



Needle and syringe programs as hubs for brief interventions: Tasmanian Needle and Syringe Program Data, 2021 & 2022

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Key Findings

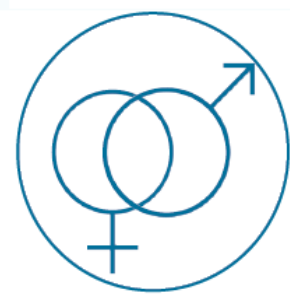
Tasmania 2021-22 



Tasmanian primary Needle and Syringe outlets provided almost 25,000 occasions of service in 2021 and 2022.



Far beyond simple provision of sterile equipment, staff also opportunistically provided thousands of brief interventions for housing, stigma, mental and physical health among others.



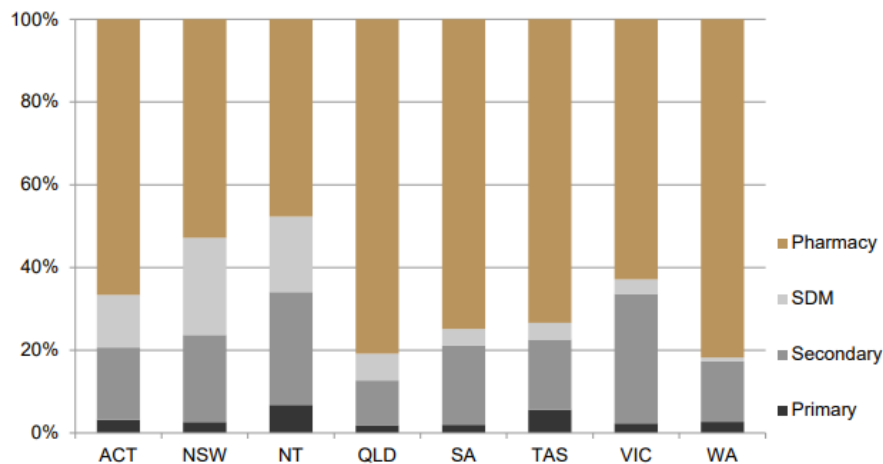
Despite the majority of service users at NSPs being males, brief interventions for topics outside of injection-related health and technique were predominant among females; and also for people accessing equipment for methamphetamine use.

Introduction



The Tasmanian Needle and Syringe Program (NSP) works to minimise harm among people who inject drugs and the wider community. It operates across Tasmania, through community health services, community service organisations, neighbourhood and community houses, Tasmanian Aboriginal health services, regional hospitals, councils, youth organisations, and pharmacies. Primary NSP outlets provide equipment to people who inject drugs, and health staff in these centres also provide health information, sharps disposable containers, and free take-home naloxone to prevent opioid overdoses. Additionally, health staff at primary NSPs offer referrals to other services and liaise with local agencies. Secondary NSP outlets, community pharmacies, and syringe dispensing machines (SDM) additionally operate and provide fit packs for a variety of syringes. Figure 1 below shows the types of NSP services that were available in Tasmania and other Australian jurisdictions in 2022.

Figure 1. Jurisdictional NSP services (%) by outlet type in 2022



Source: Heard et al, 2022, p5

There are four primary NSP services in the greater Hobart area (Clarence, Hobart, Glenorchy, Bridgewater); one in the North (Launceston) and two in the North-West (Burnie, Devonport). There are a further five secondary NSP outlets in the South; seven in the North and eight in the North-West. The seven primary NSPs and two secondary services have the capacity to provide brief interventions (BI).

The Tasmanian NSP describe brief interventions as 'short, opportunistic conversations that support and facilitate the acquisition of new knowledge, behaviour and skills to ensure a person's capacity to minimise harm is enhanced'. BIs delivered within Tasmanian NSPs include concerns around housing, stigma, mental health, overdose, physical health, treatment, blood-borne viruses (BBV), and injection technique, care and harm. The purpose of this bulletin is to examine the role of Tasmanian NSPs as a hub for brief interventions and referrals to other services.

