



# NSP News

Newsletter for Needle and Syringe Programs (NSPs) in WA



Delivering a Healthy WA

## Welcome to the June 2011 edition of NSP News

### Inside this issue:

NSP training 2011	1
NSP Worker Profile: Raquel Willis	2
World Hepatitis Day 2011	3
Update Operational Directive OD 0315/11	4
Tips for providing brief intervention	4
Australian NSP Survey 15 year report	5

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**In March 2011, the Workforce Development Branch of the Drug and Alcohol Office, the Sexual Health and Blood-borne Virus Program, and guest presenters delivered the annual two day NSP Training course.**

Most participants attending the training were regional NSP workers from across the state who work in a variety of roles within their organisations including Aboriginal health workers, nurses and administrative support staff.

The training intended to support and enhance professional skills in NSP and covered a number of topics including understanding drug use; harm reduction; safer injecting drug use; blood-borne viruses; and legislative and operational NSP information.

Group activities and presentations from HepatitisWA, WA Substance Users' Association and the WA AIDS Council assisted in enhancing skills, creating positive attitudes, and providing great networking opportunities for participants.



Above: Christine from DAO showing participants the drug box

### Key messages of the NSP Training were:

- NSP provide a unique opportunity to provide harm reduction brief intervention to clients. Brief intervention can motivate individuals to reduce their drug use and any associated harms.
- Be non-judgemental and respectful when communicating with clients.
- Provide a culturally secure service whereby the clients' rights, values, beliefs and expectations are respected.
- Effective communication derives out of respect for people, empathy, and a genuineness to be yourself and share yourself appropriately.

We would like to thank all those who participated in this year's annual training.

If you would like a copy of the manual used in the training, please email [NSP@health.wa.gov.au](mailto:NSP@health.wa.gov.au)



Above: participants involved in group work

# NSP Worker Profile: Raquel Willis

South West Public Health Unit

## What is your role at the South West PHU and how long have you been working there?

I have worked at the South West PHU since 1998. Between 1998 and 2003 I worked in Alcohol and Other Drugs. I returned from maternity leave in 2004 and have since worked part time as the Needle and Syringe Program Regional Coordinator. Over the last 3 years a lot of my work has focused on strategies to engage the Aboriginal community in blood-borne virus (BBV) prevention activities and increase the access of Aboriginal people who inject drugs to NSPs in the region.

## What were you doing prior to working at the South West PHU?

I have a background in anthropology and youth subculture. While at university I completed a thesis in graffiti sub-culture in Perth during the 1990s.

I have worked as a youth worker in Carnarvon, Perth and the northern suburbs. In these roles I worked with at risk youth and other vulnerable groups in the community.

I also worked in Margaret River to develop community action on alcohol and drugs. I married a local whose family has a dairy farm in Busselton.

## What are some of the achievements that the South West PHU have achieved in the area of NSP?

Harm Reduction is a framework that applies so well throughout the public health sphere especially when working with people who inject drugs. In 1997 and 1998 hepatitis C notifications highlighted infection in the South West, and with the support of the Public Health Physician and the Disease Control Nurse we developed a plan across the care continuum – including addressing risk factors for transmission. In 1999, the public health unit piloted a mobile needle exchange with volunteers - from the back of a government station wagon!! After some time and through developing a partnership with the Western Australian Substance Users' Association we worked on providing a needle exchange service similar to that already operating in Perth.

## What is the most challenging part of your role?

Coming up with creative partnerships and strategies that support the reduction of BBV transmission in the South West



Above: Raquel Willis

## Have you drawn upon any special skills to perform your NSP role?

Research skills have been important to gain an understanding of what works with different target groups, and provide evidence that can be used to raise the issue of NSP and BBV prevention with local governments and colleagues.

## What is the most important piece of advice you give to new staff in regards to NSP?

I think that our staff in WACHS have a vital role in providing a non judgmental and confidential service. Regional Emergency Departments are conducting prevention and this makes the community safer from BBV transmission. I believe that this is something to be proud of.

## Do you have any tips for other NSP workers in the regions?

Work as a team with your Public Health Physician, Disease Control Nurse and NSP Regional Coordinator to gain support. Don't be afraid of working with other agencies in your area that could improve your services or practices to clients who use the service.

## Have you found being South West NSP Regional Coordinator a rewarding experience?

I love my role and the people I am working with both within WA Country Health Services, the Department of Health and the other agencies I develop partnerships with.

## What are your interests outside of work?

I play the bass clarinet in the South West Wind and Jazz orchestra. I also enjoy gardening.

