

NSP News

Newsletter for Needle & Syringe Programs (NSPs) in WA

February 2012



Government of Western Australia
Department of Health

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Contact Details

For enquiries regarding any of the material in this newsletter, please contact:

08 9388 4841

NSP@health.wa.gov.au

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Welcome to the February 2012 edition of *NSP News*

New Healthy Body Art Booklet

NSP Coordinators - did you know a new edition of the *Healthy Body Art* booklet is available?

The Department of Health *Healthy Body Art* publication has been given a makeover with a fresh design and information about the age limits that apply to various forms of body art.

The booklet aims to raise awareness of the potential health risks associated with tattooing and other body art procedures, including exposure to blood-borne viruses such as hepatitis B, C and HIV. It also provides advice on minimising these risks, with information on preparing for body art, what to look for in a body artist and caring for new tattoos and piercings.

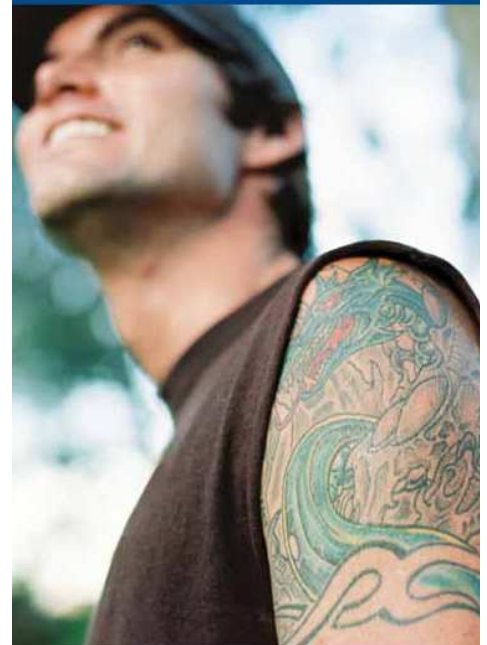
The booklet is available to order from <http://www.dohpackcentre.com.au/DOH/>. Please use the code HP10313 when searching for the resource.

An online printer friendly *Health Body Art* factsheet is also available from http://www.public.health.wa.gov.au/3/1085/2/skin_penetration.pm.



Government of Western Australia
Department of Health
Public Health

Healthy Body Art



Delivering a Healthy WA

NSP Coordinator Training 2012 application now open

The annual NSP Coordinator Training will be held on **28-29th March, 2012** at the Tradewinds Hotel in Fremantle.

This 2-day training course is intended for NSP Coordinators, people working in an NSP or those working in an agency which is interested in establishing an NSP. The training provides a great opportunity for professional development and networking. There is no registration fee for the training, and the SHBBVP meets the cost of travel and accommodation for non-metropolitan attendees.

Applications are now open and end Friday February 10th 2012. For further information about the training or an application form please email NSP@health.wa.gov.au or call 9388 4841.

What is your role at the WA AIDS Council and how long have you been working there?

I have held the position of Community Health Promotion Services Manager for 2 ½ years. Included in this role is the Management of the NSEP, Training and Development Program, Health Promotion Programs for heterosexuals and young people, Design and Social Marketing and the Volunteer Program. I have actually been at WAAC since July 1996 and prior to my current management role I held the position of Positive Services Manager for 8 years. Prior to that I was the Positive Women's Support Officer for several years. My initial role in 1996 was to pilot a BBV training program for prisoners which was highly successful and has evolved into the now Health In Prison Health Out of Prison (HIP HOP) program that is delivered to all prisoners in WA prisons.

What were you doing prior to working at the WA AIDS Council?

I have a Degree in Social Science and a Graduate Diploma in Business Management. Prior to commencing my career at WAAC in 1996 I was working in the corporate world.

What interested you about NSEP?

I think Needle Syringe Exchange Program (NSEP) is a very interesting and challenging program. It is a reasonably controversial topic which can bring out the real prejudices in people. It appears that most people have an opinion on people who inject drugs and many are not shy in letting you know what those opinions are. There can be a lack of understanding of the issues related to injecting and for many people an NSEP is seen as condoning an illegal behavior.

I really enjoy the interaction that I have with the people who access our NSEP. They are so diverse and many are very interesting and have led or lead very interesting lives. I believe that the majority of people who access our program are incredibly grateful and respectful of the service and those who work in it. I think it is a program that you get instant feedback on the impact that you are having.

