This Operational Directive must be read in conjunction with the *Guidelines for Establishment and Operation of a Needle and Syringe Program* (the Guidelines), which forms Appendix 1.

This Operational Directive provides guidance to needle and syringe program health sites which fall under this mandate, as a means to provide access to sterile needles and syringes and support safer injecting practices in rural and regional areas. The intended health outcome is the prevention of blood-borne virus transmission and other injecting-related harms in rural and regional areas.
Provision of Sterile Needles and Syringes from Rural and Regional Hospitals to People Who Inject Drugs
Title: Provision of Sterile Needles and Syringes from Rural and Regional Hospitals to People Who Inject Drugs

1. Aim

The primary public health strategy in Australia to prevent the transmission of blood-borne viruses (such as HIV, hepatitis B and hepatitis C) amongst and from people who inject drugs is to provide access to sterile needles and syringes.

In Western Australia, the Poisons Act 1964 and the Poisons Regulations 1965 were amended in 1994 to provide a legislative framework for needle and syringe provision to take place through needle and syringe programs (NSPs) approved by the Chief Executive Officer, Department of Health.

The provision of needles and syringes as a strategy to reduce the transmission of blood-borne viruses is supported by:

- Poisons Act 1964
- Poisons Regulations 1965
- WA Health Networks - Hepatitis C Model of Care Implementation Plan 2010-2014
- WA Health Networks - HIV Model of Care Implementation Plan 2010-2014
- Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015
- National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017
- National Hepatitis C Virus Strategy 2014-2017
- National Hepatitis B Strategy 2014-2017
- National Needle and Syringe Programs Strategic Framework 2010-2014.

In Western Australia, there is a relatively high level of access to sterile needles and syringes in the metropolitan area through needle and syringe exchange programs (NSEPs) and pharmacies, however, access in rural and regional areas is more limited. In order to reduce blood-borne virus transmission and other injecting-related harms in rural and regional areas, access to sterile needles and syringes will be increased by ensuring after-hours availability of sterile needles and syringes through all rural and regional hospitals that provide emergency after-hours services.

This Operational Directive provides guidance to needle and syringe program health sites which fall under this mandate, as a means to provide access to sterile needles and syringes and support safer injecting practices in rural and regional areas. The intended
health outcome is the prevention of blood-borne virus transmission and other injecting-related harms in rural and regional areas.

2. IMPLEMENTATION

2.1 Pharmacies remain an important source of sterile needles and syringes for people who inject drugs in Western Australia.

2.2 All regional and rural hospitals that provide emergency after-hours services are required to provide after-hours access, at a minimum, to needles and syringes for people who inject drugs. After-hours access is defined as the hours during which the local or nearest community pharmacy is closed.

2.3 If the local pharmacy does not retail needles and syringes, or if there is no local pharmacy, the local hospital must provide 24-hour access to sterile needles and syringes. If the hospital is not open 24 hours, then access to sterile needles and syringes must be provided for all hours they are open.

2.4 The hours of operation of hospital-based NSPs must be discussed with the Sexual Health and Blood-borne Virus Program (SHBBVP), Communicable Disease Control Directorate.

2.5 All regional and rural hospitals that provide emergency after-hours services will be required to renew the site’s approval under the Poisons Act 1964 to operate an NSP. The SHBBVP can be contacted by phone (08) 9388 4841 or email NSP@health.wa.gov.au for information on the approval renewal process.

2.6 The SHBBVP will provide support to enable hospitals to develop solutions to practical problems that may impair the after-hours provision of needles and syringes. This support may be of an advisory nature and/or one-off financial assistance.

2.7 The SHBBVP will ensure that access to NSP training is available to NSP Coordinators and staff. Additionally, NSP Coordinators are invited to request NSP training where a need in their workforce has been identified and are advised to contact the SHBBVP to make further arrangements.

2.8 All NSPs are required to have an up-to-date NSP policy. The Guidelines for the Establishment and Operation of a Needle and Syringe Program (Appendix 1) can be used as a template for this policy. A copy should be provided to the SHBBVP as part of the NSP approval process, and the policy should be reviewed and updated on a regular basis, with any further copies provided to the SHBBVP.

