# Peer-delivered needle and syringe services result in a significant reduction in receptive syringe sharing

Harrod ME<sup>1</sup>, Trist, A<sup>1</sup>, Pepolim L<sup>1</sup>, Geddes L<sup>2</sup>, Iversen J<sup>2</sup>

<sup>1</sup>NSW Users and AIDS Association <sup>2</sup>Kirby Institute for Infection and Immunity in Society

# Factors associated with receptive syringe sharing

#### Relationships:

 San Francisco: Living with and being in a sexual relationship with an injecting partner (Morris et al, 2014)

#### **Policing**

- Russia: Extrajudicial arrests for needle possession (Lunze et al, 2014)
- USA: Police hassling PWUD (Wagner, 2013)
- Mexico: Police hassling PWUD (Volkmann, 2011)

#### **Experience/cultural factors**

- USA, Australia: being younger (Broz, 2014; Horyniak, 2013)
- USA: Recent migration from Puerto Rico (Gelpi-Acosta, 2011)

# Factors associated with receptive syringe sharing in Australia

- Being a bisexual woman (Iversen et al, 2015)
- Homelessness (Topp, 2013)
- Accessing syringes exclusively from pharmacies (Bryant, 2010)

## Factors associated with reductions in receptive syringe sharing

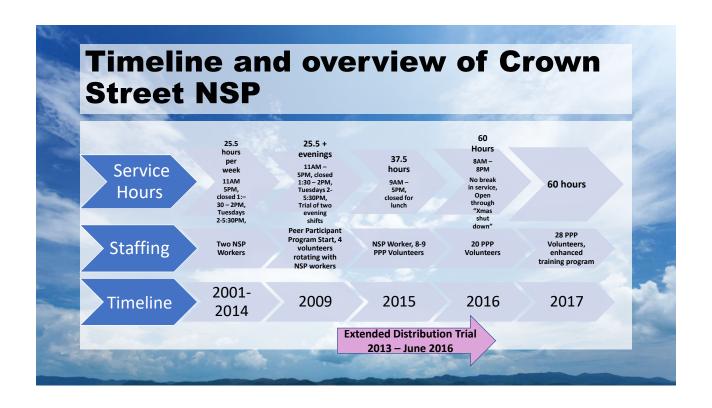
- California: Syringe Exchange Programs with "distributive" policies – distribution according to need rather than how many syringes were returned had lower odds of reusing syringes (OR = 0.43, 95% CI = 0.27, 0.71)
- Mexico: Increasing self-efficacy around injecting behavior through an interactive intervention (Pitpitan, 2016)

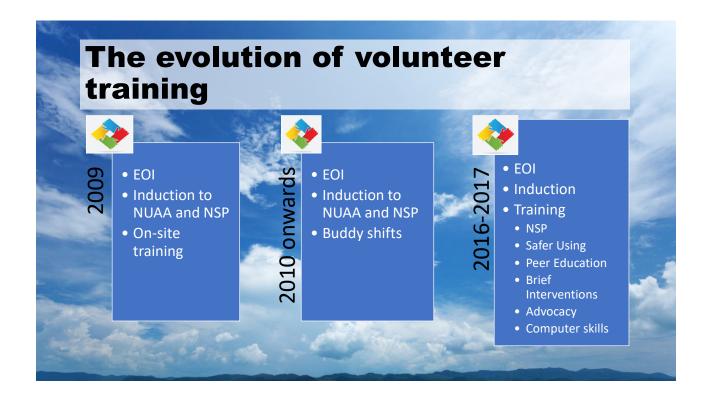
#### **NUAA NSP**

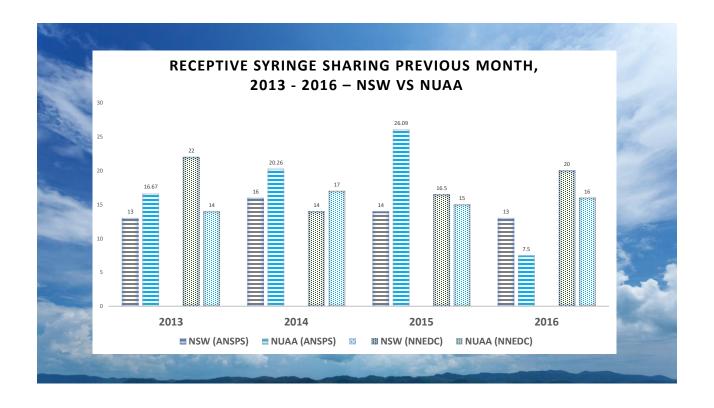
- NSP started in 1980s with peers involved from the inception
- NUAA (the agency) established in 1989 with peer distribution component of services
- NSP part of our current performance agreement
- In 2015 we increased resources to NSP services
  - Volunteer training enhanced
  - Support for volunteers increased
  - Aimed to establish evidence base for peer-delivered NSP

