



Centre for  
Research Excellence  
into Injecting Drug Use



# ST KILDA 24-HOUR NSP EVALUATION



**Burnet Institute**  
Medical Research. Practical Action.

**Prepared by**

Burnet Institute

85 Commercial Rd

Melbourne Victoria 3004

**Contributors**

Professor Paul Dietze, Director, Behaviours and Health Risks Program

Amy Kirwan, Program Manager and Outreach Manager

Michael Curtis, Research Assistant

Shelley Walker, Research Assistant

Emma Woods, Research Assistant

**Prepared for**

The Salvation Army

**Acknowledgements**

The authors of this report acknowledge the traditional owners of the land on which we collected data and wrote this report and pay our respects to Elders past, present and emerging and to Aboriginal Elders or communities who may read this report.

The authors of this report would like to acknowledge all of the participants in this research, who generously shared their personal stories with researchers.

## Contents

List of Tables	4
List of Figures	4
1.0 Executive summary	5
1.1 Who uses the service?	5
1.2 How is the service used?	5
1.3 What is the role and value of the service?	6
2.0 Introduction	8
3.0 Methods	9
3.1 Sample size	9
3.2 Interview schedules	10
3.3 Quantitative data analysis and reporting	10
3.4 Qualitative data analysis and reporting	11
4.0 Findings	12
4.1 Socio-demographics	12
4.2 Drug use	15
4.3 Health	18
Blood-borne virus status	18
Blood borne virus risk behaviours	19
Drug overdose	20
Social and emotional support	21
4.4 Service use	21
Time of NSP visit	22
Time of NSP visit by socio-demographics	23
Frequency of access	24
Primary reason for visit	24
Distribution and return of needles and syringes by time of visit	25
Safer sex equipment distribution	27
SSE distribution by time of visit	27
SSE distribution by sex	27
Reasons for attending	28
Referrals	29
After-hours referrals	32
Recent other service use	32

Syringe dispensing units	33
Naloxone training	34
Additional after hours support	36
4.5 Role of service	39
Accessibility	39
Women clients	40
Justice-involved clients	41
Relationships with workers	41
Confidentiality and privacy	43
Service model	44
Staff development and support	45
Free service	45
Education and information provision	45
Relationships with police	46
Performance and image enhancing drugs	46
Community and individual safety	47
Public amenity	50
Future service development	51
5.0 Conclusions	53
6.0 References	55
7.0 Appendices	56

## List of Tables

Table 1. Data sources.....	9
Table 2. NSPIS St Kilda data: demographics.....	12
Table 3. Socio-demographic details of snapshot survey respondents.....	13
Table 4. Socio-demographic details of SuperMIX Study participants.....	14
Table 5. Snapshot survey: Last drug injected during snapshot surveys and 2018 Illicit Drug Reporting System.....	15
Table 6. Snapshot survey: Last drug injected by time of NSP visit.....	16
Table 7. SuperMIX Study substance use preferences.....	17
Table 8. BBV status, testing and treatment among SuperMIX participants.....	18
Table 9. BBV transmission risk behaviours among SuperMIX participants.....	19
Table 10. Overdose history among SuperMIX participants.....	21
Table 11. Time of NSP access.....	22
Table 12. Time of NSP access by sex (NSPIS).....	23
Table 13. Number of years accessing St Kilda 24-hour NSP (snapshot survey).....	24
Table 14. Equipment accessed by time of visit (NSPIS).....	25
Table 15. Sterile needles distributed and needles returned by time of day (NSPIS).....	26
Table 16. Number of visits involving needle distribution and total number of needles distributed by sex (NSPIS).....	26
Table 17. Number of needles distributed per visit by time of visit 2018 (NSPIS).....	26
Table 18. Total visits by time of day and safer sex equipment distribution events (NSPIS).....	27
Table 19. Reasons for attending the NSP (SuperMIX quantitative unit).....	28
Table 20. Participant’s perceived benefits from accessing St Kilda 24-hour NSP (SuperMIX quantitative unit).....	29
Table 21. Reported types of referral accessed (snapshot survey).....	30
Table 22. Service use among SuperMIX participants.....	33
Table 23. Time of THN training at St Kilda 24-hour NSP by sex.....	35
Table 24. Naloxone training among SuperMIX participants.....	35
Table 25. Additional after-hours response frequencies July 2016 – Dec 2018.....	37
Table 26. Additional after-hours responses between 1 July 2018 – 5 December 2018 by gender.....	38
Table 27. PIED use among St Kilda 24-hour NSP service users in December, 2017.....	47

## List of Figures

Figure 1. Distribution of SSE to sex by time of visit in 2018 (NSPIS).....	27
Figure 2. Number and age of St Kilda 24-hour NSP naloxone training participants disaggregated by gender.....	36

## 1.0 Executive summary

The Salvation Army commissioned the Burnet Institute to gather data on its 24-hour needle and syringe program (NSP) in St Kilda. Uniquely in Victoria, the St Kilda NSP is funded to run a staffed service 24 hours a day, seven days a week, and has been in operation with this model for over 10 years. This section is an executive summary of the Burnet Institute's findings about the role, impact and effectiveness of the St Kilda 24-hour NSP service.

### 1.1 Who uses the service?

Clients of the 24-hour NSP service in St Kilda are predominantly male, with most clients older than 30 years of age. Around a tenth identify as Aboriginal or Torres Strait Islander, and a slightly larger proportion identify as LGBTIQ+. Almost half report that one or both parents were born outside of Australia. Clients are typically unemployed, but a substantial minority report being in employment. Clients live in a range of accommodation types, with private rental and public housing being the most common. Most describe their accommodation as stable. Overnight clients include a higher proportion of women and girls than those attending during the day.

Amongst clients, meth/amphetamine is the most commonly injected substance (44%), followed by heroin (38%). Clients attending the service overnight are more likely to have recently injected meth/amphetamine. Median times injected in the week before interview was five times for heroin and three for meth/amphetamine. A substantial minority of clients report performance and image enhancing drugs (commonly known as steroids) as their drug most recently injected.

Clients commonly report a history of heroin overdose (46%), are unlikely to have reported injecting with someone else's syringe in the last month (9%), but likely to have had a hepatitis C virus test (antibody and polymerase chain reaction test) in the last 12 months (56%). Around a third believed themselves to be HCV positive (31%). A substantial minority reports ever having been paid for sex (41%). Qualitative data reflects that sex workers are a substantial subpopulation amongst those who use the service, particularly amongst those accessing the service overnight.

Social isolation was a commonly discussed issue amongst participants in qualitative interviews. Some reported that interaction with NSP staff was an important component of their human contact, and many specifically accessed the service after hours due to feelings of anxiety or concern for privacy and confidentiality.

While many clients are employed and living in stable accommodation, high proportions are unemployed and living in accommodation types that would not be considered stable or report being homeless. Most are reliant on government payments as their main source of income, and it is likely that most are experiencing severe financial stress as a result. Data from qualitative interviews certainly suggests this. A large proportion of clients of the service would be considered significantly disadvantaged and marginalised.

### 1.2 How is the service used?

A total of 1,185,000 needles were distributed in 2018, with 484,516 returned. Sixty-nine per cent of returns occurred outside business hours. Service was provided on 39,898 occasions.

Seventy per cent of service contacts occur outside normal business hours (i.e. 9am–5pm). Around a third of visits occur on weekends or public holidays, roughly a fifth in the evenings (5–11pm) and approximately a fifth occur overnight (after 11pm). Reasons given for attending outside normal business hours include convenience, anonymity, social anxiety and safety. The fact that drug use occurs across the day and night was also reported as an influence on service use patterns. Analysis shows the percentage of women attending the service increases between 5pm and 9am (29% after hours versus 23% between 9 and 5).

