who reported disposal issues decreased 15%, with 18 sites reporting disposal issues in 2020-21 and only 4 sites reporting disposal issues in 2021-22. In this reporting period, there was an increase in NSP Coordinators stating they were not aware of other sharps disposal bin locations in their local area (excluding their health facility), from 22% of Coordinators not aware of other disposal bin locations in 2020-21 increased to 38% in 2021-22. During this reporting period, the [WA Local Government Association \(WALGA\)](#) was awarded a grant to coordinate a local government sharps disposal bin project. WALGA scoped which Local Government Areas were interested in receiving new units or upgrading old units and provided these according to the response. This project was extended due to manufacturing and shipping delays and concluded in December 2022.

In the period 2021-22, there was a decrease in reported operational issues due to clients. With only one site reporting issues due to clients, this is the lowest number reported in the last four reporting periods. Operational issues due to staff decreased from 7% in 2020-21 to 2% in 2021-22 and operational issues due to NSP coordination remained relatively stable. The SHBBVP notes the suggestions for improving the NSP in WA and the requests for additional assistance.

6.0 Resources

SHBBVP in collaboration with the Mental Health Commission (MHC) developed and continues to provide both the Generic and Pharmacy Online NSP Orientation and Training Packages, which can be accessed at: E-learning@MHC.

SHBBVP also provides a two-day face to face NSP training course annually in collaboration with the MHC. This training was not delivered in the 2021-22 period due to COVID-19 restrictions. For more information regarding upcoming trainings, please contact SHBBVP on (08) 9222 2355 or e-mail NSP@health.wa.gov.au.

MHC's Workforce Development team also offers a range of training focusing on alcohol and other drug related issues. Information on their upcoming training events can be accessed at [Alcohol and other drug training \(mhc.wa.gov.au\)](https://www.mhc.wa.gov.au/Alcohol-and-other-drug-training).

If further NSP-related training is required, it is recommended that all regional enquiries are directed to the appropriate Regional NSP Coordinator in the first instance. The SHBBVP can advise and/or support the Regional NSP Coordinators with arranging training if required. The Regional NSP Coordinator can assist with other matters including issues with needle and syringe dispensing machines, staff who may have moral objection or anxiety distributing needles and syringes, questions around protocol or guidelines for NSPs and general support relating to NSPs.

For regional safe disposal issues, the SHBBVP advises enquiries to be initially directed to the Regional NSP Coordinator and for collaborative work to be undertaken with the local government authority where possible. The SHBBVP can provide contact details for the Regional NSP Coordinators if required.

For metropolitan enquiries, please contact SHBBVP on (08) 9222 2355 or e-mail NSP@health.wa.gov.au.

WA Health Quickmail provides all STI/BBV resources as downloads and depending on stock levels, also in hard copy. NSP coordinators and health service providers can access the free online ordering system: [Department of Health Online Ordering System \(getquickmail.com\)](http://getquickmail.com).

Additional resources are available from key partner organisations in the sector including [Peer Based Harm Reduction WA](#), [WAAC](#), [HepatitisWA](#), the [Mental Health Commission](#) and the [Aboriginal Health Council of WA](#) (AHCWA). The SHBBVP will continue to work in collaboration with these organisations to develop new resources and update existing resources to meet the needs of the community.

In this reporting period, the following Guidelines and WACHS Policy have been developed on the operation of NSP across WA and the provision of needle and syringe vending/dispensing machines from sites across WA:

- [Guideline: Provision of Needle and Syringe Programs \(NSP\) in Western Australia](#)
- [Guideline for the Operation and Maintenance of Needle and Syringe Vending Machines \(NSVM\) and Needle and Syringe Dispensing Machines \(NSDM\)](#)
- WACHS Policy: [Needle and Syringe Program provision from WA Country Health Service facilities Policy](#)

