

Harm Minimisation Drug Policy Implementation with Australian Injecting Drug Users.

Presented by

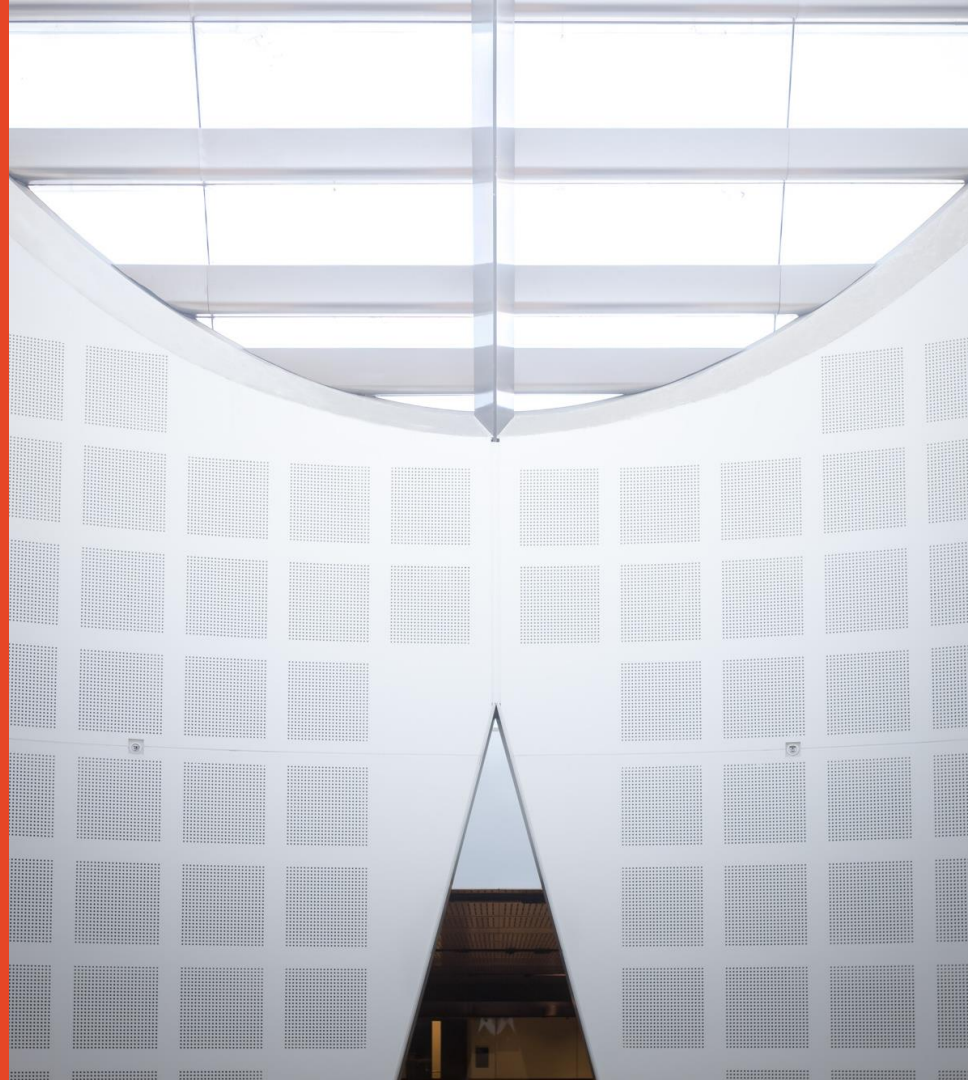
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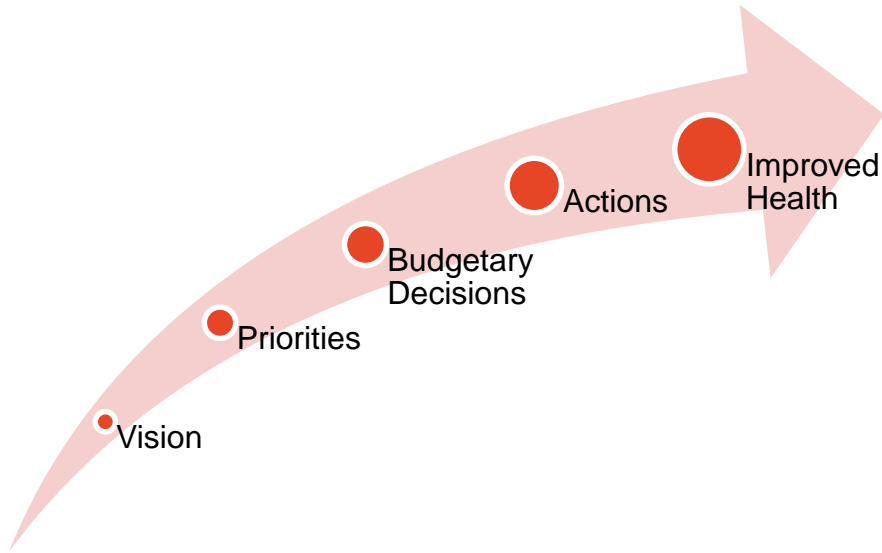
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National Policies