Many clients report a long association with the service, with 66% attending for in excess of five years. Clients attend the service on average 2.74 times per week. Most clients attend to pick up sterile injecting equipment (86%), with a further 11% collecting a combination of injecting equipment and safer sex equipment (e.g. condoms). The majority of safer sex equipment is distributed outside of business hours (88%), with 68% occurring after 11pm or on weekends. Safer sex equipment is predominantly accessed by women.

Approximately half the number of clients (47%) report having received a referral from the NSP to another service, with most (85%) having followed through on that referral. The most common referrals were to specialist and allied health services provided on-site at Access Health and other on-site services at the Crisis Contact Centre (85% combined). Other common referrals were for HCV testing or treatment and to GPs and health services other than those provided on-site (30% combined)<sup>1</sup>.

The NSP has delivered 653 episodes of naloxone training to clients, approximately half of these outside of business hours. A range of additional services is provided to clients after hours, most commonly a debrief or chat and a referral to another service. Material support (e.g. food, blankets) and first aid (e.g. bandaids) are also commonly provided. Most of these additional responses are provided to women.

### 1.3 What is the role and value of the service?

The St Kilda 24-hour NSP services a diverse range of clients throughout the day and overnight. While the NSP clearly provides a significant volume of services to a large number of clients, evidence collected in this study suggests that it plays a range of roles with those clients beyond equipment provision. Clients describe having a meaningful relationship with the service, in large part due to the non-judgemental and welcoming attitudes of staff. In particular, both clients and staff felt that clients attending overnight were able to develop a special rapport with staff due to the ability to spend more time with each client discussing a range of issues. Other service models would face challenges in replicating these benefits; in particular, data collected in this study suggests syringe dispensing machines, as an alternative to a 24-hour staff NSP, would be inappropriate for the service context of the St Kilda area.

Experiences of violence, a lack of safety, acute and chronic health issues and involvement in illegal and stigmatised activities were reported across data sources collected and analysed for this study. Also reported, though, were the ways in which the NSP supports clients facing a variety of life challenges.

---

<sup>1</sup> Participants could select more than one referral service that they had been offered

Common themes which emerged through the study included the role that the service plays in addressing stigma and discrimination. This occurs through providing a welcoming and confidential space for clients, which enables access to much needed complementary services. This approach improves equity and access for marginalised and traditionally under-served populations.

A further theme that emerged throughout the study is the gendered nature of service provision at the St Kilda NSP. Not only are there gender differences in clients accessing the service at different times of day and the types of equipment that they collect, qualitative data highlight the particular issues faced by women clients of the service and how the NSP provides specialised support to those clients. In particular, women engaged in street sex work have a special relationship with the NSP.

Multiple data sources highlight the importance of the 24-hour NSP service in preventing the spread of blood-borne viruses, educating clients, providing social, emotional and mental health support to clients, making timely and successful referrals for clients to other services, increasing community and individual safety and reducing stigma and discrimination. The unique 24-hour staffed service model, attitudes of staff and space in which it is provided all contribute to the ability of the service to maximise these benefits.

The 24-hour NSP is an essential and highly regarded public health service for a marginalised group of clients, in particular those visiting the service after hours.

## 2.0 Introduction

The Salvation Army commissioned the Burnet Institute to gather data on its 24-hour needle and syringe program (NSP) in St Kilda. Uniquely in Victoria, the NSP is funded to run a staffed service 24 hours a day, seven days a week, and the model has been in operation for over 10 years.

Needle and syringe programs are an evidence-based public health intervention and have been operating across Australia since the 1980s. They provide a considerable return on investment by preventing the transmission of serious infections and subsequent avoidance of costs to the health system (Kwon et al, 2012)). The primary role of NSPs is to provide sterile injecting equipment to people who inject drugs (PWID), so that sharing and reusing of equipment may be reduced or eliminated. NSPs are a crucial point of contact with a marginalised community group; they also provide facilities for disposal of used injecting equipment, education, information and referral to other services. NSPs were originally introduced as staffed services providing face-to-face interaction with clients, but service models have evolved to include mobile outreach services, self-serve models within health services and secure syringe dispensing units. All service models provide public health benefits, but differ according to the range and cost of those benefits.

Several factors influence the accessibility of NSPs throughout Victoria, with geographic location and hours of operation being foremost. Client preference for services may also be affected by perceived quality of the service, confidentiality, proximity to other services, available referral pathways, safety and environmental factors (e.g. police presence). This study sought to enquire into these issues at the St Kilda 24-hour NSP using a range of methods and data sources.

The Salvation Army commissioned the Burnet Institute to explore the role and impact of the St Kilda 24-hour NSP by:

- analysing data collected by the service to identify service use patterns and volumes across business hours and after hours;
- collecting and analysing primary data from staff and service users on their experiences and needs, particularly those accessing the service after hours;
- analysing research data held by Burnet Institute (collected during the SuperMIX study) to identify service user experiences and outcomes.

The research was designed to examine issues of 24-hour NSP utilisation related to service use patterns and service user experiences, needs and outcomes, and to describe staff experiences.

## 3.0 Methods

Four activities were undertaken for this project:

1. *Qualitative interviews* with after-hours service users and staff;
2. *Quantitative interviews* with service users based on existing studies;
3. *Administrative data collection*: collection of service utilisation figures and snapshot surveys completed during service contacts in which a small number of additional questions were added to those routinely asked of all clients; and
4. *Data analysis*: analysis of all of the data collected above.

The research was informed by a study advisory group which included staff from the 24-hour NSP, Salvation Army senior staff, representatives from the Department of Health and Human Services (DHHS) and members of the research team.

Ethics approval was sought from the Alfred Health Human Research Ethics Committee. Full approval was granted on 20/10/18, project number 501-18.

### 3.1 Sample size

The number of qualitative and quantitative interviews and snapshot surveys conducted for each group was informed by the timelines of the project and an estimate of the number of interviews that could provide a cross-section of a variety of service user and staff experiences. The final numbers recruited in all elements of the project are detailed below (Table 1).

**Table 1. Data sources**

Data source	Records
Primary data sources: Quantitative	
Melbourne Injecting Cohort Study (SuperMIX)	828
SuperMIX quantitative additional unit	20
St Kilda snapshot survey 1	1000
St Kilda snapshot survey 2	1533
St Kilda snapshot survey 3	931
Illicit Drug Reporting System 2018: Victoria	150
Primary data sources: Qualitative	
St Kilda 24-hour NSP clients	20
St Kilda 24-hour NSP staff	7
Secondary data sources	
Needle and Syringe Program Information System 2018: St Kilda	39898
St Kilda August 2018 survey	2706
St Kilda NSP naloxone training log	673
St Kilda NSP after hours log	292
St Kilda NSP PIEDs survey	84

### 3.2 Interview schedules

Interview schedules and survey questions were informed by the teams' expertise in the field, the stated objectives of the evaluation and additional input from the Salvation Army and DHHS. Qualitative interview schedules were semi-structured in nature and designed to elicit in-depth responses. Quantitative interview schedules and snapshot survey questions were structured and designed to elicit brief, categorical responses or brief free text responses.

Qualitative service user interview schedules focused on experiences of using the 24-hour NSP service, individual needs and expectations in accessing the service and an assessment of the value of the service to the individual and broader community.

Qualitative interview schedules for staff focused on describing the experience of clients in accessing the service, barriers to accessing the service and an assessment of the value of the service to clients and the broader community.

Quantitative interviews generally occurred in the context of the administration of an existing interview schedule utilised in the SuperMIX cohort study, which Burnet Institute researchers have conducted since 2008. Information on the SuperMIX study can be found in Horyniak et al. (2013). A further module added to the SuperMIX survey focused specifically on experiences related to attending the St Kilda NSP. Additionally, a small number of quantitative interviews utilising just this module were undertaken with people who would not be eligible to participate in the SuperMIX study. This ensured that data collected from this arm of the study was representative of the clientele of the St Kilda NSP more generally, rather than SuperMIX participants alone.