#### **Overview of NUAA Service**

- Staffed by peer worker and team of peer volunteers
- No limits
- Self-service
- Opening hours continuous from 8AM 8PM
- Volunteers participate in monthly training including harm reduction, brief interventions, advocacy, boundaries







#### **NNEDC 2017: Methods**

- NNEDC: NSW NSP Enhanced Data Collection
  - Funded by NSW Ministry of Health, conducted by the Kirby Institute
  - Conducted over a 2-week period annually (in February/March)
  - N=30 primary and n=20 secondary NSP services participated in 2017
- Survey measures all occasions of service
  - 5,378 total occasions of service in NSW
  - 560 occasions of service at NUAA NSP → 10% of NSW
- Service users only complete survey once
  - 3,607 individual participants across NSW
  - 344 individual participants at the NUAA NSP → 10% of NSW

Variable	NUAA	NSW	OR	95% CI
Gender = Female	18.52	26.28	0.64	0.47 – 0.89
Gender = Trans	0.22	2.22	7.69	2.5 – 24.1
Sexual preference = bisexual	11.11	7.30	2.03	1.3 – 3.1
Sexual preference = homosexual	5.49	24.11	5.94	4.2 – 8.4
Age = older than 46	37.04	30.8	1.42	1.04 – 1.94
Less than three years experience injecting	5.56	11.15	0.46	0.27 – 0.8
Last drug injected = PIEDS	2.22	15.09	0.13	0.06 – 0.30
Homeless	37.04	24.47	1.82	1.39 – 2.37
On Centrelink	67.78	60.62	1.37	1.04 – 1.78
Mental health issues	26.67	21.28	1.34	1.07 – 1.79
Arrest in previous 12 months	23.33	16.99	1.49	1.10 – 2.01
Present at Overdose	14.81	8.89	1.78	1.24 – 2.57
Sexual relationship with PWID	11.11	7.39	1.57	1.04 – 2.36

## **Results: Sharing variables**

- Receptive syringe sharing previous month
  - NUAA = 15.19
  - NSW = 20.31
  - OR = 0.7, CI  $\{0.49 0.99\}$
- Distributive sharing previous month
  - NUAA = 11.11
  - NSW = 7.39
  - OR = 1.57, CI {1.04 2.36}

## **Results: Logistic regression**

- Service users who attended the NUAA NSP were less likely to:
  - Use a syringe after it has been used by another person
  - Be female
  - Last drug injected was performance and image enhancing drug
- Service users who attended the NUAA NSP were more likely to:
  - Identify as bisexual
  - Identify as homosexual
  - Have been homeless in the previous 12 months
  - Have been present at an overdose in the previous 12 months

#### **Discussion**

- Expansion of NSP was done with NO INCREASED ORGSANISATIONAL RESOURCES rather a re-focus of priorities
- Increased hours and focus on service delivery resulted in a concomitant increase in occasions of service, volume of equipment distributed has also increased
- NUAA NSP has consistently had a lower rate of receptive sharing than non-peer staffed NSP services
- Rate of RSS at NUAA service lower in spite of greater proportion of highrisk service users. Our rates are significantly lower than other services in our area (South East Sydney Local Health District)
- These findings are consistent with the Australian Needle and Syringe Program Survey (ANSPS or "fingerprick" survey) where NUAA RSS was 7.5% vs 19.3% in the rest of Australia (n=40, p=0.06)

#### Conclusion

- A focus on service delivery and health education results in improved outcomes (!)
- If you give people who inject drugs the tools to look after their health in a stigma-free service, they'll look after their health
- We must work towards a environment where identified peer workers are part of the standard of care in all harm reduction services

### **Acknowledgements**

- The NSW Users and AIDS Association is funded by the NSW Ministry of Health (thank you for your 30 years of continuous support!)
- We are also grateful to the Central and Eastern Sydney Primary Health Network who have funded our volunteer program
- Paul Giblin, Louise Aquilina, Andrew Trist and our team of volunteers were instrumental in recruiting survey participants in 2017
- Lucy Pepolim has been training and supporting NUAA volunteers since 2010
- Big thank you to service users and survey participants