



PENINGTON
INSTITUTE

Secure Dispensing Units:

A guide for Victorian needle and syringe programs

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1. Overview

Units that securely dispense sterile injecting equipment (Secure Dispensing Units, or SDUs) are an affordable way to improve the reach and effectiveness of staffed Needle and Syringe Programs (NSPs). They are already in legal operation in many parts of Victoria, with the opportunity for further rollout.

This Guide provides an overview of the legal and policy context for the operation of SDUs, and highlights the pertinent issues for consideration in setting them up. It also contains a number of sample documents which you could use in planning and documenting how SDUs will operate in your agency.

There are many variables which make it difficult to estimate how much time is required and what the initial and ongoing costs might be. Variables that may impact on timing include sourcing a machine that meets your agency's requirements, whether Council approval is required, and the extent of capital works. Costs can be affected by your agency's decision to purchase or lease a machine, types of equipment that will be supplied, which staff will be responsible for coordinating and/or maintaining stock, and what kinds of capital works might be required. These will become clearer to you as you consider the various topics contained in this Guide.

2. How to use this Guide

So you want to install and operate SDUs in your local area. The key to any project including the installation and operation of SDUs is the initial plan. Important issues to consider are:

- The need for SDUs in your local area.
- The location of the SDU or SDUs.
- Equipment to be provided through SDUs.
- Hours of operation.
- Types of machines.
- Responsibility for day-to-day operations.
- Costs for installing and operating the SDUs .
- Impact of SDU in the local area.
- Gathering support and managing detractors.
- Identifying and managing risks.
- Monitoring and evaluation.

Each of these issues will be expanded upon in the sections below to help guide your thinking and planning. The Guide is set out in a modular fashion which means that you could go to the topic area that is most salient; although Penington Institute recommends that you read all of the sections to ensure that nothing is missed.

A sample Project Implementation Plan in Appendix 1 provides a step-by-step guide to the introduction of SDUs in your agency.

Once you have scoped the need for SDUs in your local area, and worked through some of the questions raised, you can use the Project Proposal in Appendix 3 to collate your thoughts and ideas. This document might be useful when developing a submission for sign-off by management.

3. Background

3.1. The need for SDUs

NSPs are a proven, cost-effective public health measure. Providing clean injecting equipment prevents the spread of blood borne viruses (BBVs), such as HIV and hepatitis C, among people who inject drugs and the broader community. An independent return-on-investment analysis of Australian NSPs recently found they prevented 32,050 new HIV infections and 96,667 cases of hepatitis C between 2000 and 2009, saving \$1.28 billion in healthcare costs¹.

Nonetheless, challenges remain: approximately 20% of respondents to the Australian NSP Survey² reported using needles and syringes after someone else. This presents a clear, unmanaged risk of BBV transmission.

A range of factors contributes to the persistence of equipment sharing. Chief among them is restricted access: sterile equipment is not always available at the times injectors require it due to geographic distance and/or the operating hours of existing NSPs³. While the network of NSP outlets in Victoria generally provides broad geographic coverage so that current injectors in metropolitan, regional and rural settings may have access to sterile equipment, the availability of NSP services is limited after business hours and during weekends and public holidays. There are mobile and outreach NSP services, however these operate in large catchment areas and can only see a limited number of clients (approximately 10 – 15) each night because of the large distances that they must cover in a single catchment.

There is also evidence to suggest that people who inject drugs within the various drug-injecting sub-populations (such as people from culturally and linguistically diverse backgrounds (CALD), Indigenous Australians⁴, people in custodial settings and people with less than three years injecting experience) are less likely to access NSP services.

SDUs are a solution to this challenge. They are a means of extending access to sterile injecting equipment, including to groups of people who inject drugs who would not otherwise use staffed NSPs or pharmacies. SDUs have significant public health benefits and are an augmentation of existing programs aimed at prevention and reduction of drug-related harms

¹ National Centre in HIV Epidemiology and Clinical Research. (2009). *Return on investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia*. National Centre in HIV Epidemiology and Clinical Research, UNSW, Sydney, NSW.

² See Iversen, J. and Maher, L. (2015). *Australian NSP Survey. Prevalence of HIV, HCV and injecting and sexual behaviour among Needle and Syringe Program attendees. 20 Year National Data Report 1995 – 2014*. Kirby Institute, UNSW, Sydney, NSW.

³ Dwyer, R., Fry, C., Carruthers, S., Bolleter, A., Dolan, K., Donald, A., Byrne, J., & Loxley, W. (2002). *ABRIDUS: the Australian blood-borne virus risk and injecting drug use study*. Turning Point Alcohol and Drug Centre Inc, Fitzroy, VIC.

Southgate, E., Day, C., Kimber, J., Weatherall, A., MacDonald, M., Woolcock, G.W.E., McGuckin, S., & Dolan, K. (2003). *Dealing with risk: a multidisciplinary study of injecting drug use, hepatitis C and other blood borne viruses in Australia*. National Drug and Alcohol Research Centre, UNSW, Sydney, NSW.

Anex (2008). *The graveyard shift: access to sterile injecting equipment in metropolitan Melbourne*. Anex Inc, Melbourne, VIC.

⁴ Urbis (2008). *A review of enablers and barriers of Indigenous drug users accessing needle and syringe programs - a report for the COAG Multilateral Group on Needle and Syringe Programs*. Location details not provided. Accessed at [https://www.health.gov.au/internet/main/publishing.nsf/Content/3EEEB32D879F1D5ECA257BF00020AAAC/\\$File/indig.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/3EEEB32D879F1D5ECA257BF00020AAAC/$File/indig.pdf).

such as NSPs, primary health services, drug treatment programs including opioid substitution treatment, crisis and supported accommodation, community mental health programs and prison release programs.

SDUs have been introduced in various states and territories in Australia, with more than 100 units operating in New South Wales alone. *The use of SDUs for the distribution of hypodermic needles and syringes is legal in Victoria when SDUs are provided by authorised NSPs⁵ and pharmacies.*

SDUs have been particularly beneficial in locations where:

- it is not possible to establish a staffed NSP;
- some injectors are uncomfortable or unwilling to access staffed NSPs;
- there are gaps in the availability and accessibility of NSPs (e.g. after business hours and weekends) compared with consumption patterns of local injectors; and/or
- local injectors have limited access to transport (both public and private) and thus cannot access NSP outlets.