Snapshot surveys of clients involved a series of additional questions to be asked during routine service provision; these were generated in partnership with staff of the NSP and primary health service. Questions were brief and asked of all clients in three periods of up to two weeks each between October and November 2018. Each snapshot survey included no more than five questions.

All interview schedules developed specifically for this study are appended to this report. The SuperMIX survey has not been included due to length.

### 3.3 Quantitative data analysis and reporting

Data was collected by staff of the 24-hour NSP both retrospectively (previous service data spans approximately 10 years) and during the study as part of the Needle and Syringe Program Information System (NSPIS), which included additional snapshot survey questions added to the routine administrative data collection. St Kilda NSPIS data forms part of a statewide dataset held by DHHS.

Descriptive statistics were generated for quantitative variables relating to socio-demographics of service users, substance use, health and service use. Variables of interest were analysed either by the gender of the client or the time of service use.

Time of service use was categorised into four groups based on common opening hours of services such as mobile NSP services and after-hours contact centres. The time of service contacts were grouped as follows:

1. Business hours: 9:00:00 - 16:59:59
2. Evening: 17:00:00 – 22:59:59
3. Overnight: 23:00:00 – 08:59:59
4. Weekends and Victorian public holidays.

Interview data collected from people who inject drugs as part of Burnet Institute’s SuperMIX cohort study (SuperMIX) were also analysed. Variables of interest (substance use, service use, blood-borne virus status, etc.) were analysed with regard to the site at which the participant was recruited.

All relationships were assessed using Chi-square tests or Fisher’s exact test (when a variable contained a cell count of less than 5). Comparisons of medians were conducted using the Kruskal-Wallis H test. All analyses were conducted using Stata SE 14.1 with a significance level of  $p < 0.05$ . Due to incomplete data records for some service contacts or SuperMIX participants, some analyses do not utilise the full number of observations from each data source.

### 3.4 Qualitative data analysis and reporting

Detailed field notes were taken during interviews and interviews were audio recorded to support the preparation of summary outcomes. Qualitative interview data were thematically analysed and reported according to service user and staff experiences and needs.

## 4.0 Findings

The findings of this study are presented in sections dealing with themes generated during the research. These sections detail socio-demographics, drug use, health, service use and the role of the service among St Kilda 24-hour NSP service users. Quantitative and qualitative data are presented together in each section to determine how service users utilise the St Kilda 24-hour NSP.

### 4.1 Socio-demographics

Socio-demographic data utilised in this study demonstrate that the 24-hour NSP service users are broadly consistent with PWID from across Melbourne. They can broadly be characterised as more socially disadvantaged than the general population.

Analyses of NSPIS data show that there were 39,898 service contacts in 2018 in St Kilda, and these predominantly involved males (73%), typically over 36 years of age (65%) (Table 2).

**Table 2. NSPIS St Kilda data: demographics**

Variable	No.	%
Age (n= 38641) in years		
< 17	37	<1
18–25	1704	4
26–30	3937	10
31–35	8071	20
36–45	14920	38
46+	10823	27
Sex		
Male	28979	73
Female	10747	27
Not stated	61	<1

Additional socio-demographic data were collected in two of the three snapshot surveys commissioned for this evaluation. Approximately one in 10 service contacts (11%) reported that they were Aboriginal and/or Torres Strait Islander (ATSI), 16% identified as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI), and almost half (43%) stated that one or both of their parents were born outside of Australia. While almost half were unemployed (46%), more than a quarter (28%) were employed. Most resided at the time of the survey in what they described as stable accommodation (63%). The most commonly reported types of accommodation were private rental (27%), public housing (21%) and homelessness (18%) (Table 3).

**Table 3. Socio-demographic details of snapshot survey respondents**

Variable	Business hours n (%)	Evening hours n (%)	Overnight n (%)	Weekend & public holidays n (%)	$\chi^2$ p-value
<i>Snapshot survey 1</i>					
ATSI	41 (38)	26 (24)	10 (9)	30 (28)	0.315
LGBTQI	45 (37)	32 (26)	17 (14)	28 (23)	0.708
Parents' place of birth					
Neither born in Australia	76 (40)	42 (22)	21 (11)	53 (28)	0.205
One born in Australia	46 (31)	35 (24)	29 (20)	37 (25)	
Other	10 (56)	5 (28)	0 (0)	3 (17)	
<i>Snapshot survey 2</i>					
Employment status					
Unemployed	207 (31)	148 (22)	154 (23)	164 (24)	<0.001
Employed	107 (27)	135 (34)	71 (18)	85 (21)	
Pensioner	78 (39)	37 (18)	26 (13)	61 (30)	
Student	7 (28)	6 (24)	4 (16)	8 (32)	
Other	10 (32)	6 (19)	8 (26)	7 (23)	
Accommodation type					
Private rental	97 (25)	110 (29)	77 (20)	100 (26)	<0.001
Public housing	111 (37)	60 (20)	76 (25)	55 (18)	
NFA/homeless	76 (28)	68 (25)	52 (19)	72 (27)	
Owner occupied	43 (33)	46 (35)	17 (13)	25 (19)	
Boarding /rooming house	51 (38)	14 (11)	21 (16)	47 (35)	
Living with family	18 (25)	23 (32)	12 (17)	18 (25)	
Crisis/supported	10 (29)	10 (29)	8 (23)	7 (20)	
Other	3 (30)	1 (10)	3 (30)	3 (30)	
Accommodation unstable	139 (31)	98 (22)	91 (20)	117 (26)	0.378

Analysis of SuperMIX participant socio-demographics reveals two statistically significant differences between participants recruited at the St Kilda site and those recruited at other sites (Table 4). St Kilda SuperMIX participants were statistically less likely to report being ATSI ( $p = 0.003$ , Fisher's exact test), but were more likely to identify as LGBTQI+ than those recruited at other SuperMIX sites ( $p = 0.019$ , Fisher's exact test). No other significant differences were observed between SuperMIX participants recruited at St Kilda and those recruited elsewhere.

**Table 4. Socio-demographic details of SuperMIX Study participants**

Variable	Recruitment Site: St Kilda n (%)	Recruitment Site: Other n (%)	$\chi^2$ p-value
Median age (years) (IQR)	37 (33-45)	36 (32-42)	0.505 <sup>#</sup>
ATSI	2 (5)	107 (24)	0.003 <sup>^</sup>
Gender			
Male	35 (61)	493 (67)	0.43
Female	22 (39)	248 (33)	
LGBTQI	15 (28)	105 (15)	0.019
Employed/student	8 (14)	110 (14)	0.918
Income			
Wage or salary	3 (5)	60 (8)	0.816 <sup>^</sup>
Government payment	50 (86)	648 (84)	
Other*	5 (9)	61 (8)	
Accommodation			
Owner occupied	1 (2)	42 (6)	0.291 <sup>^</sup>
Private rental	16 (29)	228 (33)	
Public Housing	23 (42)	210 (30)	
Other	15 (27)	212 (31)	
Accommodation unstable	15 (27)	212 (31)	0.651

The sociodemographic data are relatively consistent across data sources. Most participants or service contacts across all data sources involved men, and contacts involved people typically aged around 36 years old. The rate of ATSI participants/service contacts ranged between 11% among snapshot survey contacts to 2% among St Kilda-recruited SuperMIX participants. Approximately 15% of respondents identified as LGBTQI, while most respondents were unemployed and approximately one in four resided in what they regarded as unstable accommodation.

