

Needle Syringe Program

Applicability

This policy applies to:

All NT Health employees and employees of non-governmental organisations that deliver NSP services in the Northern Territory.

Policy statement

The Northern Territory (NT) Needle and Syringe Program (NSP) was established in 1989 and is coordinated by the NT Department of Health (NT Health) Public Health Directorate. It is an evidence-based, public health harm reduction measure that supports people who inject drugs (PWID) to adopt safer injecting behaviours through access to sterile injecting equipment, safe disposal facilities, health education and promotion resources, education through brief interventions, and referrals, thereby preventing:

- 1) the transmission of blood borne viruses (BBVs) - Human Immunodeficiency Virus (HIV), hepatitis B and hepatitis C, and
- 2) other injection-related harms.

This policy outlines the principles, frameworks and strategies that guide the delivery of the NSP services in the NT. An overview of the NSP can be found on the NTG website: [Needle and syringe program - NT.GOV.AU](https://www.nt.gov.au/needle-syringe-program/)

Policy suite

The policy suite for this topic contains the following mandatory and related documents:

- Needle Syringe Program Operational Guidelines

Policy principles

The NSP operates under the Harm Reduction Pillar of the National Drug Strategy 2017-2026, which is a strategy of Harm Minimisation that is comprised of three equally important pillars – Harm Reduction, Demand Reduction and Supply Reduction.

NT Health's approach to Needle Syringe Program is founded upon the following principles:

- **Harm Reduction** - The NSP operates under the harm reduction pillar of the *National Drug Strategy 2017-2026* and is currently the only harm reduction program in the Territory for PWID that does not require them to be on treatment to access. NSP staff should support clients to access treatment services when they choose to do so.
- **Evidence-based Practice** - The NT NSP Minimum Data Set is a monitoring and evaluation tool that collects and collates standardised data from NSP outlets to inform strategic and operational decisions. All NSP outlets will provide monthly data to the SHBBV program, noting that the collection of data from clients is on a voluntary basis, and that a client's refusal to participate should not be a barrier to accessing

sterile injecting equipment. Primary NSP outlets will support national NSP client surveys, conduct annual in-house client surveys and share the results with the SHBBV program.

- **Health Promotion** - The NSP is often the only link between PWID and health promotion information to help improve their health and wellbeing. Promoting safer injecting behaviour helps reduce preventable risk factors which can further entrench health and social disadvantage among PWID.
- **Prevention** - The NSP helps to prevent the transmission of BBVs and other injection-related harms by strengthening access to sterile injecting equipment, education and support for PWID. Access to the NSP is a priority area for action under the national and NT BBV/STI strategies.
- **Universal Access** - Sterile injecting equipment accessed through the NSP is available for free to ensure that there are no financial barriers to access. The NSP does not place a limit on the quantity of equipment that can be accessed. This enables PWID, especially those who reside outside urban areas, to collect what they need. This is to help ensure that injecting equipment is not reused or shared.
- **Confidentiality** - The privacy and confidentiality of NSP clients is to be respected and maintained to ensure that PWID feel comfortable and safe returning to the NSP outlets.
- **Safe Disposal** - All NSP outlets will provide safe disposal facilities and accept the return of used injecting equipment ('sharps'). Advice about the safe disposal of sharps will be guided by the *Misuse of Drugs Regulations- REG 3: Disposal of syringes or needles*.
- **Competency** - All staff who work at NSP outlets and engage with NSP clients are to be oriented and trained effectively to ensure they understand the purpose of NSPs and how stigma, discrimination and unconscious bias are barriers to PWID accessing NSPs and other health and social services.
- **Collaboration** - The ongoing success of the NSP relies on developing and maintaining strong partnerships between government agencies, non-government organisations, private sector organisations (such as pharmacies), the community, and the people who access NSPs.

Policy requirements

- 1) All NSP operations are informed by a harm reduction approach to improve the health and wellbeing of PWID.
- 2) Compliance with NT legislation as listed under the Legislative Framework section.
- 3) Alignment with the NT Sexually Transmissible Infections (STI) and BBV Strategic and Operational Plan 2019-2023, the national BBV/STI strategies 2018-2022 and the National Drug Strategy 2017-2026, as listed under Guiding Strategies section.
- 4) NSP services are delivered by a workforce that is well informed and trained.
- 5) Access to health hardware such as sterile injecting equipment and harm reduction education for PWID to reduce the sharing or reuse of injecting equipment.
- 6) Safety of PWID and the broader community by ensuring that there are adequate accessible public facilities for the safe disposal of used injecting equipment.
- 7) The health and wellbeing of PWID is promoted through brief interventions and education on safer injecting practices, preventing BBV/STI transmission, preventing accidental drug overdose (such as through access to naloxone).

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- 8) Linkages are strengthened between PWID and health and social services, including providing information and supporting referral to the Opioid Pharmacotherapy Program and other AOD and STI/BBV treatment programs.
- 9) The best possible evidence is available to continuously improve NSP services by collecting NSP data for the NT NSP Minimum Data Set for analysis and program evaluation.