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

I don't really think I have any special skills that I needed to draw on. I do believe that I am a reasonably friendly person who tries not to make unnecessary judgments and opinions on



Sally Rowell

the people who access the service. I try to treat them as I would want to be treated. Sometimes you need to be a little firm if someone is having a bit of a bad day and wanting to take it out on you or they try to pull the wool over your eyes with regards to quantities that they are exchanging. This though is very rare and so most of the time the interactions I have are friendly and interesting.

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

Whilst I enjoy Needle Syringe Program I recognize that not all people can work in the area. Some people really struggle with working with the client base and in particular if the clients bring children to the service or they may be pregnant etc. I do encourage people to be honest with themselves and recognize if they are having problems to discuss it with their supervisors/managers. If someone can't put their judgments or prejudices aside then they shouldn't be working in the area. Clients pick up very quickly if they are being judged and that is the last thing you want. Trust is such an important part of the relationship that you have with your clients and if they don't trust you they are never going to open up to you and discuss issues/problems/concerns that they may be experiencing. I also say to new staff to trust their instincts – if something doesn't feel right then it isn't. Speak up about your concerns. A smile also goes a long way in making someone feel at ease.

Continued next page...

What do you see as the most important challenges to overcome in order to prevent more cases of HIV and hepatitis C, and other injecting related harms among injecting drug users in WA?

I think that breaking down the stigma and discrimination that comes with injecting drugs is probably one of the biggest hurdles to overcome. If people could put aside their own prejudices and look at NSP as being a Harm Reduction strategy I think that would go along way. If we could get NSEP's integrated into a range of Health and Community Services then a better service would be provided to those most vulnerable. It would mean that people who inject would have access to other health services such as testing, vaccinations, vein care and general health, as well as treatment options such as hep C and detox. This would inevitably ensure a better health outcome for those people and in turn potentially reduce the long term health burden costs.

Do you have any tips for other NSP workers?

I guess enjoy the experience. It really is a unique

privilege to work with people who inject drugs so enjoy the opportunities that come your way. There is so much to learn and the best people to learn from are the people you are providing the service to.

What are your interests outside of work?

Family and friends are incredibly important to me and I love being around them, actually I really enjoy people. I am also a very keen sports person who loves nearly all sports. I must admit that I am not that interested in car racing or boxing but other than that I will watch anything. I have played some form of sport most of my life and was playing netball twice a week up until recently, but due to a shoulder injury have had to give it up, I am having surgery on it in February 2012 so hopefully after that I will be able to resume some form of sport. I am a mad West Coast Eagles supporter and love my football. I do a fair bit of travelling and enjoy immersing myself in the culture of the country I am in – oh and of course I don't mind the shopping.

Online Chlamydia Testing *Western Australia*

In February 2010, the Communicable Disease Control Directorate, in partnership with Fremantle Hospital and Pathwest, launched an innovative program to increase screening for chlamydia in young people within WA. The program aims to improve access to testing and treatment services to prevent the onward transmission of chlamydia and reduce the pool of infection within the community.

The program is an online chlamydia testing service hosted on the WA Department of Health's youth targeted website www.getthefacts.health.wa.gov.au and is also accessible from the 'Could I Have it?' campaign website www.couldihaveit.com.au/onlineTesting.asp.

The service is available to sexually active people aged 16 years and over in WA, and enables users to complete a short self risk assessment questionnaire, then download and print a laboratory request form which they take to a PathWest collection centre where they are asked to provide a first-void urine sample. Testing is free and all results are followed up by Fremantle Hospital's Sexual Health Clinic.

Between February 2010 and June 2011, 343 people had been tested via the online testing service and of these 18% returned a positive result for chlamydia. Evaluation of the program indicates that people who accessed the service found it easy to use and appreciated the anonymity.