3.2. What are SDUs?

SDUs are self-contained units that hold and supply sterile injecting equipment. Typically, SDUs dispense packs containing sterile injecting equipment and a small disposal container. Packs dispensed by SDUs in Australia have included swabs, spoons, water ampoules, condoms, and educational materials.

Although there are several styles and models, they are usually unremarkable metallic units that stand alone or are wall-mounted. In Australia, they are usually co-located with disposal facilities.

SDUs do not advertise their contents. In this way, they contribute to protecting consumer anonymity as well as make it less likely to attract unwanted attention from the general public.

3.3. Legal and Policy Environment

SDUs operate in the Australian Capital Territory, New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia.

There are no legislative and policy impediments to the use of SDUs for the supply of hypodermic needles and syringes by NSPs operating in accordance with the Victorian NSP Operating Policy and Guidelines.

⁵ More information on how to become an authorised NSP outlet is provided in Appendix 5.

Needle and Syringe Programs (NSPs) and pharmacies fall within the exemption created by subsection 80(5) of the *Drugs, Poisons and Controlled Substances Act 1981* (Vic) which enables them to supply injecting equipment to injectors.

The *Therapeutic Goods Act 1994* (Vic) prohibits the supply of therapeutic goods using a vending machine. However, in 1996, an exemption for the provision of hypodermic needles and syringes by NSPs and pharmacies was created by the then Minister for Health (see Victorian Government Gazette, No. 59, 1996).

4. Assessing local need for SDUs

Assessing the need for SDUs in your local area can be important for several reasons. These include (i) ensuring that your service model is evidence-based, (ii) having evidence available to address stakeholder concerns (including management), and (iii) ensuring limited resources are used wisely to address a very real need.

There are several ways that you can do this and you can use a combination of the following approaches:

1. Talk to your colleagues

You might know of colleagues in your agency who come into contact with people who inject drugs. For example, intake workers, social workers, housing support staff, drug and alcohol counsellors. You could ask them if they have a sense of the level of need in your area. You might ask them to assist you with implementing a formal survey among current injectors they come across (see below).

You might also talk to colleagues from other agencies such as specialist drug and alcohol services, crisis and supported accommodation services, mental health services, prisons and remand centres, and police.

If possible, find out – other than your NSP, where else might people who inject drugs be accessing sterile injecting equipment? Are these locations sufficient? Are there gaps in service delivery (e.g. after business hours and on weekends)?

2. Analyse the data your NSP collects.

Standard data collected at NSPs asks clients if they are collecting equipment for others. You might analyse the data that has already been collected by your NSP over a period of time (e.g. 3 months, 6 months, 12 months) and see what percentage of clients are collecting for someone else. If there is a large proportion of clients who do collect for others, it is likely that there are other injectors who may be uncomfortable or unwilling to access your NSP.

Alternatively, you might contact the Victorian Department of Health and Human Services or Penington Institute to assist with accessing statewide data; which could be aggregated into local government areas.

You might think: “But they already have access to sterile injecting equipment through their friend”. That is of course true. However, consider the scenario where their regular supplier of injecting equipment falls ill or is otherwise unavailable.

3. Survey the injectors who are accessing your service and/or injectors in your local area.

This doesn't have to be an onerous task. It may be as simple as informally asking clients of your NSP questions such as:

- (i) What time during the day do you normally use?
- (ii) How convenient is it for you to pick up your equipment at this location at this time?
- (iii) How many other people do you know who have had trouble getting sterile injecting equipment when they need it? And during what times has this occurred?

Remember to write the answers down and collate them for each client!

You might want to take a more formal approach and survey the clients of your NSP and/or their network of people who inject. Make it convenient and easy for them to respond and return their surveys. You could use a pen and paper approach or use an online survey through www.surveymonkey.com.

A sample survey is provided in Appendix 2 and can be downloaded from the Penington Institute website at www.penington.org.au.

5. Location of your SDU

While trying to assess the extent of need for an SDU in your area, you will start to get a sense of where and when an SDU might be beneficial in extending access to sterile injecting equipment in your area.

When thinking about where to locate an SDU, you might like to consider the following:

- Is it accessible to a large number of injectors? Is it easy to get to for most people who will be using it?
- Is there sufficient space to locate both the SDU and safe disposal facilities?
- Is the location sufficiently private to maintain anonymity?
- Is the location sufficiently public to ensure security (for example, to deter vandalism)?
- Will the SDU be close to an existing health service?
- If the SDU is to operate in the evenings, is there adequate lighting to ensure safety of the people using it?

Scope the potential area where the SDU is to be located. Put yourself in a client's shoes and consider how s/he might feel when accessing the SDU; keeping in mind issues of anonymity and safety.

6. Types of injecting equipment provided through your SDU

Remember that the rationale for installing and operating SDUs is to improve access to necessary sterile equipment to reduce the transmission of blood borne viruses among people who inject drugs as well as the broader community.

Hypodermic needles and syringes

The supply of hypodermic needles and syringes is exempt from the restrictions of the *Therapeutic Goods Act 1994* (Vic).

Sterile hypodermic needles and syringes can be obtained from the Victorian Department of Health and Human Services, free of charge, via authorised NSPs⁶ and participating pharmacies.

Think about how often each person might inject. The Australian NSP Survey 2014⁷ reported that almost half of respondents ($n=118$) indicated that they injected daily or more often within a one month period.

You might like to ask potential users of the SDU the optimal number of new sterile needles and syringes that should be supplied in a given visit – which can help to reduce wastage.

Other equipment

Other equipment that injectors may need to access to prevent the spread of blood borne viruses and other injection-related harm might include mixers or spoons, wheel filters, and disposal containers. Some of these, such as disposal containers, can be obtained at no cost from the Victorian Department of Health and Human Services.

Informational material

Some services also include informational material with the equipment. The rationale is that people who are accessing SDUs might not come into contact with health service staff and may have limited awareness and/or knowledge regarding the prevention of drug-related harm. They might also not be aware of where they could go for information, advice or support if they need it. Another reason for including informational material is to encourage people accessing SDUs to attend a staffed NSP where they might avail themselves of a greater range of services.

