Submission to the Select Committee for a Harm Reduction Strategy for Addictive Behaviours: the Northern Territory Needle and Syringe Program (NSP):

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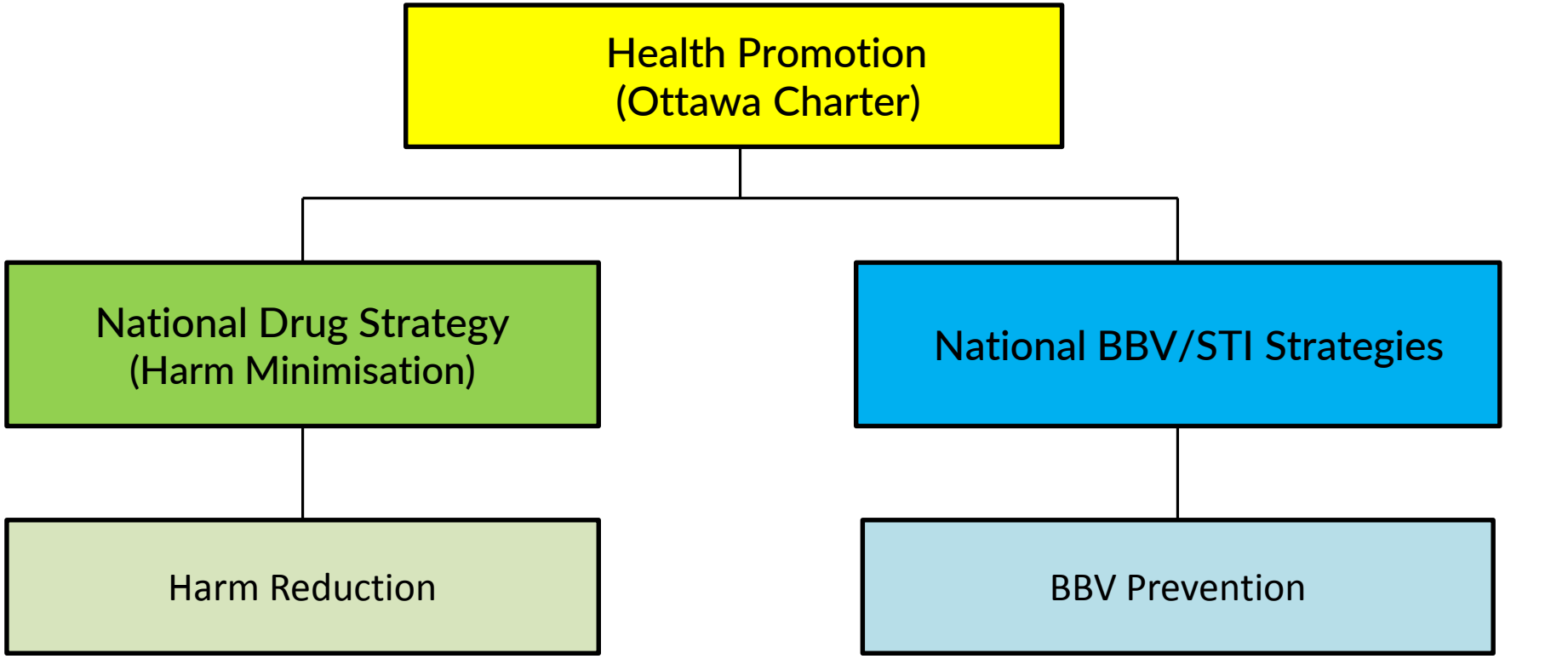
NORTHERN TERRITORY GOVERNMENT

Submission Structure

1. NSP Background
2. Northern Territory NSP
3. Minimum Data Set (MDS) Process
4. Snapshot of Data from 2017
5. FAQs
6. Recommendations for the Select Committee

1. Strategies That Guide NSP Operations



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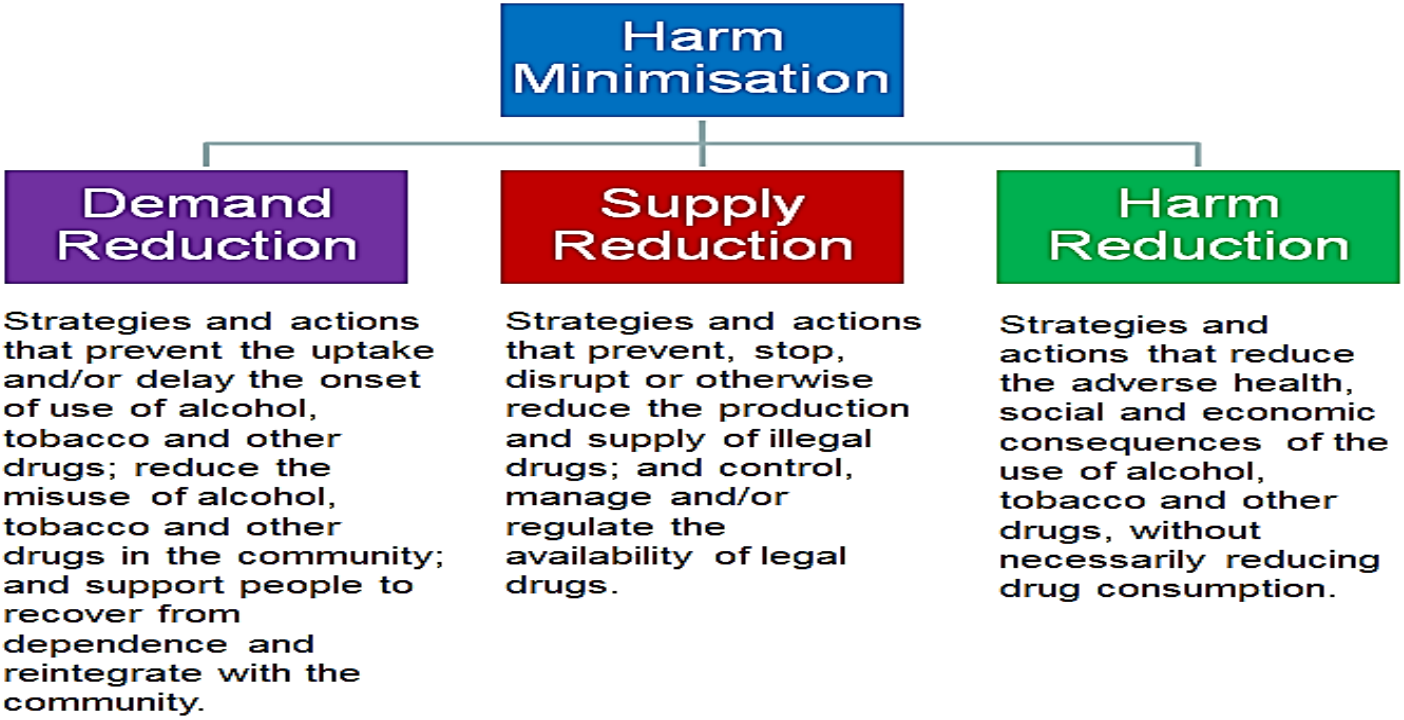
Harm Minimisation

- The *National Drug Strategy* uses a ***Harm Minimisation*** framework to reduce the harms of drug use to individuals, families and communities.

