



# NEEDLE + SYRINGE PROGRAM POLICY

---

**PREPARED BY** THE QUEENSLAND NEEDLE AND SYRINGE PROGRAM  
ALCOHOL, TOBACCO AND OTHER DRUG SERVICES QUEENSLAND HEALTH (2002)



# NEEDLE + SYRINGE PROGRAM POLICY

---

PREPARED BY THE QUEENSLAND NEEDLE AND SYRINGE PROGRAM  
ALCOHOL, TOBACCO AND OTHER DRUG SERVICES QUEENSLAND HEALTH (2002)



**FOR INFORMATION & ASSISTANCE PLEASE RING**

**THE QUEENSLAND NEEDLE AND SYRINGE PROGRAM (QNSP)**

Level 2  
Public Health Services Building  
Princess Alexandra Hospital  
Queensland 4102  
**Ph: (07) 3896 3847**  
Fax: (07) 3896 3850



## CONTENTS

Policy	04	HIV and Hepatitis Antibody Testing	14
Introduction	04	Antibody Testing	14
The Nature of Injecting Drug Use	05	Testing Facilities at Outlet	14
Aim and Objectives	05	No Testing Facilities at Outlet	14
Harm Reduction	06	Summary of Operating Conditions	14
Types of Programs	06	Ethical Guidelines and Minors	15
Elements of a Program	07	Ethical Guidelines	15
Hours of Operation	07	Minors	15
Cost	08	Protocol for Dealing with Minors	16
Staffing	08	Appendices	18
Program Promotion	08	Code of Conduct for Authorised Persons	18
Networking	09	Infection Control Guidelines	19
Monitoring and Evaluation	09	Sample Protocol for the Operation of NSPs	20
Number of Needles and Syringes to Distribute	10	Drugs Misuse Act 1986, Section 10	22
Other Goods to Distribute	10	Drugs Misuse Regulation 1987, Section 9	23
Minimum Number to Distribute	10		
Return of Needles and Syringes	10		
The Return Rate	10		
Service Style	11		
Demand Level	11		
Knowledge	11		
Legal Status	11		
Disposal of Returned Needles and Syringes	11		
Safer Sex Awareness	12		
Condoms	12		
Vertical Transmission	12		
Clients of the Needle and Syringe Program	12		
Education and Information	13		
Educational Messages for Clients	13		
Educational Resources	13		
Counselling and Referral	13		
Counselling	13		
Referral Requirements and Procedure	13		

---

## **POLICY**

It is Queensland Government policy to reduce the harms associated with injecting drug use without condoning such drug use. One of the significant harms associated with injecting drug use is the transmission of blood borne viral infections such as HIV/AIDS, hepatitis B (HBV) & hepatitis C (HCV).

## **INTRODUCTION**

In 1985 the National Drugs Summit identified that injecting drug use posed a significant risk for the transmission of HIV. The supply of sterile injecting equipment to injecting drug users was identified as the appropriate harm reduction strategy.

The Queensland Government introduced Needle and Syringe Programs (NSPs) soon afterwards. The programs supplied sterile injecting equipment while incorporating health promotion strategies aimed at improving the health of injecting drug users and reducing risk behaviours associated with injecting drug use. A focus of the program has been developing partnerships with the community to respond to community concerns such as inappropriate disposal of used injecting equipment.

The most significant public health risk associated with injecting drug use is the transmission of blood-borne viral infections (HIV, hepatitis B, and hepatitis C) through the sharing of needles, syringes and other injecting equipment. Exposure to blood-borne viral infection is of concern for:

- injecting drug users (IDUs);
- the sexual partners of IDUs;
- the children of IDUs, and the children of their sexual partners; and
- the general population.

It is recognised that the most common means by which blood-borne viral infections are spread in the community is through the sharing of contaminated injecting equipment, unprotected sexual activity and medically acquired infections. It has been clearly established that infection of IDUs constitutes a significant pathway for the spread of blood-borne viral infections to the general community.

It is therefore critical that IDUs have easy, safe and confidential access to sterile injecting equipment.

There is ample evidence that ready access to sterile injecting equipment does not cause an increase either in the number of IDUs or in the prevalence of injecting drug use in the community. In fact, some studies have indicated that the establishment of Needle and Syringe Programs has led to a decrease in the number of injectors by bringing them into contact with treatment services earlier in their drug using careers (Heimer, 1998, *Journal of Substance Abuse Treatment*, 15(3):183-191).

Making sterile injecting equipment available is a public health strategy that does not condone illicit drug use but rather complements a range of strategies (both public health and treatment oriented) for the reduction of illicit drug use and associated harms.

In order to ensure that both unsafe disposal of used injecting equipment in public spaces and community needle stick injuries are minimised, safe disposal education and disposal facilities are mandatory components of all NSPs.

## **THE NATURE OF INJECTING DRUG USE**

---

Injecting drug users (IDU) are a heterogeneous population. Research demonstrates that most injecting drug users are not drug dependent although they may be at risk for a range of other harms.

The most commonly injected drugs are:

- amphetamines;
- opiates & opioids (including heroin, morphine and methadone);
- benzodiazepines;
- cocaine;
- hallucinogens (such as LSD); and
- steroids.

