Needle and syringe programs (NSP) – history and rationale

Programs such as the Needle and Syringe Program (NSP) are the primary national health strategy implemented to minimise the spread of the Human Immunodeficiency Virus (HIV) amongst Injecting Drug Users (IDU) and from IDU to the wider community. HIV is the agent responsible for Acquired Immune Deficiency Syndrome (AIDS). Direct inoculation of blood into the bloodstream is the most effective method of transmission of HIV. Other blood borne diseases such as Hepatitis B and C are also easily transmitted in this way.

The potential for transmission amongst IDU and from IDU to the wider community, required new policy initiatives. While not condoning drug use, the reality that it exists is accepted and harmful methods of injecting drugs are recognised as posing a far greater threat to public health than the drugs themselves. It is within this context of harm minimisation that the Victorian NSP was established in 1987 as a pilot program.

The national HIV/AIDS Strategy, released by the Commonwealth Government in 1989, provided a framework for an integrated response to the HIV epidemic and a plan for action across a range of policy and program activities. All States and Territories have a major role to play in achieving the objectives of the Education and Prevention Program and the Treatment and Care Program, which the Commonwealth supports through the cost shared Matched Funding Program.

Functions of NSPs

Of high priority under the Education and Prevention Program, is the development of strategies which minimise harm among existing IDU. A major component of this is the Victorian NSP. The harm reduction approach accepts that due to a lack of a vaccine or effective cure, behavior change is the only tool we have as a community to minimise the spread of the HIV epidemic.

The NSP provides access to sterile injecting equipment, condoms, lubricant and safer sex literature, safe disposal options and education/referral. The NSP also provides a point of contact for IDU with a health care service, medical or counselling care and appropriate referral. IDU make up 2% of the Australian population and they form the major avenue for HIV infection to enter the general community – one that can be successfully blocked, as we have proven in Australia. NSPs are not and never have been services set up to protect IDU. They are a public health strategy, one devised to protect all Australians.
Victoria manages its Needle and Syringe Program through both primary and secondary NSP outlets. Needles and syringes are also retailed through a large number of pharmacies across the state.

Primary outlets are fully government-funded programs with the following objectives.

- Provide wide distribution of sterile injecting equipment to IDU.
- Develop and implement locally relevant education and prevention strategies.
- Coordinate responses to local issues.
- Support current secondary outlets and foster new outlets.
- Provide community liaison and education.
- Establish effective alliances with local police and community groups.

Secondary NSPs are located in existing health, welfare or community agencies and receive no government funding except for supplies of injecting equipment. Provision of NSP is not the core function of these agencies and staffing is provided from existing resources within the organisations.

NSP performance and coordination is controlled and funded by the Department of Human Services, Drugs and Health Protection Services in your State or Territory.

DHS monitors the number of:

- needles and syringes distributed through NSP outlets
- needles and syringes ordered by pharmacies from pharmaceutical companies
- needles and syringes returned to NSP outlets
- visits made by clients to NSP (males/females and ages)
- NSP clients who require services additional to NSP (referral).