Appendix A: WA NSP distribution

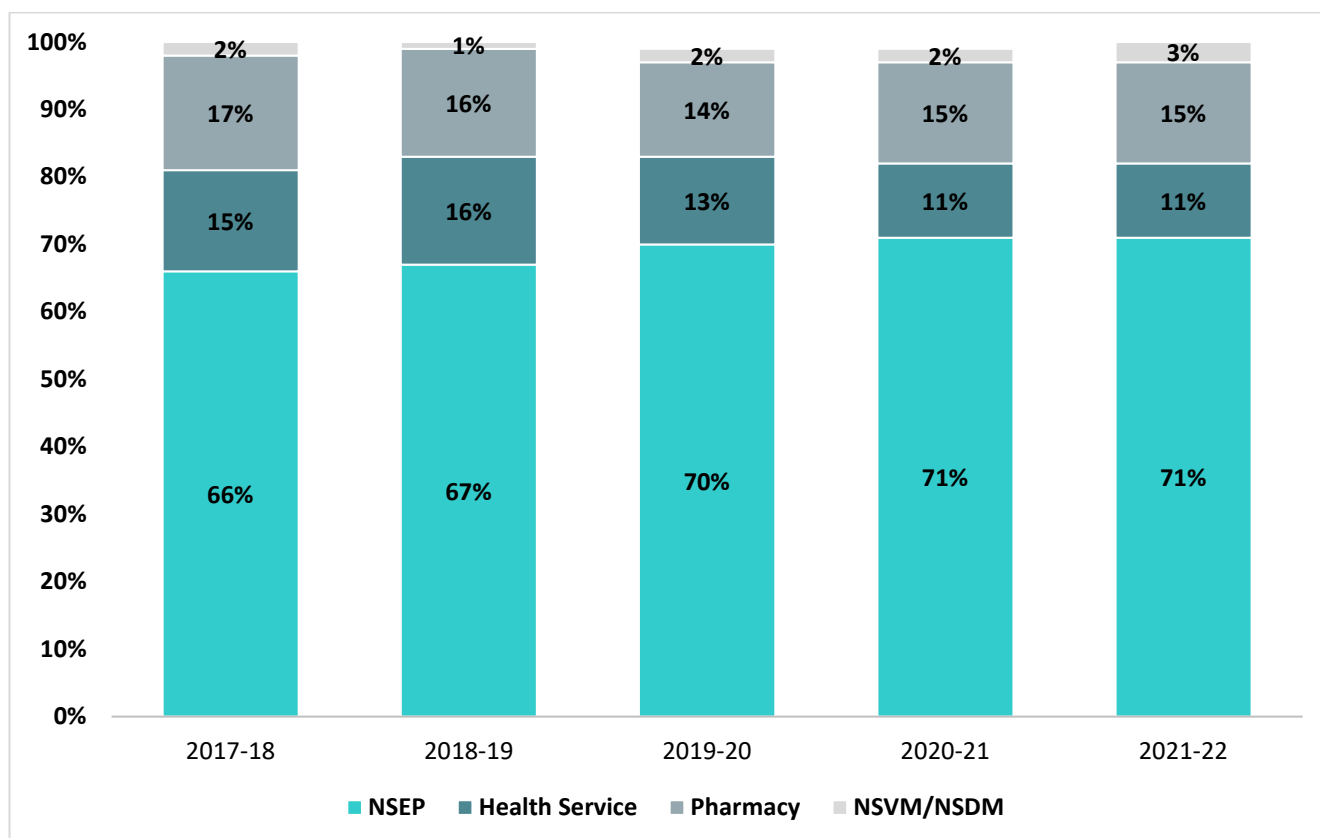
The following table and graph show needle and syringe distribution across the state. All outlet types saw a decrease in distribution in the 2021-22 period compared to 2020-21 period.

Table 1 Needle and syringe distributions by NSP outlet type

	2018-19	2019-20	2020-21	2021-22
NSEP	4 256 705	4 576 848	4 005 421	3 252 228
Health Service NSP	1 012 668	874 509	659 550	493 666
Pharmacy	992 868	932 595	852 110	681 708
NSVM/NSDM	69 000	116 400	107 700	132 300
TOTAL	6 331 241	6 500 352	5 624 781	4 559 902

Notes: Data may vary from data published in previous reports due to ongoing data cleaning and review processes.

Figure 1 Proportion of total needles and syringes distributed by NSP outlet type



Appendix B: Participating sites in the Needle and Syringe Program Annual Survey 2021-22