Individuals participating in qualitative client interviews ranged in age from 28 to 61 years. Most reported living in public or community housing, with some also reporting living in boarding or rooming houses. Many described a history of periods of primary and secondary homelessness, limited employment histories, poor mental health and ongoing challenges with drug use. A small number reported more significant work histories and residing in stable accommodation.

Amongst qualitative client interview participants, a long history of attending the St Kilda NSP was common, with some having attended since the service first opened. Many of those interviewed resided in the local area or reported having done so in the past. Others reported working in the area.

## 4.2 Drug use

Participants across the various data sources used in this study reported a range of drug use behaviours. An interesting finding was the higher prevalence of meth/amphetamine use amongst St Kilda 24-hour NSP clients than among the general population of PWID across Melbourne. This may be indicative of the St Kilda NSP servicing a unique population of PWID as a result of the unique 24-hour service model.

At each of the three snapshot surveys, respondents were asked about the last drug they had injected (Table 5). The most commonly reported last injected drugs were meth/amphetamine (44%), heroin (38%) and pharmaceuticals and performance and image enhancing drugs (PIEDs) (e.g. steroids, melanotan, peptides) (5% each). These findings are consistent with those of the 2018 Illicit Drug Reporting System (IDRS, 2018), which found that meth/amphetamine was the most frequently reported last drug injected at the St Kilda recruitment site. The results of both the snapshot survey and IDRS 2018 (St Kilda site only) contrast with the remaining 2018 IDRS recruitment sites. At other sites, heroin was the most frequently reported drug last injected, and there were significantly lower rates of meth/amphetamine reported as the last drug injected. It should be noted that IDRS eligibility requirements preclude people who only inject PIEDs.

**Table 5. Snapshot survey: Last drug injected during snapshot surveys and 2018 Illicit Drug Reporting System**

What was the last that you injected?	Snapshot Surveys	IDRS 2018: St Kilda	IDRS 2018: Other sites
Heroin	1209 (38)	9 (36)	77 (62)
Meth/amphetamines	1403 (44)	14 (56)	43 (34)
PIEDS (steroids, etc.) <sup>#</sup>	154 (5)	NA	NA
Pharmaceuticals	146 (5)	1 (4)	4 (3)
Other*	52 (2)	0	1 (1)
Cocaine	41 (1)	0	0
Refused to answer	182 (6)	0	1
<b>Total</b>	<b>3187 (100)</b>	<b>25 (100)</b>	<b>125 (100)</b>

\*'Other' includes substances such as ketamine, GHB, cocktailed drugs (e.g. heroin and methamphetamine simultaneously) and MDMA

<sup>#</sup>People who solely inject PIEDs were ineligible to participate in IDRS

Significant differences were found between the NSP visit times by drug last injected ( $\chi^2$  (df=12, n=2,824) = 82, p<.001). More than half (57%) of people accessing the service overnight reported meth/amphetamine as last drug injected, but at all other times less than half (44–46%) of visitors did so. Heroin was the last drug injected for 45% of weekend visitors, but only 34% of overnight visitors. The proportion of clients reporting PIEDs as last drug injected was higher during evening (7%) and business hours (6%) visits than during overnight or weekend visits (Table 6).

**Table 6. Snapshot survey: Last drug injected by time of NSP visit**

<b>What was the last that you injected?</b>	<b>Business Hours</b>	<b>Evening</b>	<b>Overnight</b>	<b>Weekend &amp; Public Holidays</b>
Meth/amphetamines	407 (44)	292 (46)	289 (57)	333 (45)
Heroin	372 (40)	259 (40)	172 (34)	334 (45)
PIEDS (steroids, etc.)	56 (6)	47 (7)	12 (2)	26 (3)
Pharmaceuticals	60 (6)	12 (2)	33 (7)	32 (4)
Other*	33 (4)	31 (5)	1 (<1)	23 (3)
<b>Total</b>	<b>928 (100)</b>	<b>641 (100)</b>	<b>507 (100)</b>	<b>748 (100)</b>

\*'Other' includes substances such as cocaine, ketamine, GHB, cocktailed drugs (e.g. heroin and methamphetamine simultaneously) and MDMA

Qualitative interview participants reported a range of drug use experiences, with some describing current daily use, others reporting occasional use ('dabbling') or past use. Many described periods in their life when they had stopped using. Drug use was often reported to be closely interlinked with mental health issues and traumatic life experiences (e.g. losing a parent, being sexually assaulted).

"Then the workplace bullying incident and I am not going to lie I felt so suicidal that I started to self-medicate with a drug I vowed I would never touch, which was heroin. I started to let bad people walk all over me and here I am still, twelve years later." *Client*

Heroin, ice, cocaine and prescription opioids were mentioned by participants as drugs of choice.

Analysis of SuperMIX participants' self-reported substance use revealed significant differences in substance preferences based on recruitment site (Table 7). While heroin was the most commonly used, injected and substance of choice among SuperMIX participants regardless of recruitment site, St Kilda participants reported significantly higher rates of meth/amphetamine as the substance used most in the last month ( $p = 0.026$ , Fisher's exact), substance injected in the last month ( $p = 0.023$ , Fisher's exact) and substance of choice ( $p = 0.003$ , Fisher's exact). No differences in injecting frequency were found between recruitment sites. The higher rates of meth/amphetamine use among St Kilda SuperMIX participants may be related to the higher rates of sex work among St Kilda participants (see section 4.3). Engagement in sex services is likely to drive demand for substances which assist people to work throughout the night, when demand for sex services is typically greatest.

**Table 7. SuperMIX Study substance use preferences**

Variable	Recruitment Site: St Kilda n (%)	Recruitment Site: Other n (%)	$\chi^2$ p-value
Substance used most in last month			
Heroin	21 (37)	430 (56)	0.015 <sup>^</sup>
Meth/amphetamine	17 (30)	154 (20)	
Cannabis	16 (28)	127 (17)	
Other <sup>2</sup>	3 (5)	55 (7)	
Substance injected most in last month			
Heroin	27 (51)	502 (65)	0.009 <sup>^</sup>
Meth/amphetamine	23 (43)	182 (24)	
Other <sup>2</sup>	3 (6)	83 (11)	
Substance of choice			
Heroin	25 (45)	485 (64)	0.002 <sup>^</sup>
Methamphetamine	17 (30)	128 (17)	
Cannabis	12 (21)	82 (11)	
Other <sup>2</sup>	2 (4)	65 (9)	
Median times injected in the week before interview (IQR) <sup>1</sup>			
Heroin	5 (2-14)	7 (3-21)	0.138 <sup>#</sup>
Meth/amphetamine	3 (1-5)	2 (1-5)	0.311 <sup>#</sup>
Median grams used in the week before interview (IQR)	7 (2-8)	3 (2-7)	0.65 <sup>#</sup>

# Kruskal-Wallis test

<sup>^</sup> Fishers exact test<sup>1</sup> Among people who injected the substance that week<sup>2</sup> Includes those who ceased drug use

Our analyses show that clients of the St Kilda 24-hour NSP have patterns of substance use that differ significantly from those of other Melbourne-based NSP clients. Similar patterns emerged in SuperMIX and IDRS data analyses, which suggest that while heroin use is common, meth/amphetamine use is more frequent. Importantly, snapshot data show that people using meth/amphetamine are likely to contribute more than half of overnight service contacts. As noted above, explanations for higher rates of methamphetamine use could include local drug market factors such as supply, demand (e.g. including among backpackers/tourists), purity, and higher rates of sex work, which typically involve working in the evening and overnight.

## 4.3 Health

Clients of the NSP report a range of serious health issues; the NSP service is seen as playing a vital role in improving the health of clients through the provision of information, education, referral and generalised support. The data demonstrate that after-hours service provision was integral to addressing some of these issues, particularly among marginalised subgroups of the client population.

