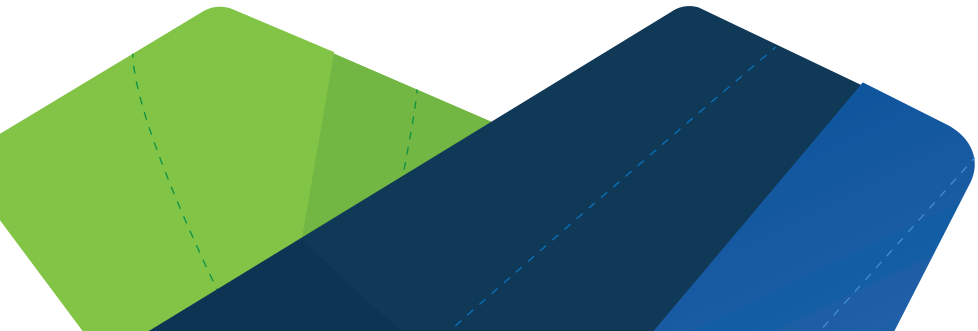
Queensland Needle and Syringe Program

Advanced NSP Training

Revised 2018



Queensland Government

The QNSP Train The Trainer Manual, developed by QADREC (University of Queensland) in 2000, was reviewed and updated in 2018 by the QNSP Guidelines and Training Steering Committee. The manual was revised to an Advanced NSP Training Manual and was led by the Queensland Injectors Health Network QuIHN.

The Steering Committee was represented by

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Links to external websites

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For more information or to download copies of this resource please visit www.insight.qld.edu.au

TABLE OF CONTENTS

Overview and Orientation to the Training Program

This Needle and Syringe Program Training Manual is an educational resource presenting concepts, knowledge and skills required to work effectively as a Needle and Syringe Program (NSP) worker in Queensland. The Training Manual is designed for use by Primary NSP staff and experienced NSP workers.

Objectives of Advanced NSP Training

On completion of this training program participants will be able to

- Describe the principles of harm reduction and public health in relation to injecting drug use.
- Describe the health risks, including blood-borne virus transmission, associated with injecting drug use and feel confident to offer this information in brief interventions to NSP clients.
- Describe the role of NSPs in the prevention of blood-borne viral and other infections associated with injecting drug use.
- Identify the essential elements of providing NSP services in Queensland.
- Demonstrate skills involved in the provision of NSP services in Queensland.
- Demonstrate an understanding of the guidelines, considerations and legislative framework for NSP service delivery in Queensland.

All participants must have completed the QNSP On-line training session as a mandatory pre-requisite to attend the Advanced NSP Training. The QNSP online training has an assessment which requires 100% pass rate for successful completion of the course.

There is no requirement for a formal assessment of knowledge and skills at the completion of the Advanced NSP Training. As a trainer, you may wish to offer a short assessment, or to raise and question issues or concerns from participants during the training session.

Contents

The training program aims to acknowledge the differing levels of skill and knowledge that each NSP worker brings to his or her role.

CORE TOPIC	AREAS COVERED	SUGGESTED TIME ALLOCATIONS
INTRODUCTION		5 minutes
TOPIC ONE Injecting Related Health	• Blood borne viral infections: hepatitis B and C, and HIV • Transmission risks of blood borne viruses as a result of injecting practices • Other injecting related issues: overdose, vein collapse • Secondary infections • Harm Reduction educational messages	120 minutes
TOPIC TWO NSP Service Provision: From theory into practice	• NSP core components • Addressing Stigma and Discrimination • Creating accessibility for NSP clients • Referral processes • Creating brief education messages for use in NSP settings • Communication strategies	60 minutes
EVALUATION	• Completing the Evaluation and Feedback Form	5 minutes

How to use this manual

Training Material

Materials provided include

- One USB drive which contains:
- All required instructional content and learning objectives
- Original copies of activities relating to each topic
- Original copy of Participant's Booklet
- Original copies of the PowerPoint presentation relating to each topic

Presentation Times

The times offered for each topic are a general guide only. Each group will have its own time frame and availability. It is up to the trainer to determine the length of time s/he will spend on each aspect. Time frames can be minimised by keeping to topic, or by reducing the number of activities that are conducted within a topic. Suggested timeframes are outlined above.

Implementing the Training Manual

This manual is intended for use by an experienced primary NSP worker.

It is important that you familiarise yourself with the content and structure of the Manual before beginning. This includes making yourself familiar with the content of key reference documents that support the information presented in the topics. Links to these documents are found at the end of each module.

Make use of the PowerPoint presentation that is included on the USB, which accompanies this manual. If appropriate, you may also add in regional and local information to support your training.

Training Strategies

This training program addresses a wide range of complex and sensitive issues. Adult learning principles inform and guide the training process. Emphasis has been placed on allowing participants to express and reflect upon their own views. A series of experiential learning activities are included in the package together with more information-based and didactic materials.

As the trainer, your attention is drawn to the need to be sensitive to the balance required between covering core knowledge content and managing strong attitudinal reactions among your trainees. It can be useful to establish group guidelines prior to beginning the training session.

Role of the NSP Trainer

NSP trainers have the responsibility for conducting training sessions at a local level. The role includes:

- Training and supporting current and potential NSP workers from agencies within their jurisdiction and maintaining records of training conducted.

To Agencies or Individuals

- Providing feedback to individuals or agencies regarding their suitability for NSP work

Planning the Training

AT LEAST TWO WEEKS PRIOR

- Book the room and any equipment you require
- Advise people about the training session, time and location
- Request participants to register: obtaining information about the background and experience of the participants prior to the commencement of the training program can assist you in devising the most appropriate training content. Optimum numbers for the training program are 12-15; larger groups can prove difficult to manage.

AT LEAST ONE WEEK PRIOR

- Familiarise yourself with the training manual content
- Prepare copies of participant booklets, handouts, resources and evaluation for the session
- Have a practice run through of the session to check timing and pace.

ON THE DAY

- Make sure you have prepared and assembled all the materials, handouts, forms and teaching resources you will require
- Familiarise yourself with the training room and its facilities
- Set up the room to suit your training style
- Ensure there is sufficient seating, adequate light and ventilation
- Position any screens and whiteboard to ensure maximum visibility.
- Make sure that all the equipment is working
- Make sure you know the location of toilets, smoking areas, emergency exits and where refreshments will be served.

Introduction to NSP

Presentation time allocated for the introduction is 5 minutes.
The following will be addressed:

- Welcome
- Participant introductions
- Housekeeping
- Overview of the training

Acknowledging the custodians of the land

Introduce yourself as the trainer to the participants. You may wish to provide a brief background of your work experience if it is relevant to the training. At this point, it is important to acknowledge the traditional owners (or custodians) of the land, using the following phrase or similar:

“I would like to show my respect and acknowledge the traditional custodians of this land, of elders past and present, on which this event takes place.”

If you know the name of the local Indigenous language group, it is appropriate to use that name. eg. “I would like to acknowledge the Turrbal people who are the traditional custodians of this land. I would also like to pay respect to the elders past and present of the Turrbal nation and extend that respect to other Aboriginal people present.”

Introductions

If you are unfamiliar with the people who are being trained, or if they are not known to each other, ask participants to briefly introduce themselves. If you have time, there are a number of good introductory or ‘ice breaker’ games that can be used at this point. Some examples are included in appendix one at the end of this training manual.

General housekeeping issues

These may include:

- Occupational health and safety issues relating to the venue, such as fire exits
- Evacuation procedure from the training room if necessary
- No smoking permitted within the building (however advise participants of the nominated smoking area outside the building)
- Room temperature control systems and lighting
- Use of mobile phones and pager services (it is advisable to have these turned to silent or vibrate alert to minimise disruption. Where practical, ask participants to turn these off)
- Nominate when breaks will be (including finish time), if refreshments are available and whether these items can be consumed in the training room
- Location of toilet facilities
- Any other issues relevant to particular venue, environment or participants
- Acknowledgement of those supporting this training (e.g. agencies, local health services, traditional owners) as applicable.

Training Content

Introduction slide: outlines the content of the training session. Advise the participants that the following abbreviations make be referred to throughout the training:

- Needle and Syringe Program - NSP
- Blood Borne Viruses - BBV
- People Who Inject Drugs - PWID
- Queensland Needle Syringe Program - QNSP
- Hepatitis C - HCV; Hep C

Outline the program content and topics to the participants so it is clear what is to be covered over the next three hours.

Participants must have completed the QNSP On-line training which provides an overview of NSPs in Australia and Queensland as a pre-requisite to the NSP Advanced Training. This training is available at www.insight.qld.edu.au

Set the theme for the topics by informing the participants of the overall aim of the Needle and Syringe Program training package, which is to present the concepts, knowledge and skills required to work effectively as a Needle and Syringe Program worker in Queensland.

Training Overview

Topic	Content	Time
Introduction		5 mins
Topic One Injecting Related Health	▪ BBVs ▪ Injecting related health issues ▪ Education messages ▪ Safe disposal and NSI	120 mins
Topic Two NSP Service Provision	▪ Mapping the local scene ▪ Essential elements of an NSP ▪ Stigma and discrimination ▪ Referrals ▪ Communication approaches ▪ Values and ethical considerations	60 mins
Evaluation and Feedback	▪ Evaluation and feedback form	5 mins

Group processes

Establish from the participants their expectations of attending the training program, and explain that everyone will be requested to actively participate. Outline other expected conditions within the group, for example:

- Confidentiality
- One person to speak at a time
- Discussion throughout the training program should acknowledge and respect individuals' rights and personal sensitivities
- Conversations to be focussed on the topics being discussed
- Allow every participant air time

If any participants find the content or issues to be personally challenging or uncomfortable, they should inform the trainer as soon as possible.

Distribute the participant's booklet at this point and explain that the key information covered throughout the training session is contained in the booklet. Participants are not required to take extensive notes.

Resources required for Introduction

1. PowerPoint presentation of Introduction
2. Participant Booklets
3. QNSP Guidelines 2018 Document

NSP work is supported by the QNSP Guidelines 2018. Provide all participants with a copy of the Guidelines and advise that you will refer to these throughout the training.

This concludes the Introduction.

Topic One: Injecting-Related Health - BBVs & Other Infections

Presentation time allocated is 120 minutes in total. Allow time for questions throughout the presentation; however, be mindful of time constraints. There are 2 activities associated with this Topic and 5 handouts.

The following topics will be addressed

- Blood-borne viral infections: hepatitis C, hepatitis B and HIV
- Transmission risks of blood-borne viral infections
- Overdose and Naloxone
- Secondary infections related to injecting drug use
- Harm Reduction educational messages

Aim

To demonstrate the complexity of infection control within the injecting setting and the potential health risks associated with injecting drug use including transmission of blood-borne viruses.

Objectives

By the end of this topic participants will be able to:

- Describe the injecting process
- Describe how blood-borne viruses can be transmitted through the injecting process
- Identify other potential health concerns for PWID related to the injecting process
- Understand the role of NSPs in prevention of BBVs and other infections associated with injecting drug use.

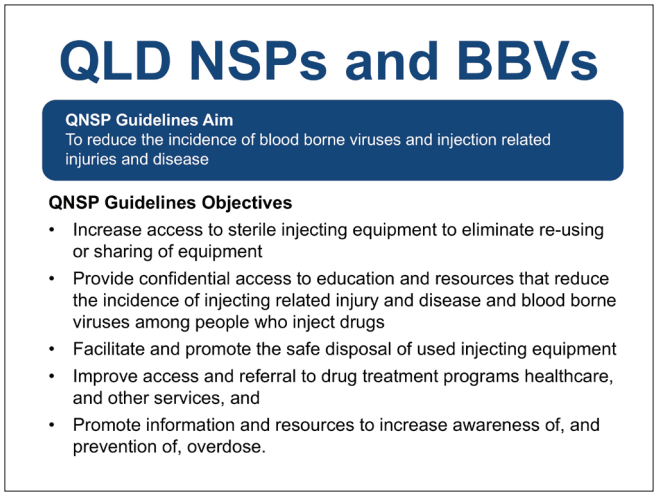
Resources required for Topic 1

- PowerPoint presentation of topic one
- Traffic lights activity resources
- The safer injecting game card set and envelopes for the cards
- Injecting equipment, small sachet of salt (for the game)
- Copies of:
    - Vein care and overdose resources
    - Clean needle information helpline cards
- Handouts:
    - The injecting process
    - Needle and Syringe dimensions
    - Naloxone education
    - Wheel filter brochure

QNSP Guidelines

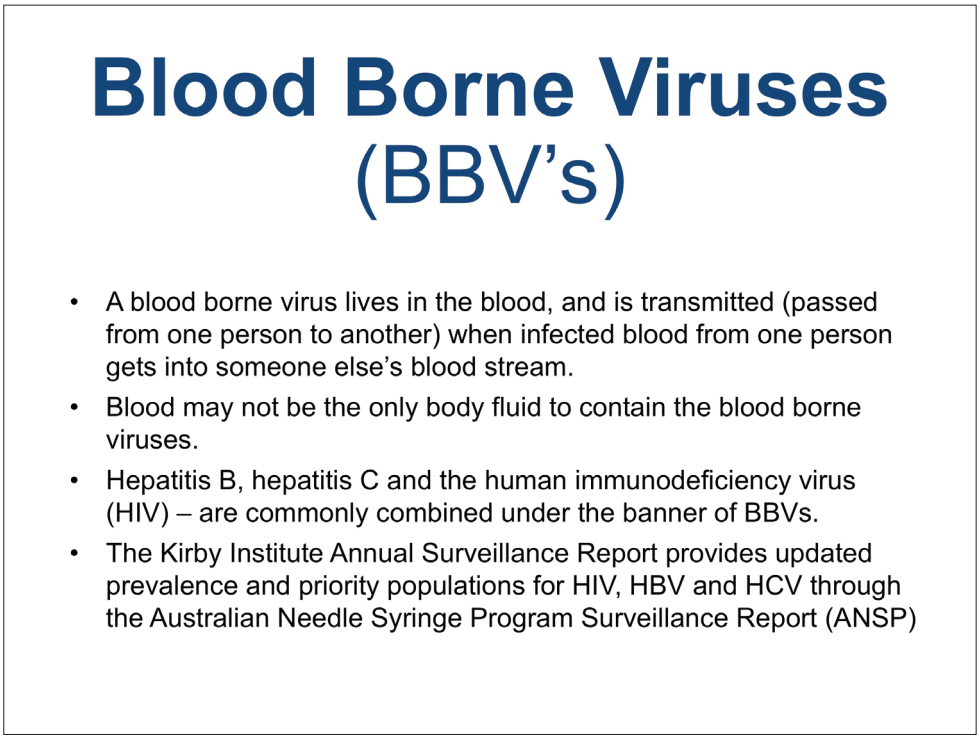
Begin the topic by providing an overview of topic 1. This topic focuses on BBV's and other injecting related concerns such as overdose, vein care and secondary infections. Remind participants that the on-line training has provided the basis for NSP, outlining the key principles and service provision elements required to understand NSP. This advanced training provides detailed information around BBVs and NSP service provision.

Slide 1.3 provides an opportunity to recap the QNSP aim and objectives and brings in relevance of BBVs in an NSP context. Remind participants to refer back to the QNSP Guidelines for any operational matters related to NSP service provision. This slide sets the scene for moving onto in-depth discussion of BBVs.



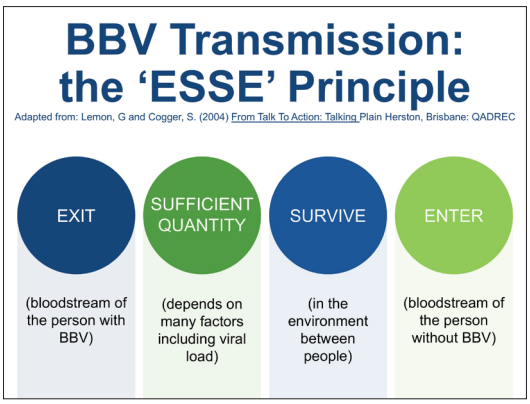
Blood borne viruses (BBV's)

Slide 1.4 outlines a brief definition of BBVs. Encourage participants to continually seek up to date information of BBV prevalence amongst the NSP client group by researching surveillance reports such as the Kirby Institute's Annual NSP Survey. These can be found at www.kirby.unsw.edu.au Queensland NSP's participate in the ANSPS with targeted representation from both urban and regional NSPs.



HIV and Viral Hepatitis Overview

Slide 1.5 discusses the 'ESSE' principle: a simple way of remembering what conditions need to be in place to allow the transmission of BBVs.



- Exit: to exist, viruses need a cell-rich fluid, that is, a fluid that provides a good host for the virus. Cell rich fluids include blood, semen, vaginal fluids and breast milk. Infected blood (that is, blood that has HIV or hepatitis B or hepatitis C virus in it) must leave the body of a person who has the infection.
- Sufficient quantity: There must be enough of the virus present in the body fluid to allow transmission of the virus.
- Survive: The virus needs to be able to survive outside of the body. That means that conditions has to be ideal and usually includes no change in temperature, the absence of oxygen (for example, in a sealed container or tube), and nothing that will dilute the body fluid (like water or bleach).
- Enter: The infected body fluid has to enter the bloodstream of a person who doesn't have the virus

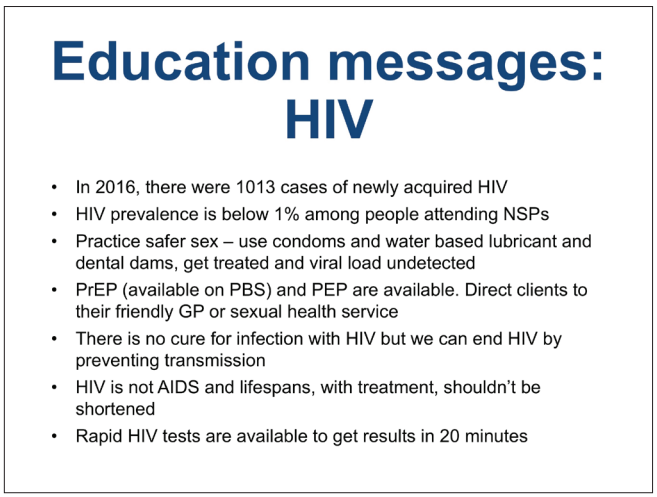
Adapted from: Lemon, G. and Cogger, S. (2004) From Talk to Action: Talking Plain Herston, Brisbane: QADREC.

