

# The **NEEDLE** & **SYRINGE** PROGRAM



**NSW Police Force**

Guidelines for police

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# INTRODUCTION

**NSW Police Force supports and operates within the *National Drug Strategy: 2010–2015*.<sup>1</sup> This Strategy is based on a harm minimisation approach to illicit drugs.**

There are three broad types of activities encompassed by the harm minimisation approach:

- ▶ **supply reduction** – strategies designed to disrupt the production and supply of illicit drugs
- ▶ **demand reduction** – strategies designed to prevent, delay or reduce harmful drug use
- ▶ **harm reduction** – strategies designed to reduce drug-related harm for communities and individuals.

**Needle and Syringe Programs (NSP) are a harm reduction strategy.**

Harm minimisation aims to reduce the harmful health, social and economic outcomes of alcohol and other drugs for the community and drug users. While total abstinence from illicit drug use is the most desirable goal, harm minimisation recognises that as some people will continue to use drugs, it is necessary to invest in strategies that minimise the harm that drugs cause.

# WHY IS THE NSP NEEDED?

**Despite supply and demand reduction efforts, some people will continue to inject drugs.**

The risk of HIV and other blood borne infections spreading amongst people who inject drugs through sharing injecting equipment is always present. Transmission of infections from people who inject drugs to the wider community may also occur through unprotected sex, mother to baby transmission and by incidents such as needle stick injury and assault.

The NSP has been the cornerstone of Australia's response to blood borne viruses such as HIV and hepatitis C amongst people who inject drugs.

The first NSP outlet opened in Sydney in 1986 on a trial basis. There are now around 970 NSP outlets in NSW.

NSPs are an important part of health policy in Australia. This does not mean that governments condone illicit drug use, but that they have a responsibility to implement policies that are designed to minimise the harm that such drug use can cause.

Australia's investment in the NSP is the main reason that the level of HIV infection amongst people who inject drugs has remained below 1%.<sup>2</sup> This is in sharp contrast to other countries without NSP or with limited NSP where levels of HIV infection sometimes exceed 50%.<sup>3</sup>

The very low rates of HIV amongst people who inject drugs is reflected in the Australian population and also reduces the risk to law enforcement, health care workers, corrective services and other staff of acquiring HIV if they come into contact with blood in the course of their duties.

The cost savings and public health benefits of NSPs are very significant. Between 2000–2009, NSP prevented 23,324 cases of HIV and 31,953 cases of hepatitis C in NSW resulting in a net financial saving to the health system of \$432 million.<sup>4</sup>

# THE NSP AND POLICE

**Since 1988, NSW Police Force policy has reflected the need for police to consider the operation of NSPs when carrying out their duties in the vicinity of these programs. Directions are contained in the Police Notice on NSW Police Force Guidelines for the Needle and Syringe Program.**

“Without restricting their day to day duties and obligations, police should be mindful not to carry out unwarranted patrols in the vicinity of NSPs that might discourage injecting drug users from attending”.

To that end:

- ▶ police should consider the nature and extent of their activities in the vicinity of NSPs
- ▶ if it is necessary that police carry out an operation in the vicinity of NSPs, without compromising their investigation, police should contact NSP or pharmacy staff prior to doing so
- ▶ where NSPs have been identified by police as a point for criminal activities or if a NSP is having an adverse effect on community amenity, where operationally appropriate, police should consider approaching NSP or pharmacy management to seek their assistance to respond and
- ▶ police should refrain from questioning drug users in a manner which may lead to a reluctance to either obtain sterile needles and syringes or to carry used syringes to a safe disposal site

Exercising discretion in the vicinity of NSPs has at times been thought by police to mean that the immediate vicinity of NSPs are “no go” areas. This is not the case. If drug supply or other criminal activity is occurring in the vicinity of NSPs, police should act appropriately. Before pursuing any investigation for minor drug offences in the vicinity of NSPs police should consider the following:

- ▶ the best interests of the individual
- ▶ the seriousness of the offence
- ▶ any aggravating issues
- ▶ the expectations of NSW Police Force and
- ▶ the expectations of the community.

