anex bulletin
volume 7
edition 2
December 2008

# CHRISTMAS PARTY

There's no denying it now, the signs are everywhere – Christmas is almost upon us. It is a time that stirs up all manner of emotions. There is deep cynicism brought on by the October arrival of Santa's elves and reindeer. But also gratitude for the opportunity to spend time with loved ones and the sense of pure, unadulterated delight knowing a break from the office is just around the corner. All over Australia, however, Needle and Syringe Programs (NSPs) are keeping their doors open throughout the holiday period, including Christmas Day. Where staffing and funding allows, outlets recognise that the need to access sterile injecting equipment does not take holidays. Therefore many NSPs will be open for business throughout the Christmas period.

*L-R: Roger Nixon, Jacqui Brown, Andy Sinclair, Chris Hardy, Pier Moro, Danny Jeffcote*

## NSP STYLE

In Melbourne's CBD, the Foot Patrol mobile NSP operates every public holiday, albeit with slightly reduced hours. Staff report that service users accessing on Christmas Day will often comment on how hard a time it can be but are buoyed by the opportunity to access a friendly service, to chat with familiar staff and share their day, if only for a while. Like many other NSP services, Foot Patrol have historically provided service users with small gifts for themselves and their kids, in addition to tickets for some of the best Christmas lunches in town such as those hosted by the likes of Collingwood and Richmond Football Clubs.

Many NSP services report that users identify the Christmas period as a difficult time, particularly for those experiencing homelessness, poverty and social isolation. Consequently, staff go out of their way to make the Christmas period a little less challenging and a lot more fun. For example, on December 19th, Inner Space in Victoria's Collingwood will be hosting their annual Christmas party - putting on food, drinks and some Santa action, with heaps of presents to give out including brand new toys for the kids of service users (compliments of the K Mart Wishing Tree). Without the support of their local NSP, many service users would experience little celebration during this time.

In fact, for many people, the Christmas holidays can be challenging. Every year, Lifeline report an increase of calls over the end of the year as family and relationship issues, financial struggles and loneliness are exacerbated by the associated socialising, spending and sentiment of Christmas. For many, it can be one of the most stressful times of the year. Which begs the question - to tree or not to tree?

Whilst many services will look to channel some Christmas cheer with a Christmas tree, Christmas tunes and Christmas decorations, some will argue that a Christmas free zone amongst a desert of Christmas madness can be the perfect oasis for the person who hasn't such a 'tight' relationship with the silly season. In recent years, some NSP services have noted that if Christmas isn't such a great time for you, the last thing you'd want is to have Christmas cheer "rubbed in your face", as it were. And for those without friends and family, separated from loved ones or spending their first Christmas since a loved one was lost, it is easy to appreciate how beneficial a break from forced merriment must be.

It is also worth mentioning that not all service users celebrate Christmas. In a multicultural society like ours it is important to recognise and celebrate our religious diversity. Consequently, NSPs around Australia are increasingly celebrating all manner of cultural events, from the Lunar New Year to Ramadan.

Of course, most NSPs are simply not able, in terms of staff and funding, to operate all year round and NSP staff, like any other hard working employees, deserve a break as much as the next. Christmas is as good a time as any. In addition to this, many service users assume that their local NSP will be closed as, for the most part, every other service is. NSP staff are mindful to inform service users of dates of closure, advising people of alternatives available to them during the holiday period, and providing tips on staying safe.

After all, if you can get through the Christmas period unscathed, you can get through almost anything.

ACCESSING OPPORTUNITY What becomes of the enlisted outreach worker? Page 3

The FINGERPRICK STUDY: What Value does the NSP Survey add to the sector? Page 4

BEYOND THE CLOSE OF BUSINESS: SVMs/SDMs Page 6

anex

Anex's vision is for a society in which all individuals and communities enjoy good health and well-being, free from drug-related harm. A community-based, not for profit organisation, Anex promotes and supports Needle and Syringe Programs (NSPs) and the evidence-based approach of harm reduction. We strive for a supported and effectively resourced NSP sector that is perceived as part of the solution to drug-related issues.

Chief Editor
John Ryan

Editor
Liz Sutton

Writers
Nicola Cowling
Lorraine Mapfumo
Elke Mitchell
Brad Pearce

Correspondence
***Anex: Bulletin***
Suite 1, Level 2,
600 Nicholson Street
Fitzroy North VIC 3068
Australia

**Telephone:** 61 3 9486 6399
**Facsimile:** 61 3 9486 7844
**Email:** info@anex.org.au
**Website:** www.anex.org.au

Layout and Design
Kontrast Design

Production
L&R Print Services



ISSN: 1447-7483

December 2008

PHYSICAL IMPAIRMENT AND METHAMPHETAMINE INJECTION: CLARIFICATION

As reported in Volume 7 Edition 1, a cross-sectional survey of 309 regular methamphetamine users in Sydney found that compared to the Australian general population, dependent methamphetamine users were more likely to report impaired physical health. The study found that "methamphetamine dependence remained significantly predictive of impaired physical health after adjusting for age and other confounding factors". There was a significant association between injecting methamphetamines and physical impairment. Those who reported impaired physical health were also more likely to report injecting the drug.

McKetin, R., Kelly, E., McLaren, J. and Proudfoot, H. (2008) 'Impaired physical health among methamphetamine users in comparison with the general population: the role of methamphetamine dependence and opioid use" in Drug and Alcohol Review, 27:5, 482 – 489



Injecting drug users (IDUs) who are incarcerated are less likely to cease use of illicit drugs, according to research conducted in Vancouver, Canada. The Vancouver Injection Drug User Study followed 1,630 IDUs in Vancouver for almost a decade. Two-thirds of the IDUs had been incarcerated at some point, mostly for drug-related crimes.