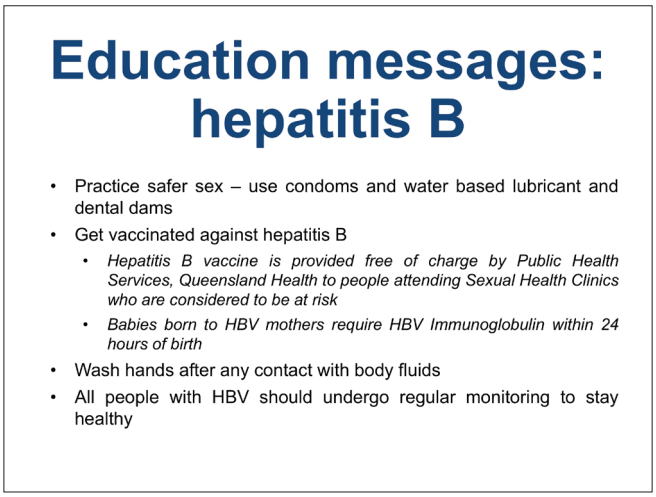
Virus	HIV	Hepatitis B (HBV)	Hepatitis C (HCV)
Transmission	Blood-blood, sexual fluids, mother-baby, breast milk	Blood-blood, sexual fluids, mother-baby	Blood-blood only. Possible during child-birth
Vaccination	No	Yes	No
Cure for chronic infection	No	No	Yes
Treatment	Yes	Yes	Yes
Prevention	Blood awareness, safer sex, PREP/PEP and treatment/testing	Vaccination, blood awareness, safer sex, testing	Blood awareness, get tested / treated / cured
Number of people diagnosed?	At end 2016, est. 26,444 people living with HIV	Est. more than 230,000 people living with Chronic HBV	Peaked at est. 227,306 people in early 2016. Significant decline since treatment access

Slide 1.6 shows an overview of the differences and similarities of the three BBVs discussed in this topic. Remind participants that there are more types of viral hepatitis (eg. hepatitis E) but these are the most common ones and most relevant to work in the NSP sector. Note the HCV estimated numbers have significantly decreased since March 2016 with the introduction of Direct Acting Antiviral medications on the PBS for the treatment of hepatitis C. The following 3 slides provide harm reduction messages that can be provided in the context of NSP work. Encourage participants to offer alternatives or other relevant harm reduction messages.

HIV (Human Immunodeficiency Virus)

Slide 1.7 identifies harm reduction messages for HIV.





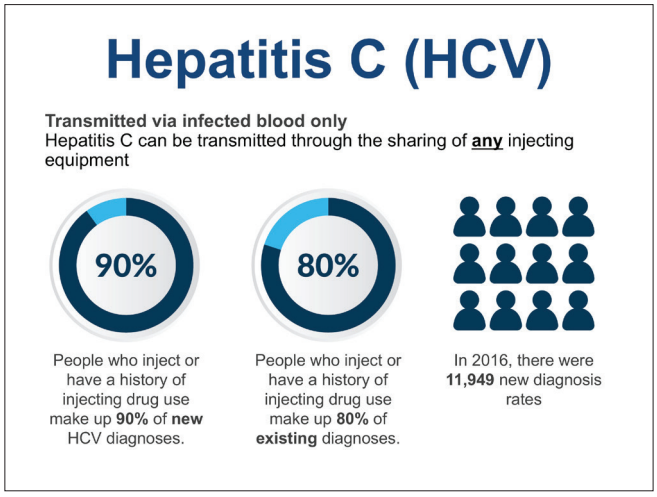
HEPATITIS B

Slides 1.8 identifies harm reduction messages for hep B. Emphasise the need for PWID to be immunised against a range of diseases. It is particularly important for people to have vaccinations against hepatitis A and B. If a person is infected with both hepatitis B and C, the potential for cirrhosis of the liver or liver cancer is increased. Make sure you know which services in your area provide the free hepatitis B vaccination service so that you can refer people as part of your information and education service.

Hepatitis C (HCV, hep C)

Slide 1.9 Emphasise that while exposure to the hepatitis C virus is an established risk factor for many people who choose to inject drugs, infection with the virus IS NOT inevitable. Prevention of infection is important.

Hepatitis C is the primary BBV of concern for people who are injecting drugs in Australia. The rates of hepatitis C reached a peak in 2016 with an estimated 227, 306 living with chronic hepatitis C. Since the release of hepatitis C Direct Acting Antiviral (DAA) medications, at the end of 2016, the estimated number of people living with hepatitis C was 199,412. New diagnosis of hepatitis C has remained stable, with 11, 949 in 2016.



Slide 1.10 outlines key harm reduction messages relating to Hepatitis C.

Education messages: hepatitis C

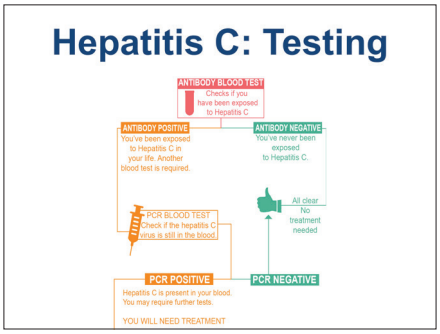
- Be blood aware. Don't share
- You can be infected with more than one strain of hepatitis C
- There is no vaccine against infection with hepatitis C
- There are effective treatments available for hepatitis C with minimal side effects
- Current PWID are eligible for treatment
- Testing is through bloodtests. Only a PCR test will tell if you still have the active virus. 25-30% of people with a positive antibody test will have cleared the virus naturally

Education messages: BBVs in general

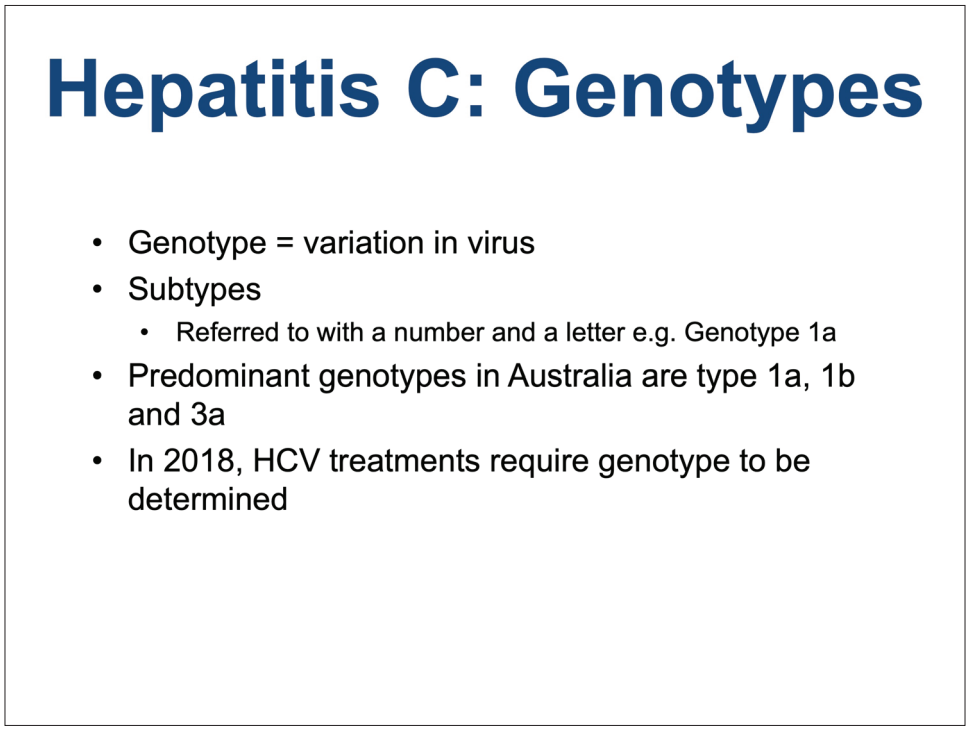
- Hepatitis C/ Hepatitis B/ HIV is found in blood
- Do not use any injecting equipment (needles, syringes, swabs, tourniquets, water, equipment used to mix up drugs) after someone else has used it as it may have blood on it, even blood you cannot see
- Use new (sterile) injecting equipment every time
- Be aware that tattooing and piercing equipment is properly sterilised with the right machines
- Wash your hands before preparing to inject and again following injecting
- Cover open wounds (cuts, sores, and scratches) with waterproof dressings
- Keep personal grooming items and toothbrushes separate

Slide 1.11 outlines harm reduction messages that can be given to people who are injecting drugs accessing NSPs. Underline for participants that a key role of the NSP is to provide education and information to clients about BBVs. These need not be complex, but simple messages such as those provided in the slides.

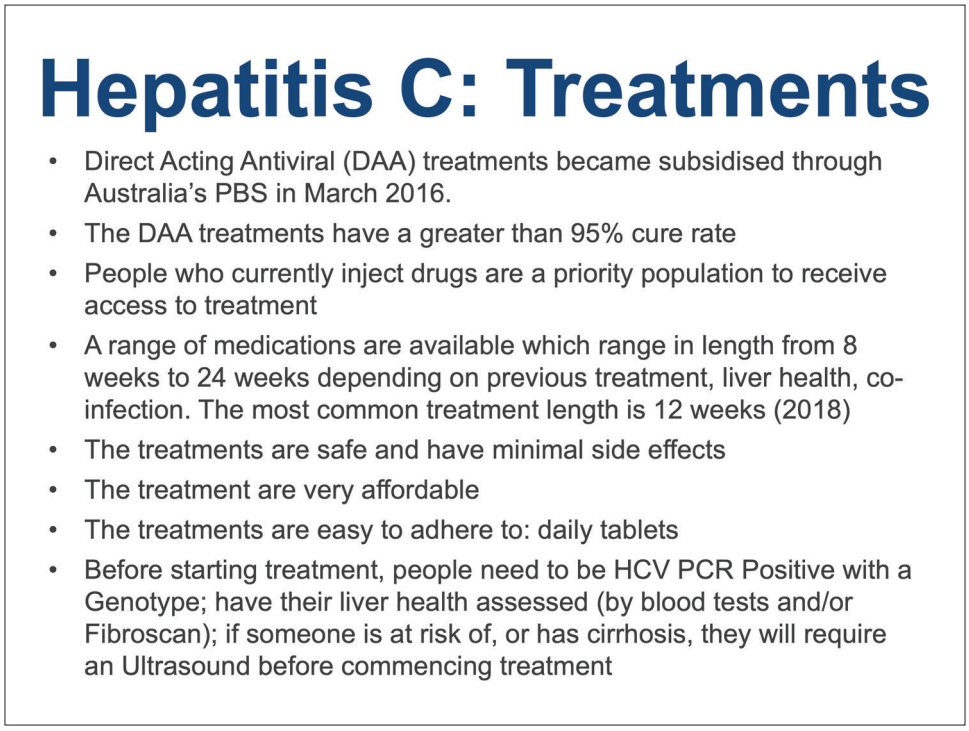
Slide 1.12 gives an overview of testing required for confirmation of chronic hepatitis C. It is vital that NSP staff understand the differences between antibody testing and PCR testing for hepatitis C. Antibody testing indicates exposure to the virus (past or present). A PCR test is required to confirm current infection. Those who have been exposed to and cleared the virus naturally, and those who have successfully cleared the virus through treatment will continue to be antibody positive. This can often be a confusing step for clients, who may report medical professionals giving mixed or uneducated messages regarding test results. Antibody positive does not mean the person is has chronic hepatitis C. Direct participants to either of the Hepatitis Australia (www.hepatitisaustralia.com site) or Hepatitis Queensland (www.hepqld.asn.au site) for fact sheets and resources that can be downloaded and provided to clients.



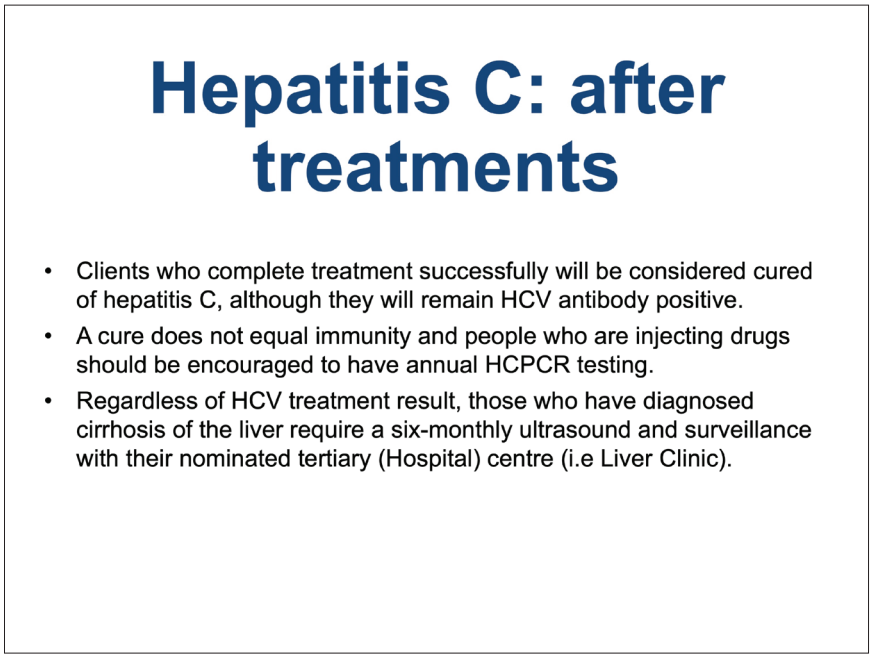
Slide 1.13 gives a brief overview of the strains (Genotypes) of hepatitis C. Once a person has a positive PCR HCV result, a Genotype will be requested from the clients blood collection. The genotype is still required (2018) by the Australian Government when requesting HCV treatment scripts. Note there are geographical differences of genotype clusters across the World.



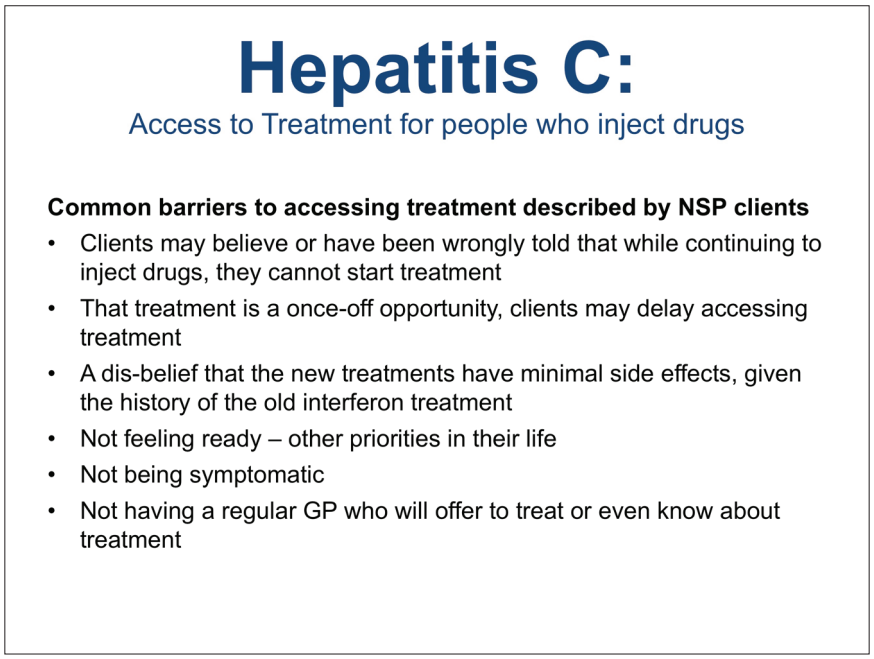
Slide 1.14 provides information about hepatitis C treatments available in Australia. The most recent treatment guidelines can be found at www.gesa.org.au and searching for hepatitis C treatment consensus. This document is updated on the announcement of new drugs listed on the PBS for treatment, encourage participants to refresh this document on an annual basis or as required.



Slide 1.15 provides brief information and education messages for people after treatment. This information assists NSP staff to understand the potential for on-going complications associated with Hepatitis C.



Slide 1.16 explores common barriers described by NSP clients around access to hepatitis C treatments. This information has been collated from QuIHN surveys of NSP clients and anecdotally collected from those going through treatment with QuIHN. This information can help to develop harm reduction messages for NSP clients and encourage clients who are hepatitis C positive into treatment when they are ready. NSP staff should be aware of the nearest treating provider, and the referral process required to access treatment.



ACTIVITY: BBV Traffic Lights (see Handout for resources)

AIM: Increase awareness of BBV transmission

TIME: 30 minutes (for HCV ONLY)

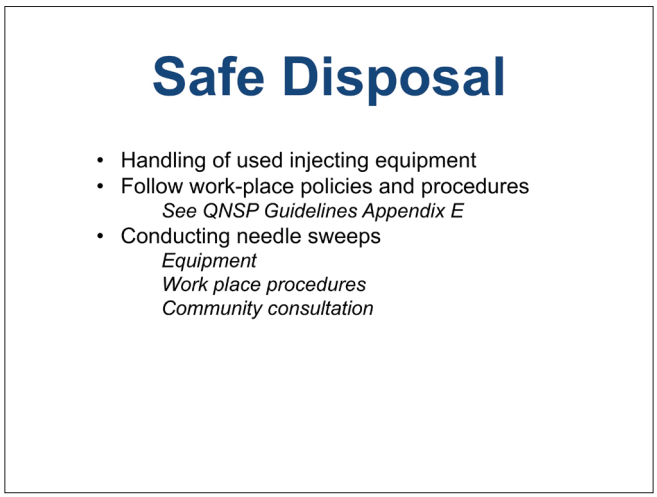
Procedure

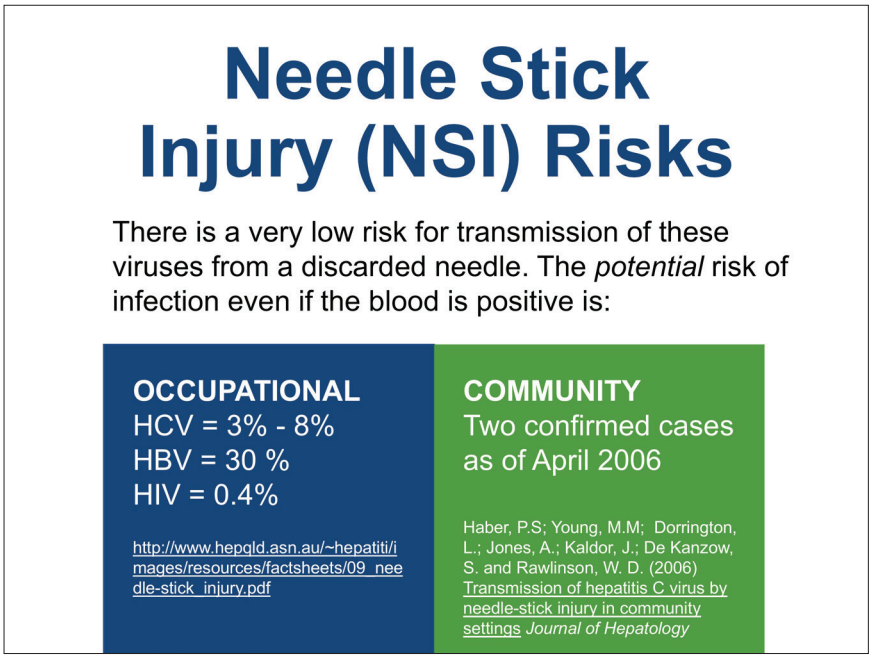
1. Place three traffic lights on the floor or a table.
2. Hand out scenario cards to participants (can have more than one card each).
3. Ask participants to consider the scenario on their card and decide whether the situation is high risk, some risk or no risk of transmission and place it under the appropriate traffic light. At the end, all the cards should be visible under the corresponding category.
4. Read through each scenario and ask all participants if they agree with its placement. If there is disagreement, discuss amongst the group for clarification. The correct categorization (for HCV) is provided in the handout

Traffic Light Game sourced from Ethnic Communities Council of Queensland; instructions and answers created by QuIHN.