**While priorities may sometimes differ, it is essential that local police and local NSP service providers develop positive and productive relationships to ensure a safe environment for the community, NSP providers, their clients and police.**

To foster a good relationship, police and NSP service providers should establish formal lines of communication to allow for discussion of any issues or problems that may arise.

Information that may be useful for police and NSP service providers to share includes:

- ▶ ground rules regarding information-sharing which comply with the codes of ethics and objectives of both police and NSPs (for example, client confidentiality)
- ▶ specific information about the roles of the staff involved in NSPs
- ▶ the location of NSPs and hours of operation
- ▶ the main contact persons within Local Area Commands (LACs) and NSPs
- ▶ complaints from the community or NSP clients regarding the activities of NSPs or police
- ▶ plans to open a new NSP or to alter the location of an existing NSP.

## Supporting the NSP

The role of NSPs is sometimes not well understood in the community and is, at times, controversial. That said, public support for NSPs continues to strengthen, with approximately 70% of the population supporting NSPs in 2010.<sup>5</sup>

In order to achieve a good working relationship it is important that regular contact be kept with NSPs. If problems arise between police and NSPs it is essential that they are resolved as soon as possible.

Police are well-positioned to highlight the beneficial outcomes of NSPs to the wider community and to people who inject drugs and to dispel any unwarranted concerns. There may be a particular need for police to provide this support if there is a proposal to establish a new NSP in an area. This will involve a process of community consultation which is likely to involve police.

## Comment on NSPs

In providing comment on NSPs or a proposal to establish a new service, police comments should be restricted to issues that relate to crime and policing and should be substantiated. Where relevant, information such as the existence of NSPs in a neighbouring LAC without incident may also be useful to note. It is important to recognise that NSPs are an effective government initiative that is supported by New South Wales Police Force. For further guidelines on providing public comment, refer to the NSW Police Force Media Policy and/or contact the Media Unit for advice.

## Police can support the NSP by informing people that

- ▶ the operation of NSP outlets is legal
- ▶ police work collaboratively with NSPs
- ▶ NSPs help prevent the spread of HIV and hepatitis C in the community
- ▶ NSPs reduce the number of used needles on the street
- ▶ NSPs provide opportunities for drug users to get help with their drug problems and
- ▶ the number for the Needle Cleanup Hotline is **1800 633 353**.

To support the operation of NSPs, it is important that operational police understand their role and this can be achieved by:

- ▶ the provision of information at parades, musters and orientation days about NSPs and other harm reduction programs and
- ▶ liaison with NSP outlets to organise visits by police to local NSPs.

# NSW HEALTH NSP GUIDELINES

**The NSW Ministry of Health has a policy in place for NSP workers. The relationship between NSP staff, police and people who inject drugs is outlined in these guidelines as follows:**

## Liaison

- ▶ liaise with police when planning to establish a new NSP outlet. Contact should include the Local Area Commander and
- ▶ ensure that systems are in place to establish and maintain effective partnerships with local police. If difficulties arise with police regarding a new outlet or other NSP operations, it is essential that these are resolved as quickly as possible.

## Cooperation

- ▶ if requested by police, NSP staff are required to identify themselves
- ▶ if approached by police for assistance, NSP staff are obliged to cooperate
- ▶ if police refer clients to NSP outlets or seek assistance from NSPs, the staff are to deal with the referral as promptly as possible and
- ▶ NSP staff are not to become involved in any interactions between police, drug users or drug dealers.

All NSP workers receive training and are authorised by the NSW Ministry of Health to possess and distribute needles and syringes. All NSP outlets must adhere to the policies and procedures contained in the NSW Ministry of Health Needle and Syringe Program Policy. This policy sets out the statewide responsibilities governing NSPs.

## NSPs and the Law

NSP staff are not to become involved in any activities which may constitute a breach of the *Drug Misuse and Trafficking Act 1985* such as:

- ▶ giving assistance to people who inject drugs in the procurement of contacts, drugs or money to procure drugs
- ▶ giving assistance or information to drug users or dealers regarding known police activities
- ▶ becoming involved in activity relating to the sale of drugs
- ▶ staff must act in accordance with Section 316 of the *Crimes Act 1900* as it relates to the reporting of serious crimes to the police and
- ▶ staff are advised not to place themselves in a position where they will obtain information about the criminal activities of NSP clients. This information is not required for them to carry out their NSP duties.