Methods

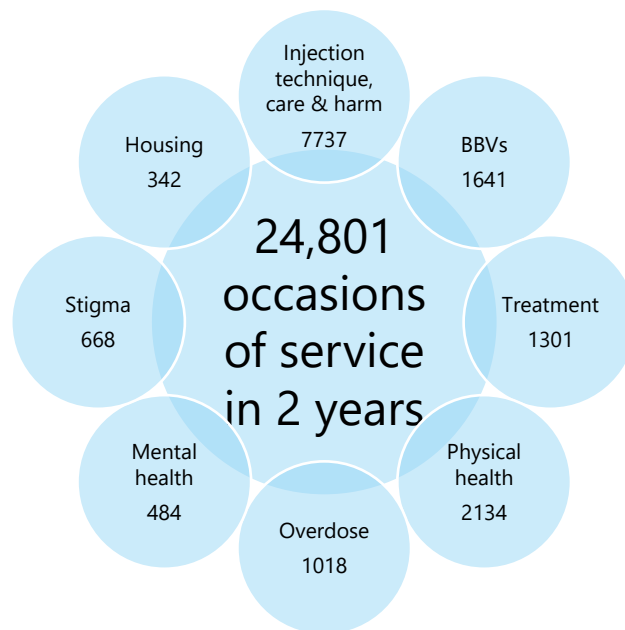
Data was collected as part of the NSP between 2021 and 2022. Whenever people access sterile injecting equipment from primary NSP outlets, they are asked a small number of questions about themselves and the substances they use. The data discussed here encompass transactions from the seven primary NSP services across the state, and two of the twenty secondary NSP outlets (both from the South).

Data were exported into SPSS and chi-squared tests were conducted to examine relationships between key variables of age, gender, substance, brief intervention type, and region.

Results

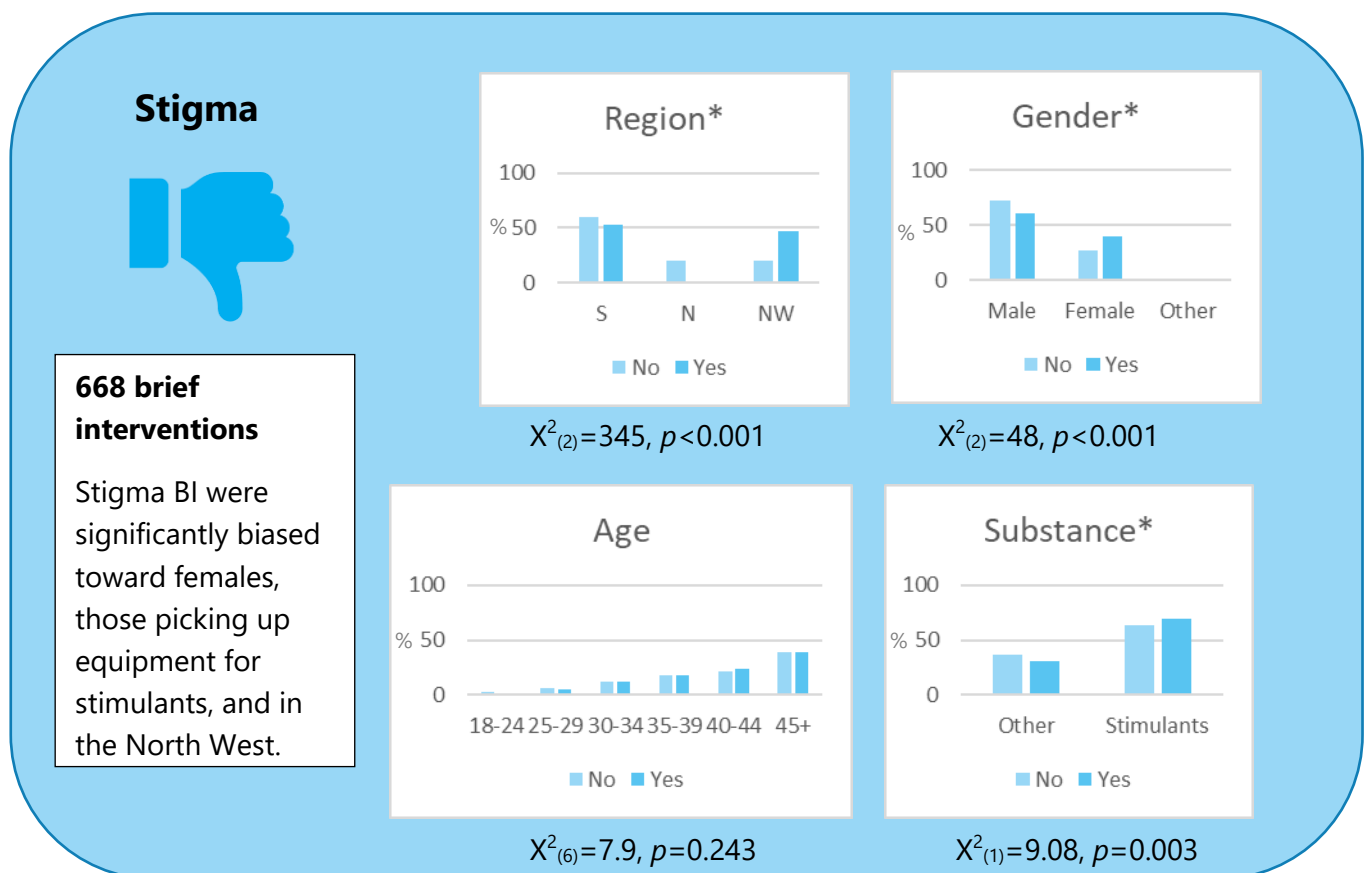
In a two-year period, Tasmanian primary and secondary outlets had almost 25,000 direct interactions with people where sterile equipment was provided. Figure 2 below shows the total number of brief interventions delivered by NSP staff in 2021 and 2022 across categories of injection technique, care, and harm; blood borne viruses; treatment; physical health; overdose; mental health; stigma; and housing. As would be expected, health interventions most directly related to health issues related to injecting were the most common, but it was clear that NSP staff provided a very broad range of direct support for situations far beyond simple equipment-related issues (see Figure 2).