- Harm Minimisation has **three equally important pillars**:
    - **Harm Reduction**
    - Demand Reduction
    - Supply Reduction

National Drug Strategy: Harm Minimisation Pillars



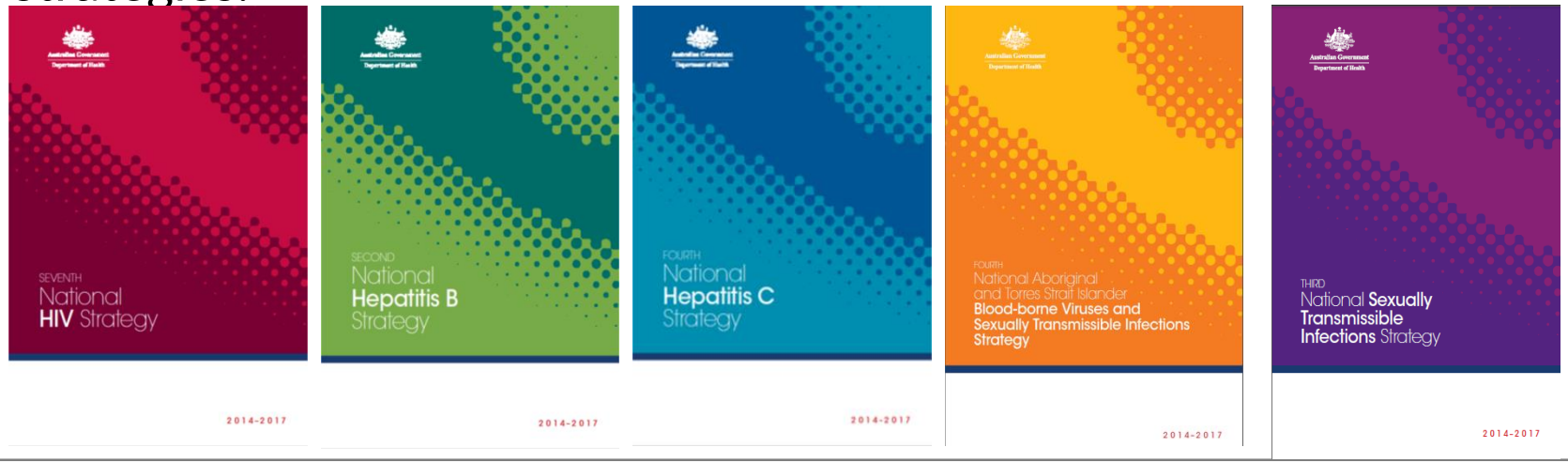
Harm Reduction

Needle and Syringe Programs (NSP) are a **successful public health measure** located within the **Harm Reduction pillar** of the *National Drug Strategy*.

Harm reduction strategies encourage **safer behaviours**, **reduce preventable risk factors** and contribute to reducing health and social inequalities among specific population groups **without necessarily reducing** drug consumption.

National BBV Strategies: BBV Prevention

Access to sterile injecting equipment through NSPs is a **priority area for action** to **prevent the transmission of blood borne viruses** (BBV- HIV, hepatitis B and C) in the National BBV/STI strategies.



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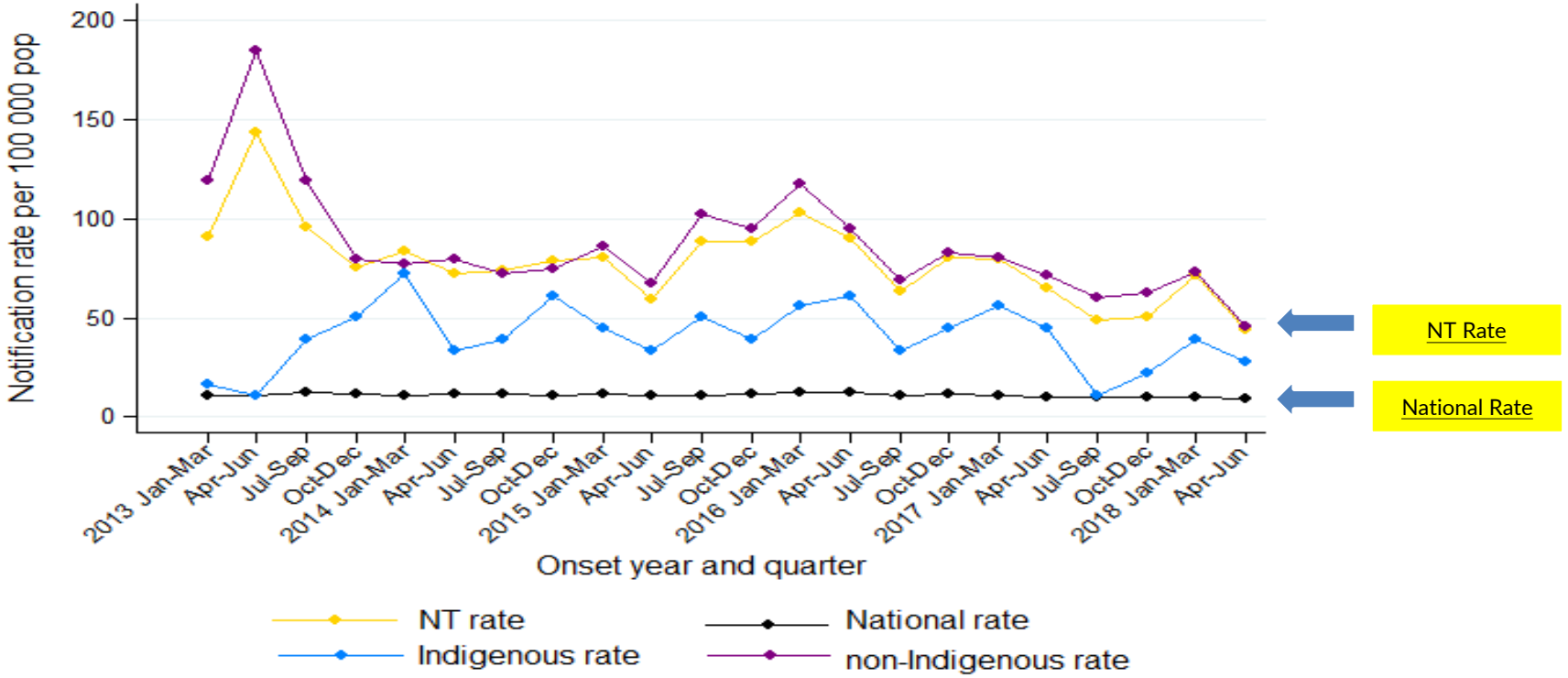
The Need