Albany Community Pharmacy	Kimberley Public Health Unit
Albany Regional Hospital	Kojonup Hospital
Augusta Hospital	Kondinin Districts Health Service
Beverley Hospital	Kununoppin Health Service
Boddington Hospital	Lake Grace District Health Service
Boyup Brook Soldiers Memorial Hospital	Laverton District Hospital
Bremer Bay Health Centre	Leonora Community Health
Bridgetown District Hospital	Leonora Hospital
Bruce Rock Memorial Hospital	Marble Bar Nursing Post
Bunbury Regional Hospital	Margaret River District Hospital
Busselton Hospital	Merredin District Hospital
Carnarvon Community Alcohol Drug Service	Morawa Perenjori Health Centre
Chinatown Pharmacy	Mount Magnet Health Centre
Cockburn Super Clinic Pharmacy	Mullewa Health Service
Collie Health Service	Nannup Hospital
Coolgardie Health Centre	Narembeen Memorial Hospital
Coral Bay Nursing Post	Narrogin Hospital
Corrigin District Hospital	Newman Hospital
Cunderdin Health Centre	Night and Day Pharmacy Bayswater
Dalwallinu Hospital	Norseman Community Health Centre
Denmark District Hospital	Norseman Hospital
Department of Health, Intergrated Case Management Program	North Midlands Health Service
Derbarl Yerrigan Health Service Inc	Northam Regional Hospital
Dongara Eneabba Mingenew Health Service	Northampton Health Service
Donnybrook Hospital	Onslow Health Service
Dumbleyung Memorial Hospital	Palmerston Association Katanning
Esperance Population Health Centre	Pemberton Hospital
Esperance Regional Hospital	Pilbara Population Health Unit
Exmouth Hospital	Plantagenet Hospital
Fiona Stanley Hospital	Quairading District Hospital
Geraldton Hospital	Ravensthorpe Hospital
Gnowangerup District Hospital	Roebourne Hospital
Goldfields Public Health Services	Rottneest Island Nursing Post
Goomalling District Hospital	Southern Cross District Hospital
Great Southern Community Drug Service Team	St Andrew's Pharmacy
Harvey Hospital	Tambellup Health Centre
Jurien Bay Health Centre	Tom Price Hospital
Kalbarri Health Service	Wagin Hospital
Kalgoorlie Regional Hospital	Warren District Hospital
Kambalda Health Centre	Wongan Hills Hospital
Karratha Health Campus	Wyalkatchem District Hospital
Katanning Hospital	Yirrigan Drive-In Chemist
Kellerberrin Memorial Hospital	York Hospital

Appendix C: Survey results

1.0 COVID-19 impact on NSPs

1.1 Operating hours during COVID-19

Four sites (5%) indicated that their NSP made changes to its operating hours due to COVID-19 during the 2021-22 period. Eighty-one responses suggested that there were no changes to operating hours of the NSP due to COVID-19.

1.2 Changes implemented to operating hours

NSP coordinators were asked to provide details of any changes made to the operating hours of the NSP during the COVID-19 pandemic. Four responses were received. Three sites described reduced opening hours due to staffing issues and one service described patient appointments being changed to digital only, reducing the ability to distribute equipment.

1.3 Changes to service delivery during COVID-19

NSP coordinators were asked to provide details of any changes made to service delivery in their NSP during the COVID-19 pandemic.

Eleven (13%) respondents indicated changes made to service delivery during COVID-19. Seven services indicated that they moved the access location for NSP, often detailing that needle and syringes were distributed from a transitional space rather than Emergency Departments. Other changes to service delivery include reduced hours of NSP operation due to staff availability, encouraging clients to seek other NSP services and implementing concierge and screening to align with System Alert and Response requirements. Changes to service delivery due to COVID-19 are outlined in Table 1, below.

Table 1: Changes to service delivery due to COVID-19

Type of service delivery change	Number of NSPs that made this change
Operational changes/access location	7
Concierge/screening process implemented	1
Encourage outreach/postal service delivery	1
Reduced hours	1

Note: Operational changes included changes in delivery method and location. Additionally, one service did not provide further details about their change to service delivery.