⁶ More information on how to become an authorised NSP outlet is provided in Appendix 5.

⁷ See Iversen, J. and Maher, L. (2015). *Australian NSP Survey. Prevalence of HIV, HCV and injecting and sexual behaviour among Needle and Syringe Program attendees. 20 Year National Data Report 1995 – 2014*. Kirby Institute, UNSW, Sydney, NSW

You might also consider having information available on or near the SDU such as:

- The address and location of your agency.
- Address, location and hours of operation of other NSPs in the local area.
- Location of disposal bins in the local area.
- Syringe Disposal Hotline.
- DirectLine.

7. Hours of operation

At your survey stage of the planning process, you might already have a sense of when might be the most appropriate time that your SDU operates. This will of course need to be balanced against resource availability as well as mitigating the impact of operating the SDU for stakeholders which will be discussed below.

8. Types of machines

Some SDUs are coin operated and require that consumers pay a minimum fee to access the stock provided. There are also SDUs that do not require either and all stock is available free of charge. It might also be possible to use a combination of methods (e.g. one service provides a 5-pack of sterile injecting equipment for free but charges for a different pack containing filters).

There is no single best option; rather, there are advantages and disadvantages for each.

Options	Advantages	Disadvantages
Coin operated	<p>Allows for the service to recover costs associated with providing the SDU.</p> <p>Controls access to increase likelihood that people accessing the SDU are doing so out of genuine need.</p>	<p>Requires consumers to have the money to access the equipment and therefore can be restrictive.</p> <p>If the machine breaks down or malfunctions, can increase hostility and aggression in consumers who may be experiencing withdrawal symptoms.</p>
Free of charge	Ease of access to stock provided.	<p>No cost recovery.</p> <p>Potential for anyone to access the stock whether or not there is genuine need and therefore increases risk of wastage. Note that this risk may be mitigated by where you locate the SDU and how its availability is communicated.</p>
Lease coin operated machine from supplier	No cost to agency for the SDU as supplier takes proceeds from the machine to meet cost for operating and maintaining the machine.	Requires consumers to have the money to access the equipment and therefore can be restrictive.

Whichever type of SDU you choose, it is important to ensure rapid response to machine malfunction or breakdown as delays in repairing the machine can limit access to sterile injecting equipment, as well as increase risk of vandalism.

At this point, it might also be useful to consider how you could ensure that there is enough stock in the SDU for use after business hours, on weekends, and on public holidays.

9. Responsibility for day-to-day operations

The day-to-day maintenance of an SDU typically involves:

- Maintaining stock supplied by the SDU on a regular basis (and ensuring adequate supply for after business hours, on weekends, and on public holidays).
- Maintain the machine in good working order.
- Ordering stock supplied by the SDU.
- Making up packs supplied by the SDU, if required.
- Ensuring disposal facilities are emptied regularly.
- Maintaining public amenity surrounding the SDU.
- Troubleshooting the mechanics of the SDU (e.g. when it breaks down).

These tasks can be the responsibility of multiple individuals including external contractors (e.g. for machine maintenance and repairs).

Most importantly, however, is that someone is available to be accountable for and to coordinate the day-to-day operation of the SDU.

10. Costs for installing and operating the SDUs

Once you have determined the where, when, how and who involved in installing and operating an SDU, it is likely that you are closer to understanding the financial resources that will be required. These might include:

One-off costs

- Purchasing of the SDU (and disposal facilities if required)
- Installation of the SDU (and disposal facilities if required)
- Costs for the building and/or installation of physical shelter against weather conditions (if required)

Ongoing costs

- Purchasing of the stock. Note that you can obtain hypodermic needles and syringes and other consumables from the Victorian Department of Health and Human Services for free as an authorised NSP.
- Packing of the stock, if required.
- Staffing costs for the day-to-day operation of the SDU (e.g. re-stocking the SDU, maintaining public amenity in the area near the SDU).
- Any contractor fees for repairs and maintenance.

Note: You might also consider leasing or hire/purchase agreements for the SDU if the option is available which will mean that the cost of obtaining the SDU is an ongoing cost. This might reduce the initial start up cost if that is a challenge.

11. Impact of SDU in the local area

Although your agency can (subject to the law, including local government regulations) unilaterally decide to install an SDU, it is good practice to at least consider your neighbours. Once you have identified potential locations for the SDU, you will get a clearer picture of who might be impacted. This can be a useful exercise to help identify potential problems and risks that could arise from operating an SDU, and the actions that you might need to take to troubleshoot potential problems or to manage foreseeable risks.

Consider the following groups of people:

- Staff at your agency.
- Business owners.
- Public facilities such as schools and libraries (including staff working there).
- Local government (including staff members).
- Community members.

For each group of people, ask yourself:

- How will the SDU impact on them?
- What might you need to put in place to reduce the impact?

Some of the ways that installing and operating an SDU might hypothetically impact on these various groups include:

Impact	Mitigating Actions
Sense of safety in accessing the facilities, offices, business premises.	Reconsider location? Reconsider hours of operation? Education for concerned community members?
Decrease in public amenity due to inappropriately discarded equipment and/or material.	Ensure that the SDU is co-located with disposal facilities? Ensure that appropriate and relevant equipment and/or material is provided (to minimise waste)? Ensure that staff are available to clean up the area near the SDU to maintain public amenity? Education: NSPs do not increase inappropriate

Impact	Mitigating Actions
	disposal of equipment

12. Gathering support and managing detractors

An important question for any project is who are its supporters and detractors. Installing and operating an SDU is no different. When you were considering who might be impacted by the installation of an SDU in a particular location, you might already have a sense of who its greatest supporters (and detractors) might be.

Consider the following:

- Community members.
- Internal staff including management.
- External agencies.
- Local business owners.
- Local government.
- Victoria Police.
- Department of Health and Human Services.
- Professional groups (e.g. doctors, nurses, social workers).

It is important to let your supporters know of the project early so that they are ready to lend their voice to the project when it comes to the implementation stage. You might like to think about what they could do specifically to lend their support.