Safe Disposal and Needle Stick Injury

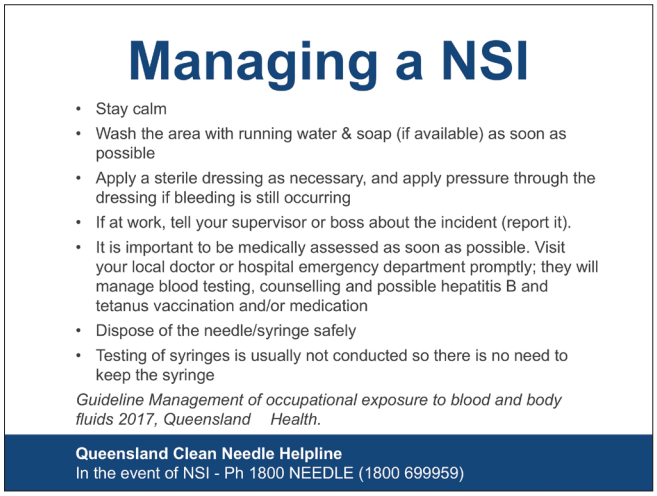
Slide 1.18: The procedure for safe disposal can be discussed at this point. Some things to consider are procedures around conducting needle sweeps and handling unsafe disposals. Ask participants to familiarise themselves with their organisations policies and procedures.





Slide 1.19: There is a very low risk for transmission of blood borne viruses from a discarded needle. The potential risk of infection is low.

Slide 1.20 reviews the steps which should be taken if a Needle Stick Injury occurs in the workplace, for example while doing needle sweeps. Refer participants to the QNSP Guidelines Appendix E: Guideline for Management of a Needle Stick Injury.



Vein care

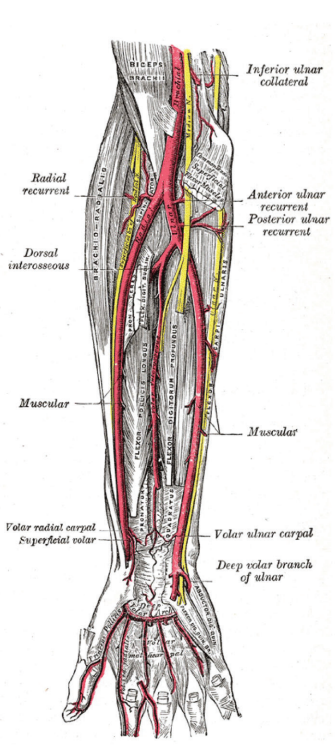
Slide 1.21: NSP workers with an understanding of the principles of vein care can more effectively educate and assist clients to reduce adverse health outcomes.

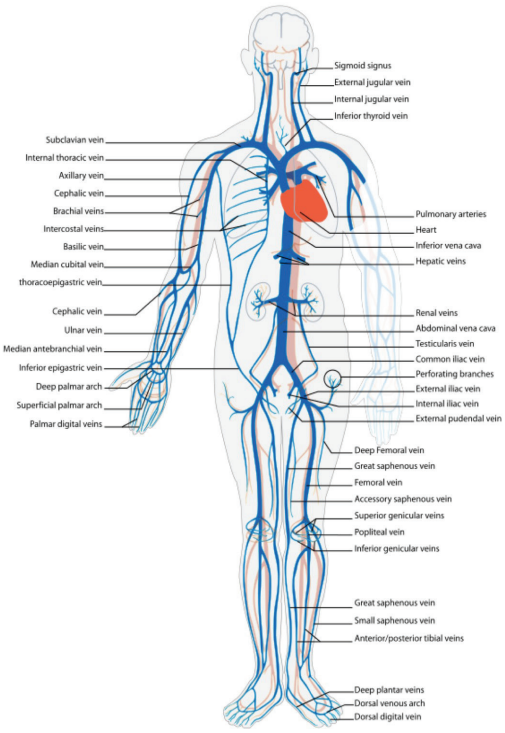
Vein Care

- Prolonging the life of injection sites by recognizing and seeking treatment for local injuries and infections can slow the progression to more risky injection sites
- This can prevent or delay some of the more serious injecting related harms

Slide 1.22 allows for discussion about veins and arteries, the differences between the two can be found in the handout at the end of this topic. Provide a copy of the handout and allow for discussion time so participants understand the differences.

Arteries and Veins





Slide 1.23 provides harm reduction messages on arterial injection. The information following has been adapted from the Vein Care resource. Encourage participants to obtain copies of the resource to have on hand at their NSP.

Harm Reduction Messages: Arterial injection

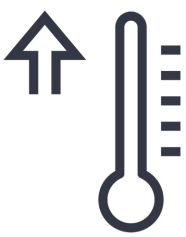
From: Hardacre, Preston and Derricott (2003) Preventing unnecessary vein damage: a briefing paper for those working with injecting drug users Exchange Campaigns: Queensland Health, Brisbane

- Do not inject into a blood vessel where there is a pulse
- Can cause weakening or a fungal infection of the artery wall
- **IF IT OCCURS**
  - *Immediately withdraw the needle*
  - *Apply strong pressure to the site for at least 15 minutes*
  - *Raise the affected limb*
  - *Seek medical advice*

Slide 1.24 discusses harm reduction practices around raising veins for injection.

Raising Veins

This advice may be helpful to raise a vein and therefore discourage injecting in other areas of the body



Hot water/heat pack/hot bath

Exercise

De-stressing

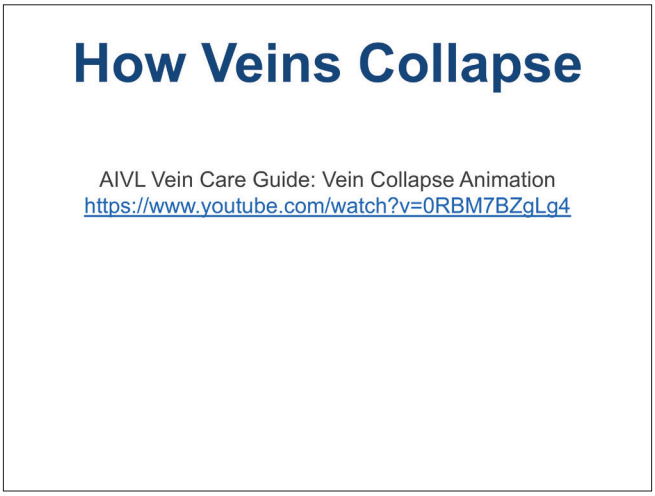
Keep water intake up

Tourniquet use if required

How Veins Collapse

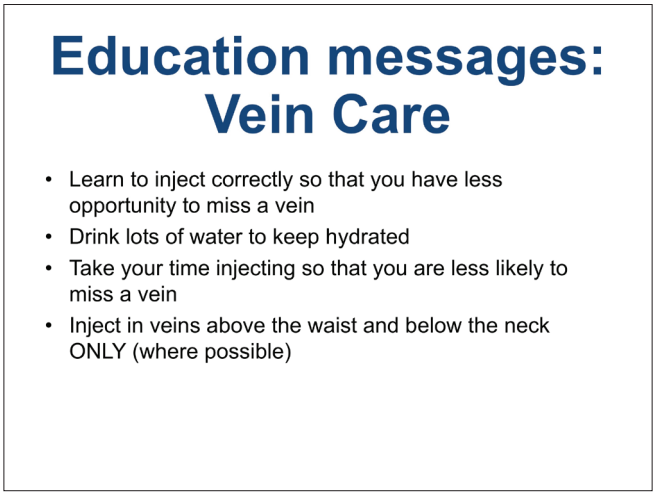
A thorough understanding of the process of vein collapse allows NSP workers to provide the best advice to clients on how to avoid, manage and treat it, in order to maintain vein health and the use of safe injecting sites for as long as possible.

Slides 1.25 provides a link to an AIVL video showing how veins collapse. There are five main steps in vein collapse:



1. Damage to the lining of the vein causes turbulence in the flow of blood, which causes clots to form on the inside of the vein. Damage can occur from the needle, barbed needles, the drug, injecting too often or too fast, infection and flushing.
2. The more often the needle is inserted into a single site, the more clots form. Gradually the vein becomes narrower as the clots form over or up against one another. The disruption of blood flow also causes more clots to form, making the vein even narrower, leading to greater disruption of blood flow.
3. Eventually the vein blocks, and the clots turn into scar tissue which shrinks and pulls the sides of the vein together, collapsing the vein.
4. Anything which might cause the blood to flow more slowly or clot will shorten the life of your veins. Once the vein collapses completely it doesn't come back and no new veins are grown.
5. Smaller veins will now have to transport more blood, which makes them appear more prominent. However, these veins now have thinner walls caused by the forced extra blood flow, and a very prone to collapse.

To prevent vein collapse, rotate or alternate injecting sites and always use new needles. Remember, once a vein has collapsed, it doesn't come back, and no new veins are grown.

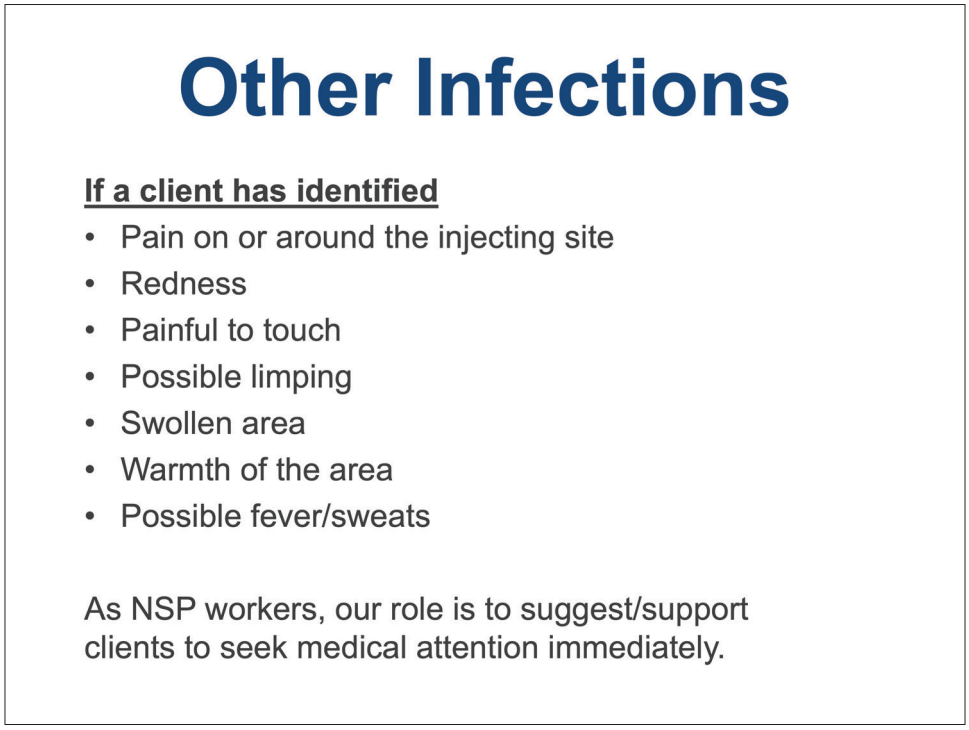


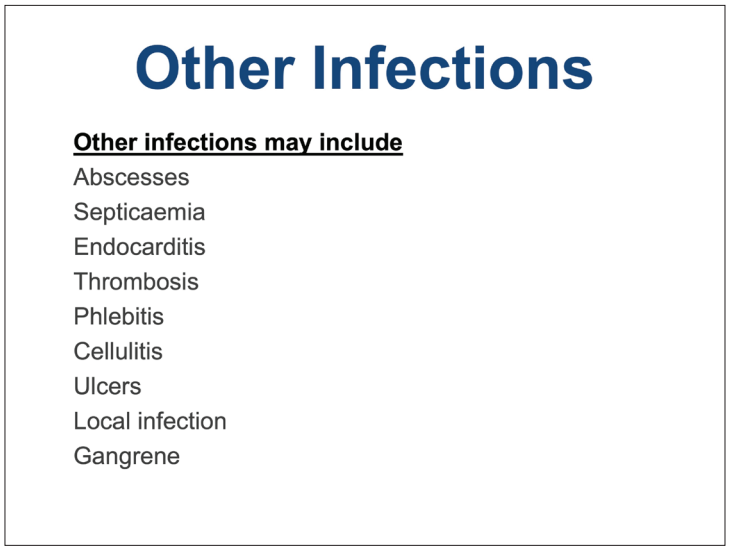
Slide 1.26 provides harm reduction messages on vein care:

Slide 1.27 Proper use of tourniquets is essential to both good vein health and preventing the spread of BBV. PWID should be advised to avoid their use as much as possible, and be cautioned against overtightening if they are used. A video demonstrating their proper usage is included in the resources section below for participants to watch in their own time, NUAA presents tourniquet techniques for safer using: https://www.youtube.com/watch?v=Qq63gcvWDko

Other injecting related infections

Slide 1.28 The role of an NSP worker is not to diagnose client's potential other injecting related infections. As NSP workers, the role is to suggest and support clients to seek medical attention immediately if they exhibit or describe any of the above symptoms.





Slide 1.29 lists the most common secondary infections experienced by PWID: Encourage workers to look for indicators when dispensing equipment and if appropriate, refer to a professional for treatment.

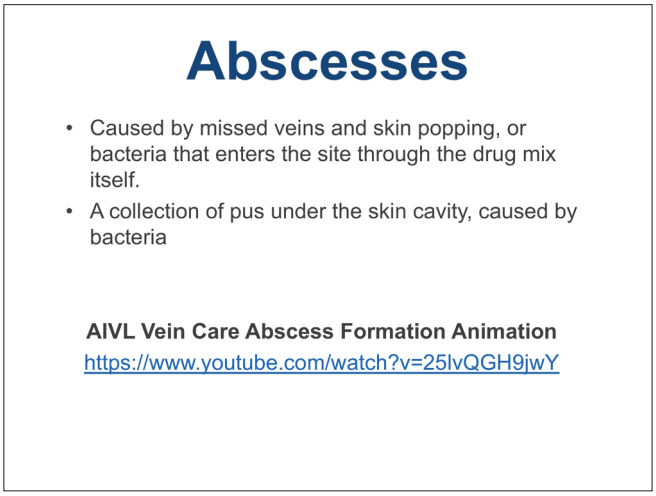
Abscesses

Slide 1.30 Abscesses may be caused by missed veins and skin-popping, or bacteria that enters the site through the actual drug mix itself. A collection of pus in a cavity under the skin, caused by bacteria

- Forms to localise an infection so it does not spread throughout body.
- Begins as a small hard lump at injection site

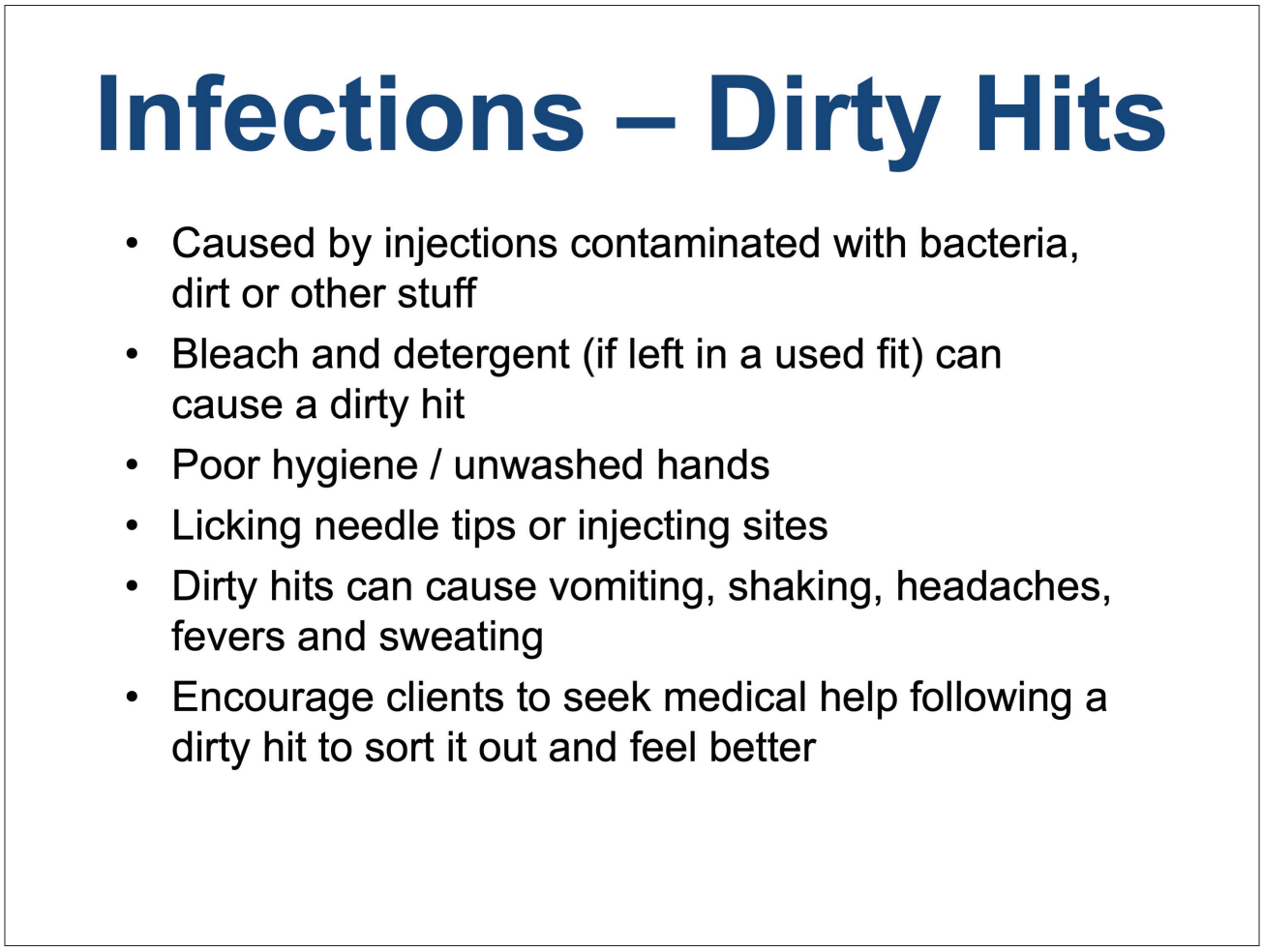
To treat: Requires antibiotics.