3. NSP COORDINATOR

It is a requirement of the Poisons Regulations 1965 that a coordinator at each approved NSP be appointed. Regulation 12C of the Poisons Regulations 1965 states that:

“The coordinator of an approved needle and syringe programme shall –

(a) maintain a register of all persons who participate in the conduct of the programme

(b) ensure that persons who participate in the conduct of the programme understand the requirements of these regulations and are appropriately instructed and trained

(c) submit to the Chief Executive Officer before June 30 in each year an annual report on the needle and syringe programme
report to the Chief Executive Officer any irregularities that occur in the conduct of the program."

3.1 In regard to 12C (a), this refers to staff operating the program (not to clients participating in the service) and existing staff records are sufficient to meet this requirement.

3.2 In regard to 12C (b), the distribution of needles and syringes does not need to be restricted to nursing staff participation only. It is expected that all staff will at least be familiar with the Guidelines developed for their site’s NSP. Education and training in NSP provision is available through the SHBBVP and other organisations, such as HepatitisWA and the WA Substance Users’ Association, for which the SHBBVP can provide details.

Ideally, all individual site staff should be oriented about the NSP and at least read the Needle and Syringe Program Information Pack, which provides information about Needle and Syringe Programs in Western Australia. A copy of the information pack is available from the Sexual Health and Blood-borne Virus Program or visit:


Staff should also be encouraged to complete the online NSP Training and Orientation Package available at:


3.3 In regard to 12C (c), a proforma report for completion is provided by SHBBVP to NSP Coordinators annually to assist with meeting this requirement.

3.4 In regard to 12C (d), irregularities may include changes to the hours of operation of the program, or changes in NSP Coordinator details. It is important that the SHBBVP are kept informed of any such changes.

3.5 To facilitate ‘harm reduction brief intervention’ with NSP clients (see Section 4 below), the NSP Coordinator should make available printed information sheets and other educational resources, and provide a series of suggested questions for NSP staff to ask clients who request injecting equipment. The questions should be displayed in an area that NSP staff frequent whilst retrieving injecting equipment for clients. Examples of questions can be found in Appendix 1: Section 12 of the Guidelines. The SHBBVP can assist with developing further questions as required. It is recommended that questions are updated and varied according to any local trends that may be observed. The SHBBVP can also provide a list of available printed resources.

3.6 To support 3.5 above, it is recommended the NSP Coordinator develop a resource detailing a range of agencies that can provide clients with further information on injecting matters and referral to drug treatment. These agencies may be within the immediate community/region of the NSP, or may be based in the metropolitan area and provide state-wide services. All NSP staff must be able to access this agency list. The SHBBVP provides the document NSP Information and Referral Agencies, listing many agencies across the state, and the SHBBVP can assist with developing this local referral list if required.
3.7 Referral to other agencies must only be made at the request of the client and only to agencies which are appropriate for their needs. When making a referral, NSP staff should involve the client and offer a range of options. The final choice should be left to the client.

4. HARM REDUCTION BRIEF INTERVENTION

4.1 The National Needle and Syringe Programs Strategic Framework 2010-2014 identifies ‘improved referral to other appropriate health and welfare services’ as a key result area. The Framework notes that NSPs are uniquely positioned to provide referral to healthcare and other services for people who inject drugs, and that referrals can be undertaken both proactively and in response to service user requests.

4.2 The National Needle and Syringe Programs Strategic Framework 2010-2014 proposes that referral opportunities should be available on every occasion of service. The SHBBVP acknowledges that this may not always be feasible; however, where appropriate and practicable, when a client requests sterile injecting equipment, NSP staff should attempt to engage the client in a ‘harm reduction brief intervention’. NSP staff are also strongly encouraged to interact with the client as a means of providing harm reduction information. Harm reduction information may assist the client with reducing health harms associated with injecting, and/or reducing potential harm to the wider community.

Interaction with NSP clients may be initiated by asking clients a health-related question. Such questions need to be framed in a way that invites further interaction, and that creates an environment in which the client feels comfortable to request such information (see Appendix 1: Section 12 of the Guidelines). Wherever possible, printed resources should also routinely be made available to clients.

5. SUPPLY OF NEEDLES AND SYRINGES

5.1 The SHBBVP will provide packaged sterile needles and syringes to hospital-based NSPs at no cost. The hospital will be required to meet the cost of freight.

5.2 The pack of sterile needles and syringes will have disposal properties so that, once used, each needle and syringe can be safely disposed into the domestic waste.