# LOCKED UP & LOCKED OUT

During the study period, slightly more than half (842) of the participants ceased injecting drugs for at least six months. The study found that while injecting drug use fell while people were in prison, it did not stop. However, IDUs who remained in the community were more likely to access treatment and abstain from using drugs, at least temporarily.

According to Evan Wood, a researcher at the B.C. Centre for Excellence in HIV-AIDS, "The simple explanation is that by incarcerating people, you limit their access to help." He also added, "While it may be politically popular to jail injection-drug users, it's not a very effective public health measure."

The study also showed that incarceration had no effect on rates of drug use, for those incarcerated for the first time, during the study period. Researchers found that those who were jailed were 57 per cent less likely to cease use of illicit drugs for a period of six months or more, compared with those who were not jailed.

Dr Wood reported that the vast majority of people in the study were jailed for petty crimes, usually theft, as a means to acquire money to obtain drugs. He stated that incarceration is very expensive and the money would be better spent on addiction treatment and rehabilitation programs. "We need to look at the most effective solutions for dealing with drug crime. Locking up drug addicts is ineffective." There is also evidence to show that IDUs who had been incarcerated engaged in more risky behaviour such as needle sharing.

*"The simple explanation is that by incarcerating people, you limit their access to help."*

Source: Picard, A. (2008). "Junkies stay hooked behind bars" *Globe and Mail*, CTVglobemedia Publishing Inc, Canada.

*Associate Professor Margaret Hellard*
*Centre for Population Health*
*Burnet Institute*

*Dr Campbell Aitken*
*Centre for Population Health*
*Burnet Institute*

# accessing opportunity

In the area of injecting drug use, there are generally many research projects on IDU being conducted at any one time. An issue or research question is identified, a methodology devised, staff recruited and participants, data and findings are pursued with vigour. When all the hard work comes to fruition with an impressive and informative paper, the project worker moves on to their next endeavour. The PhD student graduates to bigger and better things. But what becomes of the enlisted outreach worker, so essential to the recruiting of participants and, in turn, the validity of the study?

The Burnet Institute has recognised that, in an ideal world, each and every staff member involved in project work should have access to future opportunities, including training and development. In January 2005, the Burnet Institute's Centre for Population Health launched their Youth Scholarship program, supported by several charitable bodies*.

This flexible two year program includes paid study in the trainee's area of choice, and support in choosing and enrolling in their selected course. It also includes ongoing part-time employment tailored around individual study needs, paid attendance at sector conferences, mentoring and supervision and the development of vital skills, knowledge and experience in practical research, harm reduction and blood borne virus prevention.

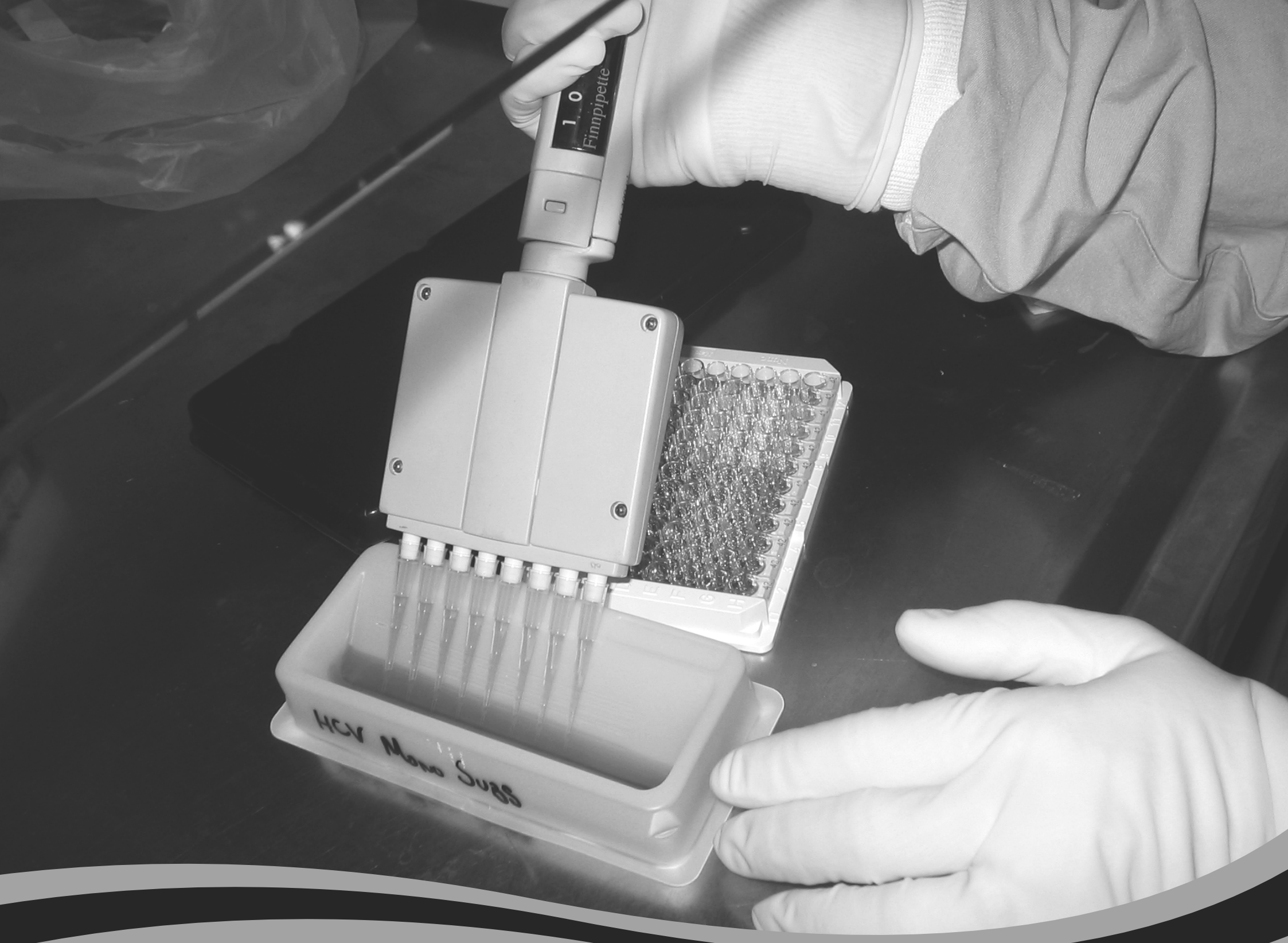
Associate Professor Margaret Hellard, Co-Director of the Centre for Population Health (CPH) and Dr Campbell Aitken, Head of the Centre's Hepatitis C/IDU Research Group, were instrumental in establishing the scholarship program and work closely with all participants. Margaret's work at the Burnet Institute is in the area of research involving the transmission of blood borne viruses amongst people who inject drugs. Margaret noted that there was very little further training or work development opportunities, available for outreach staff, particularly those who had not completed high school and wondered how this valuable group might access more formalised training and qualifications. It was from here that the scholarship concept was developed.