### Blood-borne virus status

Information on blood-borne virus (BBV) status, recent BBV testing and lifetime treatment utilisation among SuperMIX participants based on recruitment site is shown below (Table 8). There were no significant differences between participants recruited from St Kilda and those recruited from other sites with respect to any of the variables listed in Table 8.

**Table 8. BBV status, testing and treatment among SuperMIX participants**

Variable	Recruitment Site: St Kilda n (%)	Recruitment Site: Other n (%)	$\chi^2$ p-value
<b>Hepatitis C (HCV)</b>			
Had a HCV test in last 12 months	29 (56)	413 (57)	0.884
Self-report Hepatitis C status			
Positive	17 (38)	187 (31)	
Exposed/negative	15 (33)	202 (34)	
Negative/naïve	11 (24)	147 (25)	0.853 <sup>^</sup>
Don't know	1 (2)	28 (5)	
Didn't get result	1 (2)	34 (6)	
Ever initiated HCV treatment	14 (24)	203 (22)	0.64
Ever completed HCV treatment	9 (64)	151 (74)	0.406
<b>Hepatitis B (HBV)</b>			
Vaccinated/Immune from HBV			
Yes	26 (63)	282 (60)	
No	5 (12)	75 (16)	0.205 <sup>^</sup>
Unsure	9 (22)	105 (22)	
<b>Human Immunodeficiency Virus (HIV)</b>			
Had a HIV test in the last 12 months	31 (57)	396 (53)	0.566
Self-report HIV status			
Positive	0 (0)	4 (1)	
Negative	43 (93)	537 (93)	
Don't know	1 (2)	18 (3)	0.915 <sup>^</sup>
Didn't get result	2 (4)	20 (3)	

<sup>^</sup> Fishers exact test

Qualitative interview client participants reported a range of personal experiences with BBVs, with some having had chronic hepatitis C virus infection and some having completed hepatitis C treatment (both interferon and direct-acting antiviral treatments).

## Blood borne virus risk behaviours

Information on BBV transmission risk behaviours among SuperMIX participants is shown in Table 9. Participants recruited from St Kilda were less likely to report using someone else's used injecting equipment ( $\chi^2$  (df=1, N=794) = 3.8964,  $p < 0.048$ ) or that someone else performed a drug injection for them ( $p < 0.009$ , Fisher's exact). St Kilda SuperMIX participants were significantly more likely to report having been paid for sex at some stage in their life ( $\chi^2$  (df=1, n = 819) = 11.78,  $p < 0.001$ ). No other statistically significant differences were observed. These results suggest that St Kilda participants are at slightly lower risk of BBV transmission via injecting behaviours, but may be at higher risk through engagement in sex work.

**Table 9. BBV transmission risk behaviours among SuperMIX participants**

Variable	Recruitment Site: St Kilda n (%)	Recruitment Site: Other n (%)	$\chi^2$ p-value
Injected with someone else's used syringe in last month	5 (9)	82 (11)	0.603
Someone else injected with your used syringe in last month	6 (10)	109 (15)	0.36
Re-used your own syringe in last month	23 (40)	366 (49)	0.153
Used someone else's used equipment in last month	5 (9)	140 (19)	0.048
Performed someone else's injection in last month	17 (29)	289 (39)	0.142
Injection performed by someone else in last month	4 (7)	154 (21)	0.009 <sup>^</sup>
Condom use: regular partners			
Always	3 (14)	54 (12)	
Sometimes	2 (9)	61 (14)	0.816
Never	17 (77)	333 (74)	
Condom use: casual partners			
Always	16 (67)	110 (42)	
Sometimes	2 (8)	55 (21)	0.06
Never	6 (25)	100 (38)	
Ever been paid for sex	19 (34)	122 (16)	0.001

<sup>^</sup> Fishers exact test

Blood-borne virus transmission and related issues was a strong theme in qualitative data. Participants in qualitative interviews reported a strong association between being a client of the St Kilda NSP and being able to protect their health when injecting drugs. Many felt that if they hadn't received services from St Kilda NSP, they would be in a very different situation with regards to their BBV status.

"If they weren't here I would be riddled with hep C. Because of this service I don't have any blood diseases." *Client*

"Well you don't have to worry about using dodgy fits so your health is protected. I don't know where I would go to get a 'freshy' if this place wasn't open." *Client*

"The local drug community, it needs clean needles. A lot of people have had that Hep C treatment and I don't think they want to go backwards by having to use dirty fits." *Client*

Clients saw the 24-hour operation of the service as vital to their ability to protect themselves from BBVs and other injecting-related injury and disease. Participants expressed a sophisticated understanding of the 'return on investment' that NSP services can provide.

"If you weren't prepared and didn't have syringes at home then there are people that would be crawling around on their hands and knees looking for fits to use." *Client*

"They would be likely to reuse needles and they aren't made to stay sharp. That means damage to veins and increase in hospital visits and general health." *Client*

"All those clean needles, there's nothing like knowing that this really simple precaution is doing such an important job. That I have made it to this age and it's because of night time needle exchanges that I am lucky enough not to be HIV positive, etc. So thank God for needle exchanges." *Client*

"Twenty-four hours is important for straight up health reasons. If people can't get clean needles they will use dirty ones." *Client*

"[The NSP] is saving [the government] money in ways they can't even imagine because of all the roles that the person behind that desk is playing that aren't defined in their job description." *Client*

Concern that those using the service overnight would be forced to re-use and/or share injecting equipment, if the service was closed, was voiced by all workers.

"A guy came over to the NSP around eleven pm – he'd been to the vending machines in Richmond and the vending machines were broken. He came straight here because he knew we'd be open. That happens quite a bit." *Staff member*

## **Drug overdose**

There were no statistically significant differences in the number of overdoses experienced by SuperMIX participants from St Kilda compared to those from other sites (Table 10).

Nevertheless, participants reported experiencing at least one heroin overdose in their lifetime, and despite higher rates of self-reported preference for meth/amphetamine, St Kilda participants were no more likely to report a meth/amphetamine overdose than those from other sites.

**Table 10. Overdose history among SuperMIX participants**

Variable	Recruitment Site:	Recruitment Site:	$\chi^2$ p-value
	St Kilda n (%)	Other n (%)	
Heroin overdose (n= 486)	17 (46)	228 (51)	0.277
No. of heroin overdoses			
0	23 (56)	212 (48)	0.43
1	5 (12)	59 (13)	
2-5	9 (22)	101 (23)	
6+	3 (7)	68 (15)	
Other opioid overdose	2 (5)	20 (5)	0.298
Methamphetamine overdose	5 (13)	46 (10)	0.662

### Social and emotional support

Several clients discussed experiencing significant social isolation. Contact with NSP staff represented one of their few opportunities for human interaction, particularly after hours. That these experiences were overwhelmingly positive and valued highly was clear in participants' accounts.

"I definitely feel like I would be here a lot less and therefore cut off from the only place I have any type of interaction with other people." *Client*

"You have this night time population of people and I imagine it happens to (non sex-working) women as well somewhere between forty and fifty they start becoming night people and so there is a lot of people just floating around in the night that don't get enough contact with people." *Client*

"It's a point of contact for people who might not come in contact with services in any other way... and that makes it vital." *Client*

"The main reason for coming here is the human contact. Because of my mental health I hardly see anybody. I stopped seeing my friends. This is the first interaction I have had apart from the staff at the NSP for a long time." *Client*

One client felt that he even owed his life to having been able to attend the service when he needed it.