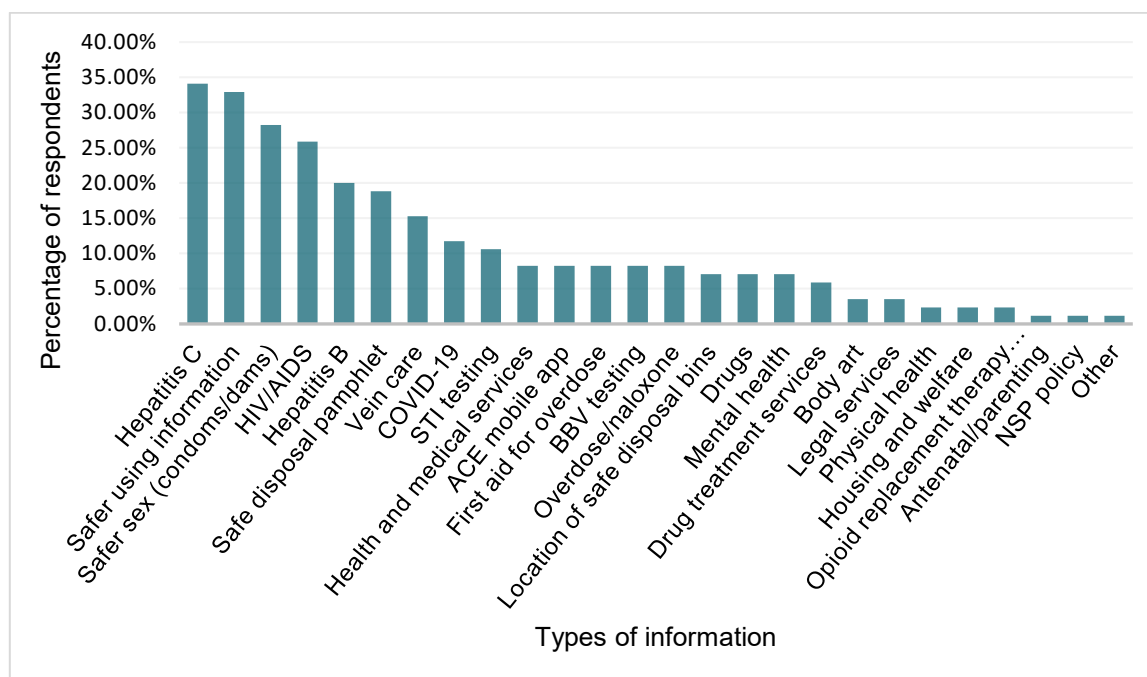
1.4 Other COVID-19 related issues

NSP coordinators were asked about any other issues encountered relating to the COVID-19 pandemic. Five respondents indicated other related issues, including; change in procedures, staffing shortages resulting in reduced service hours, increased barriers to access NSP due to screening, losing the ability to have face to face encounters with clients and decreased demand.

2.0 Service Provision

2.1 Information Distributed

Figure 1: Types of information distributed by NSPs 2021-22



Notes: Multiple responses possible. The “Other” category included Family and Domestic Violence Services and accessing HIV and hepatitis C care.

2.2 Referrals Provided

Table 2: Type of service clients are referred to

Type of service referred to	No. of NSPs that made a referral
Drug and alcohol counselling	6
Mental health care services	5
BBV testing	3
Hospital	3
Another medical practitioner	3
Other NSP outlet	2
STI testing	2
Legal services	2
Sexual health service	2
Hepatitis service	2
Accommodation services	2
HIV/AIDS service	1
Peer based service	1
Treatment and rehabilitation services	1
Detoxification services	1
Other (please specify)	0

Note: Multiple responses possible. A total of 8 respondents completed the question.

2.3 Additional Equipment

Most NSPs that completed the NSP annual report for 2021-22 only distributed pre-packaged 'FITSTICK®' packs, a packaged product that contains five syringes and five black disposal sleeves, from their service. Over this reporting period, eleven NSP Coordinators (13%) had reported that clients had at some stage requested different equipment from what was available from their NSP. Table 3 details the equipment requested.

Table 3: Most commonly requested equipment outside FITSTICK®

Types of equipment requested	No. of requests
Water	5
Syringes	5
Different sized needles	5
Swabs	3
Spoons	1
Sharps containers	1

Note: Multiple responses possible.

3.0 Disposal Matters

NSP coordinators were asked if their NSP experienced any disposal issues and what actions were taken to resolve them. Four responses (5%) were analysed and categorised into various themes seen in Table 4.

Table 4: Disposal Issues and Actions Taken

Disposal issues	Reoccurrence of theme
Used needles and syringes found incorrectly disposed of in and around hospital and health service grounds and carparks	2
Incorrectly disposed of injecting equipment found in the community including parks and gardens	1
Operational staffing issues	1
Actions taken to resolve disposal issues	
Injecting equipment was safely disposed by staff	2
Education and information disseminated to clients	1
Disposal education for Shire employees	1

4.0 Operational Issues

NSP coordinators were asked to report any issues experienced with clients, staff, and in the NSP coordination. The responses were then analysed and categorised into the various themes seen in Table 6.

Table 6: Operational issues reported by NSP Coordinator

Operational issue	Reoccurrence of theme
Issues with clients (1 responses) COVID-19 physical distancing/screening issues causing disruptive behaviour	1
Actions Improved screening process for NSP clients	1
Issues with staff (2 responses) High staff turnover and redeployment, issues with ensuring all staff were appropriately trained.	2
Actions Nil.	
Issues coordinating NSP (4 responses) Staff turnover/shortages Limited capacity to focus on NSP Operating issues with vending/dispensing machine	2 1 1
Actions Education and ensure staff are aware of policies and procedures Updating procedures	1 1

Notes: Some provided nil response to action to resolve issue.