Since its inception three years ago, two trainees have completed the scholarship program, two are in the process of completion and one is to commence the scholarship next year. And though, as Margaret points out, the scholarship is "not a rescue plan", the staff of CPH thoroughly support scholarship recipients in maintaining their motivation and commitment. Part time work is tailored to accommodate study, mentors have weekly meetings with scholarship students and are readily available for consultation. Trainees generally choose to study within the sector but are welcome to choose otherwise. Study and work can also be put "on hold" if the need arises.

Scholarship graduate, Duyen Duong, remembers feeling nervous before her initial interview with Margaret and Campbell. Duyen was recommended for the scholarship by Dr Peter Higgs, having worked with Peter on previous CPH projects. She knew she wanted to study "one day" and had even returned to high school to complete Year 11. It was ten years later, however, that she found herself on the way to completing her diploma of Community Welfare Studies at Swinburne TAFE. As Duyen puts it, the Burnet Institute, in particular the Youth Scholarship Program, gave her the enthusiasm she needed to undertake study - "a push to do" what she had always hoped to do. Duyen was further won over by the opportunity to study knowing that an employment outcome was all but guaranteed. And, like all other recipients of this scholarship, Duyen is now fully qualified as a phlebotomist (or blood taker) and a pre and post test HIV and hepatitis C counsellor.

Since commencing her work on the Networks II Project (N2), a cohort study of people who inject drugs aimed at better understanding the transmission of hepatitis B, hepatitis C and HIV, Duyen estimates she has conducted "hundreds" of counselling sessions amongst a client group that often miss out on such essential good practice. Due to the longitudinal nature of the study and the intimate nature of both counselling and blood taking, which are collected approximately every three months from participants, Duyen has become competent and confident in her work whilst developing a great rapport with study participants. Now, less than two years after commencing the scholarship, Duyen is considering studying a Bachelor of Public Health (Health Promotion). Without the encouragement and experience she has received from the Burnet Institute, Duyen says she "would never have got that kind of chance".

*The Burnet Institute would like to acknowledge Myer, Bokhara, IOOF, Invergowrie and Mantana Foundations and the Gandel Charitable Trust. Without their generous support this initiative would not be possible.




## TALKING STRAIGHT

# THE FINGERPRICK STUDY

The Australian Needle and Syringe Program Survey is an annual cross-sectional survey which was started in 1995 by the late Dr Margaret MacDonald. The Survey is coordinated by the National Centre in HIV Epidemiology and Clinical Research (NCHECR) and is currently conducted at around fifty NSP sites across Australia.

Anex spoke to Jenny Iversen at the NCHECR and asked her some questions about the Survey. We started out by talking about the purpose of the Survey. Jenny noted that: "The Survey is primarily designed as a sentinel surveillance project. The primary aim of the project is to monitor rates of HIV and hepatitis C (HCV) amongst people who inject drugs and attend NSPs in Australia. It is therefore important to include NSP sites with the most at risk populations, and it is also important that we continue to conduct the survey annually."

Jenny explained how the survey works: "All clients attending these selected NSPs during the designated survey period (usually in October) are invited to complete a brief, anonymous questionnaire and to provide a capillary blood sample for HIV and (HCV) antibody testing. The survey has ethical approval from the Human Research Ethics Committee at the University of NSW and from relevant local jurisdictions. Participation in the survey is voluntary and verbal, rather than written, informed consent is obtained to ensure the confidentiality and anonymity of participants".

The project is overseen by a National Advisory Group which is chaired by Dr Alex Wodak and includes state health department NSP policy managers, service managers from participating NSPs - such as TasCAHRD, Biala NSP, Directions ACT NSP and NTAHC - and representatives from AIVL and Anex.

## SENTINEL SURVEILLANCE

One of the primary aims of the Australian NSP Survey is that of sentinel surveillance. NSPs are carefully selected to function as an early warning mechanism, so that, in the event of an outbreak of HIV among people who inject drugs, this would be identified early.