Figure 2. Types of brief interventions by Tasmanian NSP staff in 2021 and 2022



Which demographic factors are associated with particular types of brief interventions?

Chi squared tests results showed that demographic factors were associated with specific brief interventions. Given the large sample size, only values of $p < 0.01$ were interpreted as suggestive of noteworthy effects.

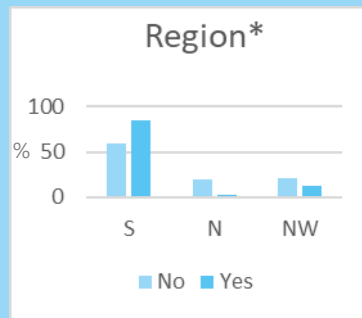


Housing

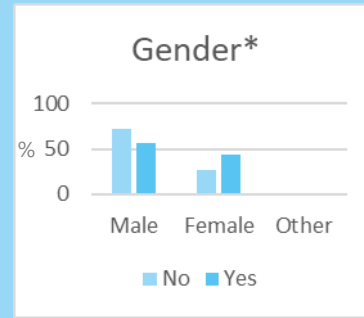


342 brief interventions

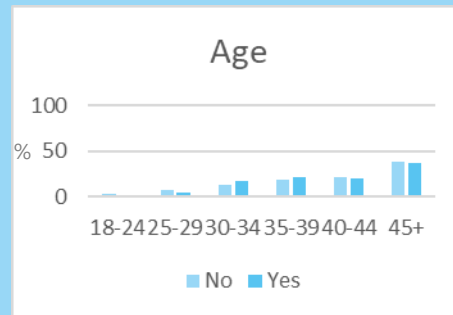
Housing BI were significantly biased toward females, those picking up equipment for stimulants, and in the South.