- There are an estimated **93,000** people who inject drugs **(PWID)** in Australia.
- In 2016 Australia was estimated to have **227,000** people living with **hepatitis C, 232,000 living with hepatitis B** and **25,000** people living with **HIV.**
- The NT has the **highest notification rates** for **hepatitis B and C**.
- **90%** of **hepatitis C, 4%** of **hepatitis B** and **3%** of **HIV** is transmitted by **sharing** injecting equipment.
- **16%** of NSP clients report **sharing** injecting equipment.
- **27%** report **reusing** injecting equipment.

Sources: NDARC *Estimating the number of PWID in Australia;* Kirby *Annual Surveillance Report 2016;* Kirby *Australian NSP Survey National Data Report 2012-2016*

Hepatitis C Notification Rates In the NT



Sources: National Notifiable Diseases Surveillance System; NT Notifiable Diseases System

Costs of BBV Medicines

HIV	(lifelong)	$ 11,658/year
HBV	(lifelong)	6,264/year
HCV	(3 month course)	22,216

- Through the Pharmaceutical Benefit Scheme (PBS), the health system subsidises the cost of medicines to the patient
- This does not include testing, nursing and specialist costs

Source: PBS.gov.au

The Response

- NSPs **support** PWID to **access** sterile injecting equipment so that equipment is **not shared** or **reused**. This prevents BBV transmission and other injecting related harms such as **vein damage** and serious **bacterial infections**.

- NSPs **engage** with PWID to **change unsafe injecting behaviour** and promote evidence-based health messages.

- **Best practice** is to **promote** the use of a **new needle** for each injection episode ("*a clean fit* (needle/ 'sharp') *for every hit*"), and **not** to attempt to **sterilise used equipment**.

Impact: Cost-effective Prevention

Australia is a world leader in NSP provision and has maintained one of the world's **lowest HIV infection rates among PWID.**

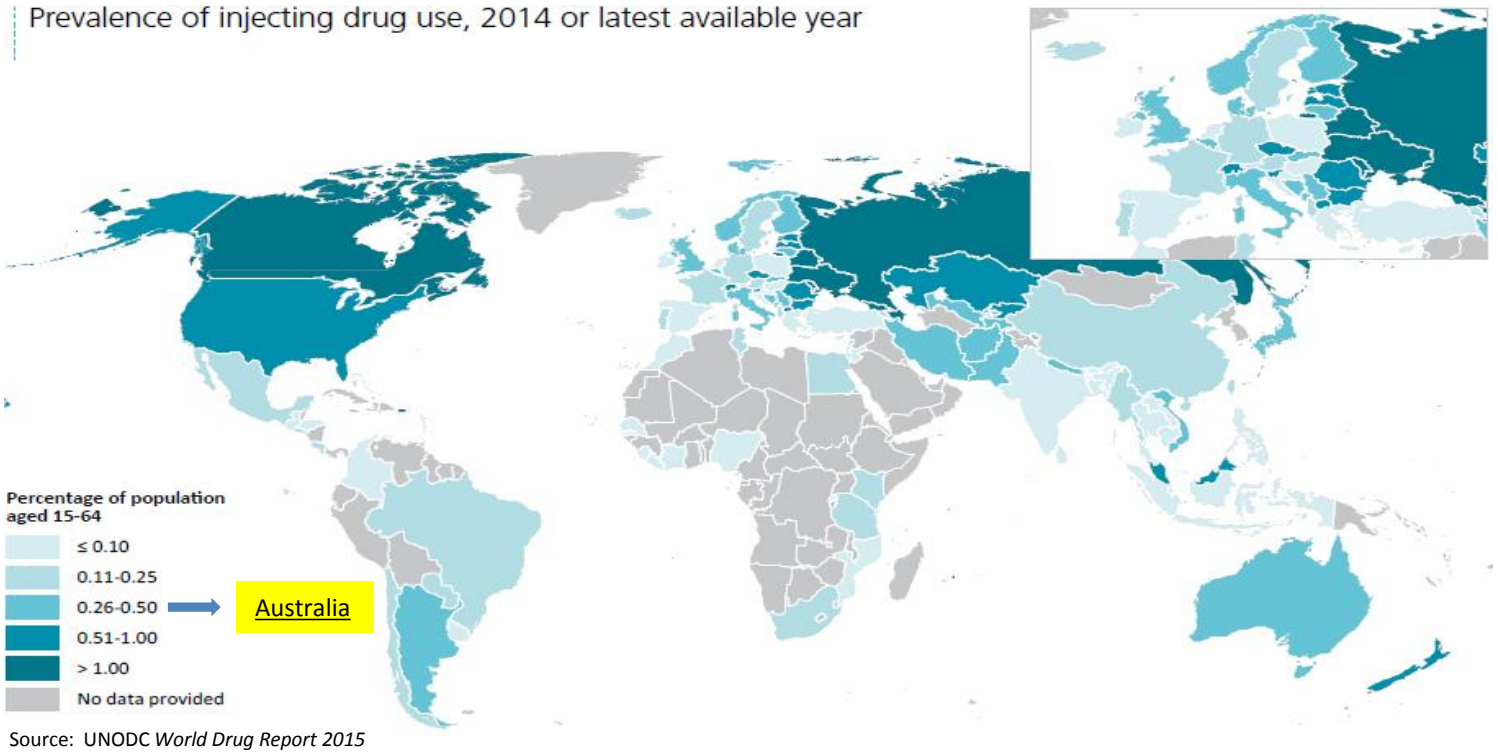
Australian governments **invested $243 million** in NSP services between 2000 and 2009. This is estimated to have **prevented**:

- **96,667** cases of **hepatitis C**
- **32,050** cases of **HIV**

The **savings** to the health system in avoided **direct health care costs** were estimated to be **$1.28 billion**. If patient/client costs and **productivity gains and losses** are included, this increases to **$5.85 billion**, or for every **one dollar invested** in NSPs **$27 is returned** in cost savings.