## NSPs and people who inject drugs

Staff interaction with people who inject drugs is limited to:

- ▶ providing sterile injecting equipment and related information to NSP clients
- ▶ the collection and disposal of used needles and syringes and other injecting equipment and
- ▶ the health aspects of injecting drug use. This includes HIV, hepatitis C, drug treatment and health and welfare services.

# WHAT NSPs PROVIDE

**The NSP is an evidence-based, cost-effective public health program to reduce the transmission of HIV and hepatitis C among people who inject drugs and in doing so also protects the broader community.**

NSPs provide a range of services to discourage people from sharing needles and to reduce the risk to themselves and others of contracting HIV and other blood borne infections. This is achieved through the provision of:

► **Injecting equipment**

This includes needles and syringes, swabs and sterile water for injecting. Disposal containers (Fitpacks or sharps bins) are also provided for the safe disposal of used injecting equipment.

► **Education and information**

To assist people who inject drugs to reduce their risk of getting or giving to others blood borne viruses, bacterial infections and other illnesses. Information regarding the safe disposal of used equipment is also provided.

► **Referral**

To drug treatment, medical care, legal and social services.

Sterile injecting equipment is provided to prevent people who inject drugs from using a needle that has already been used. Re-use of injecting equipment can lead to the transmission of blood borne viral infections. These infections have the potential to spread from drug users to the wider community through unsafe sexual practices and transmission from mothers to babies.



*NSP exchange (demonstrated by NSP staff)*



*Injecting equipment*

The NSP also aims to reduce the spread of disease through unsafe sexual activity by providing:

- ▶ **condoms and**
- ▶ **safe sex education and information**

Over 95% of all syringes distributed are disposed of safely. NSP outlets collect used needles and syringes, Fitpacks and sharps bins and encourage clients to dispose of used syringes safely. Pharmacies can also operate as an exchange service. For assistance with the removal of discarded syringes and other injecting equipment, call your local NSP outlet or the Needle Clean Up Hotline: **1800 633 353**.

In NSW, NSPs operate through the public health system and the pharmacy sector.

## Types of NSPs

### ▶ **NSP outlets**

These operate from services solely dedicated to needle and syringe exchange (primary outlets) as well as from hospital emergency departments, drug and alcohol services, community health centres, sexual health centres and non-government organisations. NSP outlets may also provide health care and social welfare services to people who inject drugs.

### ▶ **Mobile and outreach services**

Mobile services operate from vans or cars. Outreach services may also be operated by NSP workers on foot carrying sterile injecting equipment and information.

### ▶ **Automatic dispensing machines**

They dispense a disposal container (usually a Fitpack) and 1ml syringes for a small fee. They provide an after-hours service or service areas (such as country towns) where it is difficult to access sterile injecting equipment. All automatic dispensing machines have a disposal bin nearby.



*Automatic dispensing machine*

For many people who inject drugs, NSPs are the primary point of contact with the health system. Therefore, NSPs also create an opportunity for NSP workers to educate people who inject drugs about their health and refer them to drug treatment services and other health, social and welfare services as required.

The range of NSP models and variety of outlets in NSW reflects the need to provide adequate sterile injecting equipment for each injecting episode, health information and referral and disposal services for people who inject drugs.

## NSW Pharmacy Guild Program

The NSW Branch of the Pharmacy Guild of Australia has around 450 members across NSW participating in the NSW government sponsored Pharmacy Fitpack Scheme. Under this scheme, people who inject drugs either purchase injecting equipment or receive free injecting equipment upon exchange of used injecting equipment.