5.0 Professional Development

Sixty-two NSP (73%) coordinators participated in some form of professional development in 2021-22. Table 7 details the professional development activities undertaken.

Table 7: Professional Development by NSP Coordinators

Activity	No. of responses
Read NSP information on WA health websites	45
Read printed NSP resources	35
Completed Online NSP Orientation and Training Package	21
Read professional publications	13
Attended online/face to face seminars/lectures/workshops	8
Other	2
Participated in 2021 NSP coordinator training	N/A

Notes: Multiple responses possible. Other included: Education/information from Regional Coordinator and learning about the ACE app.

6.0 General Service Matters

6.1 Activities undertaken to enhance NSP

Sixty-five NSP coordinators (76%) reported activities undertaken to enhance their NSP in 2021-22 (Table 8). This is the same as the last reporting period which saw 66 NSP coordinators reporting activities to enhance their NSP. Multiple answers could be selected.

Table 8: Activities undertaken to enhance NSP

Activity	No. of responses
Provided short orientation sessions for new staff	42
Encouraged staff to complete Online NSP Orientation and Training Package	29
Provided in house staff training	19
Provided staff with regional specific information	13
Established rapport and networks with regular clients	11
Reviewed or updated NSP guidelines	8
Provided debrief sessions for staff	7
Conducted community education sessions	2
Developed a list of harm reduction brief information questions for NSP staff	1
Ordering of printed resources to include with equipment or to provide to clients	1

Notes: Multiple responses possible.

6.2 NSP Coordinator Satisfaction

For 2021-22, 17 participants (20%) were very satisfied, 50 participants (59%) were satisfied, and 15 participants (18%) were neutrally satisfied with how their NSP operated within the community as detailed in the below table.

Table 9: NSP coordinator satisfaction

Year	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Total
2018-19	13	55	18	1	0	87
2019-20	17	56	15	0	0	88
2020-21	13	60	13	1	1	88
2021-22	17	50	14	2	2	85

6.3 Suggestions for service enhancement

Four NSP coordinators (5%) indicated they would benefit from additional support from SHBBVP for their NSP. Their requests for support are listed in the themes in Table 10.

Table 10: Support required from WA Health

Activity	Reoccurrence of themes
Training/professional development	3

Funding queries

1

Note: Multiple responses possible.

Appendix D: Report Pro-forma

Needle and Syringe Program Annual Report 2021/22

NSP coordinator details

Please note that under the Medicines and Poisons Regulations 2016 it is a condition of any needle and syringe program (NSP) approval that a report be submitted at the end of every financial year. The information provided assists in planning for the future development and expansion of NSP provision state-wide.

This survey will take approximately 10 to 15 mins to complete.

* 1. NSP coordinator details

Program location

Program number

Coordinator name

Email address

Phone number

If you are unsure of your program number, you can find it in the list below.
[Attachment: "NSP list of approved sites July 2022.pdf"]

Needle and Syringe Program Annual Report 2021/22

Part 1. COVID-19

The following questions are related to service impacts from the 1 July 2021 to the 30 June 2022 financial year due the COVID-19 pandemic.

2. Did your NSP change its operating hours at any time?

- Yes
 No

2A. What were the changes to the operating hours?

3. Did your NSP make any changes to service delivery?

- Yes
 No

3A. What changes did your NSP make to service delivery?

4. Were there any other issues related to the COVID – 19 pandemic for your NSP?

- Yes

No

4A. What were the issues related to COVID - 19?

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Part 2. Service provision

The following questions are related to general service provision during the 2021/22 financial year.

5. Did your NSP distribute any information to clients in 2020/21?

Yes

No

5A. What type of information was distributed by your NSP in 2021/22? (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Opioid replacement therapy (methadone, suboxone etc.) |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Drug treatment services |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Body art |
| <input type="checkbox"/> Safer using information | <input type="checkbox"/> Safe disposal pamphlet |
| <input type="checkbox"/> Vein care | <input type="checkbox"/> Legal services |
| <input type="checkbox"/> Safer sex (condoms, dams etc) | <input type="checkbox"/> Location of safe disposal bins |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Overdose/naloxone |
| <input type="checkbox"/> First aid for overdose | <input type="checkbox"/> Physical health |
| <input type="checkbox"/> Health and medical services | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Housing and welfare | <input type="checkbox"/> Antenatal/parenting |
| <input type="checkbox"/> BBV testing | <input type="checkbox"/> NSP policy |
| <input type="checkbox"/> STI testing | |
| <input type="checkbox"/> Other (please specify) | |