Research demonstrates that some IDUs may not consider themselves at risk of HIV, hepatitis B (HBV) or hepatitis C (HCV) as they do not identify with the injecting drug using population.

## **AIM AND OBJECTIVES**

---

### **Aim**

The aim of the Needle & Syringe Program is to reduce the spread of blood borne viral infections (BBVI) among IDUs, and thereby the general community.

### **Objectives**

The objectives of the program are to:

- increase IDU access to sterile injecting equipment;
- provide confidential access to resources that will reduce the risk of transmission of BBVI among IDUs;
- promote the safe disposal of used injecting equipment;
- distribute disposal units and provide education about safe, legal disposal;
- establish contact with IDUs not normally in contact with health or welfare services;
- based on the best available evidence, provide education concerning risk behaviours to IDUs in the context of preventing BBVIs and other infections and to support positive behaviour change;
- facilitate the referral of IDUs to drug treatment programs, as appropriate;
- encourage HIV, HBV and HCV testing of IDUs and to ensure that appropriate pre & post test counselling is provided;
- undertake or support research that meets ethical standards involving the IDU community; and
- provide information and referrals regarding BBVIs, drug use or other health and welfare issues as appropriate.

The provision of education, counselling or referral to treatment, while an important component of NSPs, should not detract from the primary purpose of the provision of sterile injecting equipment.

## **HARM REDUCTION**

In addressing the challenge of preventing BBVI amongst IDUs, it is necessary to recognise the "harms" associated with injecting drug use.

These harms include:

- diseases contracted through unhygienic injection practices;
- overdose and other systemic effects on the body;
- drug dependence;
- effects on social and psychological development; and
- criminality.

Prior to the emergence of HIV as a major public health issue, drug policies existed mostly within a framework of abstinence. The potential for transmission of BBVI among IDUs who share injecting equipment required new policy initiatives addressing injecting drug use. Such approaches promote harm reduction rather than abstinence per se and include:

- needle and syringe programs;
- drug substitution programs eg. methadone and buprenorphine maintenance;
- the provision of education and information to IDUs on HIV, HBV, HCV, safer injection practices, safer sex etc;
- preventing and limiting vein damage caused by poor injection techniques;
- reducing the risk of other infections including septicaemia, cellulitis and endocarditis caused by unsterile injection techniques; and
- improving the accessibility of general health services to IDUs.

## **TYPES OF PROGRAMS**

The approaches developed for a particular NSP should reflect the resources available in a particular area, characteristics specific to that area and the best possible means of reaching and working effectively with local IDUs. It is not possible to identify any one approach or model as best.

NSPs may be dedicated services in areas with large numbers of IDUs (eg. Biala), may be attached to alcohol and drug or sexual health units (eg. Cairns and Townsville), or may be part of a mobile service which provides other services to the target population.

Because dedicated NSPs are expensive to establish and maintain it is not considered that "stand-alone" NSPs should be established in communities other than those with a high density of IDUs. In other communities it is more appropriate to incorporate a NSP into the normal range of services provided by Queensland Health or relevant non-government agencies.

Where distances are great, public transport is poor, or where IDUs are scattered and anonymity or discretion are overriding concerns (as will be the case in many suburban and country areas), it may be more appropriate and effective for NSPs to be mobile and based on an outreach model. Such programs could complement other mobile health services. Where IDUs are known to congregate in certain areas that may prove inaccessible or inappropriate for health buses, streetwork may be necessary. In these instances, it may be preferable for staff to operate in pairs. Home delivery should only be considered for IDUs physically unable to access normal services.

The type of program established is based therefore on a number of factors:

- population density of IDUs and size of network;
- area to be covered;
- other established health facilities within the area, including pharmacies which sell needles and syringes;
- need for confidentiality and anonymity;
- community capacity to support the NSP (requiring further education to enhance attitudes, acceptance and cooperation); and
- availability of transport.

## **ELEMENTS OF A PROGRAM**

Critical elements in the operation of a NSP are:

- provision of sterile needles, syringes and other injecting equipment including personal disposal containers;
- confidentiality and anonymity;
- provision of on-site disposal units and education about safe, legal disposal;
- provision of targeted educational material related to the prevention of BBVI;
- monitoring of each NSP transaction (maintenance of standard data);
- referral to appropriate agencies for housing, employment, health care, drug treatment, counselling, legal aid etc; and
- availability either on site or by referral of blood testing for HIV, HBV, HCV and sexually transmitted infections.

NB. In general clients will initially wish NSP transactions to be as rapid as possible (due to fears about legal and discrimination issues). It may take some time to develop a rapport with clients that will enable effective information exchange, requests for referral, etc. This is best achieved through ensuring confidential service provision over time.

## **HOURS OF OPERATION**

NSP should operate at times when IDUs are likely to need access to needles and syringes. Ideally, this means operating seven (7) days a week and being open at hours corresponding to the needs of local IDUs, viz. Community Health during business hours, A&E Departments after hours. Hours of operation should be kept under review so that they may be modified as appropriate.