"To be perfectly honest there have been times when I have gone out and scored with the intention of killing myself because my depression had got so bad. I had come here and picked up syringes and I didn't even tell them that that was my intention cos I didn't want the burden of them knowing that, like that would just be cruel. I left there and that small interaction of them understanding me and offering support, I went home and I didn't overdose on purpose, I just used a small amount instead. That has happened more than one time. In a sense you could say I almost owe my life to these people without them even knowing it." *Client*

### 4.4 Service use

Data presented below outline service use patterns, with a particular focus on exploring after-hours service utilisation. Interestingly, a large majority of service contacts occur after hours and

the proportion and number of women accessing the service after hours is greater than during the day. Clients tended to report a long association with the service, with all accessing the service to obtain sterile injecting equipment, but substantial numbers also utilising the service for provision of other types of support, including referrals to other services. Despite many of these referrals occurring after hours when referral services are mostly not open, the success of these referrals in resulting in contact with another service was very high.

### Time of NSP visit

The St Kilda NSP is the only 24/7 staffed NSP in operation in Victoria. Table 11 (below) shows the time of access for all St Kilda NSP contacts in 2018 (NSPIS data) and snapshot survey respondents according to time of visit categories.

The majority (70%) of St Kilda NSP visits occur outside of business hours, with weekends and public holidays contributing a third (32%) of total annual visits. The times of presentation were similar between NSPIS data and snapshot survey data. Almost everyone (90%, n=18) who completed the SuperMIX quantitative additional unit reported accessing the NSP during both business hours and after hours.

**Table 11. Time of NSP access**

Time of visit to NSP	Snapshot Surveys n (%)	NSPIS: St Kilda n (%)
Business Hours (9am-5pm)	982 (33)	11853 (30)
Evening (5pm-10:59pm)	699 (23)	7744 (19)
Late night (11pm-8:59am)	530 (18)	7412 (19)
Weekends	810 (27)	12889 (32)
Total	3021 (100)	39898 (100)

Participants in qualitative interviews discussed how the 24-hour nature of the NSP service influenced the way that clients accessed and used the service. A diversity of people presents to the after-hours service of the NSP, including professionals, tradespeople, people experiencing homelessness, ATSI people, people who use PIEDs, people from rural areas, and people working in the sex industry. Reasons for accessing the service at night are varied. For some it is a way to maintain their anonymity, as they are less visible accessing the service at night.

Staff highlighted the value of the NSP being open 24 hours a day seven days a week.

*“I think even though we see less people overnight I think our value is greater to those people who are unlikely to come during the day – particularly sex workers. I think the overnight people REALLY need us.” Staff member*

*“The desperation of clients who are using the after-hours space is huge. These people are accessing our service as there’s nowhere else to go.” Staff member*

Client participants in qualitative interviews predominantly reported visiting the NSP outside of normal business hours, with some expressing a preference to attend at these times due to work commitments (particularly sex work), social anxiety and improved confidentiality.

"With the NSP I mostly drop in around ten or eleven at night or three–four in the morning, that's when I tend to come out for night times, and usually at the end of a shift like four–five, so middle of the night times." *Client*

"Sometimes I go after midnight or early hours of the morning. Sometimes you can't score until late at night or early in the morning before work. Also, for people on the streets, if something happens, they're here, they're always open and it's a safe place for them to go." *Client*

"It depends. Usually I try and stock up and be well equipped before I get the impulse to do drugs. It used to be my preference to come when it was dark as there are less people around but now I come during the day too." *Client*

"There's a lot of people who use like myself who might work night shift, work in restaurants so it needs to be open all hours. Not everyone who uses hasn't got a job and lives on the street." *Client*

"I come all hours of the day and night. No specific times, just when I get on. When I've got a home, I tend to keep a box of fits at home but when I've been homeless it's been so helpful to have after midnight or even five pm." *Client*

"I don't inject drugs. So why do I come here? Because I have three people over sixty who can't get out who need to pick up clean needles so I do that. Possibly I am not what you are after but because this place is here it allows me to assist people. I distributed condoms and needles in the eighties during the AIDS crisis." *Client*

Others reported that the general business hours of most NSPs simply didn't align with drug use patterns.

"Well this one is the only one, apart from Richmond, which isn't open the same hours, yeah, they've got a machine there but the thing is – if you actually want to talk to someone, they've got an injecting room there which I use but as the night rolls in, I think it's seven o'clock on weekdays and five on the weekends – so a lot of times it's not open when I need it." *Client*

"There's foot patrol – but that has really strict hours as well – they don't have the funding unfortunately, and sometimes you need to use outside of those hours. Sometimes I've travelled here from Preston – one point five hours on public transport." *Client*

"Well no one does drugs just during business hours. It's an impulse thing." *Client*

### Time of NSP visit by socio-demographics

Analyses of 2018 NSPIS data from St Kilda revealed different patterns of service access according to sex. Males accounted for significantly more visits than females ( $\chi^2$  (df=3, n =39,726) = 162, p<.001). However, the ratio of males and females varies by time of day. Females contributed greater percentages of total visits in the overnight and evening times than in business hours. Females accounted for 23% of business hours visits in 2018, but accounted for 30% of overnight and 29% of evening visits (Table 12).

**Table 12. Time of NSP access by sex (NSPIS)**

Time of visit to NSP	Female n (%)	Male n (%)	Total N
Business Hours	2697 (23)	9091 (77)	11,788
Evening (5pm-10:59pm)	2223 (29)	5487 (71)	7,710

Overnight (11pm-8:59	2244 (30)	5154 (70)	7,398
Weekends	3583 (28)	9247 (72)	12,830
<b>Total</b>	<b>10747 (27)</b>	<b>28979 (73)</b>	<b>39,726</b>

Snapshot surveys also showed some variation in the socio-demographic characteristics of respondents across different times of the day (Table 3). Significant associations were found between the time someone accessed the service and their employment status ( $\chi^2$  (df=12, n=1,329) = 40, p<.001) and accommodation type ( $\chi^2$  (df=6, n =1,432) = 35, p<.001. The most common time for employed respondents to access the service was during the evening (34% of employed visits), while unemployed people were most likely to access the NSP during business hours (31% of visits). The snapshot survey results suggest that some of the socio-demographic characteristics of clients of the St Kilda 24 hour NSP vary significantly depending on the time of operation, with women utilising the service at greater rates during the evening (29%) and overnight (30%) compared to business hours (23%).

### Frequency of access

Respondents to the third snapshot survey were asked how often they accessed the service and for how long they had been doing so. Respondents accessed the service an average of 2.74 times/week (SD: 3.06; range: 0.02<sup>2</sup>–24 times/week), and had been accessing the service for an average of 9.1 years (SD: 7.5 years; IQR: 3–15 years, range: 0.02–27 years). While most snapshot survey 3 respondents reported that they had been accessing the St Kilda 24-hour NSP for five or more years, almost one in 10 participants (9%) reported they had been accessing the service for less than 12 months (Table 13).

**Table 13. Number of years accessing St Kilda 24-hour NSP (snapshot survey)**

Time accessing St Kilda NSP in years	n	(%)
<1	53	9
1-1.99	40	7
2-4.99	114	19
5+	403	66
<b>Total</b>	<b>610</b>	<b>100</b>

### Primary reason for visit

According to 2018 NSPIS data, the majority of service access at the St Kilda 24-hour NSP was to obtain sterile injecting equipment, with 86% of service users obtaining only sterile needles, with a further 11% obtaining needles and safer sex equipment (SSE). The numbers of service users obtaining needles, needles and SSE, or SSE only varied by the time of day (Table 14).

Needle-distribution-only contacts contributed the highest proportion of service access at all hours of the day; however, the percentage of needle-only contacts varies greatly at different times of operation ( $\chi^2$  (df=6, n=39363) =1000, p<.001). Needle-only contacts made up the greatest proportion of service access during business hours (94%) and was lowest overnight

<sup>2</sup> Some participants reported accessing the St Kilda 24-hour NSP less than once a week

(80%). Needles and SSE contacts were at their highest proportion of service access overnight (19%) and lowest during business hours (5%). The proportion of SSE-only service visits remained relatively constant (1%) irrespective of the time of service access.