Legislative or other Authority

The following legislation and/or authority govern this policy:

- Northern Territory Misuse of Drugs Act 2016
- Authorisation of Classes of Persons to Supply Hypodermic Syringes and Needles 2016
- Misuse of Drugs Regulations- REG 3: Disposal of syringes or needles

Policy compliance

The NT NSP is funded and coordinated by NT Health through the Sexual Health and Blood Borne Viruses program of the Public Health Directorate. The Principal Policy Officer, Sexual Health and Blood Borne Viruses is the contact person for NSP queries.

The NT Harm Reduction Advisory Group (HRAG) provides advice on NSP policy and operations. The HRAG reports to the NT Sexual Health Advisory Committee, which in turn reports to the NT Health Chief Executive.

The NT Health compliance indicators for this policy are set out below.

Indicator	Description	Responsibility
Implementation	The policy will be accessible for all staff via the PGC.	PGC Administrators
	Staff will be advised of this policy upon approval. New staff will be advised through the induction process.	Clinical Nurse Managers, Clinical Nurse Educators, Directors, Section Heads
Review	The policy will be reviewed within a period of three years or as significant changes in practice occur.	Principal Policy Officer, Sexual Health and Blood Borne Viruses, Public Health Directorate
Evaluation	The policy will be informally evaluated at time of review.	Principal Policy Officer, Sexual Health and Blood Borne Viruses (SHBBV), Public Health Directorate
Compliance	A combination of: <ol style="list-style-type: none"> 1. Site visits to NSP outlets by the SHBBV Principal Policy Officer 2. Annual NTAHC NSP client survey 	Principal Policy Officer, Sexual Health and Blood Borne Viruses (SHBBV), Public Health Directorate

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Indicator	Description	Responsibility
	<p>3. Monitoring of any complaints or compliments through the Public Health Directorate publichealthdirector@nt.gov.au</p> <p>Or the NT Health web page: https://health.nt.gov.au/compliments-complaints-and-feedback</p>	

Definitions

The following definition(s) are relevant to this Policy.

Term	Definition
BBV	Blood borne viruses – HIV, hepatitis C and B viruses – which are transmissible through blood (and body fluids) and can be transmitted by sharing injecting equipment.
PWID	People who inject drugs should be used instead of intravenous drug user or injecting drug user.
Harm Reduction	Strategies that encourage safer behaviours and reduce the adverse health, economic and social impacts of drug use, without necessarily reducing drug consumption.
HIV	Human Immunodeficiency Virus.
Naloxone	Medication that reverses the effects of an opioid overdose.
NT NSP Minimum Data Set	Monitoring and evaluation tool that collects standardized, non-identifiable data from all NSP outlets every month.
Sharps	Describes used injecting equipment. Should be used instead of terms like 'dirty needles'.
Sterile injecting equipment	This term should be used instead of 'clean' injecting equipment.
STI	Sexually Transmissible Infections – such as syphilis and gonorrhoea.

Document history

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Document metadata		
Document Owner	Kelly Hosking Director	
Document Approver	Jacqueline Murdoch Chief Health Officer	
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HEALTHINTRA-ID	HEALTHINTRA-1627664142-58995	
Content Manager ID	EDOC2021/436012	
Version Number: Version: 4.0 DO NOT EDIT THIS FIELD	Approved Date: 09/12/2022	Review Date: 08/12/2023

Appendices

Appendix 1 References

- NSW Department of Health (2013) NSW Needle and Syringe Program Guideline
- Queensland Health (2012) Queensland Needle and Syringe Program Policy
- Victoria Department of Human Services (2008) Victorian Needle and Syringe Program Operating Policy and Guidelines

Appendix 2 Guiding Strategies

1. *Ottawa Charter for Health Promotion* - [Health Promotion \(who.int\)](#)
2. *National Drug Strategy 2017-2026* - [National Drug Strategy 2017-2026 | Australian Government Department of Health](#)
3. *NT STI/BBV Strategic and Operational Plan 2019-2023* - [NT STI and BBV Strategic and Operational Plan 2019-2023.pdf](#)
4. *Eighth National HIV Strategy 2018-2022* - [Eighth National HIV Strategy \(health.gov.au\)](#)
5. *Fifth National Hepatitis C Strategy 2018-2022* - [Fifth National Hepatitis C Strategy \(health.gov.au\)](#)
6. *Third National Hepatitis B Strategy 2018-2022* - [Third National Hepatitis B Strategy \(health.gov.au\)](#)
7. *Fourth National Sexually Transmissible Infections Strategy 2018-2022* - [Fourth National Sexually Transmissible Infections Strategy \(health.gov.au\)](#)

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8. *Fifth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy 2018-2022* - [ATSI-Fifth-Nat-Strategy-2018-22.pdf \(health.gov.au\)](#)

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