

# Harm Reduction

## Needle and Syringe Program

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# Northern Territory AIDS & Hepatitis Council NTAHC

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NTAHC is the peak **Blood Borne Virus** (BBV) organisation in the Northern Territory.

- Care & Support Program
- Sex Worker Outreach Project (SWOP)
- Harm Reduction Program (NSP)
- Indigenous LGBTI Support (Silver Rainbow)
- Communication & Events



# NTAHC VALUES

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- Inclusive
- Informed
- Respect
- Acceptance of cultural & social diversity
- Innovation



# NTAHC GOALS

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1. Prevent further spread of Blood Borne Virus transmissions.
2. Improve the health and wellbeing of people living with and affected by Blood Borne Viruses.
3. Reduce stigma and discrimination.
4. Strengthen community engagement.
5. Identify and adapt to the changing landscape of affected communities.
6. Ensure the organisation is recognised as the industry expert in the Northern Territory.
7. Increase organizational resilience and sustainability

Strategies are in place to achieve these goals.



# The NTAHC NSP

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Three Primary NSPs in the NT – located at

- Darwin NTAHC's main premises
- Palmerston stand alone NSP
- Alice Springs NTAHC premises



# NSP Specific Goals & Strategies

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## Reduce the spread of BBVs:

- Provision of sterile injecting equipment to reduce sharing.
- Referrals for testing and treatment.

## Reduce the Harms from injecting drug use:

- Client engagement – education.
- Confidential exchange.
- Develop trust – clients re-engage with the health system.
- Combat Stigma & Discrimination.



# Our Clients

## Drugs or Medications Injected

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- Prescribed Opioid Analgesics (POA)
- Methamphetamine – mainly crystal (ice)
- Steroids and Peptides (Image and Performance Enhancing Drugs)
- Insulin, B12 and others



# Our Clients

## Demographics

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Demographic information supply is voluntary and non-identifying

- Age – Majority of clients aged 30 to 49 years old
- Gender – 70% Male, 30% Female
- Identify as Aboriginal or Torres Strait Islander (ATSI) 30%
- All socio economic groups
- All trades & professions





# Stigma & Discrimination

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- Stigma diminishes one's character and reputation by imposing a negative stereotype with negative attitudes, prejudice and abuse.
- Discrimination involves the unjust or prejudicial treatment of different categories of people.
- Stigma & discrimination against anyone will generate alienation from a society which will have long lasting destructive consequences for the victim and ultimately the society.



# Stigma & Discrimination

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The “war on drugs” generates a very high level of stigma and discrimination for People Who Inject Drugs (PWID).

This manifests in daily interactions with:

Health Services

Some Doctors who believe a patient is a PWID will not prescribe certain medications.

Barrier to HCV testing



# Stigma & Discrimination

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Treatment programs such as the Opioid Pharmacotherapy Program (OPP) may be punitive and inflexible; assumption of unemployment

## Pharmacies

Some Pharmacies won't sell some over-the-counter medications to people they judge to be people who use drugs



# Harm Minimisation

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- The *National Drug Strategy since 1985* uses a *Harm Minimisation* framework
- “Building safe, healthy and resilient communities through preventing, responding and reducing alcohol, tobacco and other drugs related health, social and economic harms”\*
- Harm Minimisation has **three equally important pillars:**
  - Demand Reduction
  - Supply Reduction
  - **Harm Reduction**

- \* Source – National Drug Strategy 2017-2026



# Harm Reduction

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My take – the KISS principle

Responding to the honest recognition of evidence-based reality:

Implementing strategies to reduce the harms.



# Needle & Syringe Program (NSP). A harm reduction strategy

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The NSP has been the cornerstone of Australia's response to blood borne viruses (BBV)s such as HIV and hepatitis C amongst people who inject drugs (PWID).

Australia's investment in the NSP is the main reason that the level of HIV infection amongst people who inject drugs has remained below 1%. This is in sharp contrast to other countries without NSP or with limited NSP where levels of HIV infection sometimes exceed 50%. \*

- \*Source – The Needle and Syringe Program: Guideline for Police (NSW)



# NSP Staff, Client interactions

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NSP staff daily activities are informed by:

- Harm Reduction Policy (NSP specific).
- Confidentiality Policy.
- Code of Conduct Policy.
- Substance Use in the Workplace

There are many other policies that govern the NSP, a politically sensitive workplace.



# Harm Reduction Policy

- 4 CODE OF CONDUCT FOR AUTHORISED PERSONS

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Harm Reduction Program staff are required by the NT government to operate in a manner consistent with this code of conduct:

1. Authorisation as NSP workers is valid for the nominated person at any time (i.e. it is lawful for an authorised person to distribute needles and syringes within the protocols of their agency). However, if a person operates outside protocols and scope of their particular agency's NSP, they may be operating outside the terms of their authorisation.
2. **Authorised persons will always distribute needles and syringes in a responsible manner** (If an authorised person acts in an irresponsible manner in the course of an agency's NSP, authorisation may be withdrawn).





