



## Community Pharmacy Roadmap Program Development Template

<b>Program/Service</b>	<b>Needle and Syringe Program</b>
<b>Quadrant</b>	<b>C – In-pharmacy Health Services and Programs</b>
<b>1. Program/Service Description</b>	
a) Background	<p>Needle and Syringe Programs (NSPs) supply equipment used to prepare and administer illicit drugs. The provision of sterile injecting equipment is an integral harm reduction strategy to reduce the transmission of blood borne viruses, such as HIV/AIDS and hepatitis C. It is estimated that over the last decade (2000-2009) NSPs in Australia have directly averted over 32,000 new HIV infections and over 96,000 hepatitis C infections<sup>1</sup>.</p> <p>A World Health Organization review concluded that NSPs do not encourage more frequent injection of drugs or increase the recruitment of new injecting drug users, rather, people who attend NSPs are more likely to reduce or stop injecting drugs than those who do not attend, and reduce the number of improperly discarded needles and syringes in the community<sup>2</sup>.</p> <p>In Australia, NSPs operate from three major outlet types<sup>2</sup>:</p> <ul style="list-style-type: none"><li>▪ Primary NSPs - services dedicated to the provision of a wide range of sterile injecting equipment, education and referrals to a range of other services including drug treatment.</li><li>▪ Secondary NSPs - operate within existing health or community services and typically have limited capacity to deliver services other than the delivery of sterile injecting equipment and disposal facilities.</li><li>▪ Pharmacy NSPs - community pharmacies that choose to act as NSP services, distributing a range of injecting equipment, including disposal containers.</li></ul> <p>With more than 1097 community pharmacies currently involved in NSP provision<sup>3</sup>, community pharmacies are ideally placed to assist in the distribution of sterile injecting equipment, supported by the professional services available from pharmacists. Community pharmacy is a critical component of NSP service delivery in Australia accounting for approximately 15% of syringes used for injecting drugs<sup>2</sup>. Pharmacy involvement in NSPs is not uniform across Australia, with State and Territory-based schemes varying widely both in scope and nature.</p> <p>In general, community pharmacies provide clean injecting equipment, usually for a small fee, and safe disposal of used equipment, although some jurisdictions provide an exchange service whereby clients purchase the first kit and receive any subsequent kits for free upon return of the used kit. The level of support from individual pharmacists also varies between jurisdictions.</p> <p>Though there is limited research on pharmacy-based NSPs, an evaluation of the Queensland Pharmacy Needle and Syringe Project provided a basis for confidence that pharmacy is capable of making a significant contribution to prevention of blood-borne diseases among injecting drug users and within the wider community<sup>4</sup>. Similarly, the UK's National Institute</p>

<sup>1</sup> 'Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia' (2009) National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales

<sup>2</sup> 'Needle and Syringe Programs: your questions answered' (2005) Australian Government Department of Health and Ageing

<sup>3</sup> Pharma 360°, The Pharmacy Guild of Australia (October 2010).

<sup>4</sup> 'Evaluation of the Queensland Pharmacy Needle and Syringe Project' (2002) Siggins Miller Report to Queensland Department of Health