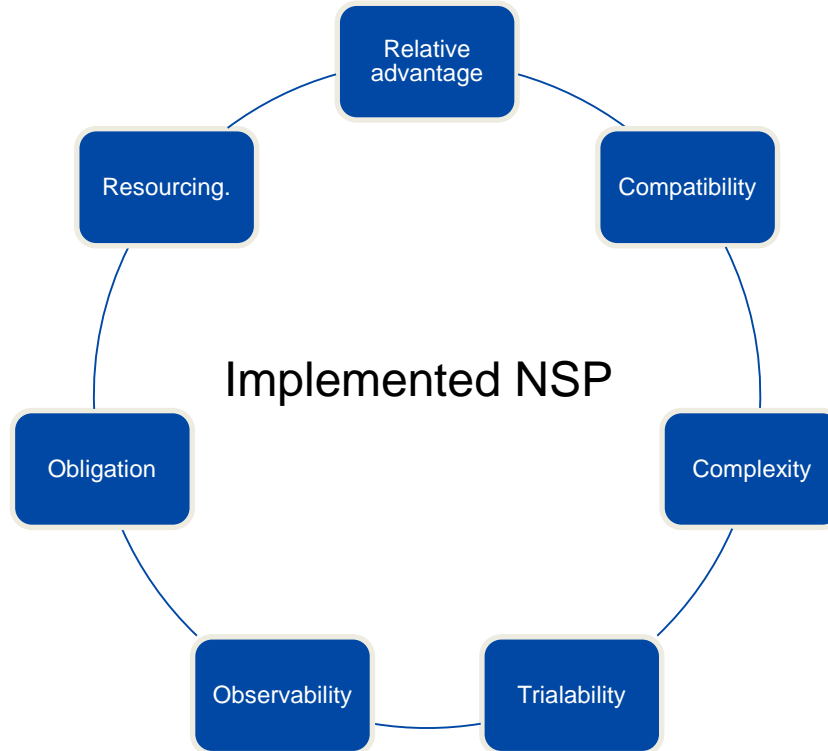


Broad National Strategies

Translated at the local level

Appropriate and feasible approaches based on local circumstance.