5.3 The distribution of packs of needles and syringes to people who inject drugs will not be conditional on exchange. That is, return of used needles and syringes is not required for the packs to be provided to clients.

5.4 Harm reduction principles will guide the distribution of needles and syringes to juveniles and to clients undergoing treatment as stated in the Guidelines (Appendix 1: Sections 14 and 15). NSPs will be required to determine their own policy on such situations, as part of their application for approval to operate a needle and syringe program.

6. DISPOSAL AND SAFETY

6.1 Hospitals are not required to accept used injecting equipment. Clients will be advised to dispose of their used needles and syringes in a recommended container and into the domestic rubbish, or be directed to a medical waste
disposal container. Under no circumstances should staff handle used injecting equipment returned by clients (see the Guidelines Appendix 1: Section 6).

6.2 Staff are expected to abide by the relevant existing workplace occupational health and safety procedures and policies, and to Appendix 1: Section 8, Workplace Safety of the Guidelines. Where after-hours NSP provision may be considered to be a threat to staff security, alternative solutions, such as a chute and/or intercom, may be explored and implemented with the support of the SHBBVP.

7. CUSTOMER FOCUS

7.1 Government health services are required to have a customer charter that ensures customers are treated fairly, equitably and with dignity. Health services also operate within the parameters of the Department of Health’s Code of Conduct (https://healthpoint.hdwa.health.wa.gov.au/integrity/codeofconduct/Pages/default.aspx). Some examples of best practice have been included within each section of the Guidelines (Appendix 1).

7.2 As with other clients of the hospital, people accessing needles and syringes through hospital-based NSPs are entitled to have each occasion of service treated with the highest degree of confidentiality.
GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF A NEEDLE AND SYRINGE PROGRAM

How to Use This Document

These Guidelines are intended to support organisations in writing a policy that is specific to their needle and syringe program (NSP). Before an organisation can be approved to operate an NSP, a copy of the program policy and Form 14 – Application for Approval of Needle and Syringe Programme must be submitted to the Sexual Health and Blood-borne Virus Program (SHBBVP), Department of Health (DoH), Western Australia.

This policy will inform the SHBBVP and any person participating in the delivery of the program about how the program intends to operate and who will be involved in its operation.

There are 16 sections in the Guidelines, each focusing on a particular requirement. Examples are provided within each section to assist applicants to define the details of their program. Most examples are indicative of a best-practice approach and applicants are encouraged to choose from the examples provided. However, they do not represent an exhaustive list of possibilities and if applicants wish to write their own content, consideration will be given to the intent and meaning of other wording. Additional sections may also be included if appropriate to the program.

Should organisations require assistance in developing a program policy, please contact the Senior Program Officer (NSP) at the Sexual Health and Blood-borne Virus Program on the details below.

Senior Program Officer, NSP
Sexual Health and Blood-borne Virus Program
Department of Health, Western Australia
PO Box 8172
PERTH BUSINESS CENTRE WA 6849

Phone: 08 9388 4841
Fax: 08 9388 4877
Email: NSP@health.wa.gov.au
GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF A NEEDLE AND SYRINGE PROGRAM

Include all sections (1-16) in your NSP program policy and submit with Form 14.

1. AIM OF THE NEEDLE AND SYRINGE PROGRAM

A needle and syringe program (NSP) is a public health measure to minimise the spread of blood-borne viruses (BBVs) among and from people who inject drugs.

Examples:
- The aim of the NSP is to minimise the spread of hepatitis C, hepatitis B and HIV among people who inject drugs and the wider community.
- The aim of the NSP is to provide sterile injecting equipment, education, counselling and referral to people who inject drugs.

2. STATE THE PERSON OR CLASS OF PERSONS OPERATING THE PROGRAM

The Poisons Regulations 1965 requests that “the persons or class of persons” who operates the program be stated. This means NSP staff need to be identified by their employment status or their role within the workplace, not by name.

Examples:
- Needles and syringes will be distributed and information disseminated by the senior registered nurse / health workers on duty.
- Needles and syringes will be distributed and information disseminated by NSP-trained volunteers.
- Needles and syringes will be distributed and information disseminated by alcohol / drug counsellors involved in harm reduction work with their clients.