Thankfully, the early and widespread implementation of harm reduction strategies have thus far prevented an outbreak of HIV among injectors in Australia, and the Survey provides valuable evidence of this. Since the commencement of the survey in 1995, Australian NSP Survey data show that HIV antibody prevalence has remained low, at 2.1% or less, among injectors participating in the survey. Jenny said: "Whilst we have been fortunate in Australia that the early introduction of widespread harm reduction programs has enabled us to maintain low rates of HIV, we should never be complacent. In the event of an outbreak of HIV, we would want to know about this in the early stages so that effective and timely public health responses could be implemented."

Unfortunately the same cannot be said for HCV prevalence, and results from the Australian NSP Survey clearly demonstrate the ongoing HCV epidemic among injectors in Australia. It is worth noting however, that despite increases in HCV prevalence in recent survey years, current HCV prevalence remains lower than that identified in 1995 when the Survey first commenced.

## HOW REPRESENTATIVE IS THE NSP SURVEY?

There have been some criticisms made of the Survey, particularly in relation to the fact that the Survey is not representative of all drug users.

We asked Jenny about these criticisms. Jenny noted that: "It is important to remember that this is not a survey of all people who inject drugs. Rather, this is a survey that specifically targets NSP attendees. However, in terms of whether the Survey is representative, NCHECR has undertaken three separate studies that compared Australian NSP Survey participants with non-participants, and in all cases, Australian NSP survey participants were found to be relatively representative of the broader NSP population". Jenny emphasised that: "it was important to remember that this is a survey of NSP attendees, not people who inject drugs in general".

The Survey has also been criticised for accessing an "ageing cohort" of injectors. Since 2000, the median age of participants in the survey has increased. However, a study by NCHECR, published in 2008, found that this was not due to an "ageing cohort" occurring within the survey. Jenny responded when asked about this: "In terms of the increasing age of Survey participants, this is actually just showing what is happening with regard to the NSP client population as a whole. Most NSP services are seeing far fewer new and young injectors than they saw in the late 1990s and the effect of this is that the average age of NSP attendees is increasing."

> "The Survey is primarily designed as a sentinel surveillance project. The primary aim of the project is to monitor rates of HIV and hepatitis C (HCV) amongst people who inject drugs and attend NSPs in Australia. It is therefore important to include NSP sites with the most at risk populations, and it is also important that we continue to conduct the survey annually."

In 2007, the NCHECR and Queensland Health investigated the validity of Survey results. In this study, the Australian NSP Survey was conducted at ten non-sentinel Queensland sites in addition to the existing seven sentinel NSP sites. Survey results from the two groups were subsequently compared, in order to test the validity of the existing sentinel sites. The study found remarkably similar results and few significant differences between participants at sentinel and non-sentinel sites, and concluded that the annual Queensland NSP Survey results were relatively representative of the broader Queensland NSP client population.

## WHAT VALUE DOES THE NSP SURVEY ADD TO THE SECTOR?

The NSP sector is probably more aware than most that it is imperative to have good evidence to support the effectiveness of public health interventions. The Australian NSP Survey contributes to the evidence-base and, in the past, has demonstrated the effectiveness of the sector in reducing injecting risk and limiting the spread of HIV among survey respondents.

A substantial proportion of the funding allocated to NSPs has been direct funding from the Australian Government to the states and territories. The majority, if not all of these agreements, specify performance indicators that relate to state and territory participation in, and the results derived from, the Survey.

In addition to providing national and state/territory data on blood borne virus prevalence, injecting behaviour and injecting risk, the Survey also provides service level data to participating sites. This is often utilised by NSPs to inform service delivery and, in many instances, is used to assist with quality improvement activities. Jenny indicated that "the Survey methodology has been modified slightly in recent years and now includes the opportunity to ask an additional one-off question. For example, this year we were able to ask some questions about re-use and cleaning of needles and syringes, and it is hoped that this element of the Survey can directly link to practice and can also be responsive to issues as they arise in the field".

In relation to criticisms of the Survey, Jenny considered that for what the Survey sets out to achieve, and with the resources available to it, the Survey is a useful tool for planning service responses. Jenny noted that "obviously there are limitations as to what the Survey can achieve, given that it is a brief self-administered questionnaire rather than an in-depth interview. However, for what the Survey aims to do, we believe that it is something that the sector should be proud of. Whilst NCHECR technically administers the Survey, there has always been a philosophy that this is done on behalf of the "Collaboration of NSPs", which includes the advisory group and the participating sites without whom the Survey could not be conducted".

The Australian NSP Survey is funded by the Australian Government Department of Health and Ageing. In 2008, the following services participated in the Survey: ACON Hunter; Albury CHC, Barwon Drug and Alcohol Services, Biala; Cairns NSP, Central Coast NSP Services, Clarence CHC, Darebin CHC, Directions ACT, First Step Program, Health ConneXions, Health Information Exchange, Hindmarsh Centre, InnerSpace, Kobi House, KRC, K2, Newcastle NSP, North Coast Harm Reduction Services, North Richmond NSP, NTAHC NSP Services, NUAA, Nunkuwarrin Yunti CHC, QUIHN NSP Services, REPIDU, RUSH, Salvation Army Launceston, SAVIVE CNPs, SHARPS, St George NSP, Sydney West NSP Services, TasCAHRD, Townsville ATODS, WAAC, WASUA, West Moreton SHS.