Source: Department of Health and Ageing (2009) *Return on Investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia*

Global Prevalence of Injecting Drug Use



Source: UNODC *World Drug Report 2015*

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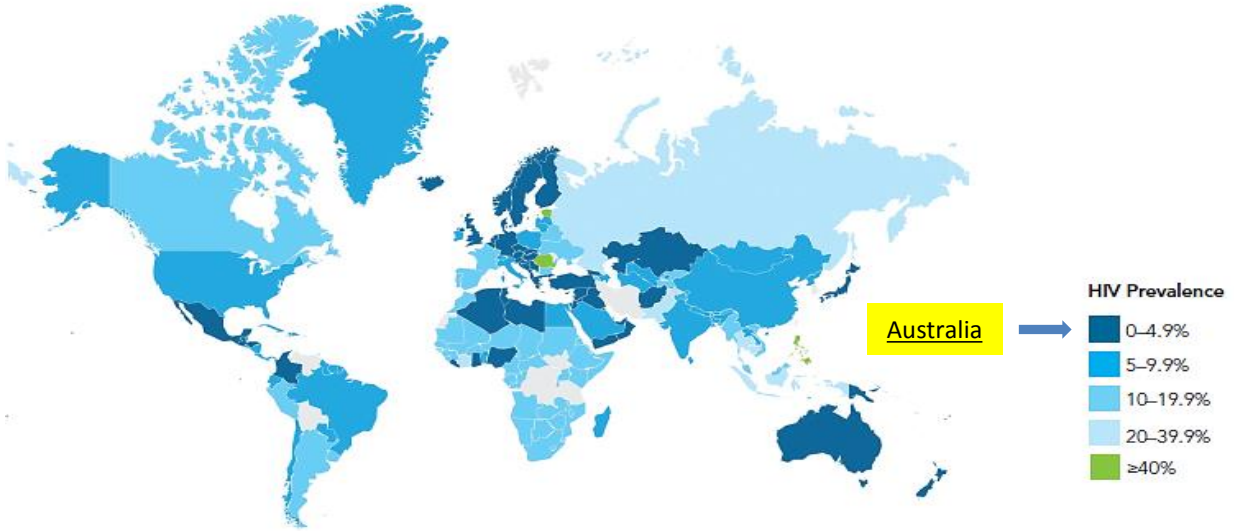
Global HIV Prevalence Among PWID



Source: UNAIDS *The Gap Report 2014: People Who Inject Drugs*

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Types of NSP Outlets

Primary outlets	Primary outlets are staffed to **actively engage with NSP clients** and provide a **wide range** of sterile injecting equipment, facilities for the **safe disposal** of used injecting equipment and information, **support and referral services** for PWID.
Secondary outlets	Provide a **limited range** of **free** sterile injecting equipment, usually Fitkits, and disposal facilities.
Pharmacy outlets	Provide a **limited range** of sterile injecting equipment (Fitkits or Fitpacks) **for sale**. Some pharmacies also have disposal facilities.
Afterhours Dispensing Units	Provide a **limited range** (Fitpacks) of **free** sterile injecting equipment 24/7.

Service Delivery Principles

1. Health Promotion: Clients who access NSPs to collect and dispose of equipment are engaging in **health-seeking behaviour**. NSPs provide clients with the resources, information and connectedness that enable them to **protect their own health**.

2. Advocacy: **Stigma and discrimination** are significant **barriers** to vulnerable priority populations **accessing the health system**. People who inject drugs are **part of our community** and should be treated as so.

3. Respectful and Dignified Service: NSPs are often **the only point of contact** between PWID and the health sector. A positive, dignified and respectful approach by NSP staff **has a strong influence** on a client's decision to **maintain engagement** with NSPs and **access health services in the future**.

4. Non-judgemental Service Delivery: NSPs **neither condemn nor condone** drug use. The **focus** is on the **person** not on the drug use nor the route of administration. NSPs become ineffective if PWID experience barriers to returning to collect equipment.

5. Social Inclusion and Participation: The **meaningful involvement** of PWIDs is crucial to the success of NSPs. This recognises that PWID have the **right to self-determination,** which includes the right to **make choices about their health**.

6. Incremental Change: People often take **multiple, small steps** in the direction of health and wellbeing, and **at their own pace**. It is important to acknowledge and **reinforce the positive choices** clients make in relation their health.

7. Inalienability of Human Rights: People who inject drugs **do not forfeit their human rights**. This includes the right to **equitable** and **dignified access** to health and social services.

8. Evidence-informed Practice: NSP policy and practice should be informed by the **best evidence available**, not by personal opinions and feelings about drug use.

2. Northern Territory NSP

The NT NSP is managed by the Sexual Health and Blood Borne Virus Unit (SHBBVU), Centre for Disease Control. the NSP currently has **37 outlets**:

- **3** Primary outlets (NTAHC- NT AIDS and Hepatitis Council)
- **10** Secondary outlets (C34s, all hospital EDs (except RDH) and the Yulara Medical Centre)
- **21** Pharmacy outlets
- **3** Needle and syringe afterhours dispensing units (ADUs)

NT Legal Framework

Under the NT ***Misuse of Drugs Act***, the Minister for Justice and Attorney General authorises the supply of sterile injecting equipment by persons other than medical practitioners, nurse practitioners and pharmacists in a document called the ***Authorisation of Classes of Persons to Supply Hypodermic Syringes and Needles***.

SCHEDULE

1. Enrolled nurses, registered nurses or other persons employed for the purpose of providing medical services ancillary to those provided by a medical practitioner or a nurse practitioner, employed by or acting on behalf of the Department of Health, subject to the limitation that hypodermic syringes and needles must be supplied from the emergency departments of the following:

   (a) Royal Darwin Hospital
   (b) Katherine District Hospital
   (c) Gove District Hospital
   (d) Alice Springs Hospital
   (e) Tennant Creek Hospital.

2. Persons employed by or acting on behalf of the following, subject to the limitation that hypodermic needles and syringes may only be supplied to carried out the Needle and Syringe Program of the Department of Health:

   (a) The Department of Health, Primary Health Care
   (b) The Centre for Disease Control, including Clinic 34 Darwin, Katherine, Nhulunbuy, Alice Springs and Tennant Creek
   (c) The Northern Territory AIDS and Hepatitis Council
   (d) An Aboriginal Community Controlled Health Organisation in the Northern Territory.

