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IN BRIEF

CANADA CHALLENGE ON PRISON NEEDLES

Canadian nurses will tell senior judges about why sterile needles are vital in prisons during a landmark legal case.

The Prison Needle Syringe Program Nursing Coalition will present research to Ontario's Superior Court of Justice, which is dealing with a lawsuit filed by four HIV/AIDS agencies and a former inmate who contracted hepatitis C during his incarceration. The suit challenges the constitutionality of the decision to treat sterile needles and syringes as "contraband" and seeks an order that will bring needle exchange programs to federal prisons.

NEW SYRINGE HOPE

A new range of syringes is expected to soon reach Australia's NSPs. In November, UK-based Exchange Supplies applied for Therapeutic Goods Administration (TGA) medical device approval for their 1ml 'Unisharp fixed' syringes.

The syringes have plungers in a range of colours to help prevent accidental sharing. A spokesman for the supplier says he hopes TGA approval will be granted next month and syringes added to state and territory syringe supply contracts.

AMBO CALL-OUTS UP

Ice-related incidents causing ambulance call-outs have been significantly up across the board in Victoria, says a new report.

Turning Point's *Ambo Project: Alcohol and Drug Related Ambulance Attendances for 2014-15* cites 2,271 ice (crystal methamphetamine) related call-outs across the state.

In metropolitan Melbourne, the most substantial increases for ambulance attendances were for crystal methamphetamine (up 45 per cent), all amphetamines (34 per cent) and other stimulants (31 per cent). In regional Victoria, call-outs for heroin (with response to naloxone) were up 97 per cent, 86 per cent for other stimulants and 58 per cent for crystal methamphetamine.

PENINGTON INSTITUTE

Penington Institute advances health and community safety by connecting substance-use research to practical action. Penington Institute is a community-based, not-for-profit organisation that actively supports the adoption of approaches to drug use which promote safety and human dignity. Penington Institute promotes and supports Needle and Syringe Programs (NSPs) and other evidence-based approaches.

Melissa Virtue at SHARPS: "I am really big on self-care." Picture: Shannon Morris

"Talking with your co-workers and having a sense of humour also really helps."

BOUNDARIES AND COLLEAGUE SUPPORT CAN EASE STRESS

Melissa Virtue and Sean Swift have seen a lot during their many years working at SHARPs, the busy NSP in the outer Melbourne suburbof Frankston.

Melissa is a Community Development Worker and began frontline NSP work 30 years ago in Collingwood – another of the most active and stressful areas in Victoria's illicit drug scene.

During her career she has seen many workers and clients come and go, and has learned to have some clear boundaries to help stay resilient against the stresses and traumas of the job.

"The way we choose workers here is not on aptitude but attitude," she says. "You have to be a certain type of person to work in the field. One, hopefully not a lot shocks you; two, you need to be non-judgmental, and, three, you don't take it on board too much.

"I've been doing this for 30 years and I have seen people come and go; not so much through burnout but I have seen the job affect people. When I am here my full attention is directed to the client group and what they need."

Referring to herself, Melissa says "I am really big on self-care and at 5 o'clock, that's it: for my own self-preservation I have to leave it here," she says. "When we get new workers, I talk about the symbol of 5 o'clock – to make sure you are nurturing yourself."

Melissa has twice accessed the Employee Assistance Program to talk to a counsellor.

"Just to get it off my chest," she says. "And talking with your co-workers and having a sense of humour also really helps. We really talk everything out and try and find solutions and get support from other community organisations. Most of the stress is around not being able to assist a client further because there aren't enough services."

Melissa says that during her career "a little has improved and a lot hasn't" as far as assisting clients goes.

Back in 2012, Melissa and her colleagues in Frankston were among the first NSP staff in metropolitan Melbourne to notice ice emerging as a crisis.