**Table 14. Equipment accessed by time of visit (NSPIS).**

<b>Time/day of visit -</b>	<b>Needles only n (%)</b>	<b>Needles &amp; SSE n (%)</b>	<b>SSE only n (%)</b>	<b>Total N (%)</b>
Business Hours	10886 (94)	546 (5)	105 (1)	11537 (100)
Evening (5pm–10:59pm)	6764 (88)	847 (11)	82 (1)	7693 (100)
Overnight (11pm–8:59pm)	5973 (80)	1432 (19)	17 (<1)	7422 (100)
Weekends and public holidays	10994 (86)	1599 (13)	118 (1)	12711 (100)
<b>Total</b>	<b>34617 (88)</b>	<b>4424 (11)</b>	<b>332 (1)</b>	<b>39363 (100)</b>

### **Distribution and return of needles and syringes by time of visit**

The primary function of the St Kilda 24-hour NSP is to distribute sterile equipment used for injecting drugs. Items include needles and syringes, filters, swabs, disposal containers, tourniquets and mixing spoons. A total of 1,185,000 needles were distributed from the St Kilda 24-hour NSP during 2018, with 71% of these being distributed outside of business hours (Table 15). The numbers of sterile needles and syringes distributed to service users mirror the distribution of service access times. The St Kilda 24-hour NSP also acts as a disposal or return site for used injecting equipment. A total of 484,516 used needles or syringes were returned to the service in 2018, with 69% of returns occurring outside of business hours. Qualitative data reflects that staff strongly encourage clients to return used injecting equipment whenever possible.

**Table 15. Sterile needles distributed and needles returned by time of day (NSPIS)**

Time of visit	No. of clean needles provided		No. of clean needles returned	
	n	(%)	n	(%)
Business Hours (9am-5pm)	345119	29	148061	31
Evening (5pm-10:59pm)	252874	21	102282	21
Late night (11pm-8:59am)	212142	18	90166	19
Weekends	374865	32	144007	30
TOTAL	1185000	100	484516	100

Seventy-five per cent of the sterile needles or syringes distributed from the St Kilda 24-hour NSP were distributed to males in 2018, who made up 71% of total service visits (Table16).

**Table 16. Number of visits involving needle distribution and total number of needles distributed by sex (NSPIS)**

Sex	Total visits where needles were distributed		No. of needles distributed	
	n	%	n	%
Male	28979	73	885112	75
Female	10747	27	295987	25
Total	39726	100	1181099	100

There is no limit on the number of sterile needles that NSP service users can obtain. Needles were most commonly obtained from the NSP in amounts of five or less (44%), followed by 6–10 (25%) and 100+ (15%) (Table 17).

**Table 17. Number of needles distributed per visit by time of visit 2018 (NSPIS)**

Time/Day of Visit -	5 or less	6-10 needles	11-20 needles	21-99 needles	100+ needles	Total
Business Hours	5134 (44)	2855 (24)	1505 (13)	660 (6)	1567 (13)	11721
Evening (5pm-10:59pm)	2972 (39)	2056 (27)	940 (12)	363 (5)	1317 (17)	7648
Late night (11pm-8:59)	3003 (42)	1963 (28)	799 (11)	264 (4)	1106 (16)	7135
Weekends	5401 (43)	3160 (25)	1501 (12)	636 (5)	1896 (15)	12594
Total	16510 (43)	10034 (25)	4745 (12)	1923 (5)	5886 (15)	39098

While most client participants in the qualitative interviews reported that they attended to pick up injecting equipment, interactions with staff and access to additional services were regarded as very important.

"They are more than just handing out needles." *Client*

"I've been able to get things I've needed for drug use and condoms. A lot of the time they have had donations like bread or vegies. Just little things like that. It doesn't seem a lot but when you have nothing it means a lot." *Client*

## Safer sex equipment distribution

In addition to distributing sterile injecting equipment, the St Kilda NSP distributes SSE including condoms, dams and personal lubricant. The exact number of safer sex items distributed to service users is not captured in agency data. Instead, agency data captures the number of visits at which service users obtained safer sex items.

### SSE distribution by time of visit

A total of 4746 visits during 2018 included SSE distribution. Most (88%) SSE was distributed outside business hours, with most (68%) occurring after 11pm or on weekends, despite only 49% of total NSP visits occurring after 11pm or on weekends (Table 18).

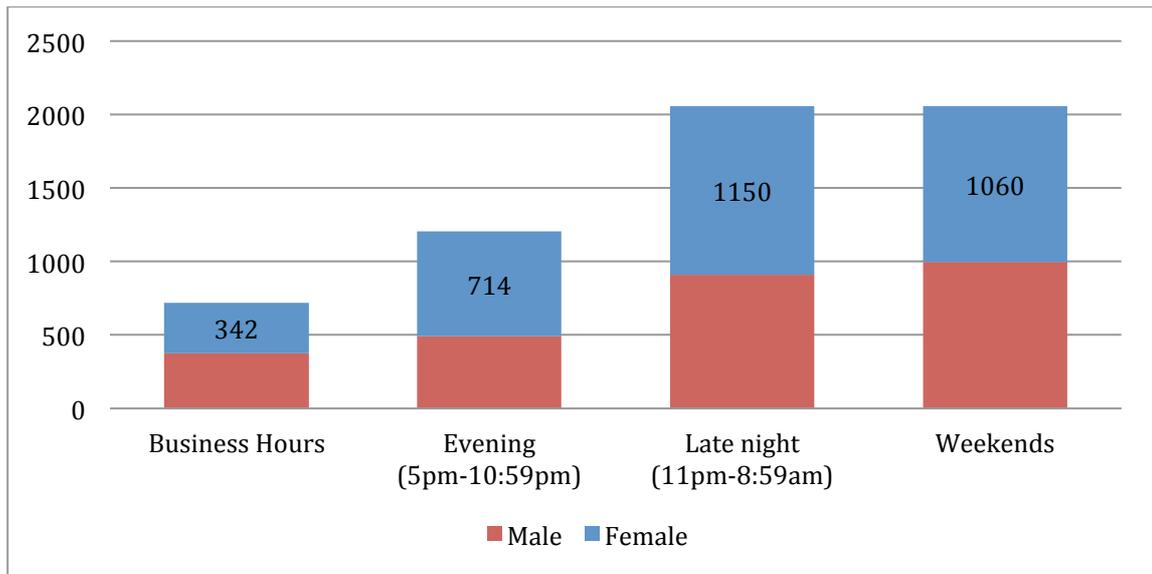
**Table 18. Total visits by time of day and safer sex equipment distribution events (NSPIS)**

Time of visit	Total visits	No. of visits inc. SSE distribution n
Business Hours (9am-5pm)	11853 (30)	651 (14)
Evening (5pm-10:59pm)	7744 (19)	929 (20)
Late night (11pm-8:59am)	7412 (19)	1449 (31)
Weekends	12889 (32)	1717 (36)
TOTAL	39898 (100)	4746 (100)

### SSE distribution by sex

Figure 1 shows the number of contacts involving SSE distribution by sex. Overall, females made more SSE collection visits than males in 2018; however, this varied significantly by the time of visit to the NSP ( $\chi^2$  (df=3, n=4725)=50.6085,  $p<.001$ ). Females accounted for 43% (n=282) of SSE distribution during business hours, but the majority of SSE distributions at all other times.

**Figure 1. Distribution of SSE to sex by time of visit in 2018 (NSPIS)**



Some qualitative interview participants described accessing the NSP for SSE. In particular, sex workers described the importance of having free condoms available after hours to maximise their ability to have safer sex while working.