Strengths of the NT NSP

- Injecting equipment is **free**
- There are **no limits on the quantity** of equipment that clients can access
- There is **no requirement to exchange used equipment** for sterile equipment
- Clients **can access what they need** to reduce the potential for equipment reuse and receptive sharing.

Cost

The SHBBVU funds NTAHC to deliver primary NSP services:

1. NSP and Hepatitis C Agreement	$338,090
2. NSP Equipment Agreement	120,000
	$458,090

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Primary NSP Darwin (NTAHC)

Secondary NSP at a Clinic 34

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Pharmacy NSP Outlet

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Afterhours Dispensing Unit (ADU)

Capacity : 57 units (3 columns, 19 rows)

Mechanical operating system

Dispenses 1ml and 3ml Fit packs

Token Operated (does not accept coins)

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24-Hour Sharps Disposal Bin

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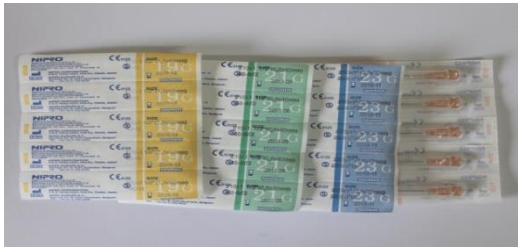
NSP Equipment

The range of sterile injecting equipment available at NSP outlets can **vary due to differences in demand** between locations, and changes in demand over time.

Needles and Syringes

1 ml insulin syringes
(with 27 or 29 gauge needles) For intravenous injecting or of drugs (such as heroin) that are easily dissolvable into a solution.



Needles (various sizes)
Larger needles are used for drawing out solutions from from their containers, intramuscular injecting, and injecting pills and other filtered drug solutions.

Syringes (various sizes)
Larger syringes are used for injecting pills, methadone and other drugs requiring large amounts of solution.

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Sterile Filters

Wheel filters

Green filters filter out particulate matter (such as chalk) from a drug solution, while blue filters filter out bacteria.

Sterifilts

Filter out particulate matter from a drug solution (or mix).

Sterile cotton filters

Provides a very basic level of filtration, filtering out insoluble matter.

Other Equipment

Sterile water ampoules

Mixed with a drug to make an injectable solution.

Tourniquet

Used to control blood flow to and from the injection site.

Medical Swabs

Used to clean the injection site prior to and after injecting.

Other Equipment

Hirudoid cream

To reduce bruising and scarring at the injection site.

Sharps containers (various sizes)

For the safe disposal of used injecting equipment.

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FitKits

- Fitkits are available from all primary and most secondary outlets
- Pharmacy outlets sell either Fitkits or a commercial equivalent
- Fitkits contain needles, syringes, sterile water, swabs, sterile cotton filters, a sharps container, condoms, lubricant and health promotion information
- **3,146** Fitkits were distributed by the NSP in 2017

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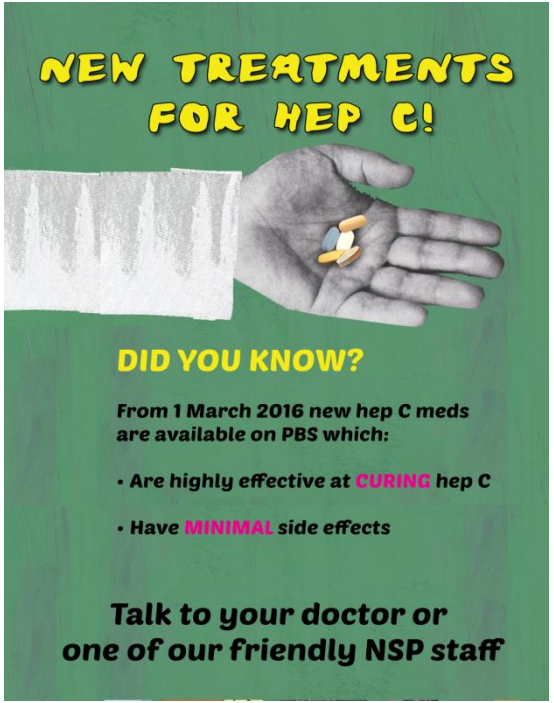
Fit Packs (from ADUs)

1ml Fit Pack

Contents:

5x 27g 1ml syringes
5x Sterifilt filters
10x Swabs
1x Sterile water
1x Token
1x Condom and lube
Casing is also a sharps container

Health Promotion Material



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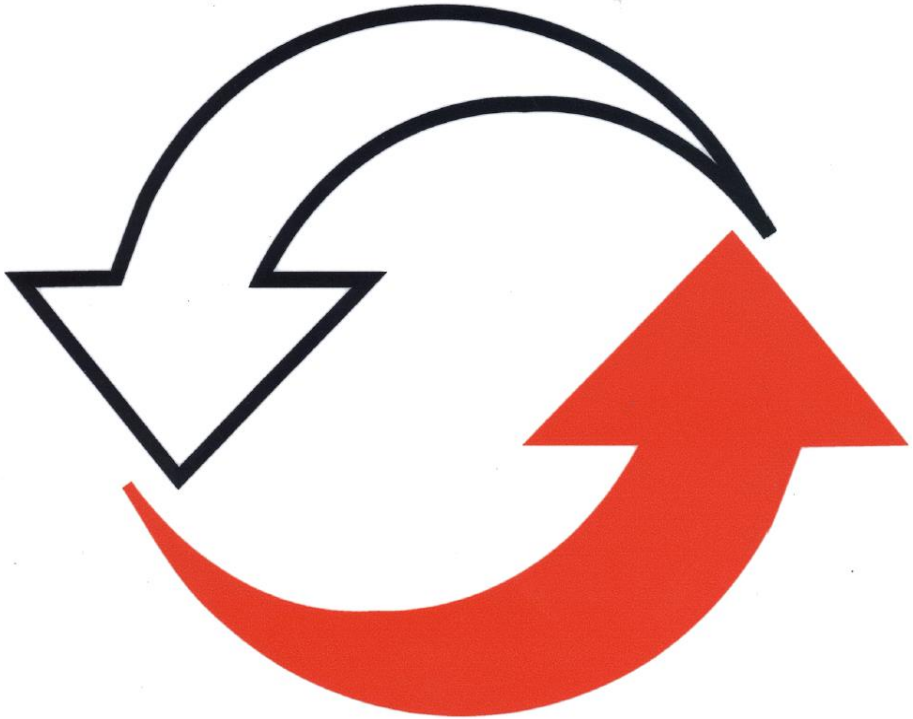
NSP Logo



The NSP Logo is displayed to convey that NSP services are available.