Newly acquired notifications

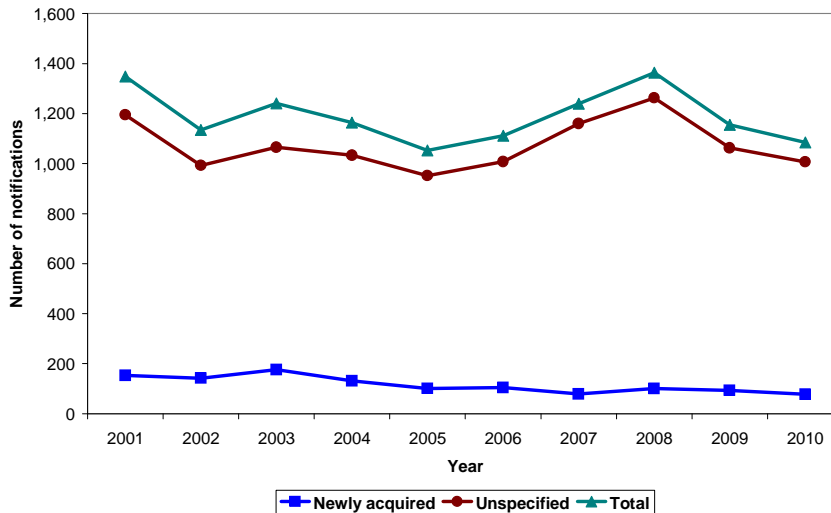
Hepatitis C is classified as newly acquired when there is evidence that the infection was acquired in the 24 months prior to diagnosis.

Notifications of newly acquired hepatitis C in WA reached a peak of 176 in 2003 before decreasing to a 10-year low of 77 notifications in 2010. This represented a 19% decrease from the five-year average of 95 notifications per year (Figure 1).

Unspecified notifications

Unspecified hepatitis C notifications in WA decreased by 5% from 2009 to 2010. The number of notifications in 2010 was 1,007 was considerably lower than the peak reached in 2008 of 1,263 notifications and represented an 8% decrease from the five-year average of 1,089 notifications (Figure 1).

Figure 1: Number of hepatitis C notifications by disease status, WA, 2001 to 2010



Needle and Syringe Distribution Data *Western Australia*

Needle and syringe distribution data from 1991-2010 has highlighted some interesting trends.

From 1991-2010, the number of NS distributed in WA increased from 845,210 to 4,069,097. This represented an over four-fold increase over the 20-year reporting period, with an average increase of 10% per year.

Pharmacy and NSEP distribution

Over the last ten years, the proportion of NS distributed through pharmacies has decreased. In contrast, the proportion distributed through needle and syringe exchange programs (NSEPs) has increased.

Since 2001, the proportion of NS distributed by pharmacies steadily decreased, and in 2010 pharmacies accounted for 27% of NS distributed across the state. Conversely, the proportion of NS distributed by NSEPs has steadily increased, with these programs accounting for 61% of the NS distributed in WA in 2010.

The proportion of NS distributed by other services

has increased steadily, from 3% of total distribution in 1991 to 11% in 2010.

Metro vs. regional distribution

The number of NS distributed in the metropolitan area per annum increased by over four-fold across the 20-year period, from 790,630 in 1991 to 3,438,043 in 2010. In the non-metropolitan regions, the number of NS distributed per annum increased by over 10-fold during the same time period, from 54,580 in 1991 to 631,054 in 2010.

Regional comparisons

In 1991, the majority of NS were distributed in the metropolitan area (94%), with the Goldfields region distributing the most NS among the non-metropolitan areas (2%). In 2010, although the majority of NS distributed were also in the metropolitan area (84%), the South West region distributed the majority of the NS in the non-metropolitan areas (6%).

Epidemiology report

For a complete report on needle and syringe distribution data and hepatitis C epidemiology, please refer to The Epidemiology of Notifiable Sexually Transmitted Infections and Blood-borne Viruses in Western Australia, 2010 available at: www.public.health.wa.gov.au/

Fremantle X Change

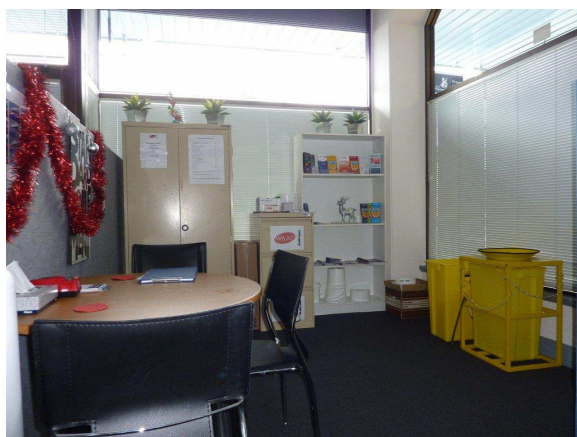
October the 31st, 2011 saw the long awaited opening of the Fremantle X Change. Whilst I have had the opportunity to be the person to put the clinic together and to open it, it really has been a labour of love by many people.