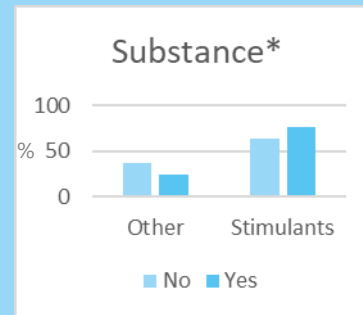
$$X^2_{(2)}=105, p<0.001$$



$$X^2_{(2)}=41, p<0.001$$



$$X^2_{(6)}=13, p=0.037$$



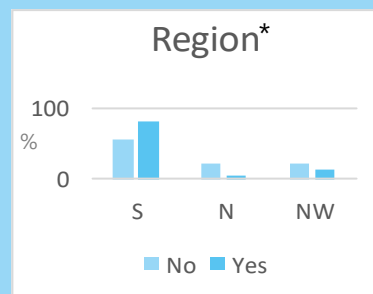
$$X^2_{(1)}=23.56, p<0.001$$

Physical Health

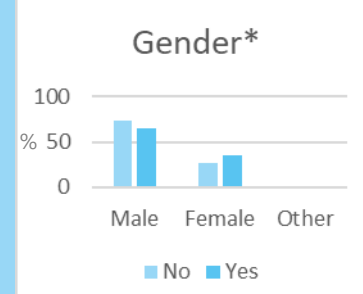


2134 brief interventions

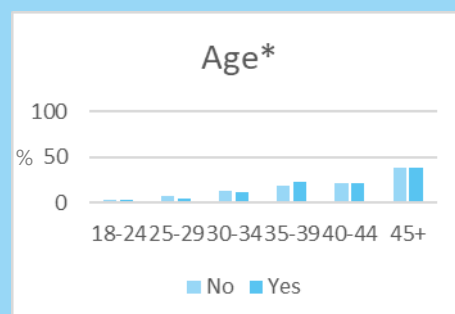
Physical health BI were significantly biased to females, those picking up equipment for stimulants, those in the South and for people of middle age (35-39).



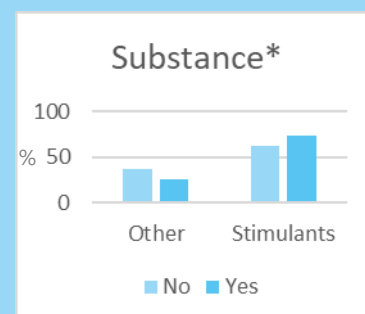
$$X^2_{(2)}=572, p<0.001$$



$$X^2_{(2)}=75.56, p<0.001$$



$$X^2_{(6)}=39.20, p<0.001$$



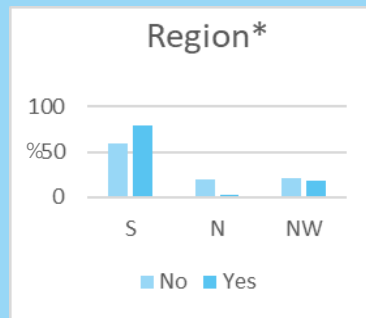
$$X^2_{(1)}120, p<0.001$$

Mental Health

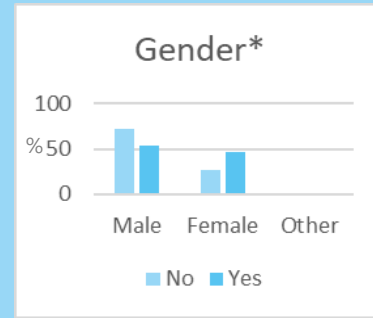


484 brief interventions

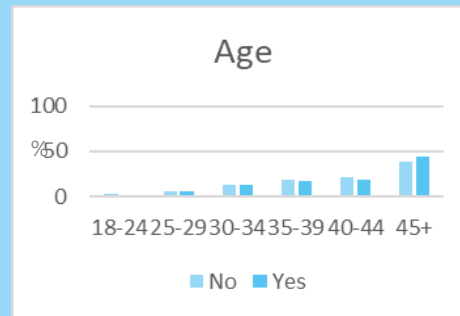
Mental health BI were significantly biased toward females, those picking equipment for stimulants, and in the South.