Characteristics Influencing Policy Implementation



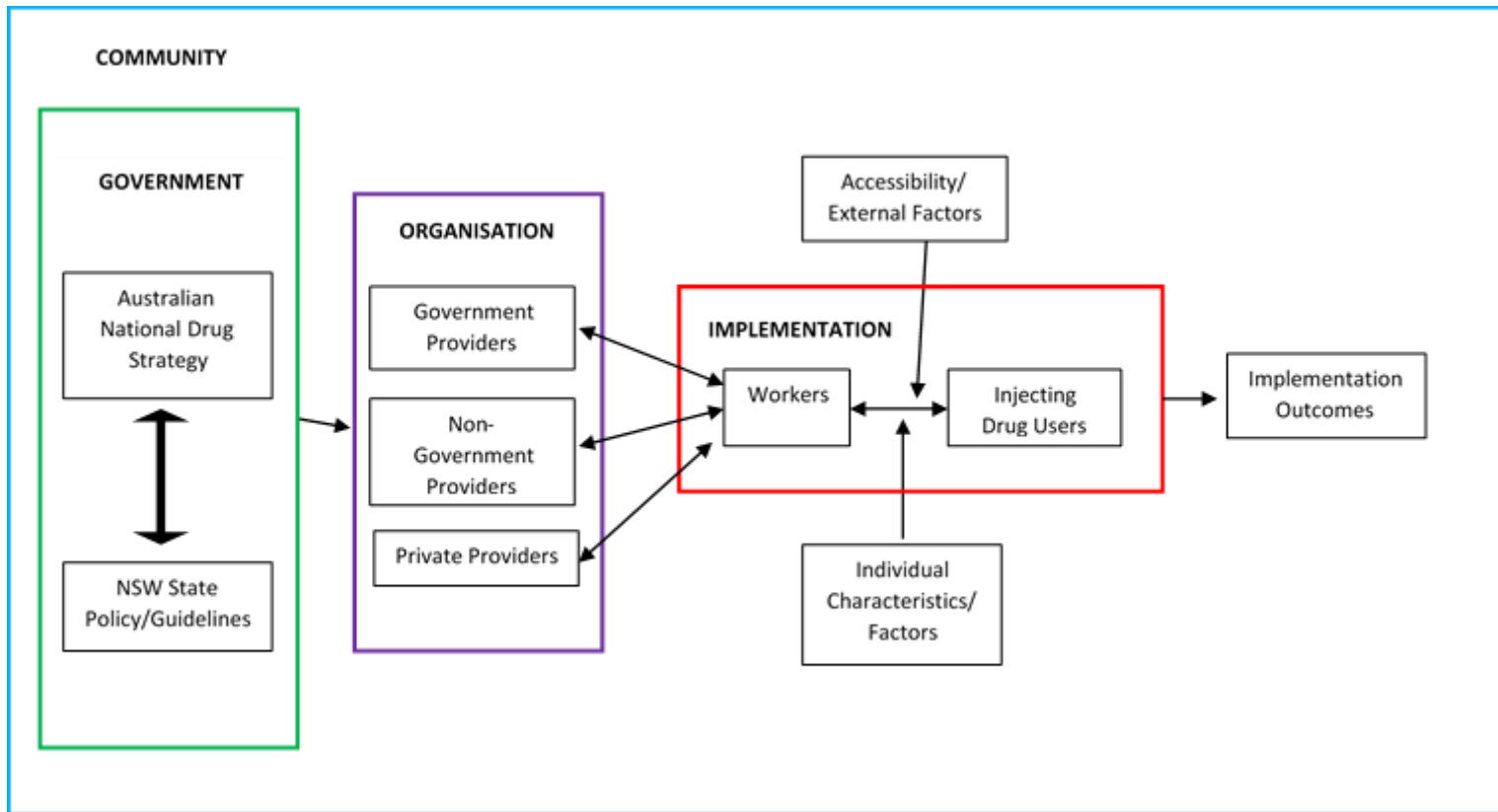
Harm Minimisation Drug Policy in Australia



Hep C and Injecting Drug Use in Australia

- According to (Australian Injecting and Illicit Drug Users League, 2017) there were 230,000 Australian's living with Hep C in 2015, with 5,400 new infections. Of these, 90% were due to shared injecting equipment.
- In NSW it's estimated that 90,000 residents are living with chronic Hepatitis C (NSW Government Health, 2014).
- It's estimated that in 2014, 36,000 people aged 15-64 years injected drugs in NSW (Larney., n.d).
- According to the Hepatitis C Strategy 2014-2020 (NSW Government Health, 2014) a preventative action to address the spread of Hep C is to ensure that Needle and Syringe Programs are meeting the needs of at-risk populations.

Conceptual Model



Research Questions

According to the Hepatitis C Strategy 2014-2020 (NSW Government Health, 2014, p14) “NSP services should be designed, delivered and evaluated in line with the NSW Needle and Syringe Program Guidelines 2013”.