3. NT Minimum Data Set: Three Steps

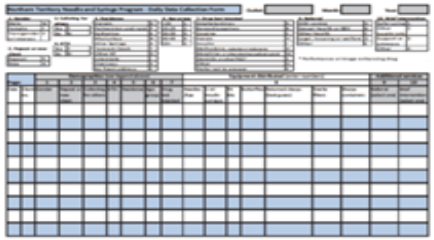
The NT NSP Minimum Data Set (MDS) is a **monitoring** and **evaluation** tool that aims to ensure NSP policy and program delivery is informed by the **best available evidence**.

The MDS collects **standardised data** from all primary and secondary NSP outlets every month. This makes **NT-wide comparisons** on categories such as equipment distribution and client demographics possible. The MDS does not include pharmacy-based outlets.

NT NSP Minimum Data Set (MDS): Data Collection Process

1. Daily Data Collection (filled out by hand)

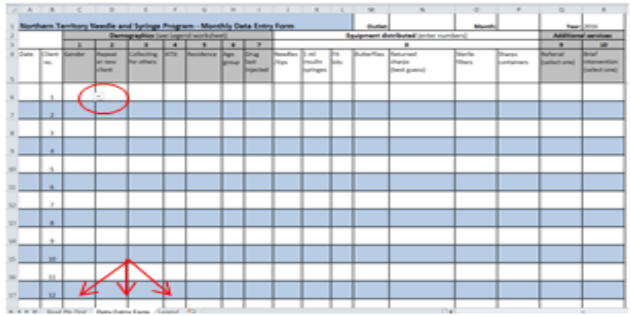
Daily Collection form



OR

Client Self-service form

2. Monthly Collation (Microsoft Excel)



This Excel worksheet should sit on a desktop at each NSP outlet. Create a folder for the MDS and save the template. 'Save As' for each month before adding the data from the daily collection forms. Keep a copy in the MDS folder.

There are 'Read Me First' and 'Legend' tabs near the bottom left hand corner to assist with completing the form (red arrows).

The bottom right corner of each Demographics field has a drop-down box (red circle) to select from (in letters). The Legend tab lists the options.

Enter the quantity (in numbers) in the Equipment Distributed fields (e.g. 20 1ml insulin syringes or 3 Fit kits).

3. Send the collated monthly data (Excel file) to the Sexual Health and Blood Borne Virus Unit in the first week of the following month

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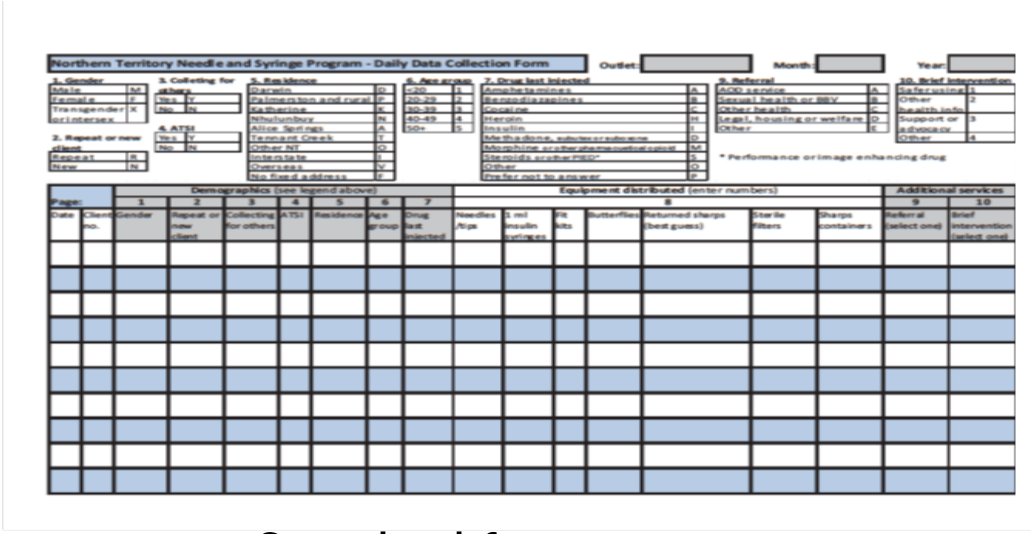
Step 1: Daily Data Collection



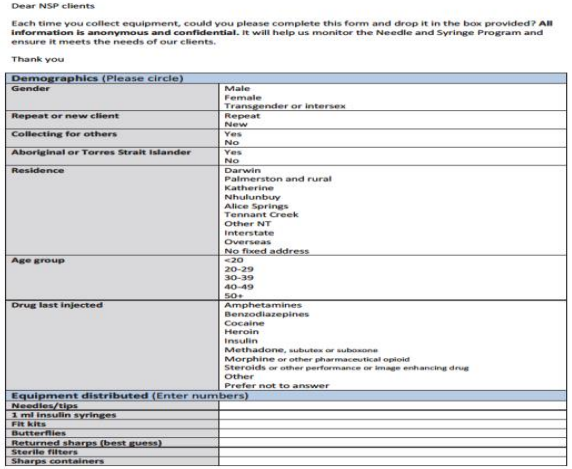
Northern Territory Needle and Syringe Program - Daily Data Collection Form

Outlet: Month: Year:

1. Gender		3. Collecting for others		5. Residence		6. Age group		7. Drug last injected		9. Referral		10. Brief intervention
Male	M	Yes	Y	Darwin	D	<20	1	Amphetamines	A	AOD service	A	Refer to clinic	1
Female	F	No	N	Palmerston and rural	P	20-29	2	Benzodiazepines	B	Sexual health or BBV	B	Other	2
Transgender or intersex	X			Katherine	K	30-39	3	Cocaine	C	Other health	C	Health info	
		4. ATSI		Nhulunbuy	N	40-49	4	Heroin	H	Legal, housing or welfare	D	Support or advocacy	3
2. Repeat or new client		Yes	Y	Alice Springs	A	50+	5	Insulin	I	Other	E	Other	4
Repeat	R	No	N	Tennant Creek	T			Methadone, subutex or suboxone	O				
New	N			Other NT	O			Morphine or other pharmaceutical opioid	M				
				Interstate	I			Steroids or other PIED*	S				
				Overseas	V			Other	O				
				No fixed address	F			Prefer not to answer	P				

* Performance or image enhancing drug

Page:	Demographics (see legend above)							Equipment distributed (enter numbers)							Additional services	
	1	2	3	4	5	6	7	8							9	10
Date	Client no.	Gender	Repeat or new client	Collecting for others	ATSI	Residence	Age group	Drug last injected	Needles /tips	1 ml insulin syringes	Fit kits	Butterflies	Returned sharps (best guess)	Sterile filters	Sharps containers	Referral (select one)	Brief intervention (select one)



Dear NSP clients

Each time you collect equipment, could you please complete this form and drop it in the box provided? **All information is anonymous and confidential.** It will help us monitor the Needle and Syringe Program and ensure it meets the needs of our clients.