The slide contains a link to an animation of abscess formation, the AIVL Vein Care Guide Abscess Formation Animation: https://www.youtube.com/watch?v=25lvQGH9jwY (1min).



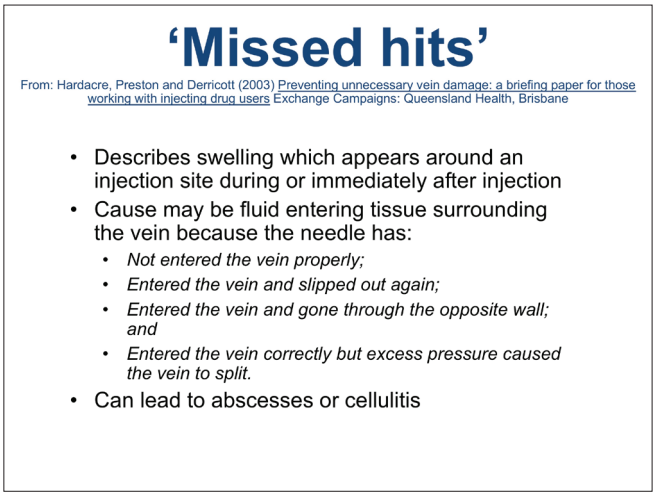
Dirty Hit

Slide 1.31 Encourage clients to seek medical attention if they have experienced a dirty hit. A common injecting practice is to inject a second time if the first hit is dirty, which can lead to overdose. Caused by a contamination such as dirt, bacteria, use of cigarette filters, powders or contaminants in the drug being injected. Medical attention may be required if severe.

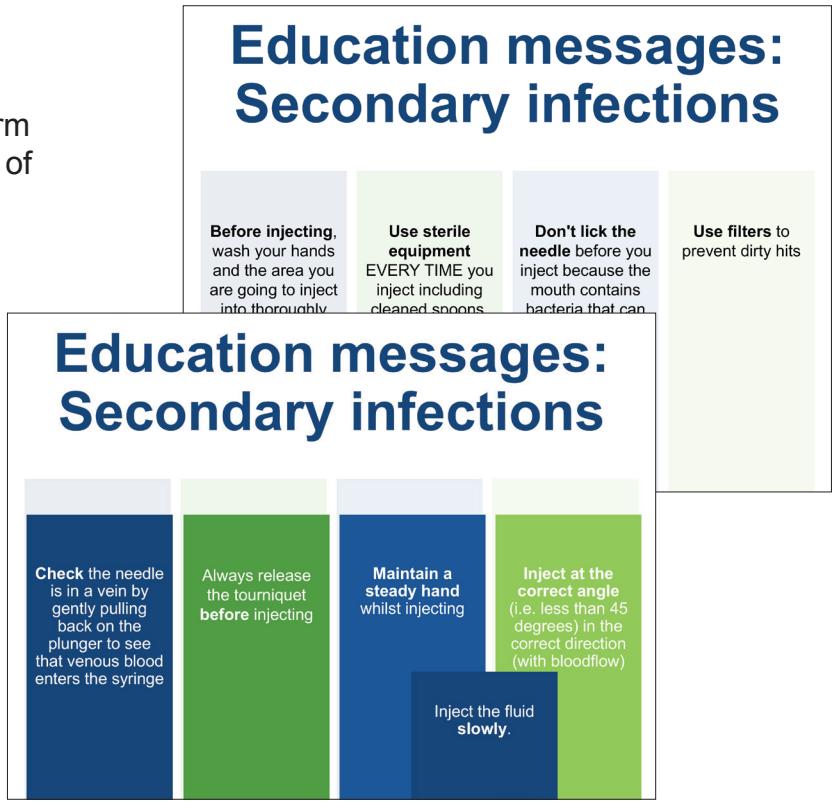


Missed hits

Slides 1.32 provide an overview of the causes of ‘missed hits’.



Slide 1.33 and slide 1.34 provides harm reduction messages for the prevention of secondary infections.



Slide 1.35 is an opportunity to go through the specific equipment distributed by your NSP. Explain what each item is, and what it is used for. Ideally, unpack a typical pack distributed to clients.

Provide the Handout: Needle and Syringe Dimensions and Use.

Note that some NSP services also supply additional equipment at cost, such as sterile water, pill filters and tourniquets. QNSP can provide information about such equipment.

Reassure participants that, in most cases, clients will know what type of equipment they require. In the instance where there is uncertainty, the handout discussing syringe and needle dimensions and use can assist. Suggest that workers keep this handy as a reference point. Often new clients who are intending to inject steroids may require assistance with the correct equipment choice.

ACTIVITY: Safer Injecting Game

The Safer Injecting Game fulfils several objectives. It:

- Provides a tangible, interactive learning experience about the injecting process
- Highlights the potential for BBV transmission throughout the injecting process
- Allows workers to understand the complexity of the preparation and injection of drugs
- Emphasises the need for clear information provision about the injecting process to reduce BBV transmission and encourage vein care.

Print out the cards provided in the resource section of this training manual. Before training commences, match each card with any equipment, paraphernalia or substitute (as in the case of the actual drug – use a sachet of salt or a small amount of sugar as a representation). Place in separate, plain envelopes.

Reassure participants that a drug substitute is being used, and that no actual injecting will take place. Reinforce due care with all sharps, and ensure that the procedure is conducted in a well-lit, uncluttered space.

Ask participants to select an envelope. If the number of people exceeds the number of envelopes, ask for volunteers. Alternately, if there are more envelopes than participants, suggest they take more than one envelope.

To carry out the game, players need to discuss the process with other players and place the cards (and their related equipment) in an order on a flat surface (generally the floor – this provides good viewing for all participants).

Move through the initial section as quickly as possible. Once the cards are in place, review with the participants and using the handout 'The Injecting Process', correctly place them in order.

Ask for a volunteer to demonstrate the process. Again reinforce that NO actual injecting will take place.

Adapted from ‘The Safer Injecting Game’ devised by Alan Yale, formerly of the Alcohol and Drug Services Council, Parkside, South Australia and reproduced in Lemon, G and Cogger, S. (2004) From Talk to Action: Talking Plain: a manual for people who work with young injecting drug users at risk of detention and hepatitis C QADREC: Herston, Brisbane

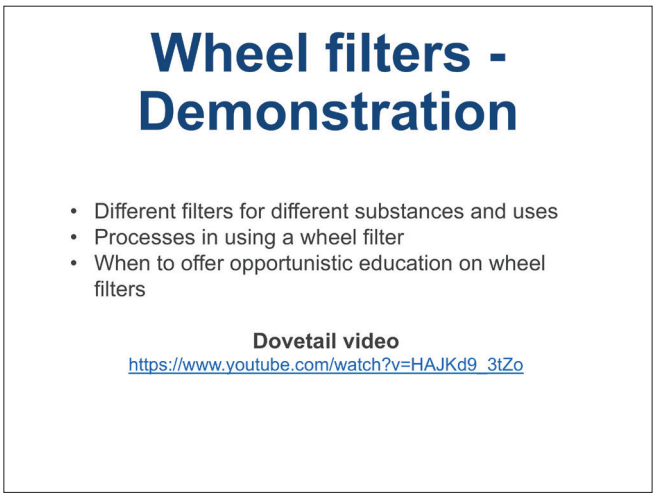
Proceed through the steps until Step 14. Using the VEINCARE resource, show the correct angling of the needle into the vein. To demonstrate the correct rate of injection, slowly empty the filled syringe into the bowl of the spoon, showing no turbulence in the solution as it enters the spoon. Take up the game at Step 17, reinforcing correct disposal technique.

Ask participants to reflect on how hep C or HIV may be transmitted throughout the injecting process. Have them identify the key areas in the process where infection could occur, and why. Similarly, look at potential secondary infections that might occur, and why they may happen.

Provide the handout: The Injecting Process (2 pages)

Wheel filters

Slide 1.37 Another component of the harm reduction toolkit are filters. Drugs are filtered to remove physical impurities such as fillers or bacteria. The use of filters can reduce vein damage, infection (including abscesses and septicaemia) and the incidence of dirty hits. NSPs either dispense or have filters for sale. Using other materials such as cotton balls or tampons as filters can result in infection or contamination from pieces of the filter itself. Filters handed out at NSPs are sterile and do not disintegrate.



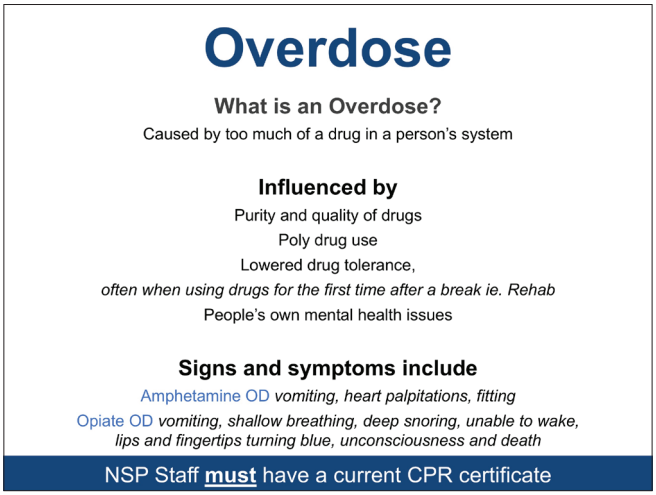
Common filters used in Queensland are cotton Venti filters and wheel filters. Different filters are suitable for different substances. Wheel filters are particularly effective for drugs which are normally found in tablet form. Many of these contain fillers such as chalk or wax, which can cause issues if injected.

Run through a wheel filter demonstration with staff ensuring an understanding of:

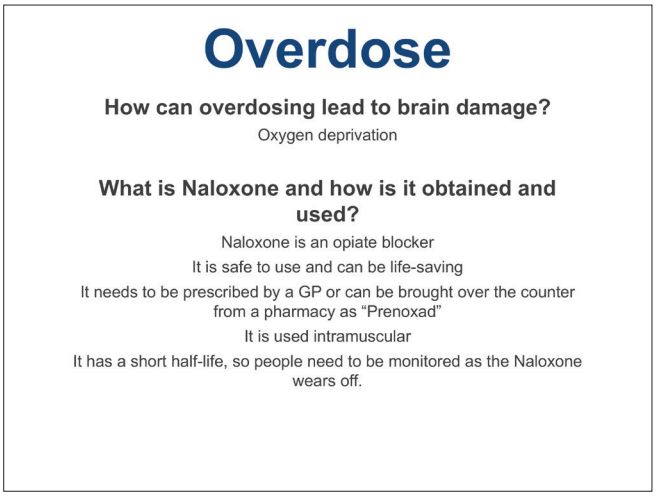
- When to use a wheel filter
- Which wheel filters to recommend for which drugs
- Processes involved in use of a wheel filter. Staff should be able to demonstrate this with clients as required.

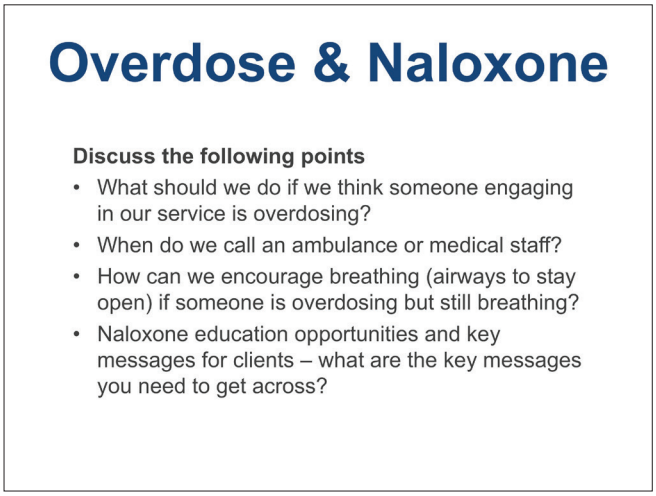
If equipment or time is an issue, the following link contains a video demonstrating the proper use of a wheel filter: https://www.youtube.com/watch?v=HAJKd9_3tZo

Slide 1.38 One of the most serious complications of injecting drug use is overdose, as it can result in death.



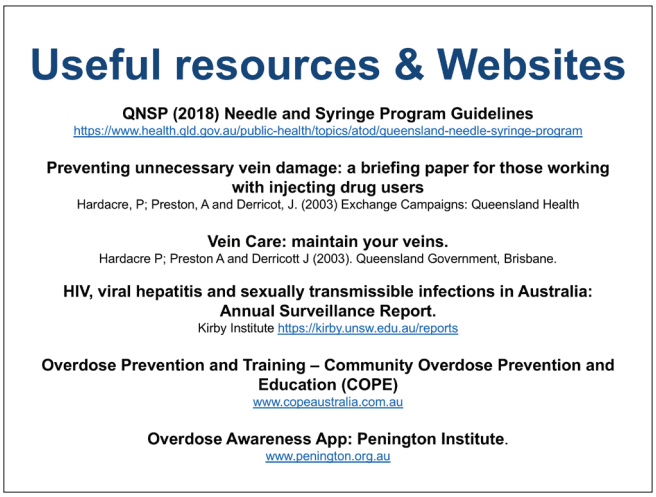
Slide 1.39 provides information on Naloxone, how it is obtained and used.





Slide 1.40 provides an opportunity for discussion on managing an overdose, and educating clients in the use of Naloxone. It is important that all NSP staff can provide either a referral for education, or direct education on the use of Naloxone. See handout for instructions. If time permits, an activity can be completed around administering Naloxone. Explore education messages that can be delivered to clients.

Slide 1.41 outlines a number of key resources that are available to NSP workers.



Slide 1.42 recaps the key information learnt in Topic 1. Refer back to the QNSP Guidelines document and the premise of providing education and information to PWID. Discuss how the prevention of secondary infections further highlights the opportunities that workers in Needle and Syringe Programs have to offer information, education, early intervention, prevention strategies, counselling, assessment, referral, treatment and many other services to clients accessing this service.

Recap: Topic 1

- The key BBV's relating to injecting drug use are HIV, HBV and HCV
- New HCV treatments are planned to make a significant impact on both the number of people living with a chronic HCV infection, and the number of new diagnoses amongst people who inject drugs
- Overdose can result in death. Educating clients about signs and symptoms and training NSP clients in the use of Naloxone will help to prevent overdose deaths.
- People who are injecting drugs may acquire other infections
- As NSP staff, we don't diagnose, we suggest and support clients to seek medical attention immediately if they exhibit symptoms

HANDOUT - Traffic light game cards

Sharing injecting equipment	**Sharing toothbrushes**
Sharing razors	**Sex, without any protection**
Body piercing and tattooing with unsterilized equipment	**Mother-to-Baby**
Scarification and other traditional cutting practices	**Blood transfusion**
From a toilet seat	**Bitten by a mosquito**
Sharing eating utensils	**Hugging**
Public Swimming Pools	**Eating food prepared by an infected person**
Sharing a towel	**Sharing a cigarette**
Sharing a drink	**Shaking hands**
Dirty hands	**Coughing**
Kissing	**Sex, using the contraceptive pill for protection**
Sex, using a condom as protection	**Breastfeeding**

Correct Answers to BBV Traffic Lights

CATEGORY	SCENARIO	DISCUSSION POINTS
High Risk	Sharing injecting equipment	If live hep c virus passes into another person's blood stream
Some Risk	Sharing toothbrushes	As above
	Sharing razors	As above
	Sex, without any protection	As above
	Body piercing & tattooing with unsterilized equipment	If not following infection control procedures
	Mother-to-Baby	5% risk of passing virus to baby during pregnancy
	Scarification and other traditional cutting practices	If not following infection control procedures hep c positive blood from one person may enter the blood stream of another person
	Blood transfusion	Risk if before 1990
No Risk	From a toilet seat	No blood to blood contact
	Being bitten by a mosquito	Mosquitoes live on blood (it's their food) & do not discharge it into another person
	Sharing eating utensils	No blood to blood contact
	Hugging	No blood to blood contact
	Public Swimming Pools	No blood to blood contact
	Eating food prepared by an infected person.	Blood is not passed through digestive system
	Sharing a Towel	No blood to blood contact
	Sharing a Cigarette	No blood to blood contact
	Sharing a Drink	not passed through saliva or body fluids
	Shaking Hands	No blood to blood contact
	Dirty Hands	No blood to blood contact
	Coughing	No blood to blood contact
	Kissing	Only if hep c positive blood from one person enters the blood stream of another person through an open cut/sore
	Sex, using the contraceptive pill for protection	Only if hep c positive blood from one person enters the blood stream of another person
	Sex, using a condom as contraception	Only if hep c positive blood from one person enters the blood stream of another person
	Breastfeeding	If nipples are cracked & bleeding and baby is teething during breastfeeding.

The Injecting Process - p1

Step		Process	Explanation
PREPARING TO INJECT	1	Clean the surface	Use warm soapy water or an alcohol swab to wipe down the surface where you'll prepare your hit. Remember to swab in ONE DIRECTION only.
	2	Clean your hands	Wash your hands with soap and water or use single, one directional wipes with new alcohol swabs. Be sure to clean in between the fingers and thumb.
	3	Swab the spoon	Wipe the bowl of the spoon once with a new alcohol swab and allow to dry.
PREPARING THE DRUG MIX	4	Place the drug in the spoon	If you are not sure about the quality of the drug or your tolerance to it, use a small amount first.
	5	Take needle and syringe from sterile package	Remove the needle and syringe. If a spoon is not available, the recess in the sterile package may be used for mixing the drug and water solution.
	6	Add water to the drug in the spoon	Use an ampoule of sterile water, or water that has been boiled, allowed to cool, and in a clean glass. The water can be drawn up in the syringe, to ensure the correct amount is used.
	7	Stir drug with the plunger of the syringe	Remove the plunger from the syringe and use the rubber tip to mix the solution. Replace the plunger.
	8	Place filter in the drug solution	Use a ranch filter from your fit pack, or a small piece of alcohol swab, tampon or cotton bud. Avoid using cigarette filters as they contain small inflexible fibres that can damage the veins or heart. If you are injecting pills, use a pill filter OR filter the mix AT LEAST THREE TIMES.
	9	Draw drug solution up into the syringe	Place the tip of the needle gently onto the filter. Be careful not to barb the end of the needle by pushing into the filter and catching on the spoon. Be aware of piercing the filter with the needle as this bypasses the filtering process.
THE INJECTING PROCESS	10	Tap out air bubbles	Remove air bubbles by pointing the needle skywards and flicking it on the side. Push the plunger up slowly until the air bubbles escape through the eye of the needle.
	11	Locate the vein	Choose your injection site, being careful to inject in a site that is above the waist. Running warm water over the injecting site will help raise a vein.

The Injecting Process - p2

Step		Process	Explanation
THE INJECTING PROCESS	12	Wrap the tourniquet	If you choose to use a tourniquet, use a tourniquet that is reasonably wide (not a shoelace, for example) and easily released. Wrap it above the injection site, and do not leave it in place for too long. If you have trouble finding a vein once the tourniquet is in place, release the tourniquet and try again.
	13	Alcohol swab the site	Wipe the injection site once, in one direction, with a new swab. If you don't have a swab, use soap and water to cleanse the site. These processes help lessen the risk of bacterial infections and abscesses.
	14	Insert needle into the vein and draw back	Put the needle into the vein at a 45o angle, with the bevel edge facing upwards. Blood will sometimes appear in the syringe barrel when the needle is inserted into the vein. Pull back the plunger and blood should appear. If there is still no blood visible in the fit, remove the needle and tourniquet, apply pressure (using a cotton ball or tissue) to stop any bleeding, take a deep breath and try again.
	15	Loosen the tourniquet	When you are certain that the needle is in the vein, release the tourniquet.
	16	Inject the drug	Slowly depress the plunger of the syringe. If you feel any resistance or pain, you may have missed the vein and will need to start again.
	17	Pull out needle	Remove the needle. Keep your arm straight, and apply pressure to the injection site (using a cotton ball or tissue) for a couple of minutes. Using a swab to stop the bleeding will actually discourage clotting.
CLEANING UP	18	Dispose of the syringe	Immediately after injecting, even if you are disposing of your fit, rinse it in clean cool water from the tap. Should you choose to reuse your fit (and this is not advised), this will remove most of the blood and reduce the likelihood of the fit from blocking and giving you a dirty hit. Dispose of the fit in a rigid walled, puncture proof container. Remember not to recap your fits.
	19	Clean up	If you have rinsed your fit, dispose of the rinsing water immediately so that it cannot be used by anyone else to contaminate his or her equipment with your blood. Clean up any surface blood spills with soapy water or bleach and disposable paper towelling.
	20	Wash your hands	Wash your hands with soapy water or wipe with a new alcohol swab to remove any traces of blood.

HANDOUT - Needle and Syringe Dimensions and Use

OBJECT	USED FOR
1ml syringe (27 gauge needle / 29 gauge needle)	Usually powder drugs (heroin, amphetamine) or other drugs easily dissolvable into a solution
3ml syringe	Usually steroids or larger amounts of powder/tablet drugs needing more water for dissolving
5/10ml syringe	Usually pills or steroids. Pills are crushed in a spoon then filtered and injected
10/20ml syringe	Usually methadone – requiring large amount of liquid for injecting
18 gauge x 1.5 inch	Draw up without point
19 gauge x 1.5 inch	To draw up steroids, methadone etc
21 gauge x 1.5 inch	Generally intramuscular injection
23 gauge x 1 and ¼ inch	Intramuscular injection
25 gauge x 5/8 inch or 1 inch	5/8 inch usually for IV use. 1 inch usually for intramuscular use but also deeper veins
26 gauge x ½ inch	IV use
27 gauge x ½ inch	IV or sub-cut
29 gauge x ½ inch	IV for fine veins or sub-cut
Cotton filter	Removes particles from any drug (esp less soluble ones)
0.2 micron wheel filter	Finest filter, removes bacteria (not viruses); used for highly water-soluble substances e.g. methadone, crystal methamphetamine (Ice), heroin
0.8 micron wheel filter	Oxycontin, buprenorphine, Morphine Sulphate Tablets (MSTs)
5.0 micron wheel filter	Chalky pills e.g. physeptone, ecstasy, benzodiazepines

HANDOUT: Wheel Filter Brochure

HANDOUT: Naloxone – Education messages for NSP Clients

Refer staff to the www.copeaustralia.com.au website for further resources and training materials to assist in writing a procedure for their workplace, if their workplace does not already have a response in place.

REFERENCES

ASHM (2018) Primary Care Providers and Hepatitis C. Available online at https://www.ashm.org.au/products/product/978-1-920773-42-7

Australia's Notifiable Disease Status: Annual Report of the National Notifiable Diseases Surveillance System http://www.health.gov.au/internet/main/publishing.nsf/content/cda-pubs-annlrpt-nndssar.htm

Hepatitis B Mapping Project: Estimates of chronic hepatitis B prevalence, diagnosis, monitoring and treatment by Primary Health Network – National Report. ASHM and VIDRL, The Doherty Institute. https://www.ashm.org.au/HBV/hepatitis-b-mapping-reports/

Queensland Health (2018) Queensland Sexual Health Strategy 2016-2021 Queensland Health, Brisbane https://www.health.qld.gov.au/public-health/topics/sexual-health/strategy

Hardacre, P; Preston, A and Derricot, J. (2003) Preventing unnecessary vein damage: a briefing paper for those working with injecting drug users Exchange Campaigns: Queensland Health

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Communicable Disease Control Guidance: Queensland Health. Available online at http://disease-control.health.qld.gov.au/

Lemon, G. and Cogger, S. (2004) From Talk to Action: Talking Plain: a manual for people who work with young injecting drug users at risk of detention and hepatitis C QADREC: Herston, Brisbane

Kirby Institute HIV, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report. The Kirby Institute, UNSW Australia, Sydney NSW https://kirby.unsw.edu.au/reports

Public Health Act 2005 (June 2006): available online at www.legislation.qld.gov.au/LEGISLTN/CURRENT/P/PubHealA05.pdf

Queensland Health (2016) Hepatitis B: available online at http://conditions.health.qld.gov.au/HealthCondition/media/pdf/8/118/74/hepatitis-b-v3

QNSP (2018) Needle and Syringe Program Guidelines Queensland Needle and Syringe Program, Department of Health: Brisbane https://www.health.qld.gov.au/public-health/topics/atod/queensland-needle-syringe-program

SUGGESTED READINGS & WEBSITES

The following readings and videos may provide useful background reading for instructors or may be relevant for participants.

Communicable Disease Control Guidance: Queensland Health. Available online

http://disease-control.health.qld.gov.au/

Public Health Act 2005 (June 2006): available online at www.legislation.qld.gov.au/LEGISLTN/CURRENT/P/PubHealA05.pdf

Queensland Health (2017). Guideline for the management of occupational and exposure to blood and body fluids. Available online at: https://www.health.qld.gov.au/__data/assets/pdf_file/0016/151162/qh-gdl-321-8.pdf

Queensland Health (2013). Management of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV) Infected Healthcare workers. Available online at: https://www.health.qld.gov.au/__data/assets/pdf_file/0037/368929/qh-gdl-321-3.pdf

AIVL (2013). Vein Care Guide Abscess Formation Animation. Available online at: https://www.youtube.com/watch?v=25lvQGH9jwY

AIVL (2013). Vein Care Guide Vein Collapse Animation. Available online at: https://www.youtube.com/watch?v=0RBM7BZgLg4

NUAA (2014). Tourniquet techniques for safer using. Available online at: https://www.youtube.com/watch?v=Qq63gcvWDko

Dovetail 2016: How to use a wheel filter

https://www.youtube.com/watch?v=HAJKd9_3tZo

TOPIC TWO: NSP SERVICE PROVISION – FROM THEORY TO PRACTICE

Presentation time allocated is 90 minutes. Allow time for questions throughout the presentation; however be mindful of time constraints. There are 2 activities associated with this Topic.

Aim

The aim of this topic is to discuss factors that influence NSP service delivery and enhance NSP service delivery through the provision of targeted information to clients.

Objectives

By the end of this topic participants will be able to:

- Apply an understanding of the core components of NSP to their work practices
- Appreciate the ways and means of enhancing service delivery for their client base
- Demonstrate the skills involved in the provision of NSP services

Resources required for Topic 2

- PowerPoint presentation
- Whiteboard and whiteboard marker pens
- Copy of activity cards
- Worksheet: Risks and alternatives
- Handout: Example of a statistics form
- Handout: Identifying and managing aggressive and potential violent behaviour

Examples of NSP specific resources

- BBV resources (Hep QLD)
- Safer injecting (AIVL or QuIHN)
- Signs and symptoms of Overdose/ Naloxone (COPE Aus/Pennington institute resources or QuIHN)
- PrEP and PEP (Qld Health)
- NSI & Safe disposal resource (Qld Health)

Slide 2.2 provides an overview of topic 2 and key learning areas.

Overview

- Mapping the local scene
- NSP Elements
- Attitudes, Stigma and Discrimination
  - Why understanding stigma and discrimination is important
  - Connecting with people at your service
  - Maintaining boundaries
- The Work
  - Monitoring and Evaluation
  - Equipment
  - Opportunistic Education
  - Referrals

NSP Essential Elements

ACTIVITY: Local culture of injecting drug use – what do we know?

This activity requires participants to examine the population of people who inject drugs that access their local NSP. Use the points below as a guide. (Can be printed from Handout: Mapping the Local Scene).

Activity

Local culture of injecting drug use – What do we know?

- What age groups tend to access the NSP?
- Can you identify particular cultural groups?
- What do you know about the living situation of the people accessing the NSP? Are they in steady accommodation or without shelter?
- How is their overall health? Are there common health issues that present at the NSP?
- What drugs of choice appear to be the most common? How much poly drug use is occurring? How do you know?
- How long have they been using?
- What knowledge do people who inject drugs have about the drugs they are using?
- What peer networks have you noticed?
- What service/networks do they appear to use? How do you know?
- What links do you, as a NSP worker, have with workers in other services that might assist local people who inject drugs?

Activity

Local culture of injecting drug use – What do we know?

- What trends, if any did you notice?
- Which groups seem to access their service more than others?
- Why might this be the case?
- If you do need to access a greater range, how might you access other people who inject drugs who are involved with risk behaviours?
- How can the information you have explored be used in NSP work?

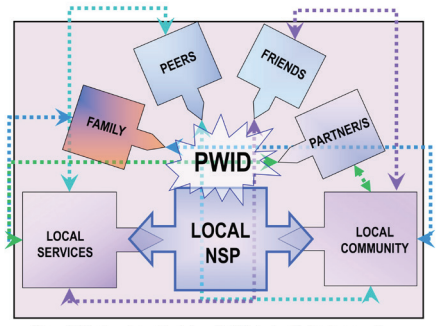


Diagram 1: Networks and connections between the NSP, clients and the broader community.

Slide 2.5 concludes the activity by providing an example of how people who inject drugs are part of everyday society and our communities. This sets the scene for the remainder of the training.

Slide 2.6 Allows for discussion of the most commonly injected drugs in Queensland. Introduce any regional differences in drug use. Encourage participants to find the most recent report from the Illicit Drug Reporting System (IDRS) at NDARC (www.ndrac.med.unsw.edu.au) which provides summary data per state of recent drug trends. At the end of this slide, challenge all participants to present to different NSP types in their region, to place themselves in the shoes of service users.

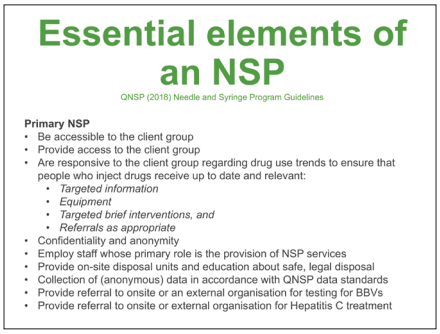
More commonly injected drugs

- Methamphetamines (crystal / base / speed forms)
- Opiates and opioids (including heroin, morphine, buprenorphine, methadone and fentanyl)
- Steroids and peptides
- Poly drug use increasingly common

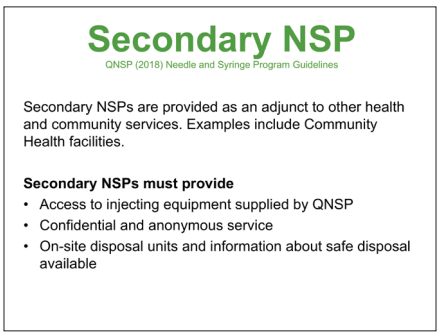
What makes trends? Why is important to know about different drug use amongst your NSP client base?

Research National sites such as NDARC to find out the most recent information from your State on drug use trends, availability and pricing. www.ndarc.unsw.edu.au

Challenge Activity



Slide 2.7 looks at the key elements of NSP operation from the QNSP Guidelines (2018). This slide relates to Primary NSP programs.



Slide 2.8 provides the core elements of a secondary NSP. Discuss with the group the differences and how NSP can still meet the QNSP Guidelines.

Slide 2.9 introduces key components to implementing these elements. Provide a handout of the Rights and Responsibilities and Code of Conduct for NSP from the QNSP Guidelines (2018).

Stigma and Discrimination

Activity – addressing stigma and discrimination

Make up the Activity cards attached to this activity. If you have specific scenarios relevant to your region, create cards to represent those if you wish.

You will need a clear space in the room to conduct this activity. Participants need to be able to take at least eleven small steps forward in a straight line to complete the game.

If space is limited, have a whiteboard handy and markers for each participant. Instead of pacing out the answers, participants can mark their progress on the board. Allocate each person a number from 1 to 7, then place these numbers down the left-hand side of the board. With each affirmative answer, the person places a mark roughly one hands' width to the right of their number. For example:

Ask for seven volunteers to select a card, and then to assume the role of the person on that card. Without revealing their identity to anyone else in the room, have the volunteers line up shoulder to shoulder at one end of the room. Inform them that, if they can answer 'Yes' to a statement you are about to read, then they can take a small step forward. If they are uncertain about how their character might respond, ask them to hold that idea but not move forward.

After completing the exercise, use the following uncertainties to explore some of the challenges facing people who inject drugs and wish to access non-judgmental health care and other services.

Slides 2.10 – 2.12

Questions - Can you (the character on the card):

- Feel as if you can get the help you need from doctors or health care workers generally?
- Feel accepted by society?
- Use your drug of choice in a public place?
- Access your drug of choice with safety?
- Use your drug of choice without fear of legal implications?
- Go overseas on holidays?
- Talk about your drug of choice freely with people you work with?
- Use your drug of choice in the company of family members?
- Issue a written invitation to friends to come to a party at your home and ask them to bring their drug of choice?
- Obtain positive information about your drug of choice through magazines that review the drug and which you can buy in the newsagent?
- Know that you will be treated with respect when you access a doctor or other health service provider?

Slide 2.13

At the end of the questions, ask participants to guess:

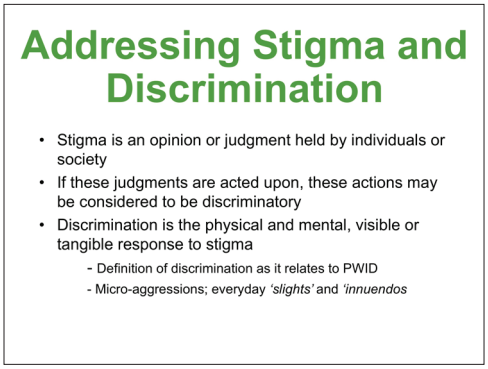
- What drug the person at the front of the room (or with the most marks on the board) is using
- What drug the person at the back of the room (or with the least marks on the board) is using.

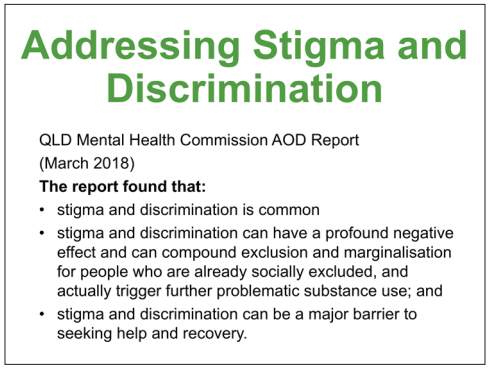
Have the volunteer role players reveal their identity. Discuss how the various social systems work to marginalise people whose drug use is considered outside of the law or unpalatable to society in general. Explore how this might make a person feel, particularly someone who needs to access a NSP for their equipment.

Ask participants to briefly suggest ways and means they already employ to demonstrate a non-judgmental, professional approach. Examine the potential impact of exhibiting a negative response towards NSP clients.

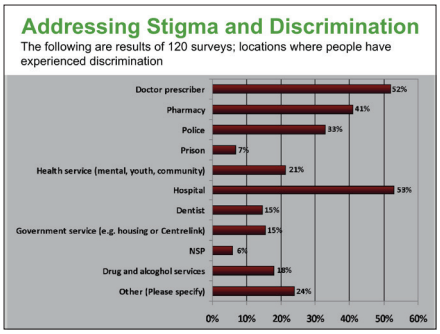
It can be useful to discuss the need for workers to be mindful of both verbal and non-verbal signals when talking about judgmental attitudes/behaviours. This will be discussed in more detail later on.

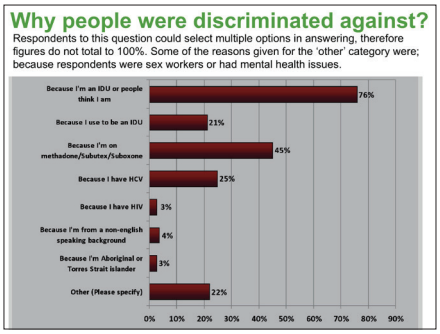
Also, reinforce the importance of making NSPs accessible; that is, a place where a client who requires a health related service can come without fear of censure or criticism. Explore the potential for this type of response to diminish the stated purpose of NSP service delivery.

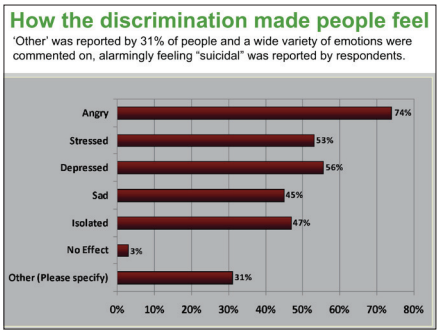




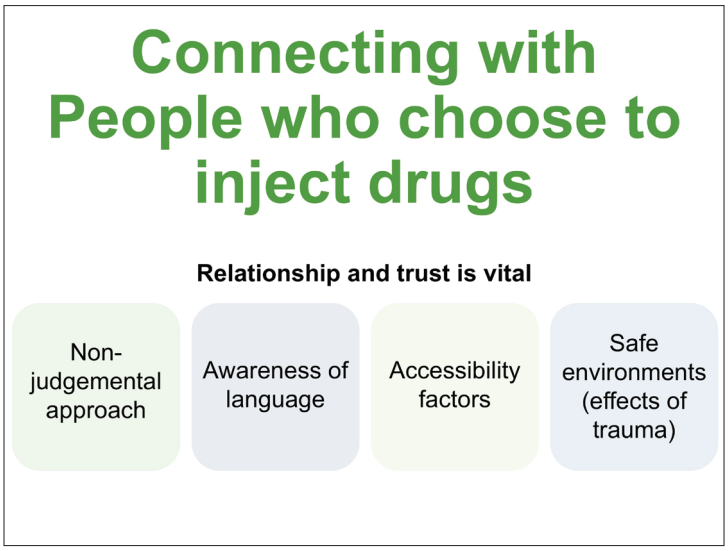
Slide 2.14 and **slide 2.15** provides definitions of stigma and discrimination and in particular how these relate to people who inject drugs. This is followed with information from the Queensland Mental Health Commission AOD report (from 2018), which outlines the frequency and effects on people who experience stigma and discrimination accessing these services.







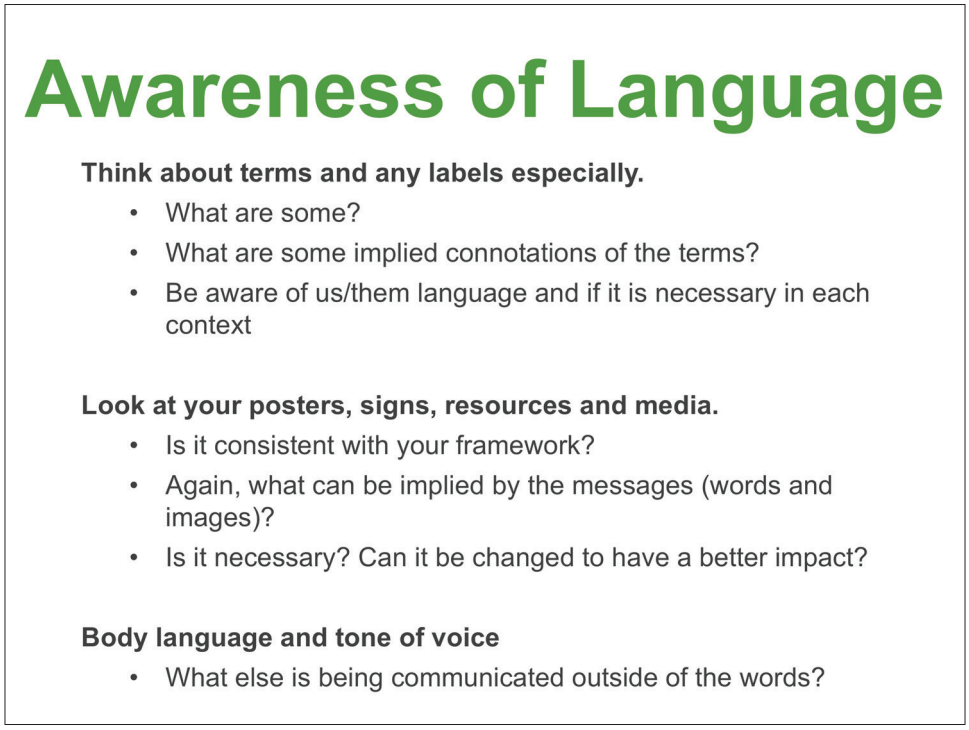
Slides 2.16 to 2.18 presents data from the AIVL National Reporting of Discrimination Survey. While a small sample size, the data captured is relevant in helping NSP staff to understand from a clients perspective how clients report feeling when accessing health services. While the level of stigma and discrimination faced when accessing an NSP was low, it's important to recognise that people still felt a level of stigma when accessing. These slides lead into the activity addressing stigma and discrimination where staff will be asked to consider scenarios regarding access to health services.



Slide 2.19 provides key points relating to building trust with people accessing NSP services. The information will be covered in the following slides.

Slide 2.20 discuss the non-judgemental approach and the premises introduced in the essential elements of an NSP.

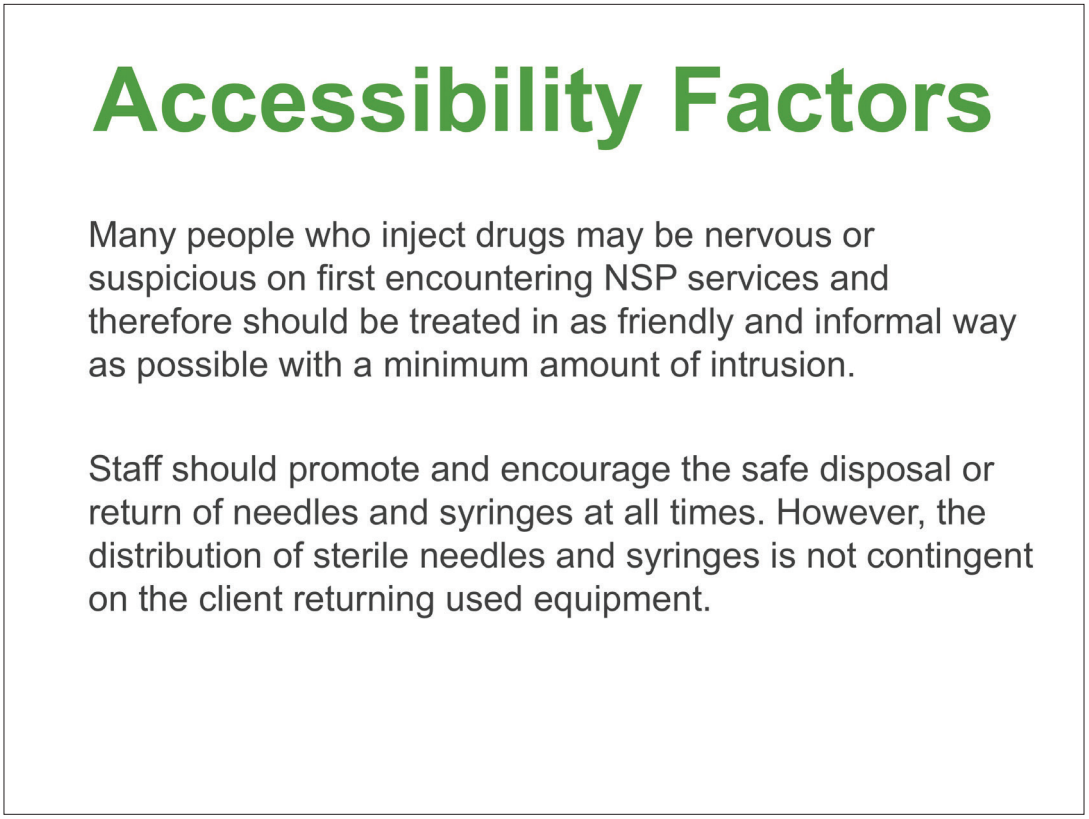
Slide 2.21 provides discussion points to consider when discussing working with people who inject drugs, and people who are accessing NSP services. Link this information back to the stigma and discrimination activity and the QNSP Guidelines.



Slide 2.22: At this point, have a short discussion with participants about the accessibility of their service. Discuss the questions “What could make an NSP accessible and people feel welcome?” and “Is there any way your workplace could improve accessibility and friendliness?” Encourage participants to view their service from the point of view of a client accessing the service for the first time. Do they feel welcome? Do they feel comfortable to ask for what they need? If not, what changes can be made?

Providing safe environments

Slide 2.24 provides key points on creating a safe environment for both staff to work in and clients to access.



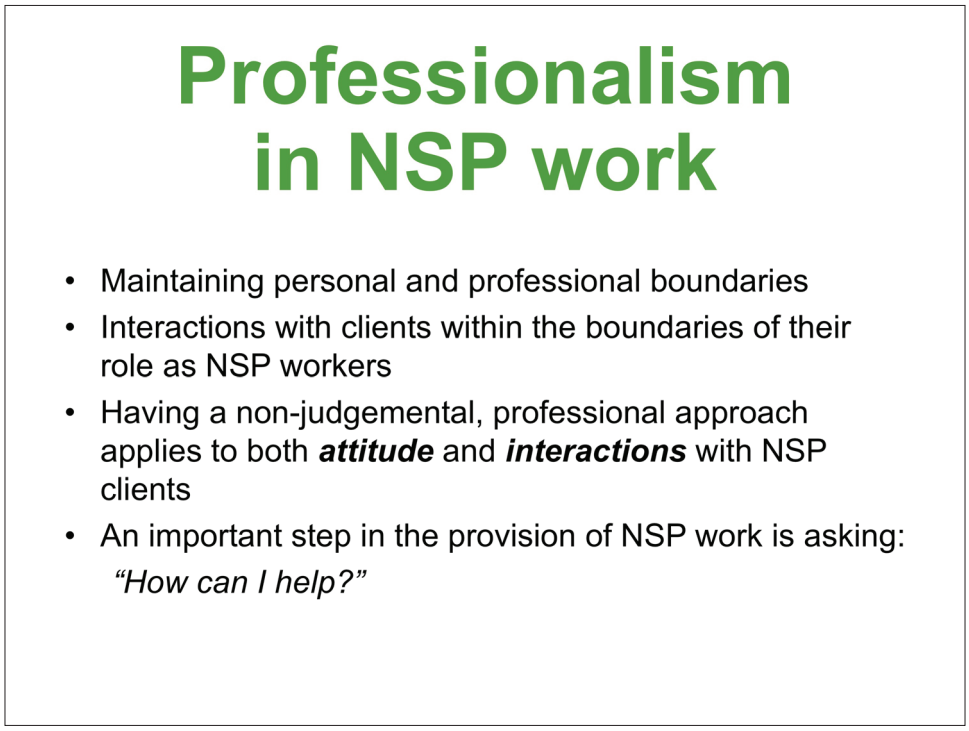
This slide introduces the discussion of confidentiality, trauma, the influence of personal experiences, and discussion around minimising and identifying risk and aggression. Trauma and Post Traumatic Stress Disorder (PTSD) are important fundamentals to understand when working with people who may access NSP. In particular, having an understanding of these issues allows you, as a staff member, to consider the environment in which you are providing services, and how this environment can be safe and accommodating to people's needs when they access.

Remind staff that both clients and staff will have their own personal issues, whether it be having a bad day, stressful work day, life stressors, that recognizing these differences exist will assist in providing a safe environment. Provide the handout on identifying and minimising risk and aggression in the workplace and discuss with staff how they might implement this in their workplace.

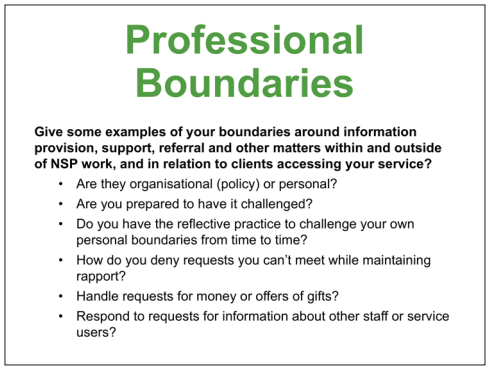
Remind staff that supervision and debriefing are important in maintaining self-care, ensuring this is done in a confidential manner.

Slide 2.25 discusses the importance of professionalism in NSP work and considers:

- Maintaining personal and professional boundaries
- For Queensland Health staff: Adhering to Queensland Health Code of Conduct, particularly related to confidentiality
- For community based NSP staff: Adhering to your service's policies and procedures around confidentiality, and the process outlined within the QNSP Guidelines 2018.
- Discuss with participants that being 'professional' is about interacting with NSP clients within the boundaries of their role as NSP workers – to provide sterile injecting equipment, and information where appropriate.
- Also explore participant understanding of confidentiality and how it is applied. For example, what is said here, stays here.
- Have them discuss how this can be implemented within the context of a NSP. Provide copies of the your organisations client charter or privacy policies.
- Having a non-judgemental, professional approach applies to both attitude and interactions with NSP clients.
- An important step in the process of NSP service provision is asking 'How can I help?' This is a key question because it is simple for workers to remember, represents a non-judgmental and professional approach, and reminds participants of their primary role as health and welfare workers – to offer and provide assistance to clients presenting to services.



Slide 2.26 allows for discussion of professional boundaries.



Sticky Situations

- Someone has entered your service telling you that someone is injecting in your carpark. How do you handle it?
- A young lady has asked for 500 x 1mls. What do we do?
- Someone has asked for train fare or money for a script. What options do you have?
- A client from a regional area accesses the NSP and requests 300 1mls, what do you do?
- A 15 year old walks in the door seeking injecting equipment
- A pregnant lady accesses your NSP and asks for a fit pack – do you give her equipment?
- Someone you know accesses the NSP you work at asks for injecting equipment – how do you react when you see them next outside of work?
- A person asks for injecting equipment, they appear intoxicated – what do you do?
- A person in a wheelchair cannot access your NSP because of the stairway entrance. What can you do?

Slide 2.27 discusses interactions that may occur in an NSP and asks staff to consider how they might address these 'sticky' situations.

Supply injecting equipment

Slides 2.28 / 2.29 provide information about the supply of needles and syringes, according to the Queensland Needle and Syringe Program Guidelines 2018. Staff should be aware of the equipment limits as per the QNSP Guidelines and limitations on providing disposal facilities and containers to commercial enterprises, as noted in the QNSP Guidelines.

Supplying Injecting Equipment

NUMBER OF NEEDLES AND SYRINGES TO DISTRIBUTE
A maximum of 100 needles & syringes and a maximum of 20 winged infusion sets (butterflies) shall be dispensed per occasion of service. An appropriate disposal shall also be supplied.

The number of needles and syringes may be increased in special circumstances e.g. Where the client has difficulty accessing the service at regularly (or more people are using their equipment or they are at risk of running out/re-using or sharing the equipment). Staff should exercise discretion, bearing in mind the primary aim of the NSP (to reduce the spread of BBVs) and the need to ensure public accountability.

Discussion

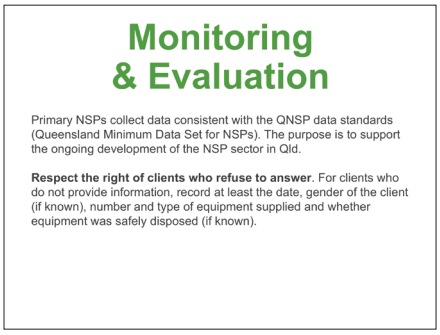
How might you use discretion where people request more than the maximum number of syringes? Always keep in mind the goal of NSP (reduce the spread of BBV transmission) and consider:

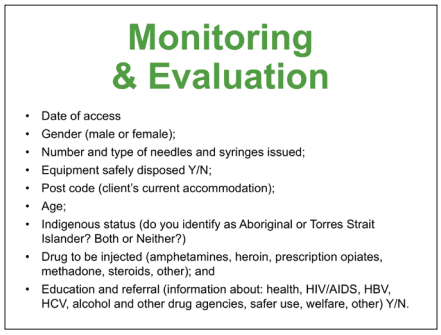
- Clients who live a distance from the NSP
- Frequency of injecting
- Number of people using their equipment
- Accessing poor veins
- Familiarity NSP staff have with client
- Is there room for other education?
- Clients goals of reducing or ceasing injecting

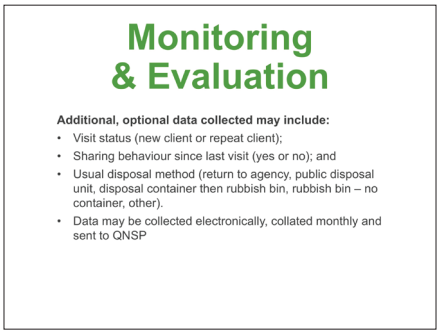
Slide 2.30 allows for discussion around providing equipment greater than the QNSP Guidelines recommendations.

Monitoring and Evaluation

Slides 2.31 to 2.33 provide an overview of the monitoring and evaluation requirements of NSPs in Queensland. Recording some basic statistics is an important component of NSP services. Remember to respect people's privacy and confidentiality when collecting statistics.







Basic information can be gained while sterile injecting equipment is being supplied to individuals.

Ask participants to suggest ways in which the information can be gathered with a minimum of intrusion. For example, you might say something like: "I need to ask you a few questions for our statistics – your answers are confidential - is that OK?"

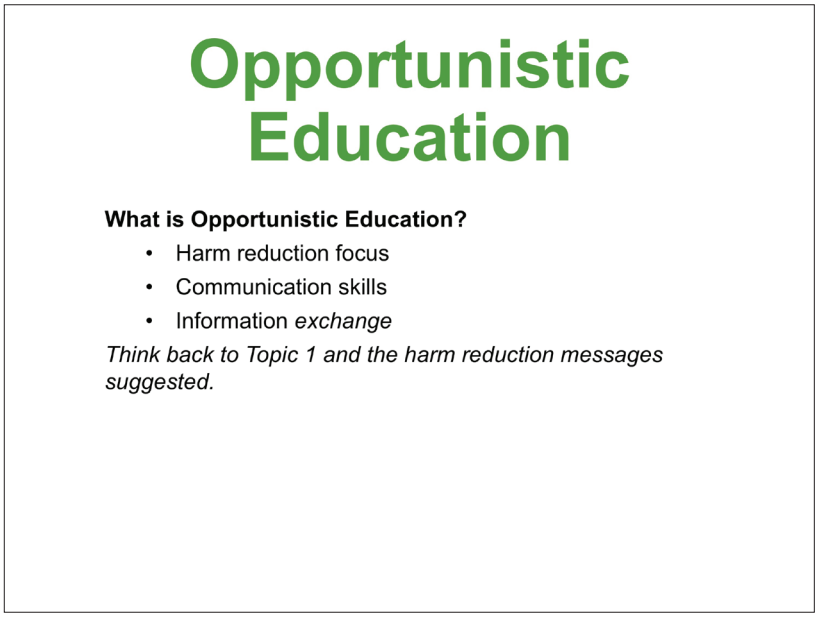
When services have established a professional approach with clients, the vast majority of clients do not have any difficulty complying with the request for statistics. It can sometimes be of use to explain that the information supplied assists the service to better target the information and assistance it provides to PWIDs.

Respect the right of clients who refuse to answer. For clients who do not provide information, record at least the date, gender of the client (if known) and number and type of equipment supplied.

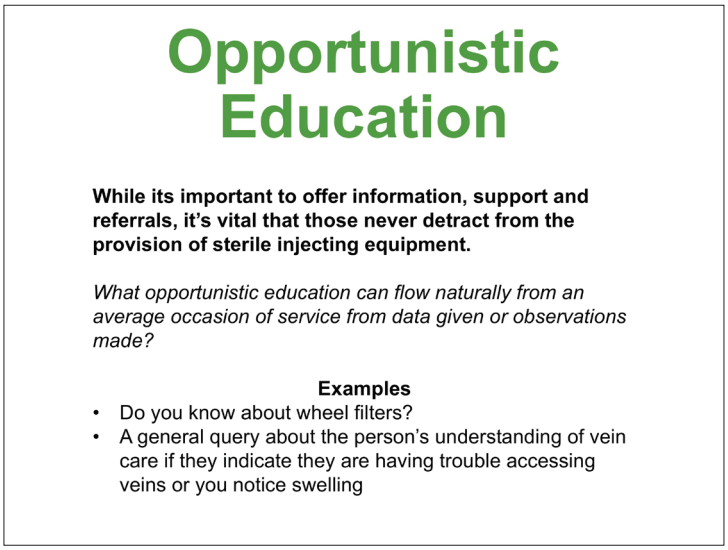
Show an example of a form used for filling out statistics. Discuss e-versions of stats and how this is implemented in your service.

Opportunistic Education

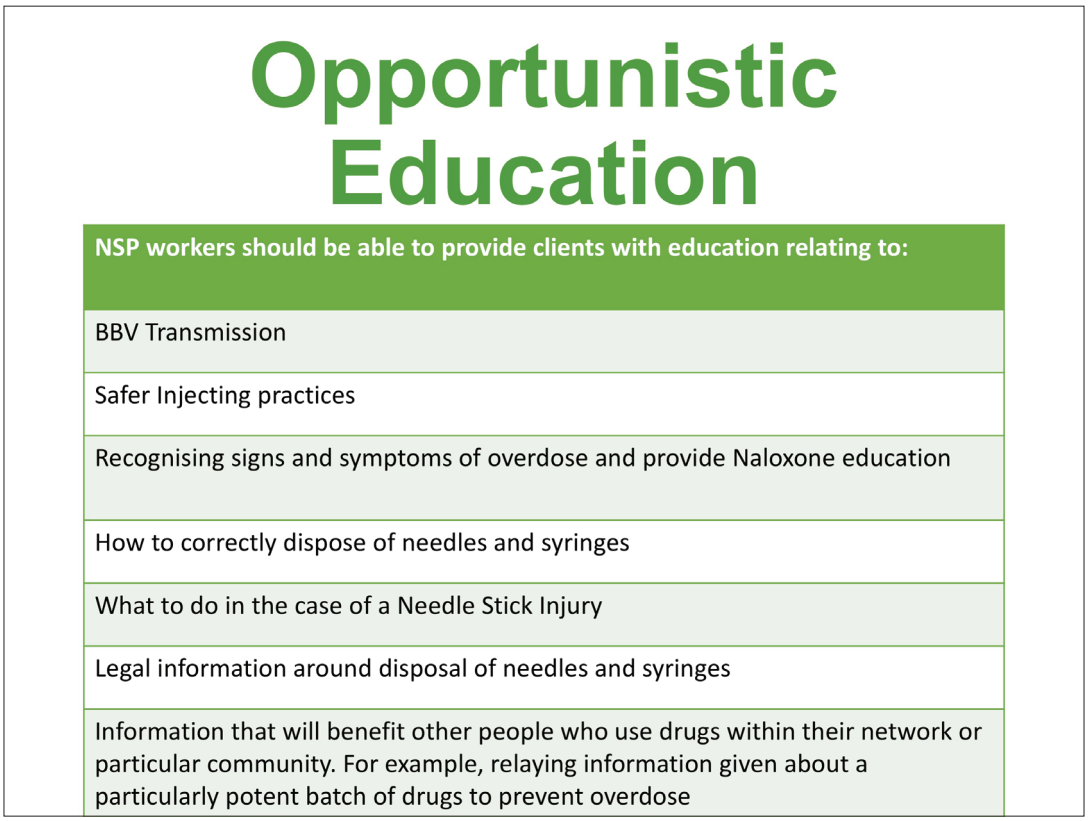
Slide 2.34 examines the opportunistic education and how opportunistic education is applicable to NSP work. Briefly explore the key aims of opportunistic education. It is important to reiterate that NSP workers must operate within the limits of their knowledge and skills, and that no one is required to be an expert on all things. Hence, the baseline opportunistic education approach is to provide simple content from existing resources. Reinforce that while the provision of information, referral, support and assessment is an important component of NSP service delivery, QNSP Guidelines state that this should not detract from the primary NSP purpose, which is the provision of sterile injecting equipment. Encourage discussion about how this can best be done in the NSP setting.



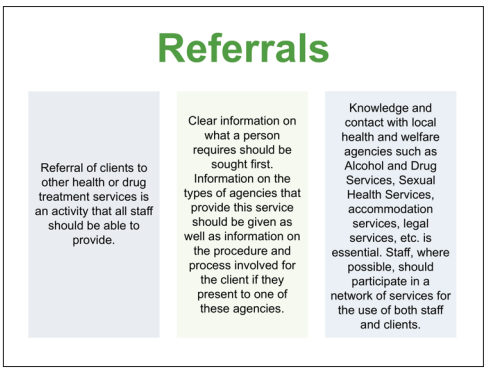
Slide 2.35: Refer participants to the QNSP Guidelines Appendix D: Sample protocol for the operation of needle and syringe programs. Reinforce that no one is expected to be an expert on all topics, however becoming familiar with resources that are available is an important aspect of service delivery and opportunistic education. Explain that opportunistic education is about providing short, to the point messages to clients accessing the NSP. Remind participants that all NSPs have access to a range of educational resources, and requests for further supplies can be made to Adis 24/7 Alcohol and Drug Support Ph. 1800 177 833 adis.health.qld.gov.au.



Slide 2.36 provides examples of opportunistic education relevant to the NSP setting.

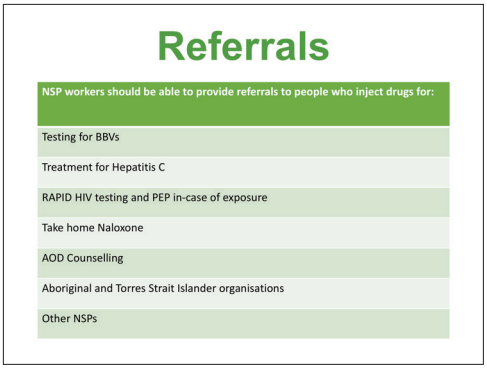


Referrals

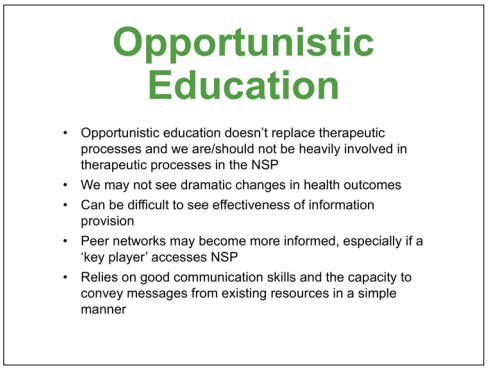


Slide 2.37 provides information on the importance of knowing local referral options. Encourage staff to visit organisations that are referred to often in the NSP.

Slide 2.38 provides examples of referrals relevant to the NSP setting.



Slide 2.39 summarises information about opportunistic education in the NSP setting.



ACTIVITY: Risks and Alternatives

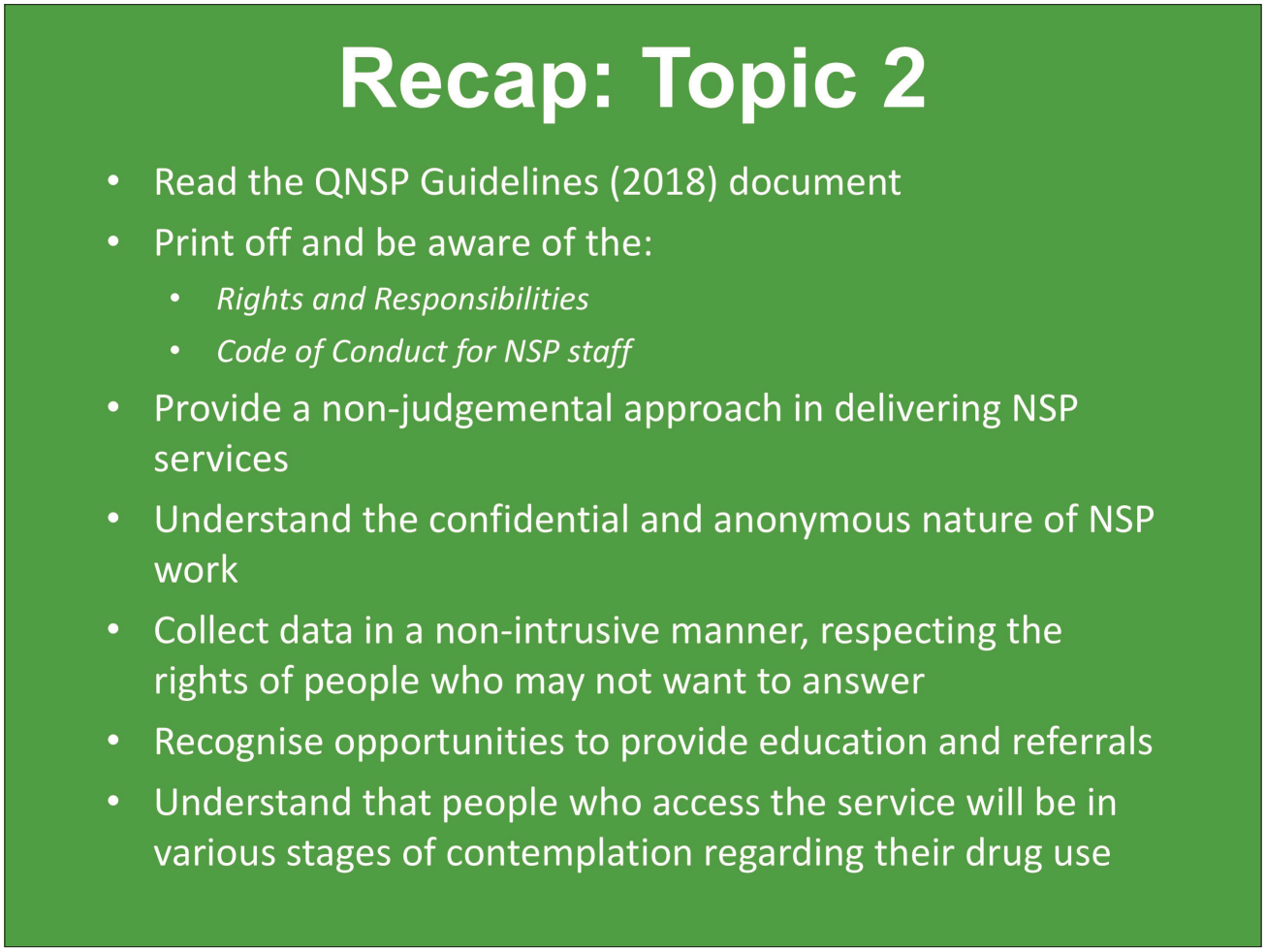
Use the worksheet 'Risks and Alternatives' to explore situations that might arise at an NSP. Have participants work in small groups and provide them with a range of resources to choose from in developing their messages. Encourage them to consider the real risks that have been mentioned, and which issue requires the most immediate focus. Reinforce that messages are to be short, simple and to the point.

Allow adequate time for this exercise (being mindful of time constraints). As groups feedback their responses, note the varying degrees of engagement with the 'client'. Refer back to the three levels of connection with opportunistic education (content focused, behavioral based and observational) and relate back to participants that each is valid, dependent on the service provider's level of experience and qualifications.

Slide 2.41 provides a recap of Topic 2 key points.

Remind participants that the success of each NSP hinges on the characteristics of the service and its staff. Emphasise to the participants that respecting confidentiality and anonymity of clients is of paramount importance..

Invite any brief unanswered questions or discussion points to be raised. Address any unresolved issues (but keep to time). Provide information for follow up contacts, relevant local services, information and resources available to participants upon completion of this training program.



Training Evaluation and Feedback

Ask participants to spend a few minutes completing the evaluation form. Explain that this information is confidential, and will be used to improve the training provided by you, the trainer, and the efficiency of the training content overall.

As you bring the program to a close, ensure that participants are clear about all issues covered and where they can go for further resources and information.

Close the session and thank participants for their time and attendance. Collect training evaluation forms as participants leave.

The Trainer's Endorsement

You may wish to offer a short assessment for group participants, however this is not required for successful completion of the Advanced NSP Training course. Endorse the applicant as being a suitable person to become a NSP worker in Queensland, who understands the key concepts of NSP and can articulate an appropriately non-judgmental attitude.

If you are in any way unsure that a person is appropriate for the NSP, discuss the matter with your line manager, or QNSP head office. Outline your concerns and whether they can be ameliorated through further training.

Provide a certificate of completion for all group participants.

You are required to send to QNSP the list of people that have completed the NSP Advanced Training outlining their name, role and site.

This concludes the training.

HANDOUT – MAPPING THE LOCAL SCENE

What age group/s tends to access the NSP?

- ☐ Under 15
- ☐ 15 to 19
- ☐ 19 to 24
- ☐ 24 to 30
- ☐ 31 to 40
- ☐ 41 and over

Which particular cultural groups can you identify?

What knowledge do PWID have about the drugs they are using?

What do you know about the living situation of the people accessing the NSP? Are they in steady accommodation or without shelter?

What peer networks have you noticed?

How is their overall health (are there any common issues that present at the NSP?)?

What service networks do they appear to use? For example, are they accessing a number of health and welfare services in town? How do you know?

What drugs of choice appear to be the most common? How much poly drug use is occurring? How do you know?

How long have they been using?

What links do you, as a NSP worker, have with workers in other services that might assist local PWID?

HANDOUT: Addressing Stigma and Discrimination: Activity Cards

You are a 15-year-old who uses speed recreationally, generally when there's a rave on. You live in an area just outside of the capital city.	You are a 26-year-old who works with in an injecting drug user organisation. You are a regular injecting heroin user, and you have hep C.
You are a 43-year-old who works in an office, and you meet a friend for coffee every day at lunchtime.	You are an 18-year-old apprentice mechanic, and you snort speed at least once a week, on the weekends.
You are 16 and have been living on the streets since you were eleven. You score heroin every now and again, but usually sniff paint.	You are 33 and own your own business. You usually have a 'tallie' after work, every night.
You are 47 and inject heroin, although you will use speed when you can. You have only recently become unemployed after several years of casual work.	

HANDOUT: Client Aggression Checklist

Individual factors (clients / visitors)

- Be calm, don't confront
- Be aware of impact of environment context & staff behaviours on clients, visitors & other staff
- Anticipate effect of client state of mind
- Speak to people courteously using their name (where possible)
- Try to understand their main concerns, provide information
- Emphasise a desire to help
- Allow personal space

Context

- Update clients about waiting times
- Regularly update clients & visitors on any pertinent information
- Ensure groups are rotated to minimise congestion & limit numbers of external visitors when required (i.e. don't organise service tours on days that are likely to be busy etc)
- Use duress system or contact police when concerned for personal safety of self/others

Physical environment

- Well designed & maintained areas
- Reduce noise where possible
- Maintain good visibility/ Casual surveillance
- Provide distractions where possible i.e. reading materials, good seating, video etc
- Allow separation of clients, visitors & staff where possible
- Limit presence of potentially dangerous objects, knives etc)

What to do

- Take precautions/be vigilant
- Alert others
- Follow procedures
- Familiarise self with evacuation plans & duress systems
- Alert others to your presence if working alone or in isolation
- Move clients & visitors away from any disturbance
- Aggression risk assessment for clients
- Allocate staff to provide reassurance to clients & visitors in vicinity of disturbance

Individual factors (staff)

- Be attentive to clients & visitors concerns
- Present professional manner at all times to each other
- Remain calm & courteous
- Buddy inexperienced staff
- Provide timely information to clients, visitors & staff
- Initiate debriefing & other supports as required
- Participate in aggression management training
- Be aware of professional boundaries & of client perceptions of staff (don't gossip with clients, don't engage in street talk, don't create unrealistic client expectations

Adapted from following source: NSW Health (2003) "A safer place to work—preventing and managing violent behaviour in the Health workplace", Module 1 HLTCSD6A "Respond effectively to difficult or challenging behaviour (Version 1) July 2003.

WORKSHEET: Risks and Alternatives

Using the scenarios below, identify the risk behaviour or behaviours and create a short opportunistic education message that you might use.

SCENARIO ONE

"I feel like a real idiot! I've been really careful in the past to make sure I use my own stuff, and then the other night I went into the bathroom to get a clean fit and realised I was out of new ones, so I thought I'd grab a used one. I only just found out a mate of mine had put her used pick in there the day before and didn't tell me! And she's got bloody hep C!"

RISK:

SHORT MESSAGE:

SCENARIO TWO

"You know, I always use the same fit as my boyfriend because, well, you know, we have sex and I really trust him to look after me and stuff and he wouldn't do anything that would hurt me, don't you reckon?"

RISK:

SHORT MESSAGE:

SCENARIO THREE

"What's a filter? I've never used anything like that – it just wastes your gear! You get more in the needle without using one!"

RISK:

SHORT MESSAGE:

SCENARIO FOUR

"Why do I have to change where I inject? It's always worked for me to shoot up in my arm – I'm not sick and look, there's no bruising or anything! I've never had any problems!"

RISK:

SHORT MESSAGE:

REFERENCES

QNSP Guidelines 2018 https://www.health.qld.gov.au/public-health/topics/atod/queensland-needle-syringe-program

Hospital and Health Boards Act 2011 (current as at 5 March 2017) p. 138 Office of the Queensland Parliamentary Counsel http://www8.austlii.edu.au/cgi-bin/viewdb/au/legis/qld/consol_act/hahba2011230/

AIVL Stigma and Discrimination Reporting of Discrimination Survey May 2012/June 2015 http://www.aivl.org.au/stories/discrimination-survey-results/

SUGGESTED READINGS

The following readings may provide useful background reading for instructors or may be relevant for participants.

Dolan, K.; Clement, N.; Rouen, D.; Rees, V.; Shearer, J. and Wodak, A. (2004) Can drug injectors be encouraged to adopt non-injecting routes of administration (NIROA) for drugs? Drug and Alcohol Review 23, 281 – 286 https://onlinelibrary.wiley.com/doi/abs/10.1080/09595230412331289437

Giddings, D.; Christo, G. and Davy, J. (2003) Reasons for Injecting and Not Injecting: a qualitative study to inform therapeutic intervention Drugs: education, prevention and policy, Vol. 10, 1 https://www.tandfonline.com/doi/abs/10.1080/0968763021000040932

Respecting Your Privacy may be accessed via https://publications.qld.gov.au/dataset/health-information-privacy/resource/87e6b9f4-f4e3-4c23-9cd9-7a8926268921

Insight Queensland Health: E-Training courses on Stages of Change Model www.insight.qld.edu.au

Queensland Mental Health Commission: https://www.qmhc.qld.gov.au/research-review/stigma-discrimination/alcohol-other-drugs-stigma

HANDOUT: TRAINING EVALUATION AND FEEDBACK (2 pages)

Date of training	

The following information is confidential and will assist in improvements to the training package and trainer performance.

How much contact do you have with people who inject drugs? Please circle:

Daily Weekly Monthly Occasional

Gender _____ **Number of years working in your current field** _____

Current field of work (please circle):

NSP Only Youth work Nursing Sexual Health Administration
Health (general) Mental Health Volunteer Student Other

If other please specify _____

Please rate the following components of the training by indicating your level of satisfaction and provide comments if any.

1 = Very Poor *2 = Poor* *3 = Fair* *4 = Good* *5 = Very Good*

	Rating	Comments
Trainer's knowledge		
Trainer's facilitation skill		
Content of the training		
Opportunity to discuss issues		
Training information/ resources provided		
How well did the training meet your expectations?		
Length of training – was it appropriate, too short or too long?		

I found the following elements of the session to be the MOST USEFUL to me (tick those that apply)

- ☐ BBV information
- ☐ Injecting Sites
- ☐ The injecting process
- ☐ Doing activities
- ☐ Vein Care
- ☐ Secondary infections
- ☐ Opportunistic education
- ☐ Listening to other people's experiences
- ☐ BBV transmission
- ☐ Making NSP's user friendly
- ☐ Seeing Resources

I found the following elements of the session to be the OF NO USE to me (tick those that apply)

- ☐ BBV information
- ☐ Injecting Sites
- ☐ The injecting process
- ☐ Doing activities
- ☐ Vein Care
- ☐ Secondary infections
- ☐ Opportunistic education
- ☐ Listening to other people's experiences
- ☐ BBV transmission
- ☐ Making NSP's user friendly
- ☐ Seeing Resources

Rate your KNOWLEDGE of these subjects, following the training *0 = Very low 5 = Very high*								**Overall, how CONFIDENT you would feel using this in your NSP work?**			**What other training/ resources might be of use to you?**
NSP Guidelines and procedures	0	1	2	3	4	5	N/A	Positive	Neutral	Negative	
Hepatitis C	0	1	2	3	4	5	N/A	Positive	Neutral	Negative	
Opportunistic Education	0	1	2	3	4	5	N/A	Positive	Neutral	Negative	
Vein care messages	0	1	2	3	4	5	N/A	Positive	Neutral	Negative	
Stigma and Discrimination	0	1	2	3	4	5	N/A	Positive	Neutral	Negative	

Rate your CONFIDENCE IN PROVIDING INFORMATION about these topics following the training *0 = Very low 5 = Very high*								**Overall, rate how you think you would feel PROVIDING this information.**			**What other training/ resources might be of use to you?**
Blood Borne Viruses	0	1	2	3	4	5	N/A	Positive	Neutral	Negative	
How BBVs may be transmitted in an injecting situation	0	1	2	3	4	5	N/A	Positive	Neutral	Negative	
Vein care	0	1	2	3	4	5	N/A	Positive	Neutral	Negative	
Appropriate injecting sites	0	1	2	3	4	5	N/A	Positive	Neutral	Negative	
Secondary infections	0	1	2	3	4	5	N/A	Positive	Neutral	Negative	

Any other comments?

APPENDIX ITEMS: TRAINING TIPS AND OTHER ACTIVITIES

Appendix 1: Training extras

Checking In

This is a simple activity that can be used to get people to:

- Introduce themselves
- Let others know how they are feeling about being in the group (most appropriate with groups that meet regularly, and where people feel safe to explore these feelings)
- Talk about what they hope to get from the session, information wise
- Discuss their needs for breaks (most important for people who smoke!)
- Set the agenda (for sessions that might be more open ended and guided by the educator, rather than being directed by the educator).

Getting to Know You

This technique allows people to learn a lot of information about each other in a small amount of time, and can be a good way to get people moving around and interacting.

It's all about me

Have participants fold a piece of A4 paper into 9 segments. You can demonstrate this by drawing a table on the board with 9 sections. As you explain the next section, write the questions down on the board in the appropriate squares.

In the centre square, they write their name. In the remaining squares, you can ask people to write responses to any number of questions. For example:

- The work they do
- Their favourite holiday destination
- Their star sign
- Their favourite food

And so on. With particular groups, you might even ask more specific questions to do with the workshop. For example if you are doing a session on BBVs:

- How much do you know about hep C?
- Do you think that everybody should have a vaccination for hep B?

And so on. It is limited only by your imagination.

Once the sheet is completed, people stand and move into a space within the room where they can move about and talk with other people about what they have said on their sheet. Initially, get people to look for commonalities on their page and begin a conversation from that. They can introduce themselves, where they are from, and so forth. After a few minutes, use a pre-arranged signal (a bell, whistle or clap of the hands) to get people to move onto another partner. This can continue for about 5 to 10 minutes.

Extreme Intro

Facilitates participants meeting several people in a short period, and is a process for rapid introductions for a new group.

Participants line up chairs in two rows facing each other. Those who already know each other sit in the same row. One row moves and the other row stays seated. Each round lasts one minute. At the sound of a whistle, participants facing each other introduce themselves. Conversation starters include: Who I am, Where I work, What I do, Why I am here, What I can contribute. After one minute, the whistle blows and the designated row moves up one chair and the process starts again. For a large number of participants, several rows can be formed. This also works well if participants are standing up.

Hello

To introduce workshop members to each other and to conduct a workshop needs analysis, randomly divide participants into groups of 4-6 using a 'numbering off' process. Each group gets together and is given a different focus that aligns with the purpose of the workshop (eg experience, definition, expectation, challenge). They have 3 minutes to plan how to collect data on their topic from the rest of the group, 3 minutes to collect the data, 3 minutes to analyse the data and 1 minute to report on results. The process is then debriefed and the goals of the workshop clarified.

Energisers

Who is the leader?

Participants sit in a circle. One person volunteers to leave the room. After they leave, the rest of the group chooses a 'leader'. The leader must perform a series of actions, such as clapping or tapping a foot, that the whole group copies. The volunteer comes back into the room, stands in the middle and tries to guess who is leading the actions. The group protects the leader by not looking at him/her. The leader must change the actions at regular intervals, without getting caught. When the volunteer spots the leader, they join the circle, and the person who was the leader leaves the room to allow the group to choose a new leader.

The Sun Shines On

Participants sit or stand in a tight circle with one person in the middle. The person in the middle shouts out "The sun shines on..." and names a colour or articles of clothing that some of the group possess. For example, "The sun shines on everyone wearing blue" or "The sun shines on everyone wearing socks" or "the sun shines on everyone who has brown eyes". All the participants who have that attribute must change places with one another. The person in the middle tries to take one of their places as they move, so that there is another person left in the middle without a place. The new person in the middle shouts out "The sun shines on..." and names a different colour or type of clothing.

Find someone wearing ...

Ask participants to walk around loosely, shaking their limbs and generally relaxing. After a short while, the facilitator shouts out "Find someone..." and names an article of clothing. The participants have to rush to stand close to the person described. Repeat this exercise several times using different types of clothing.

Paper and Straws

Participants split into teams. Each team forms a line and places a piece of card at the beginning of their line. Each member of the team has a drinking straw or reed. When the game starts, the first person has to pick up the piece of card by sucking on the straw. The card then has to be passed to the next team member using the same method. If the card drops, it goes back to the first person and the whole sequence has to start again.

Robots

Divide the participants into groups of three. One person in each group is the robot controller and the other two are the robots. Each controller must manage the movements of their two robots. The controller touches a robot on the right shoulder to move them to the right, and touches them on the left shoulder to move them to the left. The facilitator begins the game by telling the robots to walk in a specific direction. The controller must try to stop the robots from crashing into obstacles such as chairs and tables. Ask participants to swap roles so that everyone has a chance to be the controller and a robot.

Applause Exchange

Participants sit or stand in a circle. They send a clap around the circle by facing and clapping in unison with the person on their right, who then repeats the clap with the person on their right, and so on. Do this as fast as possible. Send many claps, with different rhythms, around the circle at the same time.

An orchestra without instruments

Explain to the group that they are going to create an ‘orchestra’ without instruments. The orchestra will only use sounds that can be made by the human body. Players can use hands, feet, voice etc, but no words; for example, they could whistle, hum, sigh or stomp their feet. Each player should select a sound. Choose a well-known tune and ask everyone to play along, using the ‘instrument’ that they have chosen. Alternatively, don’t give a tune and let the group surprise itself by creating a unique sound.

Shopping list

The group forms a circle. One person starts by saying “I am going to the market to buy fish.” The next person says, “I am going to the market to buy fish and potatoes.” Each person repeats the list, and then adds an item. The aim is to be able to remember all of the items that all of the people before you have listed.

Exercises for dividing people into groups

Fruit Salad

The facilitator divides the participants into an equal number of three to four fruits, such as oranges and bananas. Participants then sit on chairs in a circle. One person must stand in the centre of the circle of chairs. The facilitator shouts out the name of one of the fruits, such as ‘oranges’, and all of the oranges must change places with one another. The person who is standing in the middle tries to take one of their places as they move, leaving another person in the middle without a chair. The new person in the middle shouts another fruit and the game continues. A call of ‘fruit salad’ means that everyone has to change seats

The ‘E’ game

Write a large, curvy letter ‘E’ on a piece of flip chart paper and place it in the centre of the circle. Ask participants to describe exactly what they see on the piece of paper, from where they are standing /sitting. Depending on where they are in the circle they will either see an ‘M’, a ‘W’, a ‘3’ or an ‘E’. Participants can then move places so that they see the letter from a different perspective. This is a useful activity to highlight the fact that people see things very differently, according to their own specific perspective. Alternatively, put a person in the centre of the circle and ask those around to describe exactly what they see from their perspective. Now ask all the Ws, 3s, Ms and Es to work together in groups.

Birthday Graph

Ask people to line up according to their birthday months or seasons. Discuss which month or season has the largest number and what reasons there might be for this. Using the line of people, divide people into groups by gathering equal chunks of people from the line.

Ending the day

Writing on Backs

At the end of a workshop, ask participants to stick a piece of paper on their backs. Each participant then writes something they like, admire or appreciate about that person on the paper on their backs. When they have all finished, participants can take their papers home with them as a reminder.

Reflecting on the Day

To help people to reflect on the activities of the day, make a ball out of paper and ask the group to throw the ball to each other in turn. When they have the ball, participants can say one thing they thought about the day.

Appendix 2 HANDOUT: THE DRUG USE CONTINUUM

Abstinence

- No 'illicit' drugs are used.
- Prescribed medications, coffee, tea, alcohol and cigarettes may be used.
- A person may;
- Never have used drugs (including alcohol) or
- Been curious about trying illicit drugs;
- Be morally opposed to the use of illicit drugs; and/or
- Be in 'recovery' from past illicit and/or licit drug use.

Experimental

Curiosity about experimenting with illicit drug use.

May be due to:

- Boredom, or a wish to alter perception of daily life;
- Friendships with other individuals who are experimenting with drug use;
- An interest in the effects of a particular drug or the desire to 'try' a drug; and/or
- The desire to 'check out' the accuracy of the information they've received about a particular drug may all be motivating factors.

Opportunistic

Drug use occurs predominantly when the opportunity arises, or

When a situation presents where drugs are either present and/or offered to the individual.

Recreational

Recreational drug users:

- Take their drugs for fun and leisure,
- Often use on the weekends during parties, raves or whilst out clubbing
- Often plan in advance with their peers

Habitual/Dependent

Drug use is dependent

Based on a physiological and/or psychological need for a specific drug.

Adapted from: Lemon and Cogger (2004) From Talk to Action: Talking Plain Herston: QADREC

Appendix 3 HANDOUT: LEGAL STATUS OF THE SUPPLY, POSSESSION AND DISPOSAL OF NEEDLES AND SYRINGES

Amendments to the DRUGS MISUSE ACT were proclaimed on May 6 1989. These amendments were introduced as part of a strategy to prevent the spread of the AIDS-causing HIV virus through the sharing of contaminated needles and syringes.

The following points are now relevant:

Needles and syringes may be supplied, without restriction, to any person for any lawful purpose.

Needles and syringes may also be supplied to any person by medical practitioners, pharmacists and persons approved by the Minister for Health for the purpose of illegal drug use.

Possession of needles and syringes is no longer an offence for any person.

Persons may be authorised by the Minister for Health to legally accept and dispose of the trace amounts of illegal drugs that may be contained in used needles and syringes (by disposing of the needle and syringe in the prescribed fashion).

Unsafe disposal of needles and syringes is illegal. The Drugs Misuse Act and the Health Act require that needles and syringes be disposed of in a rigid-walled, puncture resistant, sealed container.

Appendix 4 ACTIVITY: Values exercise

This activity may be slotted into topic 3 if the trainer feels the particular group would benefit from additional debate and challenging of values in NSP work. A critical factor in creating and maintaining a safe space for people who inject drugs is the attitude of the workers. This activity aims to demonstrate that people can have a strong opinion on drug use without placing that value/ judgement on the people who engage the service.

This is a list of statements taken from media sources. We want participants to indicate their agreement with the statements on a scale between “Strongly Agree”, “Agree”, “On the fence”, “Disagree”, “Strongly Disagree”. Write these categories up on the whiteboard and make a tally under each heading for each of the statements below. We aim to present a range of ideas and reasons why someone may position themselves in strong agreement or disagreement. There are no right or wrong answers.

The exercise also displays the simplifying of complex issues in sensational media outlets.

The statements can include:

“People who use drugs should stop”

“Drugs should be legalized”

“People who use drugs are bad parents”

“Needle syringe programs just enable drug addicts to keep using”

“Drug addicts are nice people too”

“Drug addicts are criminals, dole bludgers & need to get off their ass and get a job!”

To help participants consolidate and integrate the information to which they have been exposed up to this point, allow time for discussion around the following topics:

- Bring in values to service delivery and next slide encouraging discussion around confidentiality, time, space constraints.
- What might be some reasons for supporting the mainstreaming of NSPS?
- What issues might emerge when dispensing injecting equipment through mainstream services?
- What variations have been seen in the way that different NSPs operate?
- What might be an issues for the service in which you work?
- How might someone who injects drugs feel when accessing your service – from coming in the door, to asking for equipment, and disposing?

Appendix 5 Further Readings & Websites

The following readings and websites may provide useful background reading for instructors or may be relevant for participants and can be found online.

World Health Organisation Charter for Health Promotion http://www.who.int/healthpromotion/en/

Young, J and Sarre, R (2013) Heath promotion and crime prevention: recognising broader synergies Health Promotion Journal of Australia 24(1):49-52 http://www.publish.csiro.au/he/he12907

UNSW and NCHECR (2009) Return on Investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia Commonwealth Department of Health and Aging: Canberra http://www.health.gov.au/internet/main/publishing.nsf/content/needle-return-2

Treloar, C and Fraser, S (2007) Public opinion on needle and syringe programmes: avoiding assumptions for policy and practice Drug and Alcohol Review 26(4):355-61 https://www.ncbi.nlm.nih.gov/pubmed/17564870

Reid, R (2002) Harm Reduction and Injection Drug Use: Pragmatic Lessons from a Public Health Model Health and Social Work (27) 3, 223-226

Marlatt GA and Witkiewitz K (2010) Update on harm-reduction policy and intervention research Annual Review of Clinical Psychology 6:591-606 https://www.ncbi.nlm.nih.gov/pubmed/20192791

Des Jarlais et al (2013) Effectiveness of structural-level needle/syringe programs to reduce HCV and HIV infection among people who inject drugs: a systematic review AIDS and Behaviour 17(9):2878-92 https://www.ncbi.nlm.nih.gov/pubmed/23975473

Kirwan, A, Carrotte, E and Dietze P (2015) Syringe Coverage and Australian NSPs The Centre for Research Excellence into Injecting Drug Use. Available: http://creidu.edu.au/system/policy_document/12/pdf/Policy_Brief_Kirwan_Syringe_coverage.pdf

Harm Reduction Australia: https://www.harmreductionaustralia.org.au/

Queensland Injectors Health Network: www.quihn.org

Insight Alcohol and Other Drug Training and Workforce Development in Queensland: https://insight.qld.edu.au/