3. HOURS OF OPERATION

The hours of operation of the NSP must be specified. Careful consideration needs to be given to accessibility of a program versus its sustainability, in relation to clients, staff and other NSPs operating in the community. It is easier to increase rather than decrease hours once a program is established and running. Hours may be modified at any time, but it is advised to examine the long- and short-term consequences of fluctuating hours of provision on the client group before modifying a program.

Examples:
- The program will operate from 5.00 p.m. to 9.00 a.m. Monday to Friday, and from Saturday 1.00 p.m. to Sunday 9.00 a.m.
- The program will operate 24 hours per day, 7 days per week.

4. DISTRIBUTION OF NEEDLES AND SYRINGES

The provision of sterile injecting equipment by NSP is usually in the form of packaged injecting equipment, consisting of sterile needles and syringes and disposal receptacles that are intended for the safe disposal of used needles and syringes. In the instance where the Sexual Health and Blood-borne Virus Program (SHBBVP) does not provide injecting equipment to the NSP, an NSP may choose to offer its clients other packaged...
products such as Fitpack®, Fitpack® Plus, Fitstick® Plus Pack 3, Fitstick® 5 Plus, Sterafit™, and Sterafit™ Plus.

Needle and syringe exchange programs (NSEPs) are approved to distribute loose needles and syringes which are always provided with a disposal container. Some pharmacists are also approved to sell loose needles and syringes, with a disposal container. All pharmacists are approved to sell the Fitpack®, Fitpack® Plus, Fitstick® Plus Pack 3, Fitstick® 5 Plus, Sterafit™, and Sterafit™ Plus products.

Examples:

- Needles and syringes will be distributed in a packaged product, as supplied by the Department of Health.
- Fitpack®, Fitpack® Plus and loose needles and syringes will be retailed according to the need of the client. A disposal container will always accompany the distribution of loose needles and syringes.

5. COST OF NEEDLES AND SYRINGES TO THE CLIENT

If sterile needles and syringes are provided free of charge to the NSP by the SHBBVP, clients are not expected to pay for these. If any donations are received, they must be accounted for in accordance with government accounting policies and procedures. Ideally, donations should be used to improve the service delivery, for instance, to provide clients with free swabs and sterile water with every pack of injecting equipment distributed.

Examples:

- Needles and syringes, as supplied by the SHBBVP, will be provided at no cost to clients of the NSP.
- Funds from donations received through the program will be used to purchase swabs and sterile water for distribution to clients.

6. RETURN OF LOOSE NEEDLES AND SYRINGES

The provision of needles and syringes via an NSP is not contingent upon the return of used needles and syringes, unlike a needle and syringe exchange program (NSEP). In WA, non-government NSEPs issue new equipment free of charge (one-for-one) upon the return of used equipment, or at a cost recovery price if no exchange occurs.

Most NSP clients who do not go to NSEPs currently dispose of their injecting equipment in domestic waste. Occasionally, some clients may return used equipment to an NSP and in this instance should be directed to an appropriate means of disposal (i.e. domestic waste or disposal bin). If a client is offered the use of a small disposal container, staff should not hold the container while the client is in the process of disposing of used needles and syringes.

Under no circumstances should NSP staff handle used injecting equipment returned by clients. NSP staff are expected to encourage clients to safely dispose of their used needles and syringes, and information to this effect should be made available to clients attending the NSP. Asking clients if they know how to safely dispose of used injecting equipment may be one way of initiating a harm reduction brief intervention with a client (see Section 12).
Examples:

- The NSP will not accept used injecting equipment, but will inform clients of appropriate disposal method and disposal sites within their local area.

- The NSP will accept used needles and syringes. Clients returning used needles and syringes must place these in an approved disposal receptacle. Under no circumstances will a staff member touch or handle the used needles and syringes.

7. STAFF EDUCATION

NSP Coordinators are required under the Poisons Regulations 1965 to ensure that all persons participating in the program (i.e. those providing the service) are appropriately instructed and trained and understand its requirements. It is expected that all staff will be conversant in the guidelines of their program and familiar with the content of the NSP Information Pack, as supplied by the SHBBVP.

NSP staff may attend training in NSP provision as provided by the coordinator and all staff are able to access training programs as offered by the SHBBVP. This includes the NSP Online Orientation and Training Package developed in partnership with the Drug and Alcohol Office. Education and training is also available through other organisations, such as HepatitisWA and the WA Substance Users’ Association, for which the Sexual Health and Blood-borne Virus Program can provide details.