Results of the most recent NSP Survey are available in the *Australian NSP Survey National Data Report* (2007). The *Queensland sentinel and non-sentinel NSP sites* report is also available on NCHECR's website at: http://www.nchecr.unsw.edu.au/NCHECRweb.nsf/page/Publications

References:
Topp L, Iversen JL, Wand H, Day CA, Kaldor JM, Maher L. (2008). Representativeness of injecting drug users who participate in HIV surveillance: Results from Australia's Needle and Syringe Program Survey. *Journal of Acquired Immune Deficiency Syndrome 47:632–638.*

# BEYOND THE CLOSE OF BUSINESS

Syringe Vending Machines *SVMs* (also referred to as syringe dispensing machines *SDMs* or Needle Dispensing Machines) are self-contained, non-descript units that provide sterile injecting equipment. SVMs are an alternative to staffed NSP services and can operate either when staffed NSPs are closed, or as the main mode of dispensing sterile injecting equipment in a local area in the absence of a staffed NSP.

Unlike cigarette machines or snack vending machines, they do not advertise their contents. SVMs come in a variety of models. Typically, SVMs dispense packs containing sterile injecting equipment and a small disposal container. Packs dispensed can also include swabs, spoons, water ampoules, condoms, wheel (pill) filters and educational materials.

## ACCESS IN RURAL OR REMOTE AREAS

Aside from providing an anonymous service, SVMs have the capacity to supply sterile injecting equipment to higher-risk and harder-to-reach groups of injecting drug users (IDUs), including those who are mostly homeless, lead chaotic lives, and who may be from an ethnic minority. SVM clients are younger than clients who access staffed NSPs, have a shorter history of drug use, and have limited or no contact with drug treatment agencies[1].

In rural Australia, anonymity for IDUs is an issue and services that can provide confidentiality are particularly important. It has been reported that some IDUs living in rural areas refrain from accessing their local NSPs or pharmacies, due to fear that their privacy will be breached[3]. SVMs provide IDUs with access to sterile injecting equipment without fear of recognition by local NSPs or pharmacies. SVMs also provide an increase in access to equipment through their ability to be widely installed throughout rural settings. This is particularly important for those that have to travel long distances to access staffed NSP services.

Generally, disposal facilities are located adjacent to the machines to provide a place for safe disposal of injecting equipment. They may be located at or near hospital campuses or fixed NSP sites, and in areas of high drug use.

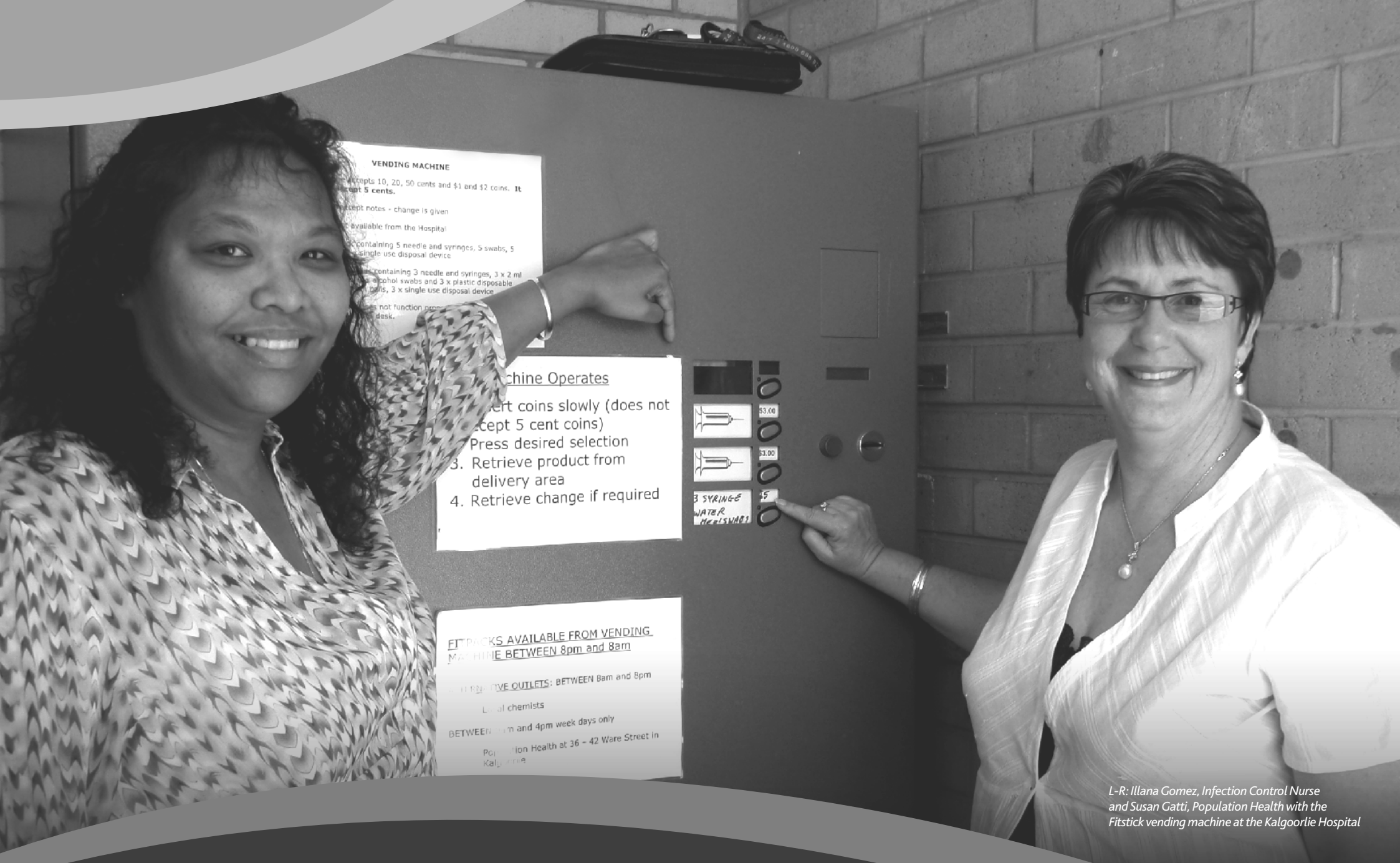
International studies indicate that SVMs can be an effective form of access to sterile injecting equipment for prisoners. The high level of anonymity offered as well as its 24-hour access makes SVMs an effective mode of syringe distribution and exchange. It was found that SVMs in prisons did not lead to an increase in drug use, whilst syringe sharing diminished considerably[1]. Australia does not operate a regulated NSP or SVM in its prisons in any jurisdiction.