One of the recommendations that came out of the Needle & Syringe Program Review in 2007 by the Communicable Disease Control Directorate, Department of Health, WA was consideration to be given to establishing a permanent site at a location serviced by the WAAC mobile van which had a high exposure to the public. One of the biggest and busiest sites was Fremantle which saw the van provide two shifts per week.

So the hunt began to find a suitable place for the service to be delivered from. The ideal would have been to find a current health service or NGO that was prepared to accommodate a NSEP within their premises. Unfortunately, no services wanted to put their hand up to take on a Needle Exchange and so it was back to the drawing board and the search began to find a property that could be used as a fixed site.

It is a really interesting process to undertake and certainly not something for the faint hearted. Whilst most people acknowledge the benefits and agree with the principles of having a Needle Exchange, suddenly that thinking all goes out the window when it comes to having one in their area. Actually if I had a dollar for every time I heard, "I totally understand and agree with Needle Exchange, I just don't want one in my backyard" I would be a very wealthy person.

Luckily for us, a number of Councillors from the City of Fremantle are very forward thinking



NSEP – Fremantle X Change



Fremantle X Change – 13 Queen St Fremantle

people around this issue and recognise the importance that a service like an NSEP plays in harm reduction in relationship to the prevention of blood borne viruses and also in maintaining the health and well being of their citizens.

We were approached by the City of Fremantle with the prospects of leasing a property in Queens Street. It was ideal location and with a few minor renovations and adjustments could be converted into a very functional exchange. Unfortunately, the hard part was yet to come. We had to go through planning to change the use of the premises which meant that we had to advertise the purpose of the building. Members of the community were able to submit their objections to the proposed changes which a number of businesses within the surrounding area did. To cut a rather long story short, after some consultation we were given permission to open. It was a rather funny feeling as we had finally achieved something that we really had begun to believe was never going to come to fruition.

So as mentioned we opened on the 31st of October, the sky didn't fall and the world didn't end, in fact very little changed in Fremantle. Our clients are happy and feel that they can actually stop and talk, ask questions and enquire about health issues. We are hoping that 2012 will see a number of other agencies such as HepatitisWA and WASUA come on board to provide support services and clinical services such as testing and vaccinations.

- **Sally Rowell, WA AIDS Council**

Fremantle X Change

13 Queen St Fremantle

Open Monday Wednesday and Friday 12-3pm

For further information contact:

WAAC (08) 9482 0000

National Hepatitis Health Promotion Conference 2011

The 2011 National Hepatitis Health Promotion Conference was held in Brisbane, on 24 and 25 November. Below Angie Roche and Ursula Swan reflect on their highlights from the conference.

Ursula Swan, Senior Program Officer, Drug and Alcohol Office, ursula.swan@health.wa.gov.au

The theme for the 2011 National Hepatitis Health Promotion Conference was 'Joining the Dots for Successful Health Promotion' which brought together various projects and programs from around Australia that deliver successful viral hepatitis health promotion.

The quality and expertise of the presentations gave valuable insight into activities and projects that have been developed and delivered around the nation. On a personal level I gained an increased understanding about hepatitis B from Dr Ben Cowie from the Victorian Infectious Diseases Reference Laboratory, who spoke at the 'Big B Breakfast' and featured in the panel discussion '*Finding the missing dots: when public policy & health promotion practice aren't joined up*'. He presented information on hepatitis B in a clear and concise style.

Of particular interest to me was when Dr Cowie gave an example that approximately one fifth of GPs throughout New South Wales have limited knowledge about hepatitis B and an unclear understanding of referral pathways and support services. He also highlighted aspects of terminology used in the health sector that maybe misleading and gave as an example the term "*a healthy carrier*". He emphasised that these individuals required monitoring annually by their GPs as the disease may continue to progress through various stages.