Thank you

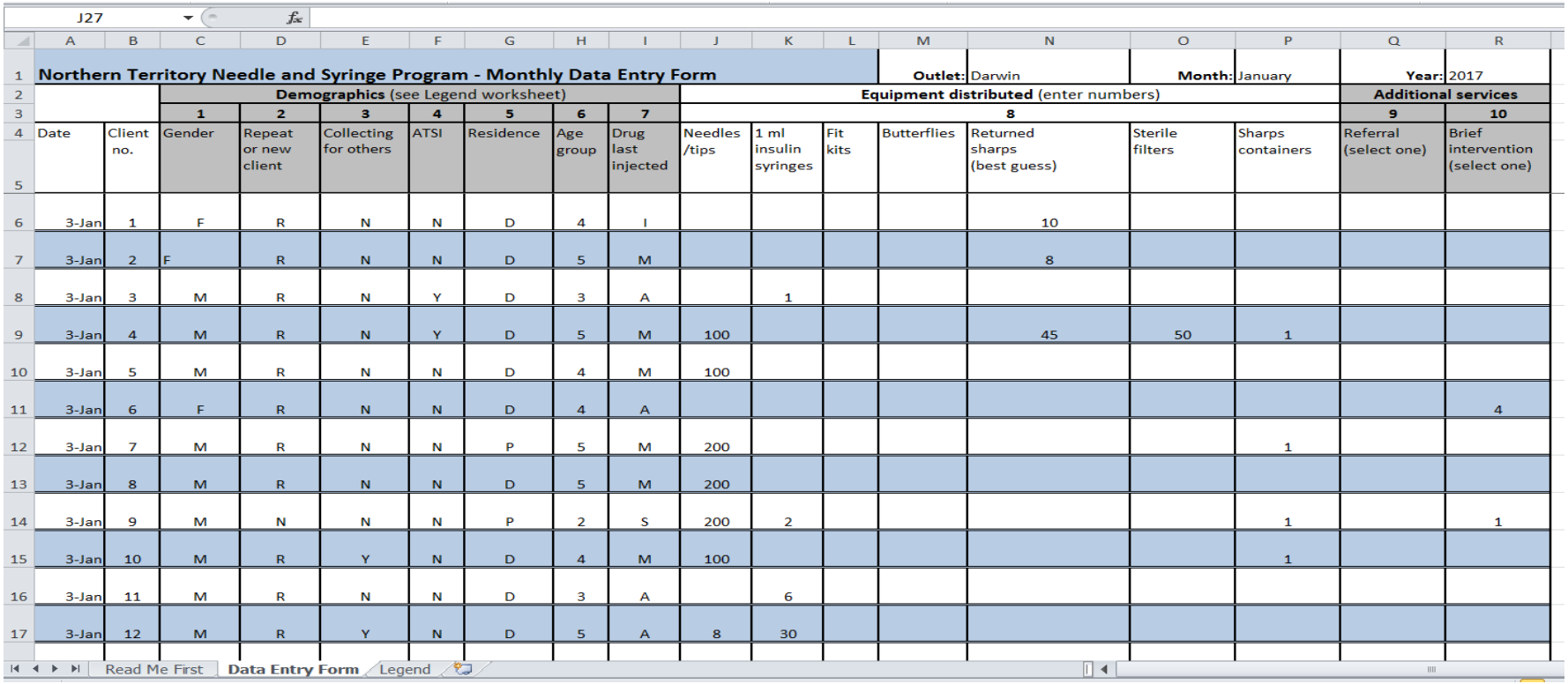
Demographics (Please circle)	
Gender	Male Female Transgender or intersex
Repeat or new client	Repeat New
Collecting for others	Yes No
Aboriginal or Torres Strait Islander	Yes No
Residence	Darwin Palmerston and rural Katherine Nhulunbuy Alice Springs Tennant Creek Other NT Interstate Overseas No fixed address
Age group	<20 20-29 30-39 40-49 50+
Drug last injected	Amphetamines Benzodiazepines Cocaine Heroin Insulin Methadone, subutex or suboxone Morphine or other pharmaceutical opioid Steroids or other performance or image enhancing drug Other Prefer not to answer
Equipment distributed (Enter numbers)	
Needles/tips	
1 ml insulin syringes	
Fit kits	
Butterflies	
Returned sharps (best guess)	
Sterile filters	
Sharps containers	

Standard form

Self-service form

NSP staff record the data (with a pen) on the standard Daily Data Collection Form or clients record the data on the self-service Daily Data Collection Form.

Step 2: Monthly Data Entry



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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**Northern Territory Needle and Syringe Program - Monthly Data Entry Form**												**Outlet:** Darwin		**Month:** January		**Year:** 2017	
2			**Demographics** (see Legend worksheet)							**Equipment distributed** (enter numbers)							**Additional services**	
3			**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**							**9**	**10**
4	Date	Client no.	Gender	Repeat or new client	Collecting for others	ATSI	Residence	Age group	Drug last injected	Needles /tips	1 ml insulin syringes	Fit kits	Butterflies	Returned sharps (best guess)	Sterile filters	Sharps containers	Referral (select one)	Brief intervention (select one)
5																		
6	3-Jan	1	F	R	N	N	D	4	I					10				
7	3-Jan	2	F	R	N	N	D	5	M					8				
8	3-Jan	3	M	R	N	Y	D	3	A		1							
9	3-Jan	4	M	R	N	Y	D	5	M	100				45	50	1		
10	3-Jan	5	M	R	N	N	D	4	M	100								
11	3-Jan	6	F	R	N	N	D	4	A									4
12	3-Jan	7	M	R	N	N	P	5	M	200						1		
13	3-Jan	8	M	R	N	N	D	5	M	200								
14	3-Jan	9	M	N	N	N	P	2	S	200	2					1		1
15	3-Jan	10	M	R	Y	N	D	4	M	100						1		
16	3-Jan	11	M	R	N	N	D	3	A		6							
17	3-Jan	12	M	R	Y	N	D	5	A	8	30							