## MORE THAN THE MACHINE

SVMs are not intended to be a complete solution to issues of lack of access to sterile injecting equipment in themselves. One major concern is the reduction in staff-client interaction that may result from the introduction of SVMs. The reduced opportunity for contact between health staff and IDUs may mean that education and information about safer injecting is not provided to people that regularly access SVMs, as their main means of obtaining sterile injecting equipment.

Peter Middleton, Senior Projects Coordinator Harm Minimisation at SSWAHS in NSW believes that "if there is an over-reliance on SVMs there is the danger of losing the other vital components of NSP service delivery". Peter argues that "there must be a balance between SVMs and staffed NSPs to provide the best possible service to IDUs". Measures have been taken to increase SVM users' access to information and education which include advertisements on SVMs that highlight the availability of free sterile injecting equipment at staffed NSPs.

Other concerns have been raised about the technical reliability of SVMs. Studies have found that mechanical problems and malfunctioning of machines occur from time to time[2 4 5 8 9]. The most frequent problem listed was injecting equipment becoming jammed and not being able to be recovered from the dispensing slot.




*L-R: Illana Gomez, Infection Control Nurse and Susan Gatti, Population Health with the Fitstick vending machine at the Kalgoorlie Hospital*

The malfunctioning of machines could lead to sharing of injecting equipment if other avenues of accessing sterile equipment are not available. This means that mechanical failure could be particularly problematic after business hours when staffed NSPs are generally closed.

SVMs have been successfully piloted and subsequently implemented in a number of Australian states and territories. Evaluations of SVMs have indicated that if properly installed and maintained, the machines offer anonymous, discrete 24-hour access to sterile injecting equipment[2,4,5,8,9]. They have been shown to complement existing NSP outlets by increasing access to equipment at a minimal cost.

## SVMs across Australia

SVMs were first trialled in New South Wales in 1992. They have now been introduced in the Australian Capital Territory, Queensland, Western Australia and Tasmania; with a trial proposed in the Northern Territory. There are currently no SVMs operating in Victoria and South Australia.

### New South Wales

SVMs were first trialled in New South Wales in 1992, with the evaluation identifying improved accessibility to sterile injecting equipment for IDUs. At the conclusion of the pilot phase it was recommended that SVMs be rolled out across NSW. Subsequently, SVMs have become an integral part of the State's public health initiative. Today there are 101 SVMs at 84 different locations across NSW.

"SVMs continue to play a vital role in NSP service delivery in NSW" suggests Peter Middleton, "with area programs potentially relying on them more than in the past". Peter believes it is important to treat SVM sites "like secondary NSPs, with continued dialogue between those services accommodating the machine and NSP workers". It is his view that this will help to make sure that SVMs are run effectively and that they will continue to play a role in NSP service delivery in NSW.

A recent study of nine SVMs and their clients in Sydney and surrounding semi-rural areas found that machines were being utilised on a regular basis[2]. Of the people surveyed, just over half (50.9 per cent) reported that they only access SVMs outside of business hours when most other NSPs are closed. Major reasons given for accessing SVMs were 24-hour accessibility (36.7 per cent), wanting to remain anonymous (17.2 per cent), easy to get to (17.2 per cent), and disliking the way they are treated at staffed NSPs or pharmacies (16.8 per cent). The findings of the study suggest that SVMs are well accepted within the IDU community. As such, they have become an important mode of supplying sterile injecting equipment, particularly outside of regular NSP business hours.

### Western Australia

In 2001, the Kalgoorlie-Boulder Health Service participated in a 12-month trial of a SVM located at the Kalgoorlie Regional Hospital[5]. During an evaluation of the trial, the SVM was shown to reduce demands on the hospital, particularly for staff working in the accident and emergency department.

At present, there are SVMs located at five regional hospitals in Esperance, Kalgoorlie, Busselton, Nickol Bay and Geraldton with more expected to be installed throughout WA in 2009[6]. In accordance with recommendations of a 2007 review of the WA NSP, vending machines will be installed in those locations where there is a high level of unmet demand – due either to staff resistance or limited hours of operation[10].

WA Country Health Service – Goldfields South East, Regional Alcohol and Drug Coordinator, Susan Gatti, is delighted with the installation of additional machines. "It's great that we now also have a SVM based at Esperance Hospital. It has helped to broaden access to sterile injecting equipment in the Goldfields region". Susan believes that SVMs are vital in WA, particularly in hospital settings. SVMs have reduced pressure on busy hospital staff, especially those working in accident and emergency departments, where NSP services are mostly provided in the region.

### Australian Capital Territory

In 2004, the ACT Legislative Assembly passed the *Drugs of Dependence (Syringe Vending Machines) Amendment Act 2004* to provide a legislative framework for the distribution of sterile injecting equipment via SVMs. The *Act* was also passed to protect those who are authorised to distribute equipment through SVMs from prosecution under the *Criminal Code 2002*[7]. The amendment to the *Drugs of Dependence Act 1989* allowed for greater access to sterile injecting equipment after working hours to be implemented.

