

Steps to Success...

We spoke to a number of people who have experienced the process of setting up a secondary NSP outlet. From the initial assessment to the operational details, here are some key points that add up to providing a successful public health initiative.

Initial assessment

Assessing the need for a secondary NSP is obviously one of the first steps in the process. Syringe purchases from the local pharmacy - and assessing whether they are filling the need - can be a useful indicator. Requests for clean injecting equipment from local hospitals and other NSP in the region may also serve as indicators.

Often anecdotal information from social workers, police and general practitioners can help to determine the level of need for a secondary NSP outlet.

Community Consultations

It can take only one or two people in a small town to derail planning for an NSP in their area. The establishment of an NSP must therefore be a conversation for the whole community if the service is to be sustained. That conversation needs to be about public health rather than about illicit drug use or users.

The creation of a new NSP service (preferably in a place which is busy with a cross-section of the community, like a community health centre) should arise naturally out of that conversation as one of a number of strategies that the local community wants and can implement.

Due to the sometimes controversial nature

Secondary NSP outlets - or 'satellite outlets' as they are sometimes called - are located in agencies that provide NSP services as part of their overall service plan. These agencies do not receive direct funding for the provision of NSP services. At their most basic, they enable improved access to clean injecting equipment. However they have the potential to accomplish much more by facilitating improved access for people who inject to a range of complementary health and community services.

of NSP and the emotions that it may arouse, well-laid groundwork is required to ensure a new service gets the best chance of being established. This includes deciding who to get on-board for support and who to talk to or pursue. The process requires the support of the whole community, 'key players' and relevant stakeholders

Local council support

Local council support can be gained by providing input into the development of municipal public health/safety plans. Environmental Health Officers can be effective allies. Policy development at a council level involving council staff can be a positive relationship-building exercise. These are all areas in which relationships can be developed and built upon to develop the appropriate support and justification for establishing a new NSP.

There are one or two situations in Australia where councils are actively pursuing an agenda to force a reduction in access. The typical scenario is when a primary NSP outlet has to relocate due to lease renewal or health service relocation. This provides

council with an opportunity to refuse planning permission. The value of NSP is obviously underestimated by councils in these circumstances and community development work by NSP supporters in positions of influence is a prerequisite for re-establishment.

Staffing the NSP

Good planning from the beginning is essential. An ad-hoc secondary outlet can operate a poor model of service and subsequently experience a range of complicated problems (such as disgruntled workers) and eventually be forced to close. Mainstream health services need to have

ill-equipped to address problem behaviours and the absence of a primary worker in a secondary NSP can mean a lack of action on issues of concern. For reception staff, raising issues with clients can be problematic as they may not have the expertise. Staff may feel under pressure. Or there may sometimes be a perception that they may be at risk around certain behaviours.

Training

Training needs to be targeted to dealing with environmental factors - "consequence of setting". Staff training is therefore an important component in established

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an understanding and appreciation of blood-borne viruses, public health and their prevention role.

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an NSP. Training needs to be targeted to dealing with issues and are interested in strategies to achieve that.

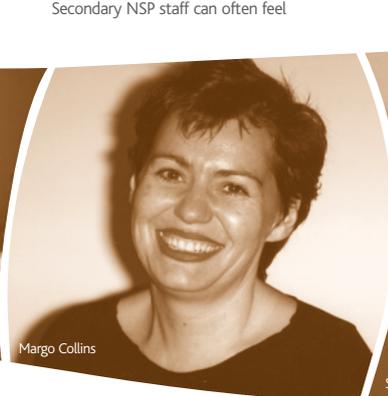
Norms and stereotypes in relation to perceptions about people who inject [page 7](#)



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VeinCare Workshops for NSP Workers were held in Brisbane, Adelaide and Melbourne from 13 to 18 March 2003

3 opinion piece

The ability of the NSP to make an impact on the hepatitis C epidemic and other drug-related harms will need to rely more heavily on the goodwill and partnership of agencies and their staff for whom the provision of NSP services is not their primary function. The geographic distribution and dedication of NSP workers across Australia presents untapped potential in expanding access for people who inject drugs to relevant and useful health information and primary health. John Ryan reflects on NSP in Australia.

4 preventing unnecessary vein damage

Many injectors experience injection site problems such as infections and physical damage, and most do not seek appropriate treatment for them unless they become serious. This results in greater levels of permanent damage, and the injector requiring more intensive and expensive treatment.

6 council of Australian governments - NSP innovations

\$30.5 million was allocated by the Council of Australian Governments (COAG) as part of the Illicit Drug Diversion Package - Supporting Measures relating to NSP. The extra funding has made it possible for NSP to meet both old and new challenges. Profile of Western Australia and Queensland.

7 data collection

Collecting information that can help us provide better and more effective services is important. This may be through informal conversations with service users, through rigorous research or through statistical data that may formally be collected in each state and territory. This edition our regular 'Map of Australia' feature focuses on the types of information that are formally collected and reported in each state and territory.