	for Health and Clinical Excellence highlighted the key role of community pharmacy-based NSPs in the provision of services, equipment, advice and support <sup>5</sup> .
b) Brief Description	A pharmacy-specific scheme which promotes the benefits of NSPs and encourages pharmacists to be involved through the provision of education and support to pharmacy staff is essential. This could be supported by an NSP liaison officer located within each Branch of the Guild, to not only support those currently involved in NPS, but actively increase uptake of NSPs within community pharmacy.
c) Alignment with Government Policy	A pharmacy-specific NSP scheme would align with the National Drug Strategy 2004-2009 (under review), which provides a coordinated approach to drug issues in the Australian community. It is also consistent with the National Illicit Drug Strategy (1997), Third National Hepatitis C Strategy 2010-2013, and the Sixth National HIV Strategy 2010-2013.
d) Expected Outcomes for Government and Community Pharmacy	<p>Expected outcomes for government are the significant public health benefits that can be attained with further expansion of sterile injecting equipment distribution. In addition, it is estimated that for one dollar invested in NSPs, more than four dollars would be returned in healthcare cost savings in addition to the investment<sup>2</sup>. Australia wide, NSPs are estimated to have saved \$1.28 billion in downstream health care costs between 2000 and 2009<sup>2</sup>.</p> <p>From a community pharmacy perspective, there will be a greater recognition of the role of community pharmacists in health promotion and public health activities, supporting their local community. Involvement in NSPs will increase the knowledge and skills base of pharmacy staff that are involved in the day-to-day running of the program.</p>
e) Consumer Benefits	An increased number of community pharmacies participating in NSPs, particularly in areas where there is an absence of primary or secondary NSP outlets, will benefit the community by a reduction in the transmission of blood-borne viruses such as HIV and hepatitis C caused by sharing injecting equipment. In addition, it will reduce unsafe needle disposal within the community and improve the quality of service delivery to people who inject drugs through the availability of qualified health professionals.
f) Who Performs the Service	<ul style="list-style-type: none"> <li>• Pharmacists</li> <li>• Pharmacy Assistants</li> </ul>
g) Collaboration with Other Health Care Professionals	<p><i>Is the service likely to require any formal collaboration with other health care professionals?</i> Yes.</p> <p>Referral to other health professionals/specialists in this area of practice, as well as collaboration with other NSPs providers, may be required.</p>
<b>2. Implementation and Enablers</b>	
a) Stakeholder Consultation	<p><i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement the program:</i></p> <ul style="list-style-type: none"> <li>• Consumer organisations</li> <li>• Pharmacy organisations</li> <li>• Government</li> <li>• Alcohol and Other Drug organisations</li> <li>• Blood borne virus organisations</li> <li>• Funders</li> <li>• Professional Insurers</li> </ul>
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> No.</p>

<sup>5</sup> National Institute for Health and Clinical Excellence UK. Needle and Syringe Programmes: providing people who inject drugs with injecting equipment. NICE public health guidance 18; February 2009

c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> Existing private consultation area in the community pharmacy may be utilised if required.</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes. <i>Will an additional pharmacist likely to be needed?</i> No.</p>
d) Training	<p><i>What additional formal training will be needed?</i> Initial familiarisation on any standards and legislative and administrative requirements will be necessary.</p> <p><i>Does any suitable training exist?</i> Yes - training is currently provided in some jurisdictions and completion of this training is a requirement of participation in the program.</p>
e) Supporting Standards, Procedures and Templates and Checklists	<p><i>Will a QCPP standard be required?</i> Yes. A Needle and Syringe program checklist (T3A) already exists as part of QCPP, edition 3.</p> <p><i>Will professional guidelines and/or standards be required?</i> Yes. Relevant professional standards for NSP services are included in Professional Practice Standards Version 4 (2010), Standard 18 Harm Minimisation.</p> <p><i>Are there any national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i> Yes. There are no nationally consistent protocols or guidelines for NSP in Australia, however there are state/territory specific guidelines that would need to be adhered to.</p>
f) Legislation / Regulation Implications	Nil
<b>3. Funding</b>	
Funding Options	<p>Possible funding options include:</p> <ul style="list-style-type: none"> <li>• Alternative Commonwealth Program (National Drug Strategy)</li> <li>• State/Territory Government</li> <li>• User-pays (review GST implications)</li> </ul> <p><i>Has any funding for this program been secured?</i> Funding at a national level for support to all community pharmacies does not exist, however, some Guild Branches receive funding from State government.</p>
<b>4. Timelines</b>	
Timelines	<p><input checked="" type="checkbox"/> Established community pharmacy practice</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (&lt; 30 June 2015)</p> <p><input type="checkbox"/> Medium-term implementation(1 July 2016 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (&gt; 1 July 2020 )</p>