In determining the most suitable times and locations for operation of outreach NSP, it is essential that advice be sought from local workers and members of the target group who have knowledge of local drug using patterns.

Outreach NSPs should maintain regular routines (ie. times and places) in order to maximise contacts with IDUs. The distribution of sterile injecting equipment must be within ethical guidelines. It is important that NSP workers maintain a low profile, particularly when involved in streetwork or outreach programs. The anonymity and confidentiality of the client is paramount.

## **COST**

Sterile needles and syringes, filters, swabs, disposal containers, education and advice are to be provided free of charge to all clients of authorised NSP. The reasons for providing free injection equipment are:

- to ensure that all IDUs have access to sterile injecting equipment and other services regardless of financial position;
- to provide incentive for IDUs to access the program; and
- to increase contact with "at-risk" persons.

Other injecting equipment, such as pill filters, water, and tourniquets, may be provided to IDUs on a cost recovery basis. The decision to provide such equipment is a matter for local service providers.

## **STAFFING**

NSPs are only to be staffed by authorised personnel.

Training in the operation of NSP services is available from accredited NSP Trainers, located in Health Service Districts throughout Queensland. Each accredited NSP Trainer has successfully completed a comprehensive 'NSP Train the Trainer Course'.

The role of NSP Trainers includes conducting refresher training for existing Queensland Health or non-government organisation (NGO) NSP providers, as well as for staff of agencies who wish to commence the operation of a new NSP. The successful completion of training conducted by an accredited NSP Trainer is now a requirement for authorisation to distribute injecting equipment.

Outreach programs, particularly those involving streetwork, should ensure that no worker operates in isolation. Staff should always carry identification with them and under no circumstances enter situations that may involve them in actual drug taking or drug dealing.

Staff are required to be empathic and non-judgemental in their interactions with IDUs. They should possess a clear understanding of the aims and objectives of the program.

Respect and care for the client, discretion and anonymity are fundamental to any NSP.

## **PROGRAM PROMOTION**

Program promotion activities and materials should be targeted specifically at IDUs and non-targeted promotion should be kept to an absolute minimum. There must be a balance between ensuring that IDUs are aware of the program and the potential for over-exposure that may lead to a high level of general community attention. The latter may stigmatise clients attending the program or lead to community concern about the program.

Appropriate measures of promotion may include:

- "fliers" distributed through IDU self-help groups or treatment agencies;
- small advertisements in appropriate youth oriented magazines such as university/TAFE student newspapers;
- "word of mouth" through IDU networks; and
- street contacts and distribution of cards amongst likely target groups, including community and welfare agencies.

When a NSP first commences, time and energy should be devoted to establishing a relationship of trust and rapport with IDUs. It will take time to identify networks, work within them, and to build confidence and trust.

## **NETWORKING**

---

Networking with government departments and community agencies involved with injecting drug users is important. Similarly, local community and police support is essential for the success of any NSP. Other stakeholder organisations should be briefed as to the nature and importance of the service, and what the workers will and will not be doing in the course of their duties. The opportunity should be provided for questions and concerns to be raised and discussed.

Local government officers should be encouraged to meet with workers and familiarise themselves with the operation and rationale of the program. A good rapport may take time to develop but is an essential foundation for a successful program.

## **MONITORING AND EVALUATION**

---

Evaluation of the program is only possible by keeping accurate records. Records are to be kept which detail utilisation of the NSP, and should include the following mandatory data for each client contact:

- date (date of access);
- gender (male or female);
- number and type of needles and syringes issued;
- equipment safely disposed Y/N;
- post code (client's current accommodation);
- age;
- drug to be injected (amphetamines, heroin, prescription opiates, methadone, steroids, other); and
- education and referral (information about: health, HIV/AIDS, HBV, HCV, alcohol and other drug agencies, safer use, welfare, other) Y/N.

Additional, optional data collected may include:

- ethnicity;
- visit status (new client or repeat client);
- sharing behaviour since last visit (yes or no); and
- usual disposal method (return to agency, public disposal unit, disposal container then rubbish bin, rubbish bin – no container, other).

Indication should be given of how many contacts were made with IDUs and in what capacity: eg. equipment issued, counselling, or promotion of the program. Some programs may distribute few needles but provide extensive educational services. Opportunity is given to record these equally vital contacts manually or electronically on the database provided.

Records are to be closed on the last day of each month and be forwarded to:

### **QUEENSLAND NEEDLE & SYRINGE PROGRAM**

Level 2

Public Health Services Building

Princess Alexandra Hospital

Queensland 4102

**Phone (07) 3896 3847**

Facsimile (07) 3896 3850

## **NUMBER OF NEEDLES AND SYRINGES TO DISTRIBUTE**

As a rule, a maximum of 20 needles and syringes should be given following an appropriate assessment outlined below and the appropriate size disposal container for the number of needles and syringe dispensed should also be supplied. The number of needles and syringes may be increased but only in special circumstances, eg. where the client has difficulty accessing the service at regular intervals. Staff should exercise good judgement, bearing in mind the primary aim of the NSP and the need to ensure public accountability.