Subsequently, in 2005-2006 a trial was conducted of four SVMs located outside community health centres in the ACT[9]. The SVM trial evaluation indicated that the machines have successfully been integrated into the broader health services delivered to IDUs throughout the ACT. The success of the SVM trial in Canberra has resulted in their continued operation by ACT health. Currently four machines operate in the ACT.

### Queensland

During 2005-2006, four SVMs were trialled at regional hospitals in Bundaberg, Mackay, Toowoomba and Rockhampton[8]. It was found that the SVMs significantly improved IDUs' access to sterile injecting equipment, at three of the four sites (Bundaberg, Mackay and Toowoomba). At Rockhampton, access levels did not change during the trial phase. This was possibly due to a combination of technical difficulties experienced with the SVM and the location of the machine. This machine has now been replaced and re-located and appears to be operating well.

Based on the trial evaluation findings, the SVMs continued to operate and have been installed in additional locations. There are currently eight SVMs in operation throughout Queensland, with a further ten machines in the process of being installed. QNSP (part of Queensland Health) intends trialling a newly identified small SVM for use in country hospitals and/or rural locations to ensure after hours access.

### Tasmania

Two SVMs currently operate in Tasmania. A further machine is to be installed in early 2009. These three machines are part of a trial of SVMs currently being conducted by the Department of Health and Human Services of the two machines currently operational, one dispenses equipment between the hours of 8pm and 6am and the other operates between 6pm and 6am.


1 Islam, M.M., and Conigrave, K.M. (2007) 'Assessing the role of syringe dispensing machines and mobile van outlets in reaching hard-to-reach and high-risk groups of injecting drug users (IDUs): a review' *Harm Reduction Journal*, Vol. 4.

2 Islam, M.M., Stern, T., Conigrave K.M., and Wodak, A. (2008) 'Client satisfaction and risk behaviours of the users of syringe dispensing machines: a pilot study', *Drug and Alcohol Review*, Vol 27, pp. 13-19.

3 Dodding, J. and Gaughwin, M. (1995) 'The syringe in the machine', *Australian Journal of Public Health*, Vol. 19, No. 4, pp. 406-409.

4 Islam, M. M., Wodak, A., and Conigrave, K. M. (2007) 'The effectiveness and safety of syringe vending machines as a component of needle syringe programmes in community settings', *The International Journal of Drug Policy*, doi:10.1016/j.drugpo.2007.07.006

5 Moloney, A. (2001) 'Evaluation of the Fitpack Vending Machine trial at Kalgoorlie Regional Hospital', *Northern Goldfields Health Services Public & Community Health*.

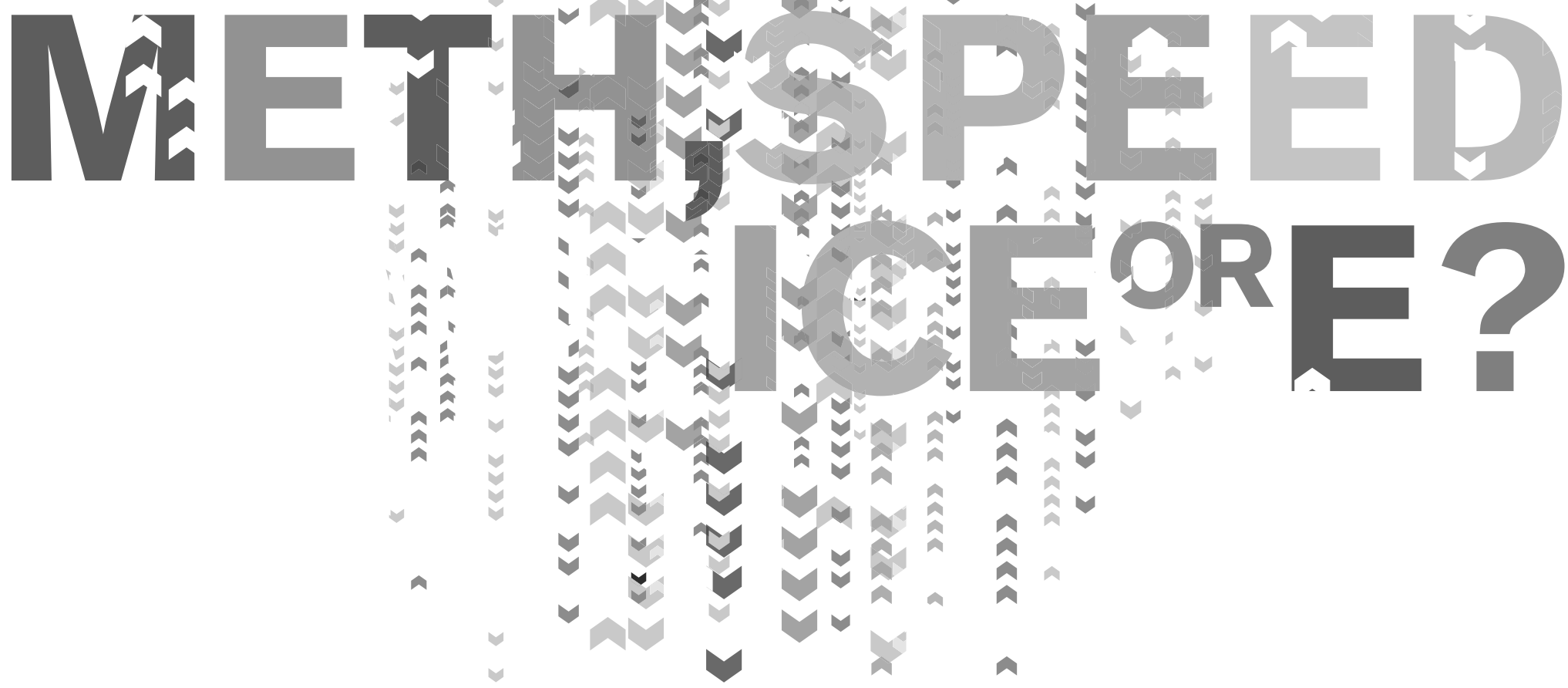
6 DoHWA (2008) 'Vending machines: Two more installed', *NSP News September* 2008. Available from: http://www.public.health.wa.gov.au/cproot/1799/2/Issue%203%20-%20September%202008.pdf, accessed 10 November 2008.