Note that Victoria Police have a standing policy not to interfere with the operation of NSPs. ***It is important to communicate with local police*** regarding the installation and operation of the SDU so that the same policy is applied.

You might also need to ***check with Local Government if their approval is required*** for any building works you might need to do or if the SDUs are to be installed on land that is not owned by your agency.

Local Government can also be a useful supporter in assisting with waste collection and maintaining the public amenity in the surrounding area.

The NSP information kit, produced by the Australian Government, is a useful resource when having conversations with concerned stakeholders.⁸

Remember that Penington Institute is also available to lend our support to your project!

⁸ The kit is available at: <http://www.anex.org.au/publications/publications/nsp-info-kit/>, or on the Penington Institute website at: <http://www.penington.org.au/>.

As for your detractors, think about what their concerns might be and how you will address them. Some of the ideas you have come up with to mitigate the impact of SDUs might be useful here too showing that you have considered the risks and will also implement strategies to address them.

Some potential concerns that might be raised include:

Concerns	Response
There will be a “honeypot” effect which means there will be more drug users coming into this area.	Just as there is no evidence that the mere presence of NSPs attract drug users, there is also no evidence for SDUs doing so. The people who will be using the SDU are already living in this community. The introduction of SDUs is to ensure that the local community members who inject drugs can access sterile injecting equipment to prevent the spread of blood borne viruses such as HIV and Hepatitis C. This is likely to have a long-term benefit to the community as a whole.
There will be increased crime in the local area.	Just as there is no evidence that the mere presence of NSPs increases crime in the local area, there is also no evidence for SDUs doing so. The people who will be using the SDU are already living in this community. The introduction of SDUs is to ensure that the local community members who inject drugs can access sterile injecting equipment to prevent the spread of blood borne viruses such as HIV and hepatitis C. This is likely to have a long-term benefit to the community as a whole.
Children will have easy access to the equipment.	The SDUs installed in this area are designed in such a way that the slots are not accessible to children because they are at adult height. [If appropriate] Also, the SDU requires coins/tokens to access the equipment which means that it is less likely for children to access the equipment.
There will be inappropriately discarded needles and syringes in the area.	Safe and secure disposal facilities are provided near the SDU to ensure that used equipment is disposed appropriately.

Some Local Government concerns to consider and address might include:

- Permission to build/install SDUs on local government owned land.
- Zoning due to change of purpose as a consequence of change in hours of operation.
- Access to power/electricity if lighting is to be installed.
- Load bearing weight of the SDU and/or disposal bin (i.e. can the SDU and/or bin bear the weight of someone sitting on it without collapsing?).

13. Identifying and managing risks

As with all projects, there will be risks involved. Some of these have already been highlighted in considering the questions above. It will be useful to list what the risks are for the project and think about how you might address these to either eliminate the risk altogether or to reduce the risk. ***Remember to include these risk management strategies in your implementation plan.***

Some examples are:

Risk	Management
Injectors do not access the SDU.	<p>Needs analysis is undertaken before the project commences showing that there is a legitimate need.</p> <p>Information is gathered through both informal and formal surveys and consultations with potential consumers to determine the best method for providing the service.</p> <p>Availability of SDU is promoted to potential consumers through appropriate channels including by word of mouth via existing clients of the NSP.</p> <p>Police cooperation obtained.</p>
Lack of support from management and/or internal staff.	<p>Rationale and benefits for SDUs is communicated clearly including aligning the rationale for SDUs against agency mission and values.</p> <p>A clear plan for the installation and operation of SDU has been developed highlighting how risks will be managed, and any cost reduction strategies incorporated as appropriate.</p> <p>Internal and external supporters are identified and approached.</p>
Community dissatisfaction at the installation of SDU in the area.	Concerns of the community have been considered and clear messages developed to

Risk	Management
	<p>address them.</p> <p>Internal and external supporters are identified and approached to provide public support for SDUs.</p> <p>Consider establishing a formal or informal network of supporters.</p>
<p>Inappropriate disposal of used injecting equipment reduces public amenity.</p>	<p>Waste management plan developed.</p> <p>Safe secure disposal bin is installed near the SDU.</p> <p>Regular waste collection is organised.</p>
<p>SDU is vandalised by community members.</p>	<p>Location for the SDU provides anonymity to potential consumers and as a consequence is less visible to mere passers-by.</p> <p>Appropriate schedule has been established for ongoing monitoring and stocking of the SDU so that any damage can be identified and repaired quickly.</p> <p>Appropriate arrangements have been made regarding on-call repairs.</p>
<p>SDU breaks down.</p>	<p>Careful consideration has been made on the type of machine used. A reference list has been obtained and consulted on the reliability of the machine.</p> <p>Appropriate schedule has been established for ongoing monitoring and stocking of the SDU so that any damage can be identified and repaired quickly.</p> <p>Appropriate arrangements have been made regarding on-call repairs <i>with rapid response times</i>.</p>
<p>SDU runs out of stock.</p>	<p>Information is gathered through both informal and formal surveys and consultations with potential consumers to determine the best</p>

Risk	Management
	<p>method for providing the service.</p> <p>Careful consideration has been made regarding staff rostering and all staff who are responsible are briefed and clear about their responsibility.</p> <p>Staff rosters to include back-up in case of unplanned absence.</p> <p>Consider establishing relationships with other agencies (e.g. other NSPs) in the local area who may be available for “emergency” support.</p>
<p>Emergencies on SDU site.</p>	<p>Location of the SDU has been carefully considered to balance the need for privacy and anonymity, and the need for visibility and safety.</p> <p>Emergency numbers are clearly shown on the SDU.</p> <p>Agreements with police might include reasonable patrols to ensure safety for users of the SDU and this is clearly communicated to users of the SDU so as not to deter access.</p>

14. Monitoring and evaluation

The benefits for ongoing monitoring and for evaluation of the project are that you are able to identify how well it is going as well as to take early action on any problems that might emerge. Undertaking an evaluation after a period of time has passed (3 months, 6 months, 12 months) can also be useful as it provides you with the necessary data to support the project should that be required in the future. Data collected and documented as part of routine monitoring can also be used for the evaluation.

Some data points that might be useful include:

- Amount of stock dispensed.
- Number of adverse incidents (e.g. vandalism, damage, break down, out of stock).
- Impact on other services (e.g. staffed NSPs).
- Access to other services from information provided at SDUs.

Check and discuss with the SDU manufacturer if there are ways data collection might be incorporated into the machine.

Appendix 1: Project Implementation Plan

Below is a template which includes all of the necessary steps we consider are required from the initial conceptualisation to installation and operation of SDUs in a local area. Remember to also include any risk management strategies in the activities list!

The template below can be downloaded from the Penington Institute website at www.penington.org.au.

Activities	By Whom	By When
Scope the need for SDU through survey of clients and consultations with other service providers.		
[optional] Getting internal (in principle) sign-off.		
Identify potential locations for SDUs.		
Determine if you will require Local Council approval and what this will entail.		
Scope options of SDU supply including purchase/leasing arrangements.		
[optional] Scope secure disposal bins suppliers and waste collection contractors.		
Identify operating model (e.g. coin-operated or free), equipment to be supplied, hours of service, internal staffing.		

Activities	By Whom	By When
Complete a risk assessment and risk management plan. This should include developing a waste management plan.		
Garner internal (management) support for the installation and operation of SDUs.		
Identify potential supporters and those who might hinder the successful installation and operation of SDUs.		
Develop communications plan including communications messages for stakeholders and potential consumers.		
Engage with potential supporters including (police and local government) and communicate what form of support is required.		
Advise and seek support from Penington Institute as required.		
[optional] Establish a Community Consultation Committee comprising key supporters.		
Consult with key stakeholders who may be impacted by the installation and operation of SDUs in the area.		

Activities	By Whom	By When
Attend to any other risk management strategies identified during the risk assessment.		
Ensure all parties involved in the operation of the SDU have been briefed and have a clear understanding of their roles and responsibilities.		
[optional] Ensure a service agreement with external contractors has been developed and signed.		
Install SDUs and secure disposal bins.		
Promote availability of SDUs to potential consumers.		

Appendix 2: Survey of injectors

One way to assess the local need for SDUs is to conduct a survey of injectors. There are several ways of doing this, as discussed at Section 4. Should you wish to undertake a formal survey, below is a template which you might find useful.

The template below can be downloaded from the Penington Institute website at www.penington.org.au.

[Insert agency name] is keen to understand the needs of people who inject residing in [local area] in regard to access to sterile injecting equipment. We hope you will complete this short survey to help us serve you better in this regard.

This survey is confidential. Thank you for taking the time to complete the survey!

1. Over the past 3 months, how often have you been deterred from accessing a service because of inconvenience? (TICK THE ONE BOX THAT APPLIES)

Daily Weekly Monthly

2. Are there times when you have been unable to get a new sterile needle & syringe from a service (such as chemist or NSP/needle exchange or outreach) when you wanted one? (TICK THE BOX THAT APPLIES)

Yes No (Please go to Question 9)

3. Over the past 3 months, how often have you been unable to get a new sterile needle & syringe from a service (such as chemist or NSP/needle exchange or outreach) when you wanted one? (TICK THE ONE BOX THAT APPLIES)

Daily Weekly Monthly
 I never need to access sterile needles & syringes when services are closed

4. Over the past 3 months, during what times is it most difficult to get a new sterile needle & syringe? (TICK ALL THAT APPLY)

9am-5pm 5pm-7pm
 7pm-11pm 11pm-5am
 5am-7am 7am-9am
 Weekends Public Holidays

- I never need to access injecting equipment when services are closed
 Other (please specify)_____

5. When you have been unable to get a new sterile needle & syringe from a service (including NSP/needle exchange, chemist or outreach), what did you do? (TICK ALL THAT APPLY)

- Re-used own needle & syringe
 Didn't use
 Re-used a needle & syringe after someone else
 Purchased needle & syringe from other drug user or dealer
 Other (please specify)_____

6. Would you use a needle vending machine if it was available? (TICK THE BOX THAT APPLIES)

- Yes No

7. What quantity of new sterile needle & syringe should the Syringe Dispensing Unit dispense? (TICK THE BOX THAT APPLIES)

- 2 5 10

8. How old are you?_____ (years)

9. Are you

- Female Male Transgender

10. Do you identify with an ethnic or cultural background other than Anglo-Australian? (eg. Aboriginal or Torres Strait Islander, Vietnamese-Australian, Greek-Australian)

11. Which of the following best describes your employment status over the last 12 months? (TICK THE ONE BOX THAT APPLIES)

- Employed full-time
 Employed part-time
 Employed on a casual basis
 Unemployed
 Illness, injury or disability payment from Centrelink
 Parenting payment from Centrelink
 Youth allowance payment from Centrelink
 Newstart payment from Centrelink

- Carer payment/allowance from Centrelink
- Student
- Home duties
- Other (please specify) _____

12. What suburb do you live in now? (if you are homeless, where do you spend most of your time?) _____

13. What is the closest major intersection to where you live?
_____ (Road/StreetName) and _____ (Road/StreetName)

Any other comments?

Thank you again for taking the time to complete this survey.

Appendix 3: Project Proposal

Once you have done some research on the need for SDUs and models of operation, and gathered your thoughts and ideas together, you might need to submit a project proposal for consideration by management which could be used as a template for a proposal to other organisations as required. [Note: The fields in which you could insert information relevant to your agency are highlighted]

Alternatively, you might amend the wording and use only some of the sections so that it is framed more as a *program description* (e.g. delete words such as “proposal” or “proposed”).

The template below can be downloaded from the Penington Institute website at www.penington.org.au.

1. Introduction

The use of Secure Dispensing Units (SDUs) for the distribution of hypodermic needles and syringes by Needle and Syringe Programs (NSPs) and pharmacies is legal in Victoria.

SDUs have been in operation in Australia for more than 20 years and the evidence indicates it is a cost-effective means for increasing access to sterile injecting equipment particularly where:

- It is not possible to establish a staffed NSP.
- It has been identified that some injectors are uncomfortable and unwilling to access staffed NSPs.
- It has been identified that there are gaps in the availability and accessibility of NSPs (e.g. after business hours and weekends) compared with consumption patterns of local injectors.
- Local injectors have limited access to transport (both public and private) and as a consequence are unable to access NSP outlets.

A consultation undertaken during [insert period needs analysis/consultation was undertaken] determined that there is a gap in the availability of sterile injecting equipment in [local area]. Consequently, the installation and operation of [insert number] SDUs is proposed as the most efficacious manner for addressing this gap.

The proposed site[s] for the SDU is/are [insert details].

The site[s] has/have been determined through consultation with [insert groups of people consulted] and in consideration of the following criteria:

- It is accessible to a large number of injectors.

- There is sufficient space to locate both the SDU and safe disposal facilities.
- People who use the SDU can maintain their anonymity when accessing it.
- The location is sufficiently public to ensure security (for example, to deter vandalism).
- The SDU is located close to an existing health service.
- If the SDU is to operate in the evenings, there needs to be adequate lighting to ensure safety of the people using it.

2. Background

2.1 Needs Assessment

A needs analysis/consultation [delete as appropriate or insert “and” if both] into access to sterile injecting equipment in [local area] was undertaken during [insert period needs analysis/consultation was undertaken]. This included:

- Informal feedback from current clients of our NSP.
- Formal survey of current clients of our NSP.
- Consultations with internal and external service providers.

Through these methods it became evident that [Insert brief summary of issues relating to the need for the SDU including findings from client survey or feedback, and other consultations undertaken].

2.2 Organisational Goals

[Your agency]’s stated goals are [insert summary of organisation’s goals or statement of vision and mission].

Installing and operating SDUs in [local area] are consistent with these goals. Reasons include:

- [List how introducing and running SDUs are consistent with the organisation’s goals].

3. Program Description

3.1 Aim and objectives

The aim for the installation and operation of SDUs is to increase the availability of sterile injecting equipment to prevent the spread of blood borne viruses among people who inject drugs in [local area] and the broader community.

Program objectives are to:

- Install [insert number] SDUs at [insert number] locations within [local area].
- Manage and operate these SDUs to ensure that sterile injecting equipment is accessible during [hours of operation].

The outcomes for the program are (i) improved access to sterile injecting equipment in [local area] and (ii) increased number of current injectors in [local area] who are accessing sterile equipment to reduce blood borne virus transmission.

3.2 Stock supplied

Each SDU will supply in packs the following equipment:

- [List equipment provided]

[optional] Additionally, information material will be provided with each pack.

Access to the stock supplied in each SDU will be by [insert method eg. “payment of \$2”; “obtaining a token from reception”; “at no cost”].

Stock will be replenished regularly [insert day/period as appropriate].

[optional: Describe how you will ensure sufficient stock will be available after business hours, on weekends, and on public holidays]

Stock will be purchased regularly [insert day/period as appropriate] from [insert supplier]. [Optional] [Insert packers as appropriate] will assemble the stock supplied from their component parts.

3.3 Waste management

Each SDU will be co-located with secure disposal bins for collection of used injecting equipment.

Waste collection will be undertaken by [insert relevant method]. [Optional] Additionally, staff will undertake regular monitoring and clean up [insert day/period as appropriate] of the surrounding areas to minimise waste and maintain public amenity.

3.4 Staff responsibilities

Overall responsibility for the program will be held by [insert name of staff member and position title].

Day-to-day responsibility for the efficient functioning of the SDUs will be as follows:

Tasks	Responsibility
Maintaining stock supplied by the SDU on a regular basis.	
Ensuring adequate supply for after business hours, on weekends, and on public holidays).	
Ordering stock supplied by the SDU.	
Ensuring disposal facilities are emptied regularly.	
Maintaining public amenity surrounding the SDU.	
Repairs and maintenance of machine.	

3.5 Monitoring and evaluation

The efficient functioning of the program will be monitored regularly, taking into consideration:

- Amount of stock dispensed.
- Number of adverse incidents (e.g. vandalism, damage, break down, out of stock).
- Impact on other services (e.g. staffed NSPs)
- [Insert more as appropriate]

An evaluation of the program will be undertaken at [insert time(s), e.g. 3 months from commencement, or 3-monthly intervals]. The evaluation will assess [insert as appropriate, e.g. impact of the SDUs on NSPs in the area, customer satisfaction].

4. Financial considerations

Having scoped the available options, it is proposed that SDUs be sourced from [insert company] for the following reasons:

- [insert reason eg. cheaper compared to other quotes, reputation]

It is proposed that the SDUs will be purchased/leased [delete as appropriate] as this is the most cost-effective method having regard to organisational need and proposed method of operation for the SDUs.

The costs for the installation and operation of [insert number] SDUs in [local area] are as follows:

[Amend as appropriate]

Item	Amount
<i>One-off costs</i>	
Purchase of SDU	
Purchase of secure disposal bin	
Installation of SDU	
Installation of secure disposal bin	
<i>Total one-off costs</i>	
<i>Ongoing costs (12-months)</i>	
Lease of SDU	
Staff salaries	
Stock purchase	
Stock assembly	
Repairs and maintenance	
Waste collection	
<i>A. Total ongoing costs (12-months)</i>	
<i>Offset (12-months)</i>	
Estimated revenue from consumers	
<i>B. Total offset (12-months)</i>	
<i>Net ongoing costs (12-months)</i>	(A-B)

5. Risk management

Although there are clear benefits in the use of SDUs to increase access to sterile equipment to reduce blood borne virus transmission, it is acknowledged that there are risks associated with the endeavour. These risks and the strategies that will be taken to prevent and/or mitigate them are set out below.

[Amend as appropriate]

Risk	Management
Injectors do not access the SDU.	<p>Needs analysis is undertaken before the project commences showing that there is a legitimate need.</p> <p>Information is gathered through both informal and formal surveys and consultations with potential consumers to determine the best method for providing the service.</p> <p>Availability of SDU is promoted to potential consumers through appropriate channels including by word of mouth via existing clients of the NSP.</p> <p>Police cooperation obtained.</p>
Lack of support from management and/or internal staff.	<p>Rationale and benefits for SDUs is communicated clearly including aligning the rationale for SDUs against agency mission and values.</p> <p>A clear plan for the installation and operation of SDU has been developed highlighting how risks will be managed, and any cost reduction strategies incorporated as appropriate.</p> <p>Internal and external supporters are identified and approached.</p>
Community dissatisfaction at the installation of SDU in the area.	<p>Concerns of the community have been considered and clear messages developed to address them.</p> <p>Internal and external supporters are identified and approached to provide public support for SDUs.</p>

Risk	Management
<p>Inappropriate disposal of used injecting equipment reduces public amenity.</p>	<p>Waste management plan developed.</p> <p>Safe secure disposal bin is installed near the SDU.</p> <p>Regular waste collection is organised.</p>
<p>SDU is vandalised by community members.</p>	<p>Location for the SDU provides anonymity to potential consumers and as a consequence is less visible to mere passers-by.</p> <p>Appropriate schedule has been established for ongoing monitoring and stocking of the SDU so that any damage can be identified and repaired quickly.</p> <p>Appropriate arrangements have been made regarding on-call repairs.</p>
<p>SDU breaks down.</p>	<p>Careful consideration has been made of the type of machine used. A reference list has been obtained and consulted on the reliability of the machine.</p> <p>Appropriate schedule has been established for ongoing monitoring and stocking of the SDU so that any damage can be identified and repaired quickly.</p> <p>Appropriate arrangements have been made regarding on-call repairs.</p>
<p>SDU runs out of stock.</p>	<p>Regular monitoring of stock levels.</p> <p>Careful consideration has been made regarding staff rostering and all staff who are responsible are briefed and clear about their responsibility.</p> <p>Staff rosters to include back-up in case of unplanned absence.</p> <p>Consider establishing relationships with other agencies (e.g. other NSPs) in the local area</p>

Risk	Management
	<p>who may be available for “emergency” support.</p>
<p>Emergencies on SDU site.</p>	<p>Location of the SDU has been carefully considered to balance the need for privacy and anonymity, and the need for visibility and safety.</p> <p>Emergency numbers are clearly shown on the SDU.</p> <p>Agreements with police might include reasonable patrols to ensure safety for users of the SDU and this is clearly communicated to users of the SDU so as not to deter access.</p>

6. Project implementation

[Include your project implementation plan here]

Appendix 4: SDUs in other Australian jurisdictions

Australian Capital Territory

The ACT first introduced a trial of SDUs (“syringe vending machines”) in 2005, with units installed on the outside walls of four ACT Health community health centres in Canberra. An external 12-month evaluation⁹ found no adverse consequences from the use of SDUs. Consequently, ACT Health continued with the use of SDUs as an additional means for making sterile injecting equipment available to people who inject drugs, and also introduced a fifth unit in Canberra.

The four pilot units were positioned in such a way that community health centre staff were unable to see the SDUs or the clients who were accessing them from their places of work. The SDUs were also positioned in locations which balanced the need for privacy as well as the need for safety for clients. Hence, while locations were private they were not secluded. A 240 litre sharps disposal bin was installed next to each unit.

The SDUs were owned, installed, stocked and maintained by an external contractor although responsibility for each of the units rests with the management of the main primary NSP in Canberra. Each of these units sold four-syringe Fitpacks® at \$2.00 each (a price subsidised by ACT Health). SDUs were restocked on a weekly basis although there were subsequent plans to increase the frequency of restocking.

Specific findings from the external evaluators were:

- No media coverage (positive or negative), including letters to the editor, other than in ACT Health publications and other health agency newsletters.
- One person wrote two letters to the Minister of Health suggesting that more information about the dangers of injecting and available social supports for people who inject drugs should be provided through them.
- SDUs did not reduce the number of contacts of people who go to fixed site NSPs, where education and referral services can be provided.
- In addition to increasing after-hours access for regular NSP service users, SDUs were successful in reaching people who inject drugs who do not normally attend fixed site NSPs, such as women and those who are younger.
- There were very few incidents of inappropriately disposed equipment in the immediate vicinity of SDUs.
- No increase in heroin overdoses or the number of ambulance call-outs occurred during the trial period.

⁹ McDonald D (2007). *ACT syringe vending machines trial 2005-2006*. Siggins Miller & David Miller, Social Research & Evaluation. Canberra, ACT.

Northern Territory

N/A. SDUs have not been introduced.

New South Wales

NSW first introduced SDUs (“syringe vending machines”; “automatic dispensing machines”) in 1992. The initial evaluation identified improved accessibility to sterile injecting equipment and recommended that SDUs continued to be used¹⁰. As a result, SDUs have become an integral part of NSW public health program. By November 2013, there were 141 SDUs throughout the state. These are usually located at existing primary and secondary NSPs or on the premises of hospitals or community health centres which operate as part of NSW Health.

The majority of SDUs in NSW are modified coin-operated cigarette vending machines. They dispense Fitpacks® which contain five 1ml insulin syringes with 29g needles, sterile water ampoules, and alcohol swabs. These machines also supply condoms and lubricant. Equipment is accessed at the cost of \$2.00 or \$3.00; although there are newer machines which dispense Fitpacks® free-of-charge.

Responsibility for restocking the machines rests predominantly with primary NSP staff. Staff also have responsibility for maintaining the public amenity in the immediate area where the SDUs are located. Maintenance and repairs are usually externally contracted to the machine manufacturer/supplier.

Although concerns and objections at the introduction of SDUs were submitted prior to their introduction, many of the anticipated problems were not experienced. Few complaints were received from community members or staff.

The operation of SDUs have largely been smooth. Occasional operational issues occur – the most common of which is Fitpacks® becoming stuck and unable to be retrieved from the dispensing slot or coins jamming. Incidents of vandalism are rare; with most attributed to frustration by clients experiencing withdrawal and facing a malfunctioning machine. Some services have included two machines on-site to address this particular issue.

Queensland

QLD introduced SDUs (“needle dispensing machines”) in 2005, with a trial at four emergency department sites in regional towns. An external 12-month evaluation¹¹ reported positive findings which prompted QLD Health to expand the availability of SDUs in that state. There are currently 59 SDUs in QLD.

¹⁰ Berg, R. (1993). *Needle and syringe vending machine trial evaluation report 1*. Sydney: NSW Department of Health.

Berg, R. (1995). *Needle and syringe vending machine trial: Evaluation report 2*. Sydney: NSW Department of Health.