Many IDUs may be nervous or suspicious on first encountering NSP services and therefore should be treated in as friendly and informal way as possible with a minimum amount of intrusion. The process must be undertaken in a relaxed, friendly manner and as quickly as possible.

Staff should promote and encourage the safe disposal or return of needles and syringes at all times. However, the distribution of sterile needles and syringes is not contingent on the client returning used equipment.

All clients must take at least one safe disposal container with every transaction.

## **OTHER GOODS TO DISTRIBUTE**

The client should also receive filters and swabs as well as educational material.

## **MINIMUM NUMBER TO DISTRIBUTE**

The supplying of only one sterile needle and syringe is not encouraged. Most IDUs will use with other people and one needle and syringe will only encourage the sharing of that needle and syringe by IDU.

All transactions are to include an appropriate disposal container.

## **RETURN OF NEEDLES AND SYRINGES**

### **The Return Rate**

There are many factors which affect return rates of needles and syringes including distance and access to transport, convenience, other alternate sites for disposal, potential for needle stick injuries, reluctance at carrying used needles, etc. Whilst it is not mandatory for IDUs to return used needles and syringes to be given clean kits, they should be actively encouraged to do so.

To maximise the return rate of used needles and syringes, the following aspects should be considered by staff:

- **service style** should be low key, confidential, friendly, non-judgmental;
- **demand** on the client should be low. The building of trust and rapport is a major component of a NSP. Excessive questioning without the establishment of trust could be a deterrent for the client;
- **knowledge** - Emphasise the importance of safe disposal as serving the best interests of IDUs with a high return rate contributing to the perceived success and necessity of the program; and
- **legal status** - Clients should be aware of current legislation that allows for the legal possession of needles and syringes but which also requires safe disposal. Emphasise the illegality of disposal of injecting equipment unless it is in an approved container. Reassure clients that there can be no charge of unsafe disposal (or "storage for disposal") if they return their used needles and syringes to the NSP safely contained. A copy of the legislative requirements (Appendices 4 & 5) and a safe disposal container should be offered to every client at every NSP.

Clients should be encouraged to rinse out used syringes after every injection, and not to recap needles. The major advantage of doing so is to remove the reservoir of blood from the dead space of the syringe.

The success of the program depends greatly on the approach by staff to IDUs and on the knowledge that is passed on to them about the principles and workings of the program.

## **DISPOSAL OF RETURNED NEEDLES AND SYRINGES**

Sections of the **Drugs Misuse Act 1986** and the **Drugs Misuse Regulation 1987** (Appendices 4 & 5) contain the legislative requirements for the safe disposal of used injecting equipment.

When a client returns needles and syringes, the client should place them in an approved sharps container. NSP workers should NEVER directly handle used needles and syringes or the returned disposal container, nor should they hold the sharps container when the client returns used syringes for disposal. The procedure should be a strictly "no-touch" procedure.

In addition, there is a risk that paper bags, etc. that are returned by clients may hold loose used syringes with the potential for needle stick injury.

Sharps containers should not be overfilled as it will make the proper closure of containers difficult and therefore dangerous to handle and transport.

Clients should be advised to never overfill disposal containers, which increases the possibility of the disposal container being punctured.

Steps should be taken to ensure that the disposal of sharps poses no risks of needle-stick injury to NSP staff.

Where an NSP is being offered alongside other services, care should be taken to ensure that the disposal container does not constitute a hazard for other staff and their clients in the course of their duties. Appropriate security measures should ensure that no person or child has access to the contents of the container. It is advised that NSP staff discuss these issues and needle stick injury procedures with infection control staff.

When it is not practical for clients to return used needles and syringes to the NSP, other strategies for the safe disposal of used syringes include returning syringes to a community sharps disposal container, or placing the container in the domestic waste system. Clients have in the past placed disposal containers in the recycling bin in the belief that they will be identified and disposed of in an appropriate manner. Such action is not appropriate due to the risks to staff who sort the contents of the bins.

## **SAFER SEX AWARENESS**

In that IDUs are reflective of the broader population, a component of a NSP's role is the provision of information on safer sex practices.

### **Condoms**

NSP staff should provide information and education in regard to safer sexual practices rather than offering clients condoms. Condoms are readily available within the community and may be easily obtained through other outlets. However, a request for condoms from an IDU should not be denied if the NSP has access to free condoms.

### **Vertical Transmission**

The majority of IDUs are at a reproductive age and therefore should have access to information relating to viral infections and pregnancy. If clients are considering pregnancy or are already pregnant, referral to appropriate counselling services or antenatal clinics is strongly recommended. All clients who are pregnant should be encouraged to accept referral to antenatal services. Sterile needles and syringes should nevertheless be provided if requested.

## **CLIENTS OF THE NEEDLE & SYRINGE PROGRAM**

Because of the illicit nature of injecting drug use, clients may be suspicious of any program. Staff should be aware of this and be careful of their approach.

Questioning should be kept to an absolute minimum, and if the client objects, should be ceased. No client should ever be turned away or refused service for not having provided information.



## **EDUCATION AND INFORMATION**

---

### **Educational Messages For Clients**

Staff may be approached for information on a range of subjects related to injecting drug use and available services.