7 Corbell, S. (2004) 'Drugs of Dependence (Syringe vending Machines) Amendment Act 2004 Explanatory Statement', www.legislation.act.gov.au.

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

9 McDonald, D. (2008) 'The evaluation of a trial of syringe vending machines in Canberra, Australia', *International Journal of Drug Policy*, doi:10.1016/j.drugpo.2008.06.004

10 DoHWA (2008) 'Needle and Syringe Program Review 2007'. Available from: http://www.public.health.wa.gov.au/cproot/1787/2/10747%20NSP%20REVIEW%20FINAL.pdf, accessed 10 November 2008.




# TRAINING SESSIONS ACROSS AUSTRALIA

## OVER THE NEXT TWELVE MONTHS, ANEX WILL DELIVER TRAINING ACROSS AUSTRALIA ON AMPHETAMINE-TYPE STIMULANTS (ATS) AND HOW FRONTLINE SERVICES STAFF CAN RESPOND TO THE NEEDS OF CLIENTS WHO USE ATS

The training package will develop the capacity of frontline staff who have contact with people who use ATS to:

- better respond to the needs of clients;
- provide early brief interventions; and
- provide referral to support services.

Brad Pearce, Anex's Workforce Development Advisor said that, "the training will start in early 2009 and we anticipate that representatives from a broad range of sectors will attend these training sessions. This is essentially a workforce capacity building initiative. We think the training will be beneficial in terms of improving responses and will provide people who work in frontline services with an important opportunity to network at a local level".

On the content of the training, Brad noted that, "the training has a number of objectives which include improving knowledge and understanding of ATS use and the associated potential harms. The training also aims to work with frontline service staff to increase their knowledge of, and confidence in, providing strategies to reduce harms associated with ATS use. The training will also seek to develop skills and confidence of workers so that they can provide early brief interventions and appropriate referrals where necessary".

In relation to the national nature of the project and the need to travel to regional areas in each state, Nicola Cowling, Anex Training Officer, said, "It's very important for us to deliver training that meets the needs of the local communities we visit; each region can have different issues, patterns of use, presentations and service responses to clients affected by ATS."

The National Amphetamine-Type Stimulant Strategy 2008-2011 (the ATS Strategy) acknowledges the needs of rural and remote staff who respond to drug-related issues in their work and, as a result, training sessions will be held in a number of regional and rural locations.

The ATS Strategy also indicates that there is a need for more coordinated responses across a range of service systems. People affected by ATS use may experience multiple issues and therefore access services in both the health and community service sectors. As a result, such clients may need support, information and referral to a number of different services to meet their needs.

The need for training of frontline services staff was outlined in the Strategy which referenced literature suggesting there are currently limited links between frontline service providers and broader health and welfare supports.

This lack of connection between the different services can act as a barrier to effective engagement and treatment in relation to clients presenting with ATS issues.

Brad, along with Nicola, will have key roles in developing and delivering this training package. When asked why training needed to be provided to groups broader than the NSP workforce, Brad responded: "providing training to NSP staff is a good start, but this project is really useful in that a range of service types can be targeted to increase the skill levels and confidence of their staff in supporting service users with potentially complex issues".

The project commenced in September and, thus far, project staff have undertaken consultations with key informants in each state and territory to ensure that the ATS training curriculum is relevant to local needs. In order to ensure that the package is based on the most up-to-date evidence, the jurisdictional consultations have been supported with input from experts within both the practice and research realms of the Alcohol & Other Drugs, Needle Syringe Program and Blood Borne Viruses sectors.

Promotion of the training package to appropriate staff will target frontline services including:

- Needle & Syringe Programs
- Alcohol & Other Drug services
- Mental health services
- Youth services
- Hospitals
- Indigenous organisations
- Homelessness and emergency accommodation services

It is essential to acknowledge that over recent years, many frontline service providers have undertaken training and education in relation to ATS.

Nicola says that "this has equipped many services with the capacity to provide effective interventions.

However, despite opportunities to access training, there exists an ongoing need to remain up-to-date". This is compounded by staff turnover across health and community services and the emerging evidence in relation to ATS use and effective interventions.

The training has been designed to be self-contained modules. Staff can attend either an:

- Introductory session; or
- Advanced session; or
- Both sessions.

The introductory session will provide an overview of ATS classifications, domestic & international ATS use, identification of social, physical, emotional & psychological impacts and protocols which address screening, assessment, management and referral.

The advanced session will highlight the contemporary situation of ATS use, explore the pharmacological impacts and interventions involved in current models, including clinical guidelines and practice principles.

Nicola explained further that "staff with knowledge of ATS may consider that they do not need to attend the introductory session, but may wish to attend only the advanced session. We have designed the training curriculum to accommodate this".

The delivery of this training has been made possible by funding from the Australian Government Department of Health and Ageing under the Amphetamine-Type Stimulants Grants Program.

For more information on the National ATS Training being provided by Anex or to register your interest, please go to: www.amphetamines.org.au