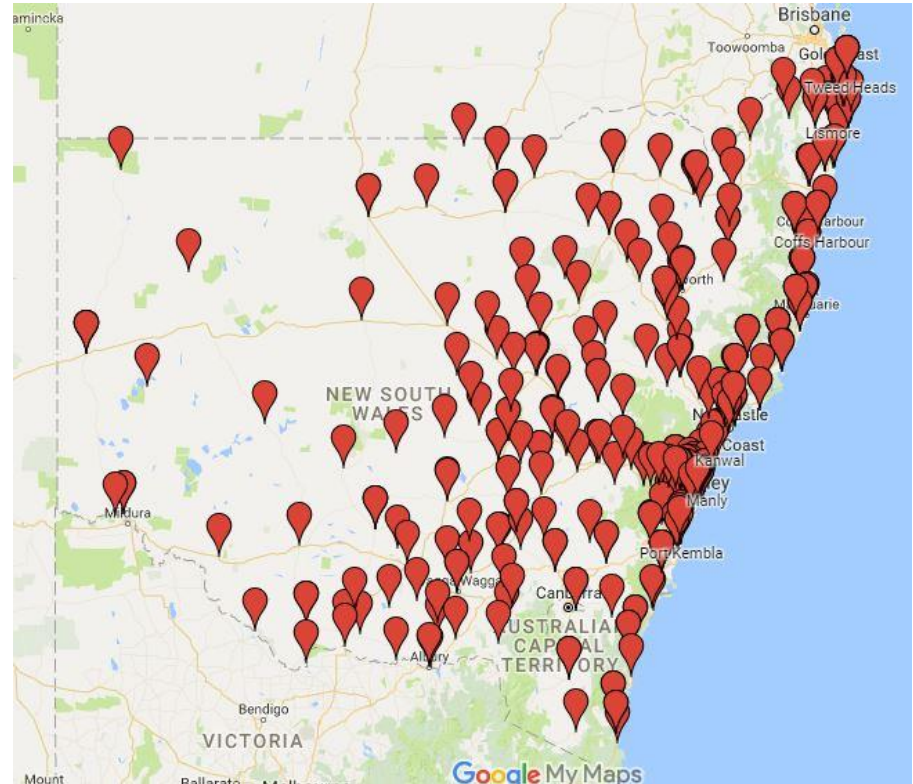
- What aspects of the Needle and Syringe Program (NSP) Guidelines are currently being implemented across NSW?
- What provider and user factors influence guideline implementation?
- For which participants does the current implementation practice work?
- At which NSP’s are the guidelines being implemented as intended?
- How can service provision be improved?

Methodology

Implementation Science Model

A gap exists between what is known to work from health treatment literature, and what is actually done in practice.

Setting: The study will take place in community based NSP facilities in NSW.



Methodology Continued

Participants:

Injecting drug user participants will be included if they:

- Are aged 18 years or above
- Are a NSW resident
- Are a self-reporting injecting drug user
- Are currently utilising a community based NSP program

Community based NSP service providers will be included if they:

- Currently work for a NSW community based NSP
- Have had a minimum 1 years' experience implementing the program of interest.

We invite you to participate in the following research study:

HARM MINIMISATION DRUG POLICY IMPLEMENTATION EFFICACY WITH AUSTRALIAN COMMUNITY BASED INJECTING DRUG USERS



Image received from:
<http://www.flickr.com/photos/13849645@N00/51501898880/>

Why am I invited and what is the study about?

You are invited to take part in a research study about the implementation of Community Based Needle and Syringe Program facilities in Sydney NSW. This research study aims to; understand the extent to which Needle and Syringe Programs are implemented as expected for people (injecting drug users) using the service in order to achieve the desired outcome (safe injection). Findings from the study could help:

- Improve current Needle and Syringe Program implementation practice.
- Better equip providers to deliver consumer responsive services, in addition to protecting and enhancing the health and wellbeing of people who inject drugs.

When

Insert date - 9pt

Where

NSP Outlet (name of venue)

R SVP

To participate in the study please register your interest at the reception desk.

For More Information Contact the
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Methodology Continued

Data Collection: Quantitative and Qualitative data will be collected using three different methods; survey, interviews and focus groups.

Quantitative data: Surveys will be used to collect demographic and IDU's history data for the quantitative analysis of implementation characteristics; relative advantage; compatibility, complexity, trialability, observability, obligation and resourcing.

Qualitative data: Provider and user interviews (individual and focus group discussion) data will be gathered and analysed for an in depth understanding of NSP implementation statuses and prospects.

Contribution of Findings

- Give Injecting Drug Users an expert voice in research regarding their needs.
- Improve current NSP implementation practice.
- Better equip providers to deliver consumer responsive services, while protecting and enhancing the health and wellbeing of people who inject drugs.
- Inform future NSP implementation manuals with a baseline for best practice, using practice based evidence for an evidence based approach.

What needs to change at a policy level to overcome issues identified in this research?

- Public consultation with those whom the policies will affect.
- Look for solutions from a bigger picture mindset (people's lives, health systems and taxes).
- Be less risk adverse.
- Advocate for social acceptance.
- Avoid only ticking the evidence based box, lead the way with practice based evidence.
- At-risk populations can't wait for Ministers/Prime Ministers to have a personal interest in their needs for action to take place.
- Turn guidelines into policies for best practice with accountability measures.

References

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