"Homelessness is a lot worse and ice is a big game-changer as far as the damage, physically and psychologically, it is having on our client group"

On the positive side, "there's a lot more acceptance [of NSP work] compared to when we started. People seem to have a better understanding of harm reduction." Sean Swift, the SHARPS NSP team leader, says colleagues are often the only ones who understand how their challenging field can take a toll. The cumulative effects can be debilitating for some.

Continued overleaf

BOUNDARIES AND COLLEAGUE SUPPORT CAN EASE STRESS

Continued from page 3

When Sean started in NSP work 20 years ago, he remembers a particular group making use of the service, during a period when high-grade heroin was flooding the market.

"We called them the skateboarders because they were so young," he says. Many went from being "really pleasant young people" to death, prison or hardened criminal activity.

"The longer you work in this field, the death toll mounts up. And you probably have more regular contact with these people than most of their acquaintances – parents, family and friends."

Clients' mental and physical health issues and loss of connection with their communities are also steadily observed by NSP workers.

While frontliners might take a non-judgmental approach, "as a society we point our fingers at these people and say they are horrible people, drug addicts, scum of the earth", Sean says.

"I think there is a real lack of understanding and even of motivation to understand the death of drug users. It is difficult to accept. There are very few people you can talk to about it. Generally, the public has a really conditioned response to hearing about the death of drug users; no one seems to really care apart from those working in the field. They are the ones you can talk to."

Melissa says the compassion of an NSP worker is crucial, "where we are working with them as people, not as drug users – everyday people wanting to get on with their lives, which is what they are."

Sean says there are often – in the cities at least – private sector counsellors who are experienced with addiction and they could be sought out by workers rather than generalist counsellors.

– Andrew Stephens

SURVIVAL TIPS

- Regular debriefing with colleagues can give you a fresh perspective on troubling questions before they spiral out of control.
- Upskill in effective communication techniques, conflict resolution, de-escalation and negotiation to deal with difficult situations.
- Get educated on occupational health and safety. This may mean regular debriefing and supervision.
- Employee Assistance Programs can be accessed by asking a supervisor for help. The EAP will usually offer four or five sessions.
- Your GP can refer you to a psychologist and prepare a mental health plan. Medicare rebates of varying amounts apply for different sorts of counselling. One-on-one sessions with a psychologist are subject to a $150 rebate.
- Get supervision to help you develop your skills and learn how to cope.
- Take your scheduled breaks. Working through may make you look conscientious, but at what emotional cost to yourself?
- Try to exercise regularly. It's good for your mind and body.
- Learn to manage negative thoughts.
- Set boundaries between your work and personal time to improve work/life balance.
- Stay connected with friends and family out of work hours. Isolation is very bad for mental health.

Sean Swift with a client.
Picture: Shannon Morris

BE MINDFUL OF STRESS AND ITS TRIGGERS

Oliver Brecht says NSP workers can sometimes have trouble recognising their own stress.

"Stress is sort of the mental health version of having a cough," he says. "If you get a cough and then you rest and eat well, you get over it. But if you go for a 10-kilometre run in the rain and cold then it will get much, much worse."

Oliver is the president of peak body, the Employee Assistance Professional Association of Australasia (EAPAA), and says frontline health work can be difficult – and the potential for stress is high.

He says people in frontline work are much more likely than others to experience both specific and vicarious trauma. "They are much more likely to experience it than people who work in an accounting business, for example.

"People struggle to recognise stress. If you look after yourself and change the situation that is causing the stress, you will overcome it. But if you don't it can grow into some other physiological issue which can be quite disabling. However, it does depend on the individual whether they are at risk. It helps if they have support around them."

In most organisations staff who feel overwhelmed by the job can get help through an Employee Assistance Program (EAP). The scheme is confidential.

NSP work can throw up situations which can challenge workers' mental wellbeing, such as feeling helpless, hearing traumatic stories and facing the toll of overdose.

Oliver says accumulated trauma can sit beneath the surface for long periods and then pour out when some event triggers the stress.

"You may experience a lot of trauma and then there's that one thing happens and it can be the smallest, slightest thing and it can be things that happened years before."

– Royal Abbott

"You may experience a lot of trauma and then there's that one thing happens..."

HEP C SUPER DRUGS NEED NSP BOOSTER SHOT

Increasing NSP funding is essential to the frontline health sector's capacity to maximise the potential that new hepatitis C drugs have to greatly reduce population-level incidence, according to Kirby Institute's Professor Lisa Maher AM.

"We need to reverse the real-dollar NSP funding reductions if we want to optimise our investment in these new treatments and protect people from not only primary infection, but from re-infection following treatment," Lisa says.

The new Direct-Acting Antiviral (DAA) hepatitis C drugs are not the silver bullet some people claim, Lisa says.

"The new drugs alone are not sufficient to rid Australia of hepatitis C even though they are game-changers. For NSPs, it's wonderful to be able to offer patients access to highly efficacious, well-tolerated curative treatments," Lisa says.

"But I guess I'm a bit skeptical about whether we'll be able to treat our way out of this epidemic, given that this has never been achieved in the history of infectious diseases without a sterilising vaccine. And we don't have that for hepatitis C."

Lisa cites the United Nations 90-90-90 HIV targets, which aim for 90 per cent of people living with HIV diagnosed, 90 per cent of people who are diagnosed on treatment, and 90 per cent of those on treatment virally suppressed by 2020.

"Even if you reach the 90 per cent targets, the problem is the remaining 10 per cent," Lisa says.

"Making prevention and treatment interventions widely available and acceptable will not be enough. We need to focus on equitable access and engaging those who are most at risk.

"This means reducing stigma and discrimination and removing human rights barriers to prevention, care and treatment such as laws that criminalise drug use. However, there are few interventions to address these barriers and little evidence as to their efficacy."

Lisa argues that if you're looking to eliminate hepatitis C then you've got to target current injectors.

"We've got these great new treatments, but there is a lack of awareness among people about whether they are actually infected and whether they actually need treatment."

Lisa says there could be between 10 and 40 per cent of people that will not be reached or may be unwilling to be treated. Almost 90 per cent of Australia's estimated 93,000 people who currently inject drugs have at some time been tested for hepatitis C antibodies, according to the Kirby Institute's Australian Needle and Syringe Program Survey (ANSPS).

However, as Lisa explains, antibody tests simply indicate exposure to the virus. They do not distinguish between active and chronic infection.

The anti-body tests don't indicate if a person has cleared the virus, whether through treatment or spontaneous clearance (which occurs for between 20-25 per cent of people who contract hepatitis C), she says.

For that a confirmatory test (usually an RNA or PCR test) is required, and only 46 per cent of people who currently inject drugs have ever had one.

Recent Kirby Institute work shows that people on Opioid Substitution Therapy (OST) such as methadone or buprenorphine – and who also inject drugs – are more likely to have had a confirmatory test, as are people who had an antibody test in the previous 12 months.

Lisa argues NSPs have a central role in encouraging confirmatory testing, because they are one place that people who inject drugs are already connected with.

"What is interesting," Lisa says, "is that people who got their last hep C test at a primary health centre aimed at people who inject drugs were twice as likely to have also had the confirmatory RNA test than injectors who had the initial hep C test at a GP or general medical centre." RNA tests look for the virus in the blood.

And while not all NSPs are equipped to provide treatment – one-stop-shops like Sydney's Kirketon Road Centre are unfortunately few and far between – NSPs can play a key role in referrals and linking people to services.

Lisa also says that there should be funding for RNA testing on the dried blood spots that the annual Australian Needle and Syringe Program Survey collects for antibody testing.

"If we have a surveillance system where we can conduct RNA testing, we have a mechanism to measure and monitor incidence and chronic infections, as well as the impact of treatment on the residual pool of chronic infection.

"We need to do that in order to evaluate the success of the National Hepatitis C Strategy and to assess the impact of this huge investment in DAAs, and any potential treatment as prevention effects.

"We need to maximise opportunities for everybody who injects drugs to reduce the likelihood of exposure and re-exposure, particularly if we want to see a treatment effect at the population level."

– Gideon Warhaft

- **Lisa Maher is a Program Head at the Kirby Institute for Infection and Immunity, Professor in the Faculty of Medicine at UNSW Australia, and a National Health and Medical Research Council Senior Research Fellow.**

"I'm a bit skeptical about whether we'll be able to treat our way out of this epidemic."

PROFESSOR LISA MAHER

Lisa Maher has international experience in research, program development and service delivery with people who inject drugs, sex workers, men who have sex with men and marginalised youth.

Her current research focuses on the prevention of infectious disease in vulnerable populations. In 2015 Lisa was awarded a Member of the Order of Australia for significant service to medicine in the field of epidemiology.

In the late 1980s she lived in New York during the HIV and crack cocaine epidemics, immersing herself in illegal drug dens and shooting galleries in central Brooklyn to produced detailed ethnographic studies of some of the most marginalised people in America.

Returning to Australia in the 1990s, Lisa used the same ethnographic techniques to study young drug users in Cabramatta during the heroin epidemic.

Senior colleagues point towards her unique ability to combine both qualitative and quantitative research to paint an unusually insightful picture of issues. She is also known for her passion in advocating policy change based research, and the deep respect she has for people who inject drugs.

Lisa Maher: Maximising recovery opportunities for those with hepatitis C. Picture: Bec Lewis/BL Imaging

TRUST IN THE MOMENT

Craig looks very unhappy, very unwell. He is a regular at the NSP. Most days he comes in, as cheerful as a box of birds, grabs a five-pack and takes off.

Instead of disappearing out the door, this day Craig heaves himself into a chair with a big sigh. He's not his normal self. There's also the glimmer of sweat on his cheek.

Craig says he's feeling rotten. Josh, who has served behind the counter in the NSP more than a year now, asks Craig if he has a "bug". No, says Craig, he hasn't been able to pick up from his usual guy. He snorts derisively that the girl upstairs from where he lives offered to take his money and go to her guy: "But I know what would happen there once she's got the money. You just don't give anyone money for drugs unless you're there on the spot."

He adds that it may all be for the best because he's no longer able to find veins and thinks it may be time to take a break.

"I've just gotta get through the next couple of days," he says forlornly.

For Josh behind the counter, Craig's dope-sick stop for a breather is a small victory. Most clients dash in and out because they have gear which is burning a hole in their pocket and they still have to get somewhere to mix up.

It is definitely not always a time for socialising and the canny NSP worker knows this. On the whole, clients are not coming in to shoot the breeze and are not normally in the slightest bit comfortable discussing their activities.

In fact that momentary interaction between NSP worker and client can go bad in microseconds for all sorts of reasons. Challenging body language, an overly inquisitive tone in the voice, a tinge of impatience or frustration on the part of the worker – or just plain rudeness – can ruin any chance of establishing rapport and setting the scene for assisting the client. It can also discourage them from returning to the NSP and push them into harmful activities such as sharing or reusing needles.

But on this day, Craig knows Josh well enough to not be dashing anywhere. He is obviously comfortable enough to come in and sit down. The fact he has entrusted Josh with details about his health is also a good sign and the comment about maybe taking a break from using is a semi-open invitation to a discussion about his options.

For Josh it may be early days assisting Craig towards a different lifestyle.

"I know that Craig has been a long-term regular here so I don't expect miracles from him as far as giving up is concerned. Baby steps is all you can take. I really appreciate, though, that he trusts me enough to sit and talk."

– Royal Abbott

"I really appreciate that he trusts me enough to sit and talk."

HAVING A CHAT

People who use NSPs are not there to socialise, but a friendly working relationship can be established over time.

- Always be courteous, friendly and polite. As simple as it sounds, a simple "how are things?" can be enough to break the ice. (See article on page 10)
- Establishing trust may take many visits by the client, it can rarely be achieved overnight.
- Treat people with respect, remembering we have a duty to acknowledge their human dignity.
- Clients cannot be made to feel they are being coerced into any conversation, especially one about a referral.
- Any referral must be prioritised by the client. If they don't have ownership they will not persist with any treatment.

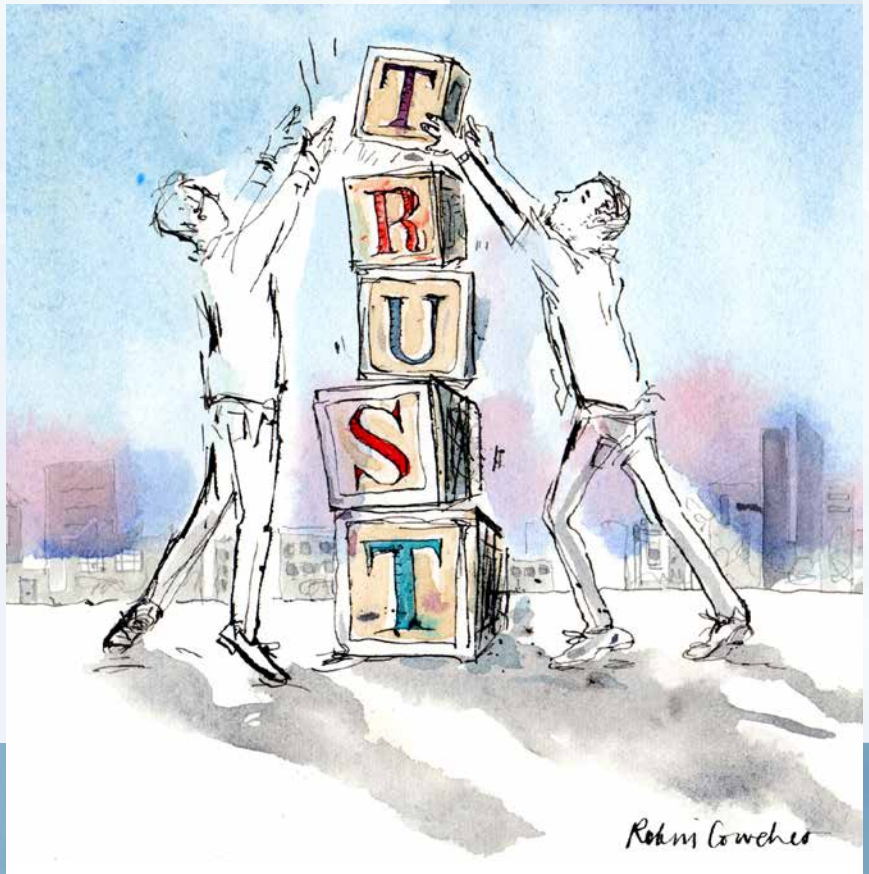

Illustration: Robin Cowcher

Picture: Reprinted with permission from Uniting Sydney MSIC.

COALITION HEALTH MINISTER LISTENED TO INJECTING ROOM EVIDENCE

New South Wales Coalition Minister for Health, the Honourable Jillian Skinner MP, didn't agree with Sydney's supervised injecting centre when it opened in 2001. Years later she voted with her feet in Parliament to support it.

"The final proof was the evidence that overdoses were down."

Ms Skinner, who entered Parliament in 1994, supported the 1999 Premier's Drug Summit held by Labor's Bob Carr. However, Ms Skinner felt a safer-injecting room was going too far.

"When the injecting room came before Parliament I voted against it." She says she "thought it was sending a message that using illicit drugs was okay."

Over time, though, Ms Skinner noticed the improvement in the Kings Cross community. Fewer people were injecting in public and there was less discarded equipment on the street.

"But the final proof was the evidence that fatal overdoses were down – that the data compiled by the Medically Supervised Injecting Centre [MSIC] and Dr Ingrid van Beek [founding MSIC director] showed lives were being saved," she says.

"It's proven to be very effective in what it set out to do."

By 2010, when the then Labor NSW government proposed making MSIC permanent, the Coalition MPs were permitted a conscience vote. Ms Skinner had had a turnaround on the issue – she changed her original view and voted on the floor of Parliament to make MSIC a permanent facility.

Ms Skinner says she never doubted the value of NSPs. In the early 1980s when HIV/AIDS was taking its devastating toll some of her friends were active in Australia's leading campaigns, including in the AIDS Council of NSW (ACON).

"You really have to look at NSP in terms of the history of HIV and the bipartisan support that it received. Admittedly at times there have been complaints about the number of syringes [on the street] and at times there have been complaints about the siting of [sharps disposal] bins. But there has been bipartisan support for its value and its effectiveness in curbing the spread of HIV and hepatitis C."

NSPs have endured opposition in Sydney. In 1999 the *Sun Herald* printed a photograph of a boy who was described as a 12-year-old injecting himself in a Redfern lane near a mobile NSP.

In the wake of the subsequent community uproar, the Redfern mobile NSP was suspended even though it saw more than 150 clients a day and distributed about 38,000 items of injecting equipment a month. The controversy triggered wide community debate over the value of NSPs generally.

Importantly, it also led to then-Premier Bob Carr convening the 1999 NSW Drug Summit, which culminated in the opening of the MSIC.

Ms Skinner has continued to support measures to stop the spread of blood-borne viruses. In 2016 she backed Australia's largest clinical trial of a new anti-HIV prophylactic drug called Truvada, which has recently been approved by the Therapeutic Goods Administration (TGA). Taken daily it promises a 99 per cent success rate at protecting people from contracting HIV.

The Minister has set a target of 2020 to wipe out new HIV infections. "If we can do this I would consider it the greatest achievement of my time as Health Minister," she says.

Her championing the trial has sparked unprecedented fan mail. "I now have a huge folder of support mail. It's a little bit like being dead and being able to hear the eulogies at my funeral," Ms Skinner says.

– Royal Abbott

https://uniting.org/our-services/for-adults/sydney-medically-supervised-injecting-centre/our-story

SIMPLE HELP OFFER SIGNALS COMPASSION

After working for a decade at the Townsville Hospital and Health Service, harm reduction officer Brent Fergusson has settled on one question he can ask clients that immediately puts them at some ease.

The simple, clear and direct words with which he greets them are: "How can I help you?"

His NSP at the Alcohol, Tobacco & Other Drugs Service (ATODS) is contained within a multi-service facility.

Therefore, when people arrive, they could be wanting anything from a dental check-up to some injecting equipment.

Brent recalls an afternoon of service that shaped his attitude: "One afternoon a man come in who was thin, barefooted and messy. I said 'Do you want some sharps, mate?' He said, 'Nah, I'm here for the dentist'.

"That same afternoon two guys came in wearing satin shirts, one had a bluetooth [device] in his ear; they were looking a million bucks. We had a mental health conference on. I said 'Are you here for the conference?' They said 'No. We want some sharps'.

"What I've done since then is not ask clients 'Do you want the usual' or 'Are you here for sharps'. I say to clients 'How can I help you?'"

He uses a version of 'walk a mile in my shoes' philosophy: "We can use the words 'non-judgmental' but that is pretty hard to do.

"What I do is I put myself on the other side of the fence and ask myself 'If this person was delivering this message to me, how would I like to hear it? How would I like to be spoken to? If my son or my wife or mate was accessing this service, how would I like them to be dealt with?'"

The Townsville NSP is associated with nine secondary sites as well as numerous pharmacies providing sterile injecting equipment.

Brent says he experienced his own life-change about 16 years ago which led him to do some training in the health sector, during which he was sent on placement to the Townsville NSP. Eventually, after some time in youth services where he worked on a project about teen injecting, he ended up working at the Townsville NSP.

He discovered that listening to clients and finding out about their needs was far more important and effective than him trying to direct things.

"Really listening and addressing their concerns – not just listening so I can then talk at them and get some sort of intervention to make my stats look good," he says.

Brent says that even though an NSP worker might have had many years of regularly dealing with a particular client, that client might suddenly want some help with their injecting use and seek help to change their life.

"And usually they ask for help on a Friday afternoon when you're nearly closed," he says. "Other people want help straight away – the people you would least expect."

Crucially, he tries to keep an open mind. "We all have our little ways – we judge people, we compartmentalise them, we put them in boxes," he says.

"If you've seen 'Trainspotting', that's what I thought a drug-user was like: dishevelled, homeless. The reality is vastly different."

Another important part of Brent's job is connecting not only with secondary NSPs and the local pharmacies, but also building relationships with health professionals who are in their early training.

He has created opportunities for engagement, such as getting an 'Introduction to the NSP' included in the induction process for all ATODS staff and students on placement. Each of these people spends at least one afternoon with him in the NSP.

"I like them to be here, sitting behind the counter with me; they get to see brief interventions in action, and get to see for themselves the high level of function from the majority of our consumers," he says.

He also helps do an annual tutorial at James Cook University for third-year medical students in which he discusses safer injecting practices and NSP access. "The session is always a hit with the doctors-to-be," he says.

– Andrew Stephens

Brent Fergusson: Trying to keep an open mind. Picture: Donna Larcom/ Northern Exposure

“I say to clients ‘How can I help you?"

RISE OF SYRINGE MACHINES

Local community resistance was among the many teething problems when the first syringe vending machines were installed in NSW in the early 1990s. These days, the machines are generally accepted as just another aspect of effective NSP service range.

Gary Gahan remembers those first thorny years, when he was manager of a Sydney NSP. One of the machines – first trialled in 1992 in New South Wales – was at a community health centre but near a school. A parent found some fit packs left on the school grounds. The issue blew up on talk-back radio. The machine was decommissioned amid the outcry, but it didn't prevent a rapid rollout elsewhere. Now there are hundreds around the country.

Gary, now Coordinator of NSW Health's HIV/AIDS & Related Programs Unit, says that despite community concerns that may arise when a machine is installed – such as syringe disposal – the trepidation is usually unfounded.

"Our approach is to have a syringe management plan in place, so we liaise with local councils and other services to have rigorous procedures so that the impact on public amenity is really minimised," he says.

Some NSP workers may be concerned that the machines can reduce face-to-face contact with clients, but in general they help serve people who can't or don't want to enter a NSP shopfront, for a range of reasons including time. Others, such as young people, "white collar" or "suits" types, may be too nervous about entering.

"To have an effective NSP requires you to have a range of modalities across a range of locations and settings," Gary says. "The limitations of providing access to a 24-hour staffed service are obvious."

While Gary knows of one suburban staffed NSP that is underutilised because the two nearby vending machines are going gangbusters, he says this scenario depends on the demographics of a given area.

It is more common that vending machine usage is high, while client contact at the associated staffed site has not reduced.

"The whole issue around stigma and discrimination and preserving client anonymity is huge in terms of vending machines," he says. "They really meet that niche."

It was only in 2014 that Monash Health in Melbourne introduced the first machines to Victoria. In the first year of operation, with one machine at each of the Clayton, Dandenong and Casey sites, only about 1000 syringes were dispensed per month. Now that figure has risen to more than 4500 a month.

Monash Health NSP Team Leader, Theresa Lewis Leevy, says the overall effectiveness of the machines is positive.

Statistics show the average user of the machines is female aged 30-40, compared with clients at staffed NSPs who tend to be 30 to 35-year-old males.

"The SDUs [Secure Dispensing Units] were designed to add another level to clients being able to access sterile injecting equipment. As a manager of the service, I would like to think it is the rapport we have with our clients that maintains the continuity of clients coming back," she says.