# World Hepatitis Day 28 July 2011

**The fourth annual World Hepatitis Day will take place on Thursday 28 July 2011 and is part of an ongoing campaign launched by the World Hepatitis Alliance in 2008.**

An entirely patient-led initiative, World Hepatitis Day aims to raise awareness of hepatitis B and hepatitis C, as well as extend the political support for the diseases to levels seen in HIV/AIDS, tuberculosis and malaria. The long-term objective of the World Hepatitis Day campaign is to prevent new infections and to deliver real improvements in health outcomes for people living with hepatitis B and C.

Hepatitis Australia is the leader in World Hepatitis Day initiatives in Australia. This year Hepatitis Australia will launch a new five year campaign “Love Your Liver”. The objective of this campaign is to improve the knowledge, understanding and attitudes on liver health and viral hepatitis in the general community.

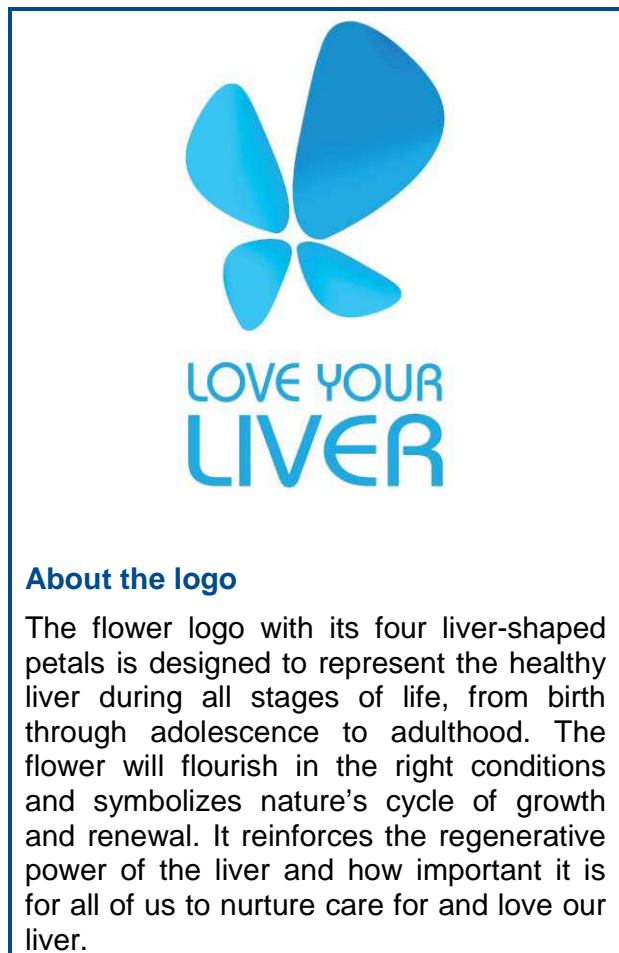
The recent rise of social media offers new opportunities to reach the public with key messages to improve knowledge and reduce stigma. The five year “Love Your Liver” campaign will set out to capitalize on this opportunity and use social media as a vehicle to build community awareness around viral hepatitis in the context of good liver health.

Unlike previous years, this campaign will not be directed at the specific communities affected by viral hepatitis. It is hoped that the campaign will connect with people in the general population who can influence others and help to normalise hepatitis as a health condition. Therefore the campaign will provide support to people with viral hepatitis through the creation of more inclusive and enabling environments.

To find out more about the “Love Your Liver” campaign and how your organisation can get involved please visit: [www.loveyourliver.com.au](http://www.loveyourliver.com.au)

WA Hepatitis Awareness Week coincides with World Hepatitis Day and runs from 25th-31st July 2011. For more information, please contact HepatitisWA:

Phone 08 9328 8538 metro  
1800 800 070 country  
Email [eto@hepatitiswa.com.au](mailto:eto@hepatitiswa.com.au)  
Web [hepatitiswa.com.au/](http://hepatitiswa.com.au/)



**Source:** Hepatitis Australia, 2011, 1st 2011 Australian World Hepatitis Day Newsletter

# Updated Operational Directive OD 0315/11

**In March 2011 an updated version of the operational Directive OD 0315/11: Provision of Sterile Needles and Syringes from Rural and Regional Hospitals to People Who Inject Drugs was released.**

This Operational Directive was originally released in 2001 and mandates that all regional and rural hospitals with emergency after-hours services are required to provide after-hours access, at a minimum, to needles and syringes for people who inject drugs.

