

Question on Notice
No. 1566
Asked on 30 November 2006

MRS STUCKEY asked the Minister for Health (MR ROBERTSON)-

QUESTION:

With reference to the proposed Needle and Syringe Program (NSP) in 5th Avenue Palm Beach-

- (1) Why has this particular location been selected?
- (2) What factors and/or statistics support the location of this facility in Palm Beach?
- (3) Is the proposed facility at Palm Beach a one-for-one needle exchange?
- (4) Do IV users have access to counsellors at the NSPs, specifically at the point of exchanging needles?
- (5) Are there any requirements for the location of NSPs to be a certain distance from areas where children frequent (i.e. children's park, childcare centre)?
- (6) How many people are anticipated to use this service on a weekly basis?

ANSWER:

- (1) This particular location has been selected as it is a Queensland Health facility in an area of the Gold Coast that does not currently have a Needle and Syringe Program. Palm Beach was a specific recommendation of the 2002 Queensland Government Review of the Queensland Needle and Syringe Program (Recommendation 2B). It is an area of high population density, close to shops and major transport routes and is easily accessible by clients. The provision of the Needle and Syringe Program is part of the core business of Queensland Health.
- (2) Within the Gold Coast Health Service District, there are currently only two operational Needle and Syringe Programs; one at Alcohol, Tobacco and Other Drug Services on the Gold Coast Hospital Southport Campus, the other at the Queensland Injectors' Health Network in Burleigh Heads. The nearest Needle and Syringe Program to these services in the Southern Area Health Service is at Beenleigh in Logan-Beaudesert Health Service District and in New South Wales at Tweed Heads. Consequently, significant areas of high population density on the Gold Coast have either limited, or no access to sterile injecting equipment. The paucity of Needle and Syringe Program access in these areas would be alleviated by the provision of a Needle and Syringe Program from the Community Health Centre at Palm Beach.

The Needle and Syringe Program at Burleigh Heads reported 190 clients from the Palm Beach post code during October/November 2006.

Needle and Syringe Program demand in the Gold Coast Health Service District was for 723,875 syringes in the 2005-2006 financial year. This was an increase over the previous financial years' demand for 618,600 syringes.

These figures do not represent total demand for injecting equipment as significant demand is met through the community pharmacy Needle and Syringe Program system and some demand is unmet. The Pharmacy Guild estimates that 80% of community pharmacies within Queensland sell injecting equipment. The Gold Coast Health Service District has the highest level of demand of all districts without 24 hour, 7 day access to injecting equipment.

The Queensland Health Notifiable Conditions System, Condition Summary Report for the quarter 1 May to 3 September 2005 indicates that 162 cases of hepatitis C and 42 cases of hepatitis B were notified from the Gold Coast Health Service District. These are high levels of preventable disease. For these blood borne viruses, prevention is best provided by the Needle and Syringe Program.

Providing equitable access to the Needle and Syringe Program requires flexibility in terms of geographic location and hours of operation. Having multiple Needle and Syringe Programs in geographically diverse localities and providing access to free sterile injecting equipment after conventional hours of business reduces the harms associated with injecting drug use, particularly the incidence of blood borne viral infections.

- (3) No Australian Needle and Syringe Program provides a purely one-for-one needle exchange. This would mean providing no equipment to clients who had nothing to exchange, thereby encouraging those clients to share injecting equipment with others. This would facilitate the spread of blood borne viral infections which is contrary to the purpose of the Needle and Syringe Program.

Needle and Syringe Programs are established in areas where injecting drug use is already occurring. Studies have reported decreases in drug use following the introduction of the Needle and Syringe Program because they act as a referral point for clients wanting to begin drug treatment. Studies have also found that there is no increase in the discarding of used needles and syringes following the introduction of the Needle and Syringe Program. The Needle and Syringe Program helps reduce the number of improperly discarded needles and syringes by providing disposal bins and containers and educating clients about safe disposal.

- (4) Needle and Syringe Programs provide injecting equipment, education and information on reducing drug use and referral to counselling, drug treatment, medical care and legal and social services. Activities aimed at prevention of drug uptake, health promotion and engaging the community in action are also supported as they will produce substantial benefit in reducing the incidence of alcohol, tobacco and other drug-related problems thereby reducing the burden on treatment and support services.

While the major objective of the Queensland Needle and Syringe Program is the provision of sterile injecting equipment, there are a number of other activities undertaken, such as:

- provision of education about safe, legal disposal of used injecting equipment and the provision of facilities for safe disposal;
 - provision of education concerning risk behaviours to intravenous drug users in the context of preventing blood borne infections and to support positive behaviour change;
 - encouraging the referral of intravenous drug users to drug treatment programs;
 - encouraging HIV and Hepatitis B and C screening of intravenous drug users and undertaking appropriate counselling in the context of that screening;
 - provision of counselling and referrals regarding blood borne infections, drug use or any other health and welfare issues as appropriate.
- (5) There are no requirements for the location of Needle and Syringe Programs to be a certain distance from areas that children frequent. There is no minimum age for people attending a Needle and Syringe Program. Needle and Syringe Program workers must actively counsel minors into health services and treatment.

The average age at which injecting drug users commence injecting is 18. Therefore, it is vital that young people be given access to the Needle and Syringe Program. Needle and Syringe Program staff undergo training on identifying and responding to young injectors.

- (6) It is not possible to anticipate with certainty the number of clients that this service will attract on a weekly basis. Some Palm Beach residents who are clients of other Needle and Syringe Programs may access a more localised service; equally, a number of clients accessing a local pharmacy Needle and Syringe Program may choose to utilise the new service at Palm Beach Community Health. It is our experience that Needle and Syringe Programs in major population areas tend to be well utilised.