Examples:

- All NSP staff will read and be familiar with the guidelines and policies of their program and material contained within the NSP Information Pack, as provided by SHBBVP.

- All NSP staff will be encouraged and supported to complete the NSP Online Orientation and Training Package.

- All NSP staff will be kept informed of issues related to injecting drug use by the coordinator of the program.

- If specific staff training needs have been identified, the coordinator will seek the support of the SHBBVP to assist with providing training to meet identified needs.

- The coordinator will conduct regular short training sessions with new staff to ensure the guidelines and objectives of the program are understood.

8. WORKPLACE SAFETY

In the instance of inappropriately disposed equipment being found by staff, workplace procedures should be followed in regard to disposing of the used equipment. NSP staff are also expected to abide by other existing relevant workplace policies and procedures (e.g. critical incident, needle stick injury).

At sites where used injecting equipment is exchanged (i.e. NSEPs), staff are required to follow the current version of the Protocol for the Distribution of Injecting Drug Use (IDU) Equipment by Needle and Syringe Exchange Program (NSEP) Workers in WA (please contact the SHBBVP for a copy of this).
Examples:

- Staff will not touch or handle any used needles and syringes returned by clients.
- Staff will read and adhere to the health service policies for the management of needle stick injuries and other occupational exposure injuries.
- Prior to commencement with the NSP, all staff are advised to be immunised against hepatitis B and ensure their tetanus immunisation is up-to-date.

9. MONITORING AND EVALUATION OF PROGRAM

Under the *Poisons Regulations 1965*, NSP Coordinators are required to submit an annual report and report on any irregularities of the program to the SHBBVP. A pro-forma of the annual report is enclosed in the NSP Information Pack. Annual reporting includes the number of referrals made and the type of information/resources distributed to clients. Annual reports are due shortly after 30 June. No record should be made of client names or personal details. However, programs are encouraged to keep a record of basic client demographics (e.g. gender, age group, cultural and linguistic diversity [CALD]) in order that specific resources can be developed/provided as needed.

Examples:

- All NSP staff will be responsible for recording contacts with clients during which educational material or referral was given.
- All NSP staff will be responsible for keeping record of basic client demographics.
- The coordinator will be responsible for reporting on service provision, disposal matters, operational matters, professional development, as requested to the Sexual Health and Blood-borne Virus Program.
- The coordinator will be responsible for conducting regular update sessions with staff and attend to issues emerging from the on-going operation of the program.

10. CLIENT CONFIDENTIALITY

All Department of Health, Western Australia (DoHWA), employees are bound by the DoHWA Code of Conduct (see http://intranet.health.wa.gov.au/codeconduct/home/) with regard to confidentiality. NSP staff who are not DoHWA employees would, in most instances, be expected to respect client confidentiality as stated by the code of conduct or practice of their workplace. In any instance, all NSP staff, regardless of their status (health practitioners, pharmacists, volunteers etc.) are required to respect client confidentiality at all times. It is suggested that, where possible, client confidentiality be supported by distributing injecting equipment in an unmarked paper bag.

Examples:

- Staff involved in the NSP will understand their obligation to safeguard information about their clients.
- Staff involved in the NSP will respect and protect the confidentiality of their clients and whenever possible prevent this being compromised by others for whatever intent or purpose.
- Staff will respect client confidentiality at all times and in all circumstances. Confidentiality must be maintained even when a client is known to be participating in other programs (e.g. pharmacotherapy program) or when the client or client’s relatives are known to the provider.
11. STAFF ATTITUDE

NSP are often the first and only point of contact people who inject drugs have with a health service provider. The approach adopted by NSP staff to clients often will influence clients’ receptivity to offers of information and clients’ future access to health services. Therefore a non-judgemental, empathetic approach is advised at all times.

Examples:

- Staff will adopt an empathic, non-judgemental approach to clients, being sensitive to the likelihood of anxiety and/or apprehension of the client on approaching the NSP. Particular sensitivity may need to be practised when staff are approached by clients from CALD backgrounds, or by young clients.
- Staff are encouraged to interact and build rapport with clients to create opportunities for the dissemination of education and/or information and referral.