"Staff's ability to remember the clients and refer back to past conversations – you don't get that from the machines."

According to Mitch Segal, coordinator at the ACT's Directions NSP the machines are generally seen as a stop-gap for after business hours, rather than a replacement for the staffed site.

"If anything, clients would prefer to use our service as it is in a discreet location, they have access to a range of equipment not offered by the machines, and can also access counselling, access to other services, meals, support, or just a friendly face and a chat," she says.

"Our clients realise that the NSP is a safe space without judgment or discrimination."

In Melbourne's inner suburb of Richmond there is a long-standing and active drug-using community that is culturally very diverse. In places like this, dispensing machines tend to complement face-to-face work rather than substitute it.

Penny Francis, Alcohol and Other Drug Team Leader at North Richmond Community Health, says 156,777 fits were distributed through their machine in the first 16 weeks after it was installed last June.

While the number of syringes supplied to clients by the face-to-face NSP has declined, the average number of syringes dispensed overall during the past four months has increased by 22 per cent.

http://www.penington.org.au/wp-content/uploads/2014/04/What-are-Secure-Dispensing-Units_Penington-V02-28-April-2014.pdf

– Andrew Stephens

"Staff's ability to remember the clients and refer back to past conversations – you don't get that from the machines."

BACK TO BASICS: SAFER INJECTING

Improving client health and therefore population-level HIV and hepatitis C rates are fundamental elements of NSP work. With the recent focus on syringe quality, it's a good time to refresh clients on some of the fundamental and practical ways to manage risks involved with injecting.

- Do not share injecting equipment – every time you share you're risking hepatitis C and HIV.
- Protect veins and don't re-use equipment. Needles blunt after the first use and get blunter each time.
- Clean the injecting site. Wash your hands or swab them. Take lots of swabs from the NSP.
- Take care of the sites on your body that you inject into. Regularly change injecting sites. Seek treatment for any injuries – before they get serious. Even if they don't look serious, still seek treatment.
- If you are injecting performance or image-enhancing drugs – such as steroids – don't inject into veins or arteries.
- Be in control of your own drug use. Learn to inject yourself so you don't have to rely on others. Especially when injecting drugs that have overdose risk, don't inject alone if you can avoid it.
- There are some places you should try to avoid injecting – basically anywhere above the shoulders and below the waist. Avoid neck and head (increases the risk of stroke or serious nerve damage, and if you get an infection, it's near your brain) and breasts (increases the risk of inflammation and infection of breast tissue, also known as mastitis). Injecting below your waist can cause blood circulation problems, especially if the veins become damaged.
- Dispose of needles and syringes safely. The NSP will take them back. Keep sharps containers with you where you inject.

SAFER INJECTING MESSAGES FOR SOUTH KOREAN-MADE TERUMO INJECTING EQUIPMENT

The controversy over the Terumo South Korean-made syringes continues, but some people have found certain procedures helpful. Here are some tips that are useful in using them more safely.

- Slow down. Relax. Go slow. Take your time.
- Take control. Try to get used to the South Korean-made fits while things get sorted out. Take lots of equipment.
- Pump the plunger. This helps free up the stiff feeling and makes drawing back easier.
- Keep it sharp. Be careful not to blunt the needle on the spoon. A filter will help as the needle won't hit the spoon directly.
- Try dropping the angle of the fit to almost flat when you're injecting – people say it helps find the vein, as the needle bevel is flatter.
- Make sure you're in a vein. There might be less blood in the barrel than you're used to, but there is likely to be some.
- Tiny bubbles in the barrel. Don't worry, they're harmless.
- Having problems? Start again, use new equipment.
- Spread the word. If you find things that work for you tell your mates. If you know people having issues, suggest they speak to staff at the NSP.
- The caps are flimsy. Needles can puncture caps and cause injury. Be extra careful.

Download resources to support clients.

http://www.penington.org.au/safer-injecting-resources/