¹¹ Queensland Government (2006). *Evaluation Report: After-hours needle and syringe dispensing machine pilot project*. Queensland Government, Queensland Health, Brisbane, QLD.

The four pilot units were located within the hospital building and/or on hospital premises; and monitored either by staff or via CCTV. The SDUs were not turned on until after business hours as QLD Health policy was such that SDUs were meant to supplement existing staffed services.

Responsibility for restocking the machines rests with “authorised personnel” to maintain compliance with relevant QLD legislation. Repairs and maintenance were the responsibility of QLD Health. Safe disposal bins are co-located with each SDU.

Specific findings from the 12-month evaluation of the pilot were:

- No increase in unsafe disposal;
- No reported incidents, nor formal complaints during the trial from emergency department staff, police, community or other stakeholders;
- Limited and benign media coverage, none of which was in response to community concerns or incidents;
- No reduction in access to fixed site NSPs where education and referral is available;
- A reduction in the equipment provided by emergency department staff
- After-hours access was the most important feature for people who inject drugs followed by the anonymity of the service.

South Australia

In 2009, SA introduced a 12-month trial of SDUs (“syringe vending machines”) installed at four locations. The machines provided 8 x 1ml insulin syringes and 20 alcohol swabs in Fitpacks® for \$2.00 each. Each of the SDU operated 24-hours and were co-located with syringe disposal bins.

To minimise risk of vandalism and access by non-injectors including children, the following strategies were adopted:

- Coin-dependent operation
- Minimum height of 122cm for coin insertion
- Covering the machines in a vandal-resistant plain casing with no visible information regarding product contents.
- Machines were also discretely positioned at each site and were solely promoted to people who inject drugs, other NSPs (or “Clean Needle Programs” in SA), and other services that work with people who inject drugs.

Responsibility for stocking the machines (weekly) rests with the NSPs which were located in close proximity with the machines (these include hospitals and primary health centres). Maintenance and repairs were outsourced to an private contractor.

The evaluation of the trial¹² concluded that:

- The introduction of SDUs increased overall access and after-hours access to sterile injecting equipment.
- There was no adverse impact on the distribution of equipment through existing staffed NSPs. Indeed, distribution from these sites “increased substantially”.
- There was general support from stakeholders with encouragement for SDUs to become a permanent feature.
- Analysis of client feedback suggests the SDUs provided an additional mode of NSP service delivery that is being accessed by current injectors who may be unwilling or reluctant to access staffed NSP sites.

Tasmania

During 2008 – 2009, TAS introduced SDUs (“NSP vending machines”) at three sites. The outcomes of the initiative are unclear.

Western Australia

WA introduced four SDUs (“needle and syringe vending machines”) at four regional/rural hospitals in 2007. These are operational 24-hours a day, 7 days per week. Similar to other jurisdictions, the SDUs provided Fitpacks® at a cost-recovery basis although it is unclear how much clients are charged.

Consultations with stakeholders after 12-months revealed that¹³:

- Most agreed that the equipment was provided at a reasonable and appropriate cost to clients.
- There was no change in the incidence of unsafe disposal issues or public injection near the SDUs.
- Minor operational issues were reported including packs becoming stuck while being dispensed.
- Operation and management responsibilities for the SDUs had little impact on staff time. Conversely, when the SDUs malfunctioned, staff were significantly affected.
- Most stakeholders also agreed that the SDUs increased availability of sterile injecting equipment.
- Most commented that the SDUs provided a degree of anonymity for clients which was an important factor in regional/rural towns.

¹² Drug and Alcohol Council of South Australia (2011). *Syringe vending machine trial 30 November 2009 – 30 November 2010: evaluation report*. Drug and Alcohol Council of South Australia, Adelaide, SA.

¹³ Communicable Disease Control Directorate (2009). *Needle and Syringe Vending Machines: Health Service Evaluation 2009*. Department of Health, Western Australia.

Appendix 5: How to become an authorised NSP outlet in Victoria

1. Before any formal processes begin, obtain from the Victorian Department of Health and Human Services and read the *Victorian NSP Operating Policy and Guidelines*. **Contact the NSP HelpLine on 1300 365 482.**
2. Next, undertake some internal consultation and planning with staff and management to:
 - consider your organisation's values and how the NSP fits with these;
 - consider the client groups associated with your organisation and what impact (both negative and positive) a NSP may have on these client groups; and
 - identify staffing and organisational resources for long-term support of the program.

If you have not already done so, it is recommended that you to contact and visit other NSPs to gain a full understanding of the day-to-day operation of NSP services, the various models of service delivery and the benefits. ***You can contact Penington Institute if you require any assistance with this.***

3. To ensure your organisation is successful in the establishment and ongoing operation of a NSP, it is important to identify and address any concerns of local stakeholders through stakeholder consultation. This consultation process should occur irrespective of the zoning of the area (i.e., residential, commercial, etc.).
 - First and foremost, we recommend that you discuss your intentions with, and confirm support from, police and local government. There may be local government planning and permit requirements to be met and it is always advisable to maintain good relations with local police.
 - Consultation should then be conducted with other stakeholders as appropriate. This might include nearby service providers and traders, residents or community groups. The aim is not to seek permission, but to ensure that concerns are addressed at the outset. This includes valid concerns as well as those arising from misconceptions or misinformation about the NSP, its purpose and function, and its clients.

A word of caution: the right balance must be found between consulting stakeholders in close proximity or with a clear interest, and unnecessarily raising concern by casting the net too wide.

4. Complete an Application for Registration form, providing:
 - the name, address and operating hours of the site where the NSP will operate (please complete a separate application form for each site to be established);
 - in the case of outreach services, the local government areas to be covered; and
 - details on the stakeholder consultation(s) undertaken.

Along with your application, a letter of support from the management/board of the organisation needs to be submitted.

5. The Victorian Department of Health and Human Services will assess the application for registration and process an authorisation via Order in Council* on the recommendation of the Minister for Mental Health.

New authorisation details take effect at the time they are published in the Victorian Government Gazette. Your organisation will be authorised to provide NSP services as managed by the Department of Health and Human Services from this date.

6. Once authorisation is granted, written confirmation will be sent to your organisation, along with relevant operational instructions.