There are two major amendments to note:

Firstly, it is recommended that where appropriate and practicable, hospital NSP staff should attempt to engage clients in a "harm reduction brief intervention". NSP staff are also strongly encouraged to interact with the client as a means of providing harm reduction information.

Secondly, two new duties have been added to the role of the coordinator in this updated OD:

1. The NSP Coordinator should make available printed information sheets and other educational resources, and provide a series of suggested health related questions for NSP staff to ask clients who request injecting equipment.
2. It is recommended that the NSP Coordinator develop a resource detailing a range of agencies that can provide clients with further information on injecting matters and referral to drug treatment.

For more information, please contact SHBBVP at:  
email: [nsp@health.wa.gov.au](mailto:nsp@health.wa.gov.au)  
phone: 9388 4841

A copy of the Operational Directive can be found at:  
[http://www.health.wa.gov.au/CircularsNew/circular.cfm?Circ\\_ID=12771](http://www.health.wa.gov.au/CircularsNew/circular.cfm?Circ_ID=12771)

## Tips for Providing Harm Reduction Brief Intervention for NSP Clients

The National Needle and Syringe Programs Strategic Framework 2010-2014 notes that NSPs are uniquely positioned to provide harm reduction brief intervention to people who inject drugs including referral to healthcare and other services.

Brief intervention can be aimed at facilitating behavior change and motivating individuals to reduce their drug use and associated harms. Providing support and relevant easy-to-understand information may help to motivate a person to seek further help. Some clients feel safe when their needs are anticipated and addressed especially if their ability to clearly identify their needs are compromised.

The following information can be discussed when providing a brief intervention:

- Discuss options of how to safely dispose of used equipment.
- Discuss the importance of using clean injecting equipment each time and if the client is unable, then advise them of the next safest option.
- Discuss available options for accessing clean injecting equipment.
- Encourage and/or arrange BBV testing.
- Inform them of the risks of using drugs alone (i.e. overdose) and encourage them, to gain support from peers who are able to identify and respond to risk.
- Offer them information on safer injecting.
- Provide appropriate information and referral pathways for support and treatment.

The best approach to communicating effectively with clients is to aim to empower the individual to make changes by providing an environment of warmth, respect and a non-judgmental attitude.

Remember, positive encounters with the health care system encourage people who inject drugs to seek out resources and treatment that can lead to positive lifestyle and health changes.

# Australian NSP Survey – 1995 - 2010

**A recent report from the Kirby Institute has shown the positive impact NSP have had on changing the blood-borne viral transmission risk behaviours among injecting drug users.**

The *Australian NSP Survey National Data Report 1995-2010*, provides a summary of the results from the Australian Needle and Syringe Program Survey (ANSPS) over the last sixteen years.

ANSPS is an annual cross-sectional survey which recruits participants at NSP services from all Australian states and territories. The survey provides important information on the point prevalence of blood-borne viruses among people who inject drugs and monitors their injecting behaviours.

On a national level the report concluded that:

- HIV antibody prevalence remained low at 2.1% or less in all survey years.
- While hepatitis C antibody prevalence was high, it remained stable over the survey period with approximately half of survey participants testing hepatitis C antibody positive in all survey years.
- Whilst there were shifts in the patterns of drugs injected by participants, heroin and methamphetamine use remained prominent in all years.
- Since 2001 there has been a decline in prevalence of heroin being reported as the last injected drug by participants.
- The proportion of participants who reported last injecting pharmaceutical opioids has increased over recent years.
- Prevalence of reuse and receptive sharing of syringes and ancillary equipment has declined significantly.

In Western Australia participants are recruited through the WA Substance Users Association's (WASUA) and the WA AIDS Council's needle and syringe exchange programs.

Overall the data collected from WA participants across the 16 year period was consistent with the national trends.

In particular, there was a decline in blood-borne viral risk behaviours reported among WA participants:

- Reporting of re-use of needles/syringes (including re-use of one's own needle/syringe) declined from a high of 55% in 1999 to a low of 26% in 2010.
- Similarly rates of recent receptive sharing (use of someone else's used needles/syringe) significantly declined from a high of 31% in 1995 and 2000 to 14% in 2010.
- Rates of receptive sharing of spoons, water and filters also decreased significantly between 1999 and 2010 for all three items.

These results highlight the efficacy of NSPs and the importance of their continued enhancement.

The full Australian NSP Survey National Data Report 1995-2010 is available at:

<http://www.med.unsw.edu.au>