Every effort should be made by staff to answer these queries. If time or space does not permit this, then the client should be asked to wait or return at a more convenient time, or at least referred to a service/source to obtain the information. If no appropriate local services are available, clients should be given the telephone number for the Alcohol and Drug Information Service (ADIS) which is a confidential, 24-hour, statewide information service that provides information on alcohol and drug related issues. The ADIS information line is 3236 2414 (from within Brisbane) or 1800 177 833 (Freecall) from outside the Brisbane area.

The provision of best available information on the transmission and symptoms of HIV, HBV and HCV is essential.

Information on the effects of drugs in general should also be available.

### **Educational Resources**

All NSPs have access to a range of educational resources.

Requests for further supplies can be made to the Queensland Needle and Syringe Program, Queensland Health.

Every client should be offered information and each client requiring educational resources should be provided with such. If possible the resources should be displayed in such a way as to allow the clients to take them as required.

## **COUNSELLING AND REFERRAL**

---

### **Counselling**

Many clients will request counselling on an informal or irregular basis from staff at the NSP.

Counselling services (this does not include information and education) are not a usual component of NSPs and should only be provided by staff with appropriate training and experience.

Staff at most outlets will not have the time, training or facilities to provide any form of counselling. Staff at these outlets should refer to appropriate services in their area or provide the number of the Alcohol and Drug Information Service that also has a toll free, 24-hour telephone counselling service.

### **Referral Requirements and Procedure**

Referral of clients to other health or drug treatment services is an activity that all staff should be able to provide if requested.

Clear information on what a person requires should be sought first. Information on the types of agencies that provide this service should be given as well as information on the procedure and process involved for the client if they present to one of these agencies.

Knowledge and contact with local health and welfare agencies such as Alcohol and Drug Services, Sexual Health Services, accommodation services, legal services, etc. is essential. Staff, where possible, should participate in a network of services for the use of both staff and clients.

Most referrals will be of an indirect nature where the client is informed of a relevant service that is available to them.

## **HIV AND HEPATITIS ANTIBODY TESTING**

---

### **Antibody Testing**

HIV, HBV and HCV antibody testing is not a precondition of access to a NSP. Testing should be entirely voluntary and consent should be obtained from the client prior to testing. If a particular NSP does offer testing, clients should be made aware of this.

### **Testing Facilities at Outlet**

For services with full HIV, HBV and HCV testing facilities, it is important that clients do not feel pressured to undergo any form of test when collecting needles and syringes. However, opportunities for testing should be promoted. Resources outlining other services provided by the NSP should be available for clients. Testing should only be available in response to a perception of risk. Over-testing should be discouraged. Refer to the Guidelines for Testing for HIV, HBV and HCV or refer to the nearest Sexual Health Clinic.

A NSP should not provide testing unless there are appropriate facilities available for counselling. Full pre- and post-test counselling should be available from staff competent in such counselling.

### **No Testing Facilities at Outlet**

For services that do not have testing facilities, it is important to refer clients that request antibody testing to services that are able to provide pre- and post-test counselling.

## **SUMMARY OF OPERATING CONSIDERATIONS**

---

- 1 The service and workers must be appropriately authorised.
- 2 Clients attending NSPs must be guaranteed anonymity and confidentiality. No identifying information should be sought from clients.
- 3 Following consultation with staff, clients should leave the premises promptly.
- 4 Clients will be assessed on an individual basis. Eligibility for needles and syringes will be determined by an assessment of the likelihood of intravenous drug use by the client and will be at the discretion of the staff of the program.
- 5 Clients should be encouraged to safely dispose of used needles and syringes.
- 6 Supply of needles and syringes is not contingent on the return of used needles and syringes.
- 7 In general, the number of needles and syringes provided to an individual is not to exceed 20.
- 8 Needles and syringes are free of charge.
- 9 NSPs should stock a range of needles and syringes.

## **ETHICAL GUIDELINES AND MINORS**

### **Ethical Guidelines**

- 1 NSPs should not actively promote their services amongst youth in such a way that they may be interpreted as "looking for business". Rather, Needle & Syringe Programs should be promoted in the context of HIV/AIDS, HBV, HCV and general drug education and linked in with other harm reduction strategies.
- 2 Services of NSPs should be requested by the client and should not be "imposed" on the client. In circumstances where a client does not make a request, but is strongly suspected to be engaging in unsafe injecting behaviour, needles and syringes should only be offered in the context of education and counselling.
- 3 All clients should be able to access information on:
  - safe disposal
  - safe injecting practices
  - safer sex
  - availability of counselling and referral
- 4 If a client is regular in their attendance at the NSP and a good rapport has been established, efforts should be made when and where appropriate to raise the issues of drug use and drug injection.
- 5 All HIV, HBV and HCV testing must be accompanied by pre- and post-test counselling delivered at a level appropriate to the understanding and experience of the client.
- 6 Confidentiality must be respected as with any other health service or counselling provision.
- 7 Where an agency offering NSP services does not specifically target minors or does not feel competent in dealing with them, referral should be offered to a more appropriate agency where possible. The client should, however, be given an initial supply of equipment if they fulfil the criteria.
- 8 All guidelines stipulated in the Code of Conduct for Authorised NSP Workers are binding for all staff in all situations (see Appendix 1).

### **Minors**

The **Drugs Misuse Act**, as it relates to the distribution of needles and syringes in Section 10 (3), states:

"A person (other than medical practitioner, pharmacist, or person or member of a class of persons authorised to so do by the Minister administering the **Health Act 1937**) who supplies a hypodermic syringe or needle to another, whether or not such other person is in Queensland, for use in connection with the administration of a dangerous drug commits an offence against the Act".

"Person" as defined in Law is not constrained by any age limit. Therefore an authorised person can supply needles and syringes to minors (under 18 years of age).

An authorised person, however, may only supply injecting equipment to minors and be confident of immunity from civil prosecution in circumstances where parental approval is not given if:

- the authorised person is acting with reasonable presumption that a minor is engaging in injecting drug use;
- the authorised person has made this presumption after an appropriate assessment of the minor has indicated their previous history of injection to be genuine;
- the authorised person has discharged their duties in a proper and professional manner as set down by Queensland Health guidelines;
- the authorised person has obtained informed consent from the minor after ensuring that clear messages are delivered to the client to attempt to make them aware of the implications of requesting needles and syringes (to prevent sharing and subsequent infection); and
- the authorised person does not expressly or implicitly appear to encourage or condone the use of illicit drugs.

### **Protocol for dealing with minors**

1 Minors (persons below the age of 18) must be assessed prior to any dispensing of needles and syringes to ensure as far as possible that:

- the request for needles and syringes is genuinely intended for the purposes of injecting drug use;
- that the person requesting the materials is sufficiently experienced and informed in the practise of injection; and
- that the person intends to inject regardless of the availability of sterile equipment.

2 A minor should be assessed as a genuine client if two of the following criteria are met (information fulfilling these criteria should be obtained through casual conversation):

- the person is fully acquainted with the type of materials they are requesting, viz. displays a familiarity with syringe sizes, needle gauges or colour;
- visible "track marks" or other physical indications are present, denoting injecting drug use;
- the person displays a good knowledge of the practise of injection and use of drugs;
- the person states that they have been injecting a particular drug for a specific period of time;
- the person displays a good understanding of why they are requesting sterile injecting equipment; and
- the person is adamant that unless they receive a sterile needle, they will share regardless.

- 3 If a minor has not previously injected, but appears to be at risk of or suspected of initiating injection through association with other more experienced injecting drug users, counselling should be offered on the first contact. This counselling should seek to advise the person of:
- the dangers associated with the practise of injection;
  - the dangers associated with sharing of equipment;
  - hygienic injection practises; and
  - alternatives to injecting.

Should this offer of counselling be refused, requests by the client should still be met. However, the client should be offered the opportunity to discuss any of these issues at a later date should they wish. Where a person fails to meet any of the above criteria, appears to have never injected previously, is ignorant or uncertain as to what they want, or of the practices associated with injection, and is not at high risk of initiating injecting, then the request for injecting equipment should be refused. It is also appropriate to provide an explanation of the purposes of the program as a harm reduction measure, and why the provision of injecting equipment was refused.

**APPENDIX 1:**  
**CODE OF CONDUCT FOR AUTHORISED PERSONS**

---

- 1 Authorisation is valid for the nominated person at any time under the following conditions. However, if a person operates outside their role pertaining to the policy of their particular agency, authorisation can be withdrawn. This is a condition under which authorisation is granted.
- authorised persons can distribute from agency premises during specified hours;
  - authorised persons can distribute on designated agency outreach programs;
  - authorised persons can distribute during other events approved and organised by the agency.
- 2 Authorised persons should always distribute needles and syringes in a responsible manner. They should:
- not in any way encourage or promote drug use;
  - not in any way attract unwarranted or undue public attention;
  - avoid any situation in which they may be implicated in any form of drug dealing whilst distributing needles and syringes;
  - avoid situations or behaviours while distributing needles and syringes that could potentially result in any form of legal action being directed against them;
  - not use illicit substances or be intoxicated whilst distributing needles and syringes. Legally prescribed and administered medication is excepted, providing the individual is not impaired and does not give the impression of being so impaired;
  - raise the issue of safe disposal during every needle and syringe transaction.

If an authorised person acts in an irresponsible manner in the course of an agency's operation, authorisation may be withdrawn

- 3 Authorised persons shall at all times maintain strict anonymity and confidentiality in their relations with clients and shall not disclose any information which can be used to identify an individual to other clients, volunteers or staff of any agency.
- 4 An appropriate assessment should be made of clients under the age of 18 in order to gauge as accurately as possible the extent and possibility of injecting behaviour. Injection equipment should only be distributed to such young people if the circumstances of the particular situation indicate that the potential harm resulting from a refusal to give sterile injecting equipment outweighs any potential harm resulting from the provision of the equipment.

Such harm could result from:

- increasing the likelihood of injection being initiated as a route of administration;
- increasing the potency of the drug to be administered;
- needle stick injury accidentally or intentionally inflicted upon other persons; or
- infections (local and systemic) resulting from unhygienic injection.

It should be noted that these harms are rarely, if ever, comparable to the potential harms of needle and syringe sharing. Consideration should always be given to the health and welfare of the minor as a matter of highest priority. This entails the giving of full and accurate information relating to safer injecting practices and other alternatives for drug administration which do not involve injection. If it is likely that the minor will inject, it is important that they be provided with sterile injecting equipment.

- 5 Any action by an authorised person that contravenes the above Code of Conduct could result in the withdrawal of authorisation. Agencies responsible for NSPs should also ensure that the provisions of the Code are upheld in order to maintain their endorsement as an authorised body for the purposes of providing services. It follows that such authorised agencies shall in turn require their staff to uphold the Code and their continued employment and/or authorisation may be contingent on compliance with the Code.

## **APPENDIX 2**

### **INFECTION CONTROL GUIDELINES<sup>1</sup>**

---

#### **Procedures for Post Accident Action**

In situations where NSP staff come in contact with another person's blood, eg. needlestick injuries, blood spills, etc., the following procedure is to be followed:

- 1 Encourage bleeding from the wound by **gently** squeezing;
- 2 As soon as possible, flush wound with clean running water;
- 3 Apply an appropriate germicide and dressing;
- 4 Report any such incident to the responsible officer and document the event;
- 5 A blood sample is to be taken from the staff member for baseline testing for hepatitis B, hepatitis C and HIV;
- 6 If possible, a blood test is to be taken with the consent of the client whose blood was involved in the incident in order to determine serostatus;
- 7 If not previously immunised for hepatitis B, HBIG and the first of three hepatitis B vaccination injections are to be administered within 48 hours of the incident or up to week at the latest.<sup>2</sup>;
- 8 Second and third hepatitis B immunisations are to follow at one and six months respectively;
- 9 The staff member is to be tested for HIV and hepatitis serostatus at three and six months, unless a viral RNA sample is taken at the appropriate interval after the injury; and
- 10 Workers exposed to definite contaminating injuries from known HIV positive clients may benefit from the commencement of treatment protocols **as soon as possible**. Treatment initially provided more than 72 hours after the injury is of questionable benefit. Advice and supply may be arranged by calling the nearest Sexual Health Clinic, the AIDS Medical Unit or physicians at the major regional hospitals.

<sup>1</sup>Refer to Queensland Health Infection Control Guidelines

<sup>2</sup>Refer to the Guidelines for the Implementation of Queensland Health Policy for Hepatitis B Immunisation in relation to Health Care Workers.

## **APPENDIX 3**

### **SAMPLE PROTOCOL FOR THE OPERATION OF NEEDLE & SYRINGE PROGRAMS**

---

- 1 Needles, syringes and other equipment are to be made available by staff who have been authorised by the Minister for Health.
- 2 Injecting Equipment is to be distributed as kits or loose stock, offering a choice between 1ml, 3ml, 5ml, 10ml and 20ml syringes. Generally, the maximum amount of equipment given to each client will not exceed 20 syringes, except in exceptional circumstances. If clients require certain materials and not others, kits can be opened and rearranged as desired and at the discretion of staff. Provision of materials should be kept as flexible as possible to ensure clients have access to a full range and adequate supply of sterile injecting equipment.

Staff should determine the specific limits for materials according to each case taking into account the above guidelines.

- 3 Kits are to include:
  - needles/syringes (1ml, 2ml, 5ml, 10ml, 20ml);
  - disposal container of the appropriate size;
  - 2 x swabs to match the number of syringes dispensed
  - filters; and
  - educational material eg pamphlets, flyers etc, as appropriate.
- 4 Disposal of returned, used equipment should be in accordance with standard NSP procedures. Disposal bins will be maintained on the ground floor of the agency or building and removal will be as for other medical waste discarded from the agency. Staff should never directly handle used needles and syringes nor should they hold the disposal bin when clients are discarding used injecting equipment.

Clients should be encouraged to return used needles and syringes, or safely dispose of used syringes in a manner that will not endanger the public. Used syringes must be placed in sealed, rigid-walled, puncture-resistant containers which are kept out of the reach of children at all times.

- 5 Flyers advertising the location, telephone numbers and operating hours of all other NSPs should be available to each client, as well as a range of other resource material. Staff are to provide, if requested, contact information for other local or statewide agencies that may be useful, eg. QuIVAA, QuAC, SQWISI.
- 6 If a person presents in crisis and needs/requests intervention concerning issues not associated with the NSP, this is to be given as required. This may entail the establishment of a clinical record or chart and the fulfilling of all other procedures required by the agency. Episodes of access to NSP are not to be recorded in the clinical record or client chart. Nor should any information connecting the client to a NSP be recorded in the client chart/file.
- 7 The monitoring of NSP services has been kept to a minimum and involves the collection of basic information for each transaction. Information collected is to be forwarded to the Queensland Needle & Syringe Program on a monthly basis.
- 8 Many clients may be nervous or suspicious of any NSP service and therefore should be treated as cordially and informally as possible with a minimum amount of intrusion. The provision of sterile injecting equipment should proceed promptly in a relaxed and friendly manner.

- 9 It is important that all staff maintain an informal, relaxed, polite and non-judgemental approach in their interactions with clients. Questioning should be kept to a minimum and should include the completion of the information collection form. Clients should be given every opportunity to discuss their health needs as appropriate, remembering that due to client sensitivity, questions should not be intrusive. It is important for staff to reinforce the legal obligations and responsibilities regarding safe disposal of used syringes and to provide information on the location of disposal units. This information should be provided consistently but in an informal way. It is important to remember that congratulating clients for responsible disposal behaviour will be more effective in achieving the desired behaviour change.

The client needs to be convinced that needles and syringes will be provided freely and unconditionally if they continue to use the service or persuade / refer others at risk to do so. The provision of interventions not requested or negative attitudes and judgements by staff are likely to deter the client (and their friends) from future use of the service. It is important that good rapport is built with the client especially during their first few visits. Maintaining good rapport with clients is particularly valuable if the client requires further assistance or considers treatment in future. NSPs allow health workers to access injecting drug users not normally in contact with other health services.

- 10 Clients utilising the NSP must be guaranteed anonymity and confidentiality. Methadone clinic staff should not be informed or contacted concerning requests for equipment by methadone clients. It is essential that the two services, methadone and NSP, be kept separate and confidential. Where the two programs coexist, staff should be given education and guidelines to support their ability to treat each episode of treatment appropriately and professionally without compromising clients' rights.

If particular staff are unable to meet a request for equipment due to ethical, moral or personal considerations, another staff member should be enlisted. If there are situations where staff feel uncomfortable distributing syringes to clients, they are encouraged to discuss these concerns with their supervisor or staff from the Queensland Needle & Syringe Program. All discussions will be confidential.

- 11 Following receipt of sterile injecting equipment, clients should leave the premises promptly unless they are requesting counselling or referral services.

**APPENDIX 4**  
**DRUGS MISUSE ACT, 1986**

**SECTION 10. POSSESSING THINGS**

- 1 A person who has in his or her possession anything—
- (a) for use in connection with the commission of a crime defined in this part; or
  - (b) that the person has used in connection with such a purpose;  
is guilty of a crime.

**Maximum penalty—**

- (a) if possession of the thing is for use, or has been used, in connection with the commission of a crime relating to a dangerous drug that is a thing specified in the **Drugs Misuse Regulation 1987**, schedule 1 or 2
  - 15 years imprisonment; or
- (b) if possession of the thing is for use, or has been used, in connection with the commission of a crime relating to a dangerous drug that is a thing specified in the **Drugs Misuse Regulation 1987**, schedule 2A
  - 2 years imprisonment.

- 2 A person who unlawfully has in his or her possession anything (not being a hypodermic syringe or needle)—

- (a) for use in connection with the administration, consumption or smoking of a dangerous drug;  
or
  - (b) that the person has used in connection with such a purpose;
- commits an offence against this Act.

— Maximum penalty 2 years imprisonment.

- 3 A person (other than a medical practitioner, pharmacist or person or member of a class of persons authorised so to do by the Minister administering the Health Act 1937) who supplies a hypodermic syringe or needle to another, whether or not such other person is in Queensland, for use in connection with the administration of a dangerous drug commits an offence against this Act.

— Maximum penalty 2 years imprisonment.

- 4 A person who has in his or her possession a thing being a hypodermic syringe or needle who fails to use all reasonable care and take all reasonable precautions in respect of such thing so as to avoid danger to the life, safety or health of another commits an offence against this Act.

— Maximum penalty 2 years imprisonment.

4a A person who has in his or her possession a hypodermic syringe or needle that has been used in connection with the administration of a dangerous drug who fails to dispose of such hypodermic syringe or needle in accordance with the procedures prescribed by regulation commits an offence against this Act.<sup>4</sup>

— Maximum penalty 2 years imprisonment.

6 For subsection (1), the dangerous drug to which the commission of a crime relates is the dangerous drug directly or indirectly involved and in relation to which proof is required to establish the commission of the crime.

**Example:**

Suppose a person is guilty of a crime against this section because he or she has in his or her possession equipment for use in connection with the commission of a crime defined in section 8 of unlawfully producing a dangerous drug. That dangerous drug is the dangerous drug referred to in the penalty for subsection (1).

**APPENDIX 5  
DRUGS MISUSE REGULATION, 1987**

---

SECTION 9. PRESCRIBED PROCEDURES FOR THE DISPOSAL OF HYPODERMIC SYRINGES AND NEEDLES

For the purposes of section 10(4A) of the Act, the prescribed procedures for the disposal of a hypodermic syringe or needle shall be as follows—

- (a) by placing the hypodermic syringe or needle in a rigid wall, puncture resistant container and that container is sealed or securely closed in such a manner that its contents are incapable of causing injury to any person; or
- (b) by giving the hypodermic syringe or needle to a person who is a medical practitioner, pharmacist or person or a member of a class of persons referred to as authorised in section 10(3) of the Act.