6. Were any referrals made for clients in 2021/22?

Yes

No

7. What types of referrals were made by your NSP in 2021/22? (Please select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Drug and alcohol counselling | <input type="checkbox"/> BBV testing |
| <input type="checkbox"/> Detoxification services | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Treatment and rehabilitation services | <input type="checkbox"/> Another medical practitioner |
| <input type="checkbox"/> Mental health care services | <input type="checkbox"/> HIV/AIDS service |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Hepatitis service |
| <input type="checkbox"/> Accommodation services | <input type="checkbox"/> Sexual health service |
| <input type="checkbox"/> Other NSP outlet | <input type="checkbox"/> Peer based service |
| <input type="checkbox"/> STI testing | |
| <input type="checkbox"/> Other (please specify) | |

(Referrals can be as simple as providing clients with a contact number to another health service or directing a client to other services located on – site)

7. If your NSP only provides Fitsticks (containing 1ml syringes), have any clients requested different injecting equipment in 2021/22 (eg: alternative tips/needles, barrels etc)

- Yes
- No
- Not Applicable (Not applicable- NSP already provides different equipment)

7A. What type of equipment has been requested?

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Part 3. Disposal matters

8. Has your NSP experienced any issues regarding needle and syringe disposal in 2021/22?

- Yes
- No

8A. What was the issue/s?

8B. Was any action taken to address the issue/s (please specify)?

9. Are sharps disposal bins available at the NSP site for public use?

- Yes
- No
- Unsure

9A. Where are the safe disposal bins located? (Please select all that apply)

- Inside the health facility Unsure
- Outside the health facility building/s but within the grounds of the health facility
- Other (please specify)

10. Are you aware of the locations of safe disposal bins in the community which are available for public use (excluding those available at your health facility)?

- Yes
- No
- There are no safe disposal bins available in the community

If there is a lack of disposal options available, you can speak with your regional NSP coordinator and local council to address safe disposal within your community. Alternatively, you can request support by sending an email to NSP@health.wa.gov.au.

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Part 4. Operational matters

11. Have any issues been experienced with NSP clients in 2021/22?

- Yes
- No

11A. What was the issue/s?

11B. Was any action taken to address the issue/s (please specify)?

12. Have any issues been experienced in relation to the NSP from NSP staff in 2021/22?

Yes

No

* 12A. What was the issue/s and was any action taken to address the issue/s (please specify)?

Speak to your regional NSP coordinator about training opportunities for staff. You can also contact the Department of Health at NSP@health.wa.gov.au.

13. Have you experienced any issues (not related to COVID-19) in coordinating your NSP in 2021/22?

Yes

No

13A. What was the issue/s?

13B. Was any action taken to address the issue/s (please specify)?

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Part 5. Professional development

14. Between 1 July 2021 and 30 June 2022, what type of education and training related to NSPs have you participated in? (Please select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Completed Online NSP Orientation and Training Package | <input type="checkbox"/> Participated in May 2021 NSP coordinator |
| <input type="checkbox"/> Read NSP information on WA Health websites | <input type="checkbox"/> Attended on-line and/or face-to face seminars/lectures/workshops |
| <input type="checkbox"/> Read printed NSP resources | <input type="checkbox"/> None |
| <input type="checkbox"/> Read professional publications (e.g.: Anex Publications) | |
| <input type="checkbox"/> Other (please specify e.g. title, topic and name of host organisation) | |

Part 6. General service matters

15. Have you done any of the following to enhance your NSP Provided short orientation sessions for new staff in 2021/22? (Please select all that apply)

- Provided short orientation sessions for new staff
- Encourage staff to complete online NSP orientation and training package
- Provide in-house staff training
- Provided staff with region specific information
- Provided debrief sessions for staff
- Conducted community education sessions
- Established rapport and networks with regular clients
- Developed a list of harm reduction brief information questions for NSP staff
- Reviewed or updated NSP guidelines
- None of the above
- Other

Please specify "Other":

16. Please indicate your level of satisfaction with the way your NSP operates within your community.

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

17. What suggestions do you have that may improve your NSP?

18. Do you require any additional support from the Department of Health for your NSP?

- Yes
- No

18A. In what ways can the Department of Health further support your NSP?

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