Responsible conduct involves the following:

- a. Not acting in any way that encourages or promotes drug use.
- b. Not acting in any way that attracts unwarranted or undue public attention or scrutiny.
- c. Authorised persons will avoid any situation in which they may be implicated in any form of drug dealing or other unlawful behavior whilst distributing needles and syringes.
- d. Authorised persons will not use illicit substances or be functionally impaired through the use of any psychotropic substances, including alcohol and prescribed medications, whilst distributing needles and syringes.

e. Safe disposal will be raised as an issue for the client during every needle and syringe transaction.

3. Authorised persons shall at all times maintain strict client anonymity and shall not disclose any information which can be used to identify an individual that is gained in the course of their NSP duties to any other persons or organisations, unless compelled to do so by the lawful order of an authorised person or body. NSP staff may not divulge any information regarding clients, even if requested by police or subpoenaed by a court, without first receiving direction to do so from the Executive Director.



# Peer Staffing

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What is a peer?

That depends on who you ask.

- Drug User Rights Organisations – National Peer Network, AIVL:
  - Can not agree
  - Starting point is *a current injector who is part of the PWID community*



# Peer Staffing

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## PWID

- Dependent – consistent regular injecting, often visible stereotype; may be homeless, or successful professional.
- Non-dependent regular injecting
- Non-dependent occasional injecting



# Peer Staffing

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Narrowly defining a peer does not fit with engaging all PWID.

Being part of one section of PWID community may reduce ability to engage with other sections of community.

In the NT there are many different groups of PWID that don't relate to each other.

Some groups actually hate each other (scripted & non-scripted)



# NTAHC HRP Peers

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The Harm Reduction Program defines a peer as someone  
Who has a lived experience of injecting drug use

This broad definition doesn't require a peer to be a current injector who may be involved with a narrow section of the community, which may reduce their ability to engage with all PWID who attend an NSP.

There is no typical peer



# Benefits of Peer Staffing

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Provides an enhanced level of engagement:

- Peers have experienced stigma & discrimination first hand and understand the negative effects.
- Peers have empathy with PWID and know what daily challenges they face.
- Peers don't see PWID as different and engage directly.
- Peers are resilient and don't see daily engagement with PWID as difficult.



# Benefits of Peer Staffing

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- Removes the service model of “Us” over “Them” – we are them
- Our clients’ daily engagements with doctors, pharmacists, Centrelink, Police etc. usually involves a **power imbalance** which they don’t get from peers.
- Clients readily realise that NSP staff come from the same world and speak their language – leads to trust and close engagement which is necessary to reduce harms.



# Benefits of Peer Staffing

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Unguarded conversations between PWID and NSP peer staff  
(when clients aren't feigning sincerity - gossip)

- What drugs are about
- Price changes for drugs and availability
- Any bad reactions to a batch of drugs
- Who has done what, and to who

These conversations give an opportunity for staff to discuss safe injecting practices; sterile filters:

Testing & treatment for HCV





# Managing Peer Staff

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- There are no peer specific policies for NTAHC staff.
- Management must remain vigilant to policy breaches, and deal with them with some level of flexibility and understanding.
- Breaches are often reported to management by clients.
- Substance use in the workplace is treated as a health issue – counseling and support are provided.
- Performance issues are dealt with in the same way as with all other staff – manipulation 😊, encouragement



# Engagement Strategies

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- **Every** client is greeted in a friendly, respectful, non-judgmental manner
- Every client is engaged by staff and encouraged to chat on the understanding that confidentiality is guaranteed, and any breach of confidentiality can result in instant dismissal
- Anonymity is maintained by no personal identifying information being required to access NTAHC's NSP services
- There is no requirement for abstinence or rehabilitation.
- The NSP is the clients' space



# Non-Judgmental

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- Staff may not belittle a clients politics, cultural or religious beliefs
- A client may hold views that staff may find personally distasteful but that does not change the previous point
- It is not our job to correct a persons politics to what we believe;

Any attempt to do so may alienate a client from our service, and the health system generally



# User Friendly Space

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- NTAHC's NSPs have removed counters and any other physical barriers between clients and staff.
- The NSP can be self-service or staff assisted.
- Couches and Water Dispensers. NTAHC's NSPs are designed to be a welcoming space while also protecting clients' anonymity
- A small counter has been installed due to COVID restrictions



# Priority Populations

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The NSP has one main priority population –

## People Who Inject Drugs

We aim to treat everyone who accesses NSP services with the same level of respect.



# Culturally & Linguistically Diverse (CALD)

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- Although we don't have interpreters in the NSP, the self service option for clients allows non-English speakers to still access equipment, with all stock available.
- A smile is a smile in any language



# Questions?

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Thanks for your time and listening 😊