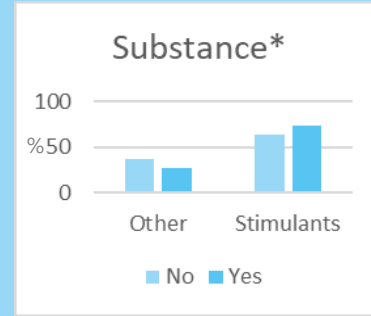
$$X^2_{(2)}=104.01, p<0.001$$



$$X^2_{(2)}=88.97, p<0.001$$



$$X^2_{(6)}=9.89, p=0.13$$

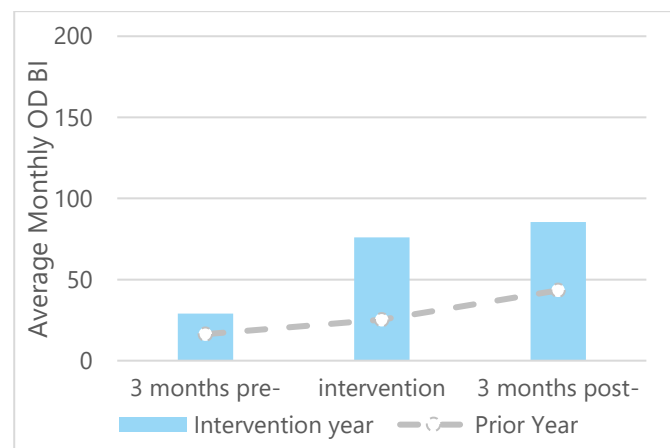
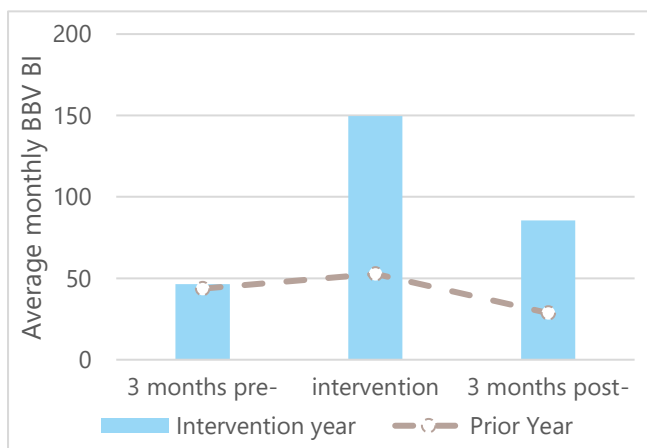


$$X^2_{(1)}=19.90, p<0.001$$

Campaigns

Occasionally NSP services will implement targeted educational campaigns. One example of this was the “It’s your right” campaign which focused on awareness and elimination of Hepatitis C. This was implemented in August-October 2022. As can be seen in the data below, this campaign had good engagement from service users, with a significant increase in brief interventions in relation to blood borne viruses during the intervention period compared with the three months prior ($\chi^2_{(1)}=83, p<0.001$). These conversations continued to increase in the months following the educational campaign compared to baseline ($\chi^2_{(1)}=5, p=0.031$). In addition, an increase in BI relating to overdose was also seen ($\chi^2_{(1)}=22, p<0.001$), which was also maintained in the following 3 months ($\chi^2_{(1)}=5, p=0.024$).

Figure 3: Average monthly brief interventions for blood borne viruses (left) and for overdose (right)



Discussion

It is evident that NSPs in Tasmania provide a service far beyond the provision of equipment. As would be expected, they enable brief interventions and referrals to occur, particularly in relation to injection care, overdose and physical health concerns. However, due to the relationships that NSP staff build with people over time, they are in a unique position to also assist clients with challenges related to stigma, housing, and mental health. Tasmanian data shows that females were more likely to receive assistance across a range of areas, including stigma, housing, and mental and physical health. This is despite more males accessing the services overall. These data likely reflect the long-standing pattern of males being less likely to seek help for mental health and other conditions than women; for example, the 2020/21 Australian National Study of Mental Health and Wellbeing demonstrated that just 37% of men experiencing a current mental health condition had seen a health professional for support, compared with 55% of women (ABS, 2022). The responsiveness of NSP staff to particular health promotion campaigns suggests that these services may be well placed to implement campaigns for men to open discussion about health issues.

The notion of NSPs offering more to the community than solely a place to pick up clean equipment is consistent with NSP services in other Australian jurisdictions. Data from the 2022 NSP National Minimum Data Collection showed that 40% of occasions of service involved a health/education intervention, and 8% involved a referral (Heard et al., 2022). State health websites outlining NSP services also note that drug treatment, health, legal and social services (South Australia), education on safe injecting practices (Northern Territory), and referrals (Western Australia) are provided as part of the services.

NSPs providing benefits far beyond equipment collection for service users is indeed a well-established effect, with reviews demonstrating that NSPs support general health, referrals to drug and other health treatment services, and importantly provide a sense of place in the community for service users (Cattan, Bagnall, Akhionbare & Burrell, 2008). It is well worth noting, as supported by our findings, that NSPs are key community spaces in Tasmania that offer clients a wide range of services to reduce harm and provide support.

References

1. Cattan, M., Bagnall, M., Akhionbare, K., & Burrell, K. (2008). Injecting Equipment Schemes for Injecting Drug Users Qualitative Evidence Review Full Revised Report.
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