I was privileged to submit an abstract and be accepted to present on the first day. I gave an overview of the Aboriginal Blood Borne Virus Prevention and Capacity Building Project highlighting 'BBV Yarning with the Mob'. This 15 minute talk supported with a PowerPoint presentation was received with great enthusiasm. Interest in the project and feedback was very positive with requests to expand training delivery to include a 'train the trainer' component. There was additional interest to market the project resources nationally and with specific requests to deliver training in NSW.

Overall it was a great experience to attend and I believe Hepatitis Australia facilitated an excellent conference. There were many opportunities to network and I feel most attendees would have gained strategies and ideas to take back to their workplace to continue their good work in hepatitis prevention.

Angie Roche, Community Development Worker, HepatitisWA cdo@hepatitiswa.com.au

Take a partner by the hand.....

To attend a national conference is always a treat but to present is an honour. Partnering for success was the thread sewn throughout the National Hepatitis Health Promotion Conference program, embraced by many presenters and the main theme of my presentation. Two days of inspiring talks, amazing food and stimulating company left me drained but eager to return to Perth to share what I had learned.

This conference made me rethink not just how we at HepatitisWA promote our messages, but also how our messages are phrased. Thank you, Suzanne Fraser of Monash University, for your insightful presentation on the role of language in influencing perception. Disclosure and non-disclosure by workers within the health system was a big topic. It is interesting to explore the real and working policies within existing systems that can be discriminating and inequitable at times. Historically, perceived rights of employers have overshadowed rights of prospective employees. We know that a health care worker living with hepatitis C performing Exposure Prone Procedures (EPP) must disclose their status. But what constitutes an EPP? Pier Moro of Hepatitis Victoria attempted to answer this question in his presentation but we are still searching for a definitive answer.

Dr. Loren Brener, of the National Centre in HIV Social Research, talked about NSW's Positive Speakers program and its effect on audiences. It opened my eyes to the potential benefit of such programs to a diverse range of audiences. She also demonstrated how effective comprehensive evaluations are in demonstrating the strengths (and weaknesses) of a project. Kate Pinnock described a very innovative partnership that developed culturally appropriate hepatitis C messages for the prison radio community. Jailbreak Health Project involved Public Health Students and Sydney's Community Restorative Centre in a unique collaboration and demonstrated that diversity within collaborations is a strength and highlighted the need to think beyond 'traditional' partnerships.

There is so much more I could report but to finish off, I congratulate Hepatitis Australia on organising such an intimate yet all encompassing conference, which served to showcase the amazing work of organisations in the viral hepatitis field. It is my belief that we, in WA, need to learn to shout louder about the successes we achieve within this field. Here at HepatitisWA we are open to new ideas and new partnerships; make contact and let's see what we can achieve together.

1 Community Campaign *WA AIDS Council*

The WA AIDS Council has launched a new campaign to address the issue of HIV/AIDS stigma and discrimination.

The 1 Community campaign encourages individuals and organisations to take an active stand against stigma and discrimination by supporting the message and making a public statement at www.1community.org.au

Trish Langdon, Executive Director said that many people living with HIV still continue to report unacceptable instances of HIV/AIDS stigma and discrimination in their daily lives.

“Despite having some legal protection many people living with HIV do not feel safe to disclose their status to those around them. This burden of secrecy often takes a huge toll on a person’s health, wellbeing and freedom to engage in community life.”

She said that stigma and discrimination often occurs due to ignorance, fear and misconceptions about people living with HIV.

“This is a virus which does not discriminate. It affects people from all walks of life”.

The 1 Community campaign aims to reduce stigma and discrimination by supplying the community with information about HIV/AIDS in order to become more educated about the facts and to educate those around them.



CDCD staff involved in the 1 Community campaign

“Positive + Negative = 1 Community” is celebration of diversity. Our community is made up of both people living with HIV and those who support, love and accept them. It was compassion and acceptance that created solidarity in our community at a time of great need.

As a community we can all play a part in reducing HIV/AIDS stigma and discrimination.

The WA AIDS Council invites community members and organisations to get involved with this project by submitting a photo in support of the 1 Community message and a statement about what our community can do to reduce stigma and discrimination.

To find out more about how you or your organisation can get involved email campaign coordinator Nadine Toussaint at info@1community.org.au, go to www.1community.org.au

or follow on Facebook at <http://facebook.com/1community.org.au>



CDCD Director, Paul Armstrong