Read Me First | Data Entry Form | Legend

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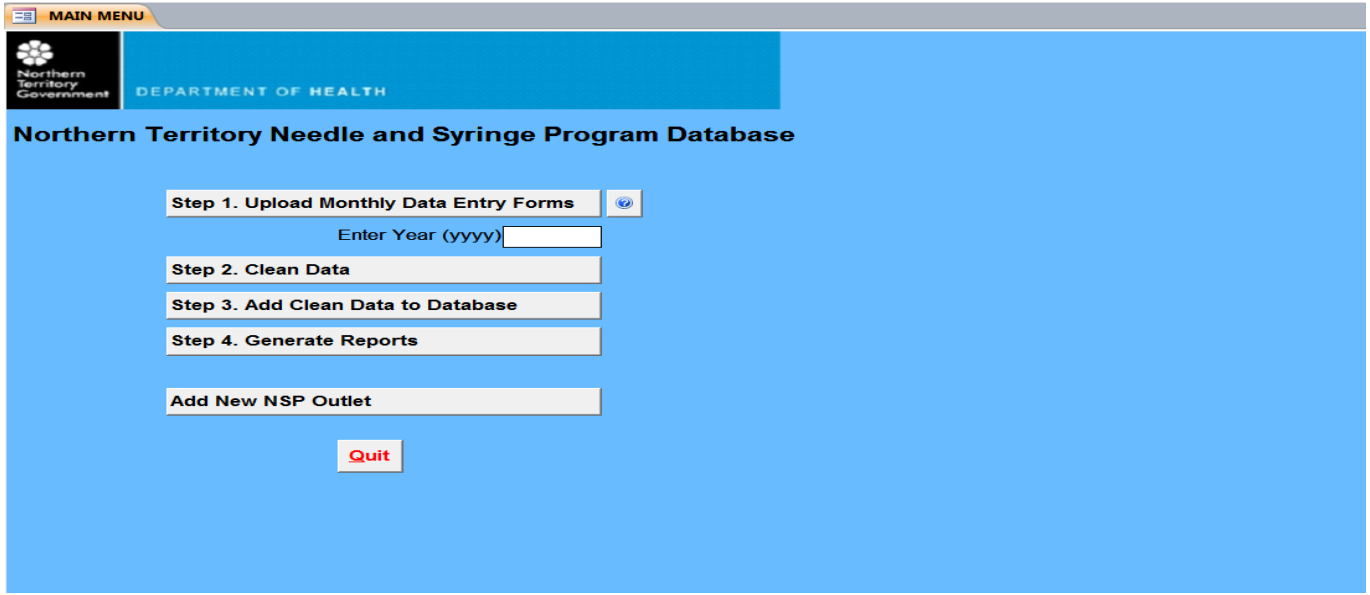
Step 3: Database Input and Analysis



The Sexual Health and Blood Borne Virus Unit collates NSP distribution data into the MDS database for analysis.

4. Snapshot of NSP Data from 2017

I. Client Demographics

II. Equipment Distribution

III. Drugs Most Injected

I. Client Demographics

- 6,977 Occasions of Service in 2017
- 74% male; 25% female
- 24% self-identified as Aboriginal
- 8% new clients; 89% repeat clients (new and recurring demand)
- 35% reported collecting for others (peer distribution)
- 30-39 was the most represented age group (33%), followed by 40-49 (31%).

Source: NT Minimum Data Set

II. NSP Equipment Distribution

- **485,889** units of sterile injecting equipment were distributed
- **98%** distributed through primary NSP outlets in Darwin, Palmerston and Alice Springs
- Over **4,505** units were distributed from regional secondary NSP outlets in Nhulunbuy, Katherine and Tennant Creek.
- **104,543** used sharps were returned to NSPs

Source: NT Minimum Data Set

III. Drugs Most Injected

1. Amphetamines (mostly crystal methamphetamine) 38%
2. Prescribed opioids (such as morphine) 29%
3. Steroids and other performance or image enhancing drugs (PIEDs) 9%

Source: NT Minimum Data Set

5. Frequently asked questions

1. Do NSPs increase injecting drug use?

There is **no evidence** that NSPs contribute to increased levels of injecting drug use.

In fact, studies have reported **decreases in drug use** and **drug-related harm** following the **introduction of NSPs** because they promote health-seeking behaviour and act as referral points for clients wishing to begin drug treatment when they are ready.

2. Can I provide sterile injecting equipment to minors?

Yes. There is **no minimum age** for people accessing NSP services.

Sterile injecting equipment, **like condoms**, are a form of **health hardware** that people use to keep themselves **safe**.

Mandatory reporting applies in the **NT** where staff believe a child has suffered, or may suffer **harm or abuse**.

3. Why is it important to collect NSP data?

NSP data collection is **essential** for the monitoring, evaluation and **continuous improvement** of service delivery.

The data provides an **evidence base** for strategic and operational decisions by **identifying trends and variations** in client demographics, equipment distribution, patterns of drug use, and gaps in service delivery.

6. Recommendations:

1. **Maintain the current NSP network** across the NT and ensure there is enough sterile injecting equipment available to meet unforeseen increases in demand.
2. **Diversify NSP modalities** by deploying a **pilot mobile NSP outreach program** in Darwin and Palmerston to engage with PWID who are not well linked with fixed-site NSP outlets and other health and social services, and to improve the safe disposal of used injecting equipment out in the community.

3. **Strengthen peer-based approaches** by continuing to fund primary NSPs and establishing NSP capacity in Aboriginal medical services where there is demand.
4. Ensure that there are **sufficient resources to support secondary NSP staff in regional areas to be trained** to engage with NSP clients around blood borne virus testing and treatment, and referrals to AOD treatment and other health and social services when the opportunity arises.

5. **Increase funding to harm reduction programs** so that it more closely approximates what is spent on demand and supply reduction programs. This will reduce the service gaps for people who use illicit drugs who are not able or willing to abstain, so that can be supported to minimise the harms from their drug use and address their other social determinants of health.
6. **Strengthen stakeholder collaboration and exchange** within the harm reduction sector in the NT and between the harm reduction, demand and supply reduction programs through an annual **Northern Territory Harm Minimisation Forum.**