# POLICE CONCERNS

## Police have raised the following concerns in relation to the NSP

### ▶ **Police can feel they are being discouraged from carrying out their duties to the full around NSPs.**

NSPs have an unusual role as their activities are legal but their clients are often involved in illegal activities, at times beyond their drug use. NSPs are a public health strategy designed to protect the whole community from the spread of disease, in particular HIV and hepatitis C. Balancing public order and public health concerns is not always easy but the use of sterile needles reduces the aggregate harm of drug use to the wider community.

### ▶ **Drug dealers target NSPs**

NSPs are not a “no go” area for police. If drug supply or other criminal activity is occurring in the vicinity of NSPs, police should take appropriate action. Where there is no operational conflict, police should liaise with the management of NSPs before taking action. Like police, NSPs operate under harm minimisation principles, which are to reduce the supply, demand and harm associated with illicit drugs.

### ▶ **NSPs attract drug users causing increased levels of crime and public amenity problems**

NSPs are generally set up in response to significant levels of injecting drug use in a given location. Research evidence shows that the presence of NSP outlets does not increase crime and results in a reduction of discarded needles and syringes.<sup>6</sup> However, if police are concerned about illegal activity or public amenity problems arising from NSPs, where there is no operational conflict, police should seek to resolve this through liaison with the manager of the NSP.

### ▶ **Why haven't NSPs stopped the spread of hepatitis C?**

In contrast to HIV, the rate of hepatitis C infection among injecting drug users in Australia is very high, at around 46%.<sup>7</sup> That said, there is evidence that recently the rates of hepatitis C infection in Australia have begun to fall.<sup>8</sup> Hepatitis C has been very difficult to control as the virus is more infectious than HIV and many drug users contracted hepatitis C before NSPs were established. Without NSPs, the rate of hepatitis C is likely to have been even higher.

### ▶ **NSPs have caused an increase in the use and injection of drugs, in particular heroin and cocaine**

Australian National Drug Strategy Household Surveys carried out since 1985 have shown a very small increase in the use of illicit drugs.

For instance, in 2010, 1.4% of Australians aged over 14 had used heroin in their lifetime and 0.2% had done so in the previous 12 months.<sup>9</sup> By contrast, the activity of NSPs has increased greatly since commencement of NSPs in 1986.

A number of studies in Sydney and overseas have concluded that an increase in the availability of needles and syringes does not lead to an increase in injecting.

There are many reasons why people use drugs, including economic, social and psychological factors. Similarly, any increase in drug use has many causes and may be related to increased availability and lower prices.

### ▶ **How should police respond to community concern about NSPs?**

Police often feel caught in the middle of the wide range of community opinion regarding NSPs. Sections of this document provide information that should assist police with managing public relations around NSPs. The NSW Police Force Media Policy and Drug and Alcohol Coordination may also assist.

# END NOTES

1. Ministerial Council on Drug Strategy (2011), National Drug Strategy 2010-2015: a framework for action on alcohol, tobacco and other drugs, Commonwealth of Australia, Canberra.
2. Kwon, J., Iverson, J., Maher, L., Law, M., Wilson, D. (2009), The Impact of Needle and Syringe Programs on HIV and HCV Transmissions in Injecting Drug Users in Australia: A Model-Based Analysis', Epidemiology and Social Science, Vol. 51, No.4.
3. National Centre in HIV Epidemiology and Clinical Research (2009), Return on Investment 2: Evaluating the Cost Effectiveness of needle and syringe programs in Australia, University of NSW, Sydney.
4. Dillon, P. and Dolan, K. (2005), Needle and Syringe Programs: your questions answered, Canberra, Australian Government Department of Health and Ageing.
5. Australian Institute of Health and Welfare (2011), National Drug Strategy Household Survey Report, Drug Statistics Series No. 25, Canberra.
6. Dolan, K. Topp, L. and Mc Donald, M. (2000), Needle and Syringe Programs: A Review of the Evidence, Australian National Council on AIDS, Hepatitis C and Related Diseases.
7. Kirby Institute (2012), HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report, University of NSW, Sydney.
8. Kirby Institute (2012), HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report, University of NSW, Sydney.
9. Australian Institute of Health and Welfare (2011), National Drug Strategy Household Survey Report, Drug Statistics Series No. 25, Canberra.

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## Further Information

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