12. HARM REDUCTION BRIEF INTERVENTION

Where appropriate and practicable, when a client requests sterile injecting equipment, NSP staff should attempt to engage the client in a ‘harm reduction brief intervention’. Educational resources and information sheets should routinely be made available to clients, wherever possible. The practice of enclosing relevant pamphlets and/or information sheets with any equipment distributed is encouraged.

In addition, NSP staff are strongly encouraged to interact with the client as a means of providing the client with harm reduction information. Harm reduction information may assist the client with reducing health harms associated with injecting, and/or reducing potential harm to the wider community. At a minimum, this may be asking the NSP client a question such as those in the following list:

- Do you know how to safely dispose of your used equipment?
- Do you need any advice about looking after your veins?
- Have you considered being tested for hepatitis C, hepatitis B or HIV?
- Would you like information on safer injecting?

Staff may devise their own questions as a way of initiating interaction with NSP clients. However, questions need to be framed in a way that invites further interaction, and that creates an environment in which the client feels comfortable to request information.

Examples:

- The NSP will maintain a supply of appropriate pamphlets and information designed to provide health information to clients.
- The NSP will inform and educate clients on issues regarding injecting drug use (e.g. hepatitis C, safer injecting practices, disposal, treatment options), when appropriate, using available resources.
- Information on safer injecting practices, HIV, hepatitis B and hepatitis C transmission, and the safe disposal of injecting equipment will be handed out routinely to clients with every occasion of injecting equipment distribution.
- NSP staff will engage in harm reduction brief intervention with NSP clients, using questions as devised by the NSP Coordinator and their own, as seen appropriate. Questions will be available in the NSP and include: (list questions here).
13.  **CLIENT REFERRAL**

NSP staff are expected to be familiar with a number of agencies to which they can refer clients, according to a client’s needs at that point in time. The [NSP pages](#) of the **WA Public Health Website** lists several agencies across the state and this information is also enclosed in the NSP Information Pack (available from SHBBVP). It is recommended a local referral list is developed by the NSP Coordinator. Referrals should only be made at a client’s request, particularly where treatment agencies are concerned. When making a referral, NSP staff should involve the client and a range of options be offered. The final choice should be left to the client.

**Example:**

- Referral of clients to drug counselling and treatment agencies will only be done on the request of the client to agencies which are appropriate for their needs.

14.  **JUVENILE ACCESS TO THE PROGRAM**

The *Poisons Regulations 1965* refers to NSP clients only as “person”. That is, there is no limitation placed on the age at which a person may access or be denied access to an NSP. Research indicates the median age of initiation into injecting drug use is 18 years. Staff are encouraged to interact with clients who appear to be juveniles to assess their level of knowledge in regards to injecting drug use and associated harms, and to provide information and referral as appropriate. Young people who inject drugs may be apprehensive about approaching NSPs, so care should be taken not to alienate them from accessing services, but rather to create an environment where they can ask for advice or referral regarding their drug use and other health and welfare issues they may be experiencing.

**Examples:**

- Staff will actively encourage referral of all juveniles who access the program to appropriate youth drug services / workers by providing the client with an up-to-date list of relevant agencies.

15.  **ACCESS BY CLIENTS UNDERGOING TREATMENT RELATED TO THEIR DRUG USE**

It is not the role or responsibility of NSP staff to regulate clients’ behaviour in terms of their drug use. However, information on poly-drug use should be made available to the client where appropriate.

**Examples:**

- Staff will provide equipment to clients who are known to be on a pharmacotherapy program if refusal to do so is likely to pose a greater health risk to the client.

- Staff will provide information to clients in regards to poly-drug use and overdose prevention.

16.  **CLIENT RESPONSIBILITIES**

As with other health service clients, NSP clients may occasionally behave inappropriately for a range of reasons. Any disruptive incidents should be responded to and recorded in accordance with workplace risk management policies and procedures. Where necessary, staff may advise clients that disruptive behaviour, injecting in the proximity of the NSP, and inappropriate disposal may jeopardise the overall continuity of the program.
Example:

- Clients are expected to respect the intention of the program as a harm reduction and illness prevention program. Activities by clients that jeopardise the program, including disruptive behaviour and injecting in close proximity to the NSP, will not be accepted.

NSP Coordinator

Name:
Title:
Hospital/health service:
Address line 1:
Address line 2:
Contact number/fax:
Email: