

Queensland Needle and Syringe Program

Guidelines

Revised 2018



These guidelines were reviewed and updated in 2018 by the QNSP Guidelines and Training Steering Committee which contained representatives from the Queensland Injectors Health Network (QuiHN), Insight, the Communicable Diseases Branch among other Queensland Health services.



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Introduction

In 1985 the National Drugs Summit identified that injecting drug use posed a significant risk for the transmission of HIV (Human Immunodeficiency Virus). The supply of sterile injecting equipment was identified as one of the key harm reduction strategies for people who inject drugs to prevent HIV.

The Queensland Government introduced Needle and Syringe Programs (NSPs) in 1988. The programs supply sterile injecting equipment while incorporating health promotion strategies aimed at improving the health of people who inject drugs and reducing risk behaviours associated with injecting drug use.

The most significant public health risk associated with injecting drug use is the transmission of blood-borne viral (BBV) infections (HIV, hepatitis B, and hepatitis C) through the sharing of any injecting equipment.

Injection-related exposure to BBV infection is of particular concern for:

- people who inject drugs (PWID)
- the sexual partners of PWID
- the children of PWID and the children of PWID's sexual partners.

It is recognised that the most common means by which BBV infections are spread in the community are through the sharing of injecting equipment and unprotected sexual activity.

In addition, people who inject drugs may experience a range of injecting related injury and disease (IRID) including abscess, cellulitis, endocarditis, septicaemia, and loss of limb.

While this can be a significant burden on individuals and their immediate families, BBV and IRID are also a significant additional cost to the healthcare system, employers, and society.¹ An economic analysis of NSPs¹ estimated that for every dollar invested in NSPs, more than four dollars were returned (additional to the investment) in healthcare cost-savings in the short-term (ten years) if only direct costs are included, with greater returns expected over longer time periods. NSPs are very cost-effective compared to many other common public health interventions.

Harm reduction, along with supply reduction and demand reduction, are the three key elements of the harm minimisation model that has underpinned Australia's National Drug Strategy since 1985. Harm reduction aims to minimise the harms that a person may experience as a result of their substance use.

The National Drug Strategy 2017–2026 refers to NSPs as an example of an evidence-based and practice-informed approach to harm minimisation for safer injecting practices and the prevention of blood-borne virus transmission². Making sterile injecting equipment available to PWID is a strategy that complements both public health and treatment service strategies in the reduction of illicit drug use and associated harms.

Ready access to sterile injecting equipment has not been shown to cause an increase in either the number of PWID^{3,4} or in the prevalence of injecting drug use in the community.^{5,6} There is evidence that the establishment of Needle and Syringe Programs leads to a decrease in the number of injectors by bringing them into contact with treatment services earlier in the period of their drug use.^{7,8,9} NSPs are therefore able to provide PWID with easy, safe, and confidential access to sterile injecting equipment and accurate health information, while also providing them with a pathway to engage with appropriate treatment services.

People who inject drugs are a diverse population, and use a diverse range of drugs.

The most commonly injected drugs are:

- methamphetamines
- heroin
- pharmaceutical opioids
- opioid substitution therapy
- cocaine
- performance and Image Enhancing Drugs (steroids, peptides).

A comprehensive list of drug slang terminology can be found at www.dovetail.org.au

Aim & Objectives

Aim

The aim of needle and syringe programs is to reduce the incidence of blood borne viruses and injecting related injuries and disease.

Objectives

The primary objective of needle and syringe programs is to increase access to sterile injecting equipment to eliminate re-using or sharing of equipment.

In addition, NSPs in Queensland also:

- provide confidential access to education and resources that reduce the incidence of IRID and BBV among PWID
- facilitate and promote the safe disposal of used injecting equipment
- improve access and referral to drug treatment programs, healthcare and other services
- promote information and resources to increase awareness of and prevention of overdose.

Types of Programs

Supply of sterile injecting equipment to Queensland NSPs is the responsibility of the Queensland Needle and Syringe Program (QNSP). QNSP resides within the Communicable Diseases Branch, Department of Health and is responsible for policy, supply of equipment and reporting in Queensland.

NSPs should operate and provide sterile injecting equipment in a manner most likely to meet local PWID needs, including having access seven days a week, for example access through Community Health during business hours and Emergency Departments or Needle Dispensing Machines (NDMs) after hours.

All services should be familiar with the NSP Rights and Responsibilities (Appendix A).

Primary NSP

Primary NSPs are dedicated to the service of PWID. A primary program employs staff whose primary role is the provision of NSP services.

Essential elements of a primary NSP include:

- being accessible to the client group
- providing access to all injecting equipment supplied by QNSP
- responding to the client group regarding drug use trends to ensure that PWID receive up to date and relevant:
 - targeted education,
 - injecting equipment,
 - targeted brief interventions, and
 - referrals as appropriate.
- confidentiality and anonymity
- employment of staff whose primary role is the provision of NSP services
- providing on-site disposal units and education about safe, legal disposal
- collection of (anonymous) data in accordance with QNSP data standards
- providing referral to onsite or an external organisation for testing of BBV's
- providing referral to onsite or external organisation for hepatitis C treatment.

Secondary NSP

Secondary programs are provided as an adjunct to other health and community services.

Secondary programs employ staff who provide limited NSP services as part of their general duties. Examples of secondary NSPs are Community Health facilities and Emergency Departments.

At a minimum, secondary programs provide:

- access to injecting equipment supplied by QNSP
- confidential and anonymous service
- on-site disposal units and information about safe disposal available.

Community pharmacies

Community pharmacies provide access to sterile injecting equipment on a commercial basis and are coordinated by the Pharmacy Guild of Queensland through the Pharmacy Needle and Syringe Program (PNSP). Community pharmacy NSP locations can be found at <https://www.guild.org.au/guild-branches/qld/professional-services/pharmacy-needle-syringe-program/find-participating-pharmacies>.

Needle dispensing machines

This information replaces the previous Needle Dispensing Machine Policy 2009.

Needle dispensing machines (NDM) increase access to sterile needles and syringes for PWID without increasing demand on existing health services.

NDMs are to be purchased by Hospital and Health Services (HHSs) or NSP services and remain the property of the purchaser, and as such, maintenance and ongoing costs are to be met by the purchaser. NDMs are to be located where they can be easily accessed by PWID without drawing undue attention to themselves. Discrete supervision of the NDM is recommended to ensure integrity of the machine and safety of clients.

Facilities operating NDM should consider the following to ensure access to sterile injecting equipment is maintained:

- signage of the machine advertising alternate NSP locations
- ensure stock levels are monitored frequently
- advertise a contingency plan, in the event the NDM is not operational
- consider a free or nominal fee for dispensing of sterile injecting equipment packs.

Queries from the media, complaints from NSP clients or other members of the public regarding NDMs can be discussed with QNSP, although they should be managed at the local level in the first instance. Further information can be obtained by contacting QNSP.

Outreach

Outreach includes non-agency based NSP service provision, either vehicle based, from alternate organisations or on-foot. Outreach is targeted at clients who have difficulty accessing fixed-site NSPs, with the objective to increase access of sterile injecting equipment to PWID, while maintaining anonymity and confidentiality of the client. Outreach services can be provided in accordance with the code of conduct for authorised staff. For further information please see Appendix B.

New outreach activities must be reported to QNSP prior to the service commencing.

Operating an NSP

Authorisation

Each site dispensing NSP equipment must be authorised to do so by the Minister for Health.

Each NSP has a number of staff positions authorised to distribute needles and syringes for the purpose of illicit drug use. These positions are authorised by the Minister under Section 10(3) of the Drugs Misuse Act 1986. For further information please see Appendix C.

Training

All NSP staff are required to be trained. Prior to undertaking NSP service provision, staff are required to complete the QNSP online induction training. The induction training provides an introduction to the principles underpinning the needle and syringe program. NSP on-line training and other AOD sector training is available at www.insight.qld.edu.au. Primary NSP staff are to maintain their level of knowledge in accordance with best practice regarding blood borne viruses, injecting related injuries and illicit drug use and associated harms.

QNSP encourages attendance at face-to-face authorisation training in the operation of NSP services for all NSP staff across Queensland. All new primary NSP staff must attend authorisation training. Training is available from primary NSPs, located in HHSs and relevant Non-Government Organisations (NGO) throughout Queensland.

Data collection

Primary NSPs must collect data that is consistent with the QNSP data standards. These standards are contained in the Queensland Minimum Data Set (QMDS) for Needle and Syringe Programs data definitions and collection guidelines, which is available on the QNSP website: <https://www.health.qld.gov.au/public-health/topics/atod/queensland-needle-syringe-program>.

The purpose of the QMDS guidelines is to support the ongoing development of the NSP sector in Queensland by providing core data about program activities. Primary programs may also collect additional relevant data on a voluntary basis.

Secondary sites may request that staff distributing needle and syringe packs complete a brief data collection form.

Records are to be closed on the last day of each month and be forwarded to: QNSP_stats@health.qld.gov.au

The QNSP in Communicable Disease Branch should be contacted with any queries or for advice regarding data collection, training, or support.

Cost

QNSP provides sterile needles and syringes, filters, swabs, disposal containers and educational resources free of charge to all authorised NSPs. NSPs shall not levy charges on equipment provided free of charge.

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

However, community pharmacies and NDMs are exceptions and clients may be expected to contribute nominally to the provision of sterile injecting equipment.

Number of needles and syringes to distribute

The minimum number of syringes to supply per occasion of service is two, as a second sterile needle and syringe may help to discourage sharing of needles and syringes.

A maximum of 100 needles and syringes, and a maximum of 20 winged infusion sets (butterflies), shall be dispensed per occasion of service. An appropriate disposal container shall also be supplied in each occasion of service.

The maximum number of needles and syringes distributed may be increased in special circumstances.

When the number of needles and syringes dispensed is increased, staff should exercise discretion, bearing in mind the primary aim of the QNSP to prevent re-use of needles and syringes by meeting the clients requests, and the need to ensure public accountability. Provision of equipment should be kept as flexible as possible to ensure clients have access to a full range and adequate supply of sterile injecting equipment.

Secondary NSP sites, NDMs and community pharmacies distribute pre-packed kits that contain needles, syringes, swabs, filters and a disposal container. Individual items are not distributed. Larger secondary programs may request alternate equipment by contacting QNSP.

The Department of Health promotes and encourages the safe disposal or return of needles and syringes in appropriate disposal containers at all times, however provision of sterile needles and syringes is not contingent on the client returning used equipment.

All clients must be offered at least one sharps disposal container with every transaction.

Equipment can be ordered through the standard order form available from QNSP.

For further information please see Appendix D – sample protocol for the operation of a Needle and Syringe Program.

Supply of equipment for other purposes

QNSP supplied equipment shall only be provided for the purpose of injecting drug use.

Sharps disposal containers may be supplied to any member of the public for personal use. Sharps containers are not to be provided to businesses or for any commercial purposes.

Disposal of returned needles and syringes

Sections of the Drugs Misuse Act 1986 and the Drugs Misuse Regulation 1987 (Appendix B) contain the legislative requirements for the safe disposal of used injecting equipment.

Where an NSP is being offered alongside other services, appropriate safety measures should ensure that no individual has access to the contents of the sharps disposal bin. It is advised that NSP staff discuss these issues and needle-stick injury protocols with infection control staff. For further information please see Appendix E. Staff should never directly handle used needles and syringes nor should they hold the disposal bin when clients are discarding used injecting equipment.

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 in a sharps container to a community pharmacy sharps disposal bin
- placing the sharps container in the domestic waste system in accordance with local government requirements.

Pharmacies (sites for the disposal of returned needles and syringes) can refuse to accept returned needles and syringes if these are contained in an inappropriate sharps disposal container (e.g. milk carton, glass bottles).

Information relating to unsafe disposal and sharps management in school settings can be found in Appendix F.

Disposal facilities

It is a requirement that all NSPs provide appropriate community sharps disposal facilities. These bins should be accessible to the public.

NSPs with a high volume of clients are encouraged to consider the external placement of a 120 litre or 240 litre metal sharps disposal bin. Such disposal bins should be designed to prevent any person reaching into the bin.

In smaller volume NSPs, or where the installation of a large capacity external sharps disposal bin is not possible, it is appropriate to use smaller sharps disposal bins.

As NSPs are considered 'facilitators' of the disposal of used injecting equipment (as opposed to being 'generators' of such equipment) NSPs are not required to comply with the Australian Standard regarding the management of clinical waste in respect to returned sharps waste collection containers located at premises. NSPs are therefore outside the parameters of the Australian Standard Clinical Waste Guidelines. For further information please see Appendix G.

Injecting equipment and young people

A person authorised to distribute needles and syringes can supply needles and syringes to persons less than 18 years of age.

The Drugs Misuse Act, as it relates to the distribution of needles and syringes in Section 10 (3) refers only to "person" without any defined age limit. "Person" as defined in Law is not constrained by any age limit.

Information, referral and support should be offered however this should not detract from the primary purpose of the NSP, which is the provision of sterile injecting equipment.

Mandatory reporting

The Child Protection Act, Chapter 2, Part 1AA, Division 2, Mandatory reporting by particular persons, requires doctors, nurses and non-medical staff to immediately notify the Chief Executive of the Department of Communities, Child Safety and Disability Services of a reasonable suspicion that a child has been, is being, or is likely to be significantly harmed. This is also relevant to non-mandated health professionals whose duty of care obligation to report is equally compelling. Any non-medical staff member who suspects child abuse should inform their line manager.

All NSP staff are expected to be aware of their responsibilities in relation to child protection and the legal framework (the Child Protection Act 1999) for sharing information about child protection concerns.

Whilst there is no legal definition of reasonable suspicion, a reasonable suspicion requires more than just an isolated fact that may or may not indicate harm. To reach this threshold for reporting means forming a concern or well-founded suspicion that is based on the presence of signs, disclosures, injuries, symptoms and behaviours that heighten concerns about the safety, health and well-being of a child or young person. The use of illicit drugs by a person does not necessarily mean children in their care are at risk or harm.

It is essential that reporting suspected child abuse is impartial and free of any possible interpretation or judgement of an individual's values, morals or religious or cultural beliefs. Reporting of suspected child abuse should never be done in isolation, and staff should always consult with their line manager.

For Department of Health staff, each HHS has a Child Protection Liaison Officer. Further information and a HHS contact list is available at <http://qheps.health.qld.gov.au/csu>. Non-government organisations should refer to their own organisation's policy regarding mandatory reporting.

Aggressive and challenging behaviours, overdose and intoxicated clients

All staff should be made aware of either their agency or Department of Health's policy regarding aggressive and/or intoxicated clients. In addition, all staff should undergo appropriate training to deal with aggressive behaviour. Training needs should be discussed with staff line managers to determine the most appropriate training suitable for each NSP.

Refusal to supply injecting equipment may result in aggressive behaviour from a client. It is preferable that staff supply injecting equipment in order to minimise any possible risk to themselves, other staff or clients.

Promotion of overdose prevention, awareness and management are essential elements of NSP service provision. NSP staff are to provide to PWID up-to-date education, resources and brief interventions in recognising and managing overdose.

A key tool in the management of opioid overdose is the use of naloxone.

Naloxone injection is dual listed, as a Schedule 4 medicine subsidised by the Pharmaceutical Benefits Scheme, and as a Schedule 3 medicine available from a pharmacist. NSP clients and their peers should be advised how to recognise and respond to an opioid overdose and how to use naloxone.

Clients should be directed to the following resources:

- online education at Community Overdose Prevention and Education: www.copeaustralia.com.au
- download Overdose Aware App: www.penington.org.au
- QuIHN for service and NSP client training: www.quihn.org

Police

The Queensland Police Service recognise the importance of NSPs in preventing the spread of blood borne viruses. NSP staff are encouraged to establish working relationships with local police to assist in the resolution of potential issues of policing at or around NSP locations.

For information about the police protocol as detailed in the Queensland Police Service Operational Procedures Manual please see Appendix H.

Appendix A: Rights and Responsibilities

When clients access an NSP they are entitled to:

- Be treated with courtesy, consideration, and professional care, with respect for feelings, confidentiality and dignity, at all times, regardless of ethnicity, religious beliefs, gender, age, sexual identity, drug use, social status, health status, or disability.
- Service provision in an environment which is safe and protected from any threat, harassment, abuse or intimidation.
- Refuse to participate in research projects, and for this refusal to bear no impact on their right to access NSP services.
- Ask questions about services available, be given clear and current information and explanations, and be given time to consider and understand information which has been provided.
- Confidentiality of all personal information (any interview, discussion, or consultation should occur in a room which provides reasonable visual and auditory privacy) unless disclosure is authorised by law.
- Receive ongoing services and support, or be provided with referral to appropriate services.
- Provide anonymous feedback (positive or negative) on the quality of service and products. If unhappy with the quality of service provided, clients should be informed of the following process to make a complaint:
 - Ask to be referred to a senior person or supervisor, or individual nominated by the service provider to discuss the complaint
 - If not resolved, clients are entitled to contact an independent health advocate, or the Office of the Health Ombudsman at www.oho.qld.gov.au or 133 646
 - If unhappy about the quality of product provided, clients can discuss their concerns with their local NSP staff.

NSP clients have a responsibility to:

- Treat staff with courtesy, consideration, and care, with respect for feelings, confidentiality and dignity, at all times, regardless of ethnicity, religious beliefs, gender, age, sexual identity, drug use, social status, health status, or disability.
- Maintain an environment for all staff, others who use the service and the NSP, which is safe and protected from any threat, harassment, abuse or intimidation.
- Dispose of used equipment in a rigid walled, puncture resistant, sealable container.
- Not participate in behaviours or activities that would endanger the NSP or others (such as injecting on or near NSP premises).
- In addition, NSP clients are encouraged to:
 - Use new injecting equipment every time they inject.
 - Consider vaccination against both hepatitis B & hepatitis A.
 - Provide, to the best of their ability, accurate information if asked and when appropriate.
 - Be aware that only persons who are authorised according to legislation can legally provide injecting equipment to another person.

Appendix B: Code of conduct for staff providing NSP

Authorisation is valid for NSP staff at any time under the conditions listed below:

- staff can distribute from agency premises during specified hours
- staff can distribute on designated agency outreach programs
- staff can distribute during other events approved and organised by the agency.

Staff involved in the service provision of NSP should always distribute needles and syringes in a responsible manner, and in accordance with the QNSP Guideline and their respective organisational policies. authorisation can be withdrawn. This is a condition under which authorisation is granted.

If a person operates outside their role according to the policy of their particular agency, an authorised person acts in an irresponsible manner in the course of an agency's operation, authorisation may be withdrawn.

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. Staff should be aware of the NSP Rights and Responsibilities (Appendix A).

Appendix C: Possession and distribution of equipment: Drugs Misuse Act 1986 & Drugs Misuse Amendment Act 2000

Disposal of equipment: Drugs Misuse Act 1986 & Drugs Misuse Regulation 1987

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 15 years imprisonment.

Drugs Misuse Amendment Act 2000

(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.

4AA. For subsection (4). It is immaterial whether the hypodermic syringe or needle was for use, or had been used, in connection with the administration of a dangerous drug.

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.

— 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).

Disposal of equipment: Drugs Misuse Act 1986 & Drugs Misuse Regulation 1987

Drugs Misuse Act 1986

125 Prescribed persons permitted to receive and dispose of dangerous drugs

(1) It is lawful for a person, authorised by the Minister administering the Health Act 1937, acting in good faith and in the proper discharge of the person's professional duties, to receive from any person anything which the person reasonably believes to be a dangerous drug provided that—

(a) in the case of a dangerous drug specified in the Drugs Misuse Regulation 1987, schedule 3 the quantity of such thing is reasonably believed to be less than the quantity specified in that schedule in respect of that thing; and

(b) it is forthwith disposed of in accordance with the procedure prescribed by regulation.

(2) It is lawful for a person who—

(a) as an officer or employee of the department within which the Health Act 1937 is administered, performs duties that include duties as a property officer for the police service; and

(b) is authorised under that Act; to possess a dangerous drug while actually performing the duties.

(3) It is lawful for a person who, as a staff member within the meaning of the Police Service Administration Act 1990, section 1.4, is performing the duties of a property officer in the police service, to possess a dangerous drug while actually performing the duties.

Drugs Misuse Regulation 1987

Part 2 Syringes and dangerous drugs disposal procedures

3 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.

APPENDIX D: Sample protocol for the operation of NSPs

Access

Needles, syringes and other equipment are to be made available by staff who have been authorised by the Minister for Health. It is important that all staff maintain an informal, relaxed, polite and non-judgemental approach in their interactions with clients. See Appendix A, Rights and Responsibilities. The provision of sterile injecting equipment should proceed promptly in a relaxed and friendly manner. It is important to remember that NSPs provide a contact point for people who inject drugs who may not be in contact with other health services, with health workers or medical services.

Injecting equipment is to be distributed as kits or loose stock, offering a choice of equipment subject to local availability. Kits come prepacked and include:

- needles/syringes (available sizes: 1ml, 3ml, 5ml)
- disposal container of the appropriate size
- 2 swabs for each syringe dispensed
- filters.

Other equipment such as tourniquets, wheel filters and water, may be sourced and supplied by the NSP on a cost-recovery basis.

Staff should determine the specific limits for equipment, taking into account the QNSP Guidelines, while ensuring clients have access to a full range and adequate supply of sterile injecting equipment.

Disposal of returned equipment should be in accordance with the QNSP Guidelines, ensuring used syringes are placed in sealed, rigid-walled, puncture-resistant containers. All clients must

be offered at least one sharps disposal container with every transaction. It is important for staff to remind clients of their legal obligations and responsibilities regarding safe disposal of used syringes and to provide information on the location of disposal bins. Emptying of any on-site disposal bins will be in accordance with agency protocols.

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

Maintaining client confidentiality and anonymity

Clients utilising the NSP must be guaranteed anonymity and confidentiality.

The monitoring of NSP services has been kept to a minimum and involves the collection of basic non-identifying information for each transaction. Data collected is to be forwarded to the Queensland Needle & Syringe Program in Communicable Diseases Branch on a monthly basis.

The client needs to be assured that needles and syringes will be provided freely and unconditionally if they continue to use the service or refer others to do so, regardless of the information that they do/do not provide. 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. Maintaining rapport with clients is particularly valuable if the client requires further assistance or is considering treatment (for example counselling, opioid substitution treatment (OST) or hepatitis C treatment) in the future.

OST clinic staff should not be informed or contacted concerning requests for equipment by clients. It is essential that the two services, OST and NSP, be kept separate and confidential. Where the two programs co-exist, staff should be given education and guidelines to support their ability to treat each episode of access appropriately and professionally without compromising clients' rights. If the person is a client of the agency for services other than NSP, episodes of access to NSP are not to be recorded in the client's clinical record or client chart. Nor should any information connecting the client to an NSP be recorded in the client chart/file.

Interventions, education and referral

Flyers advertising the location, telephone numbers and operating hours of other NSPs should be available to each client, as well as a range of other resource material. Staff may be approached for information on a range of subjects related to injecting drug use and available services. The provision of best available information on the transmission and symptoms of HIV, hepatitis B and hepatitis C is essential. Staff are to provide, if requested, contact information for other local or state-wide agencies that may be useful, e.g. QuIHN (1800 172 076), ADIS (1800 177 833 Free-call, 24-hours/7 days, state-wide service providing information on alcohol and drug related issues). Further resources may be ordered from external agencies, such as Hepatitis Queensland and QuIHN.

If a person presents in crisis and needs or requests intervention concerning issues not associated with the NSP, this is to be provided (or referred to) as required by appropriately trained staff, or the client is to be referred to the most appropriate crisis service available. Referral of clients to other health or drug treatment services is an activity that all programs should be able to provide.

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

Access to blood borne viral testing and treatments

Testing: Testing for blood borne viruses (BBV) should be entirely voluntary and consent should be obtained from the client prior to testing. If a particular NSP offers BBV testing, clients should be made aware of this.

Testing Facilities at Outlet: For services with full BBV 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. An NSP should not provide BBV 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 BBV testing facilities, it is important to refer clients who request BBV testing to services that are able to provide pre- and post-test counselling.

Staffing considerations

If particular staff are unable to meet a request for equipment due to ethical, moral or personal considerations, or if there are situations where staff feel uncomfortable distributing injecting equipment to clients, they are encouraged to discuss these concerns with their supervisor.

APPENDIX E: Guideline for management of a needle-stick injury¹⁰

In situations where a person comes into contact with another person's blood, e.g. needle-stick injuries, the following procedure is to be followed as soon as possible:

- wash wounds and skin sites that have been in contact with blood or body fluids with soap and water
- apply a sterile dressing as necessary, and apply pressure through the dressing if bleeding is still occurring do not squeeze or rub the injury site
- if blood gets on the skin, irrespective of whether there are cuts or abrasions, wash well with soap and water.

The person should complete an incident form and inform an appropriate supervisor or manager as soon as possible after the exposure so assessment and follow-up can be undertaken in a timely manner.

Appendix F: Department of Education & Training Protocol

Information on the safe management of needles and syringes in schools can be found at <http://education.qld.gov.au/health/pdfs/infection-control-guideline.pdf>, section 9.6. Preventing Needle Stick Injuries – including discarding needles and syringes

All schools have a legal obligation to ensure the health, safety and wellbeing of students, staff and others on school sites. This obligation includes the management of risks that exist on the site that may not have been created by the school community or school endorsed work or activities.

Schools may present as sites for illegal drug use due to their location, accessibility or building design. The appropriate management of any sharps, syringes (and associated material) that may be left on site is needed to ensure the safety of students, staff and others who learn and work at, or visit our schools. It is also important that our communities know that we recognise and have procedures in place to effectively manage this issue.

This position statement supports the Queensland Government's policy to reduce the harms associated with injecting drug use without condoning these activities. One of the risks associated with injecting drug use is the transmission of blood borne viruses. The safe disposal of discarded needles and syringes is part of the process of minimising these risks for the broader community.

All schools should:

- develop a process for checking high risk areas for the presence of needles or syringes
- develop a procedure for the safe collection and disposal of needles or syringes
- ensure all staff are informed about the procedure and that staff who collect and dispose of needles are properly trained in the process
- ensure all students and visitors are informed; not to touch a needle/syringe and
- immediately report to a staff member that a needle/syringe has been found
- develop and disseminate a process to follow should there be a needle stick injury (or suspected needle stick injury).

Appendix G: Department of Environment and Heritage Protection (EHP) Advice

Information regarding the Sharps Management Provisions Of The Environmental Protection (Waste Management) Regulation 2000 can be found at:

<https://www.legislation.qld.gov.au/view/pdf/inforce/2013-09-20/sl-2000-0178>

Part 5, Division 2, Section 49 Disposal of sharps (1) Subsection (2) applies to a person who—

(a) discards, at domestic premises, a hypodermic needle that has been in contact with human or animal tissue or body fluids; or

(b) discards, at a place other than domestic premises, a hypodermic needle;

(2) The person must—

(a) place the needle or sharp in a rigid-walled, puncture resistant container; and

(b) seal or securely close the container.

Maximum penalty—20 penalty units.

(5) Also, a person who discards a needle or other sharp under subsection (2) or (4) must ensure it is not accessible to another person. Maximum penalty—40 penalty units.

The agreement reached during consultation on the Environmental Protection (Waste Management) Regulation 2000 was that sharps containers used in the Needle and Syringe Program were not required to comply with the Australian Standard for reusable or disposable containers.

An EHP Guideline for Clinical and related waste can be found at <http://www.ehp.qld.gov.au/assets/documents/regulation/pr-gl-clinical-and-related-waste.pdf>

The provision of a needle returns program is a community service that should be encouraged, as it ensures that the sharps waste is no longer an environmental and public health concern. If this service were to be removed due to impediments created through legislation, there is concern that these sharps would end up being inappropriately disposed, presenting a greater risk to the community.

Appendix H: Queensland Police Service Protocol

<https://www.police.qld.gov.au/corporatedocs/OperationalPolicies/Documents/OPM/Chapter14.pdf>

Reference: 14.28.3 Queensland Health (Needle and Syringe Program and opioid treatment programs)

Policy

Queensland Health operates a Needle and Syringe Program (NSP) and opioid treatment programs from a number of Brisbane and regional premises. The goal of these programs is to prevent the re-use or sharing of syringes/needles in order to reduce the spread of communicable diseases, particularly HIV/AIDS, Hepatitis B and C. Officers should be mindful of the need for injecting drug users to freely use these services. Officers are not to deter injecting drug users from participating in these programs. Patrols, surveillance, or person checks in the vicinity of premises used for NSP or opioid treatment programs should not be conducted unless warranted and justifiable. Officers in charge should ensure that officers under their supervision are made aware of the location of premises where these programs operate to avoid any unnecessary police presence in the area.

Procedure

Inquiries may be made with the Queensland Needle and Syringe Program to obtain information about the location of NSP services and opioid treatment clinics in Queensland. Inquiries about injecting drug users attending NSP or opioid treatment programs may be made through the Inspector in Charge, Drug and Alcohol Coordination Unit, Frontline Capability. Officers should be mindful of the potential hazard of needle stick injuries from used syringes which may be in the possession of injecting drug users or which have been discarded (see Appendix 16.9: 'Guidelines for conducting personal searches' of this Manual, and 'Management of blood/body exposures and skin penetrations' within Safety and Wellbeing of the Human Resources Policies).

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