"If we couldn't access free condoms then there would be girls having to do things they don't want to do until they got their first job so they could then go and buy condoms. Because a lot of the men won't go and buy them because they can get sex without a condom so you are pretty much fucked."  
*Client*

"Because we can get what we need we don't need to steal like condoms and stuff." *Client*

"When I first came to St Kilda and worked if these guys weren't here I would have been in jail because I would have been stealing condoms and stuff and it would have just tipped my criminal record over the edge back then but because I had a big break in my offending I got off last time and that because of this service." *Client*

### Reasons for attending

Respondents of the SuperMIX quantitative additional unit were asked why they attended the NSP (Table 19). The most commonly reported reasons for attending the NSP were to obtain sterile injecting equipment (100%), to dispose of used injecting equipment (85%) and to access health services (35%).

**Table 19. Reasons for attending the NSP (SuperMIX quantitative unit)**

Reason for attending NSP	No.	(%)
Injecting equipment	20	100
Disposal of sharps	17	85
Health services	7	35
Referral	5	25
General support	5	25
Information	4	20
Safer sex supplies	3	15
Safety	2	10
Other	2	10
Education	0	0

Participants of the SuperMIX additional unit quantitative survey were asked whether they felt they benefited from accessing the NSP; all agreed. When asked why, participants provided a variety of responses, including being able to access sterile injecting equipment (35%), improvements to their health (35%), the relationships they had with staff (25%) and the support they received from staff (25%) (Table 20). These responses for reasons other than sterile injecting equipment indicate the breadth of the services offered.

**Table 20. Participant’s perceived benefits from accessing St Kilda 24-hour NSP (SuperMIX quantitative unit)**

<b>Variable</b>	<b>n</b>	<b>(%)</b>
Sterile injecting equipment	7	35
Health	7	35
Staff relationships	5	25
Support	5	25
Safety	2	10
Referrals to other services	2	10
Location	2	10
Material aid	2	10
Direction	1	5

### **Referrals**

Access Health is a primary health service for people who inject drugs, and is co-located with the NSP and Crisis Contact Services. Access Health provides GP and nursing services on site, as well as co-located and readily accessible service partnerships with a range of services. These include:

- St Vincent’s Hospital Community GP Practices
- Bolton Clark Homeless Persons Program
- Alfred Health Psychiatry
- Alfred Health Infectious Diseases
- Melbourne Sexual Health Centre
- Prahran Psychology
- Star Health

Services provided on site include:

- Methadone and Suboxone
- Nursing services including wound care, harm reduction other general health
- Health Promotion groups
- Hepatitis C testing and treatment
- Blood borne virus testing
- Free Naloxone, overdose education and training
- Sexual health testing and treatment
- Drug and Alcohol counselling and referral
- Aboriginal and Torres Strait Islander Health Care
- GPs with specialisation in alcohol and drug & other related issues
- Chronic Disease Management
- Podiatry and Physiotherapy
- Referral to Psychology and Psychiatry
- Support to manage your health care including outreach
- Pathology services

Crisis Contact Services are also co-located with the NSP. Crisis Contact provides assistance with housing, family violence situations, AOD detox and rehabilitation, dental services, psychologists,

material aid and food. Centrelink is also available via the co-location of a community engagement officer.

This study explored referrals provided by the NSP and referral pathways in both quantitative and qualitative data.

The third snapshot survey asked respondents whether they had ever received a referral from the St Kilda 24-hour NSP. Almost half of respondents (47%) reported a referral. Among those who had received a referral, most (85%) reported that they had followed through and accessed the service they were referred to. The services to which respondents most commonly reported receiving referrals were Salvation Army Access Health (65%), Salvation Army Crisis Services Crisis Contact Centre (20%) and Hepatitis C testing and/or treatment options (service not specified) (15%) (Table 21). High rates of successful referrals (i.e. resulting in service access) indicate that referrals are appropriate, as staff are engaging with clients to assess their needs and potential barriers to services before providing referrals. Qualitative data (below) highlight this approach.

**Table 21. Reported types of referral accessed (snapshot survey)**

Referral Type	n	%
TSA: Access Health	152	65
TSA: Crisis Contact Centre	46	20
HCV testing/treatment	36	15
GP/Health services	35	15
Accommodation services	24	10
Other	21	9
Naloxone training	20	9
AOD services	17	7
Food/food van	12	5
Opioid substitution therapy	11	5
Sex worker support services	5	2
Mobile NSP	4	2
Information/harm reduction	4	2

\*Includes referrals to services such as dental services, material aid, Centrelink, pharmacy and family violence services

Qualitative data demonstrated that the NSP has an extensive network of established referral pathways for clients, designed to provide seamless opportunities for addressing physical, mental, sexual, social and mental health needs. In particular, strong relationships with services offered at Access Health and Crisis Contact Services mean referrals are easy, quick and effective. Amongst the services offered are immediate access (during the day) without an appointment to a GP, nurse or AOD worker.

"It's a looser structure than at some other services, so the AOD worker for example, can meet them outside, for example if they're having a melt-down and don't want to come into the building the worker can chat outside." *Staff member*

"They always know what support is available if I want to access it. So that is a huge influence on me and led me to start looking at going to a rehab. I have tried everything to stop using except rehab but the staff here have convinced me that rehab is a viable option." *Client*

"Knowing about Access Health and that there's a nurse there at certain times is only because of the NSP workers." *Client*

"Sometimes I've used Access Health. It was the people at the NSP that got me an appointment with the doctor there." *Client*

"If I saw someone bugging out [or having a psychotic episode] in the street I would be more likely to come in here and grab someone for help than call the cops because they just have that insight and they know what they are doing. The cops just lock people up and no one gets anywhere. Whereas here, they are more like to get help and get referred somewhere." *Client*

"They are always offering support from next door, from counsellors and psychologists. They make it sound so easy for someone like me." *Client*

"A methadone doctor, a lawyer. I will go next door for STI screening because I don't have a Medicare card and a lot of doctors won't see you if you don't have one." *Client*

Nurses from the Bolton Clark Homeless Persons Program are one of the services co-located with and funded by Access Health. As with the GPs, the service is drop-in and doesn't require appointments. To prevent long waits, nurses triage clients, who are often then treated by the nurse without having to see a GP. Nurses can conduct comprehensive health checks, wound care, provide harm reduction and safer using information, as well as gather information for referrals to opioid substitution therapy to expedite the process for accessing GPs.

"People don't have to wait that long, you can see a nurse if you can't get in to see the GP straight away, and you may not need to see the GP because nurses can facilitate treatments, and they've got time to sit down and talk about mental health and physical health issues, and they do it with great care and compassion." *Staff member*

Furthermore, between Access Health and the NSP absolute client confidentiality is maintained.

"We are all very clear that nothing travels in between. We're always explicit with clients that information is not shared between these services, unless of course there's a duty of care, for example if someone is pregnant. This reinforces for clients accessing the NSP that it's a non-stigmatising non-judging safe space and privacy is everything." *Staff member*

Staff, in particular those who had been working in the service for a decade or more, highlighted that many clients had made positive changes in their lives as a result of successful referrals to other services.

"One of our clients was first referred to the GP, and has been on and off OST. He is now linked in with a psychologist, and it's remarkable where he's at right now. Every six months or so he relapses, but he keeps coming back, knowing he won't be judged. He has a different view about treatment, he knows he can talk to us about rehab, and if he relapses his first contact is always with us." *Staff member*

"One of our clients that's been accessing the service for twenty-five years, has been into detox twice but only because of having conversations here instead of speaking to a vending machine. It's that face to face contact that you don't get from a vending machine." *Staff member*

For some clients, just having the opportunity get information about services, was useful in leading to opportunities for referral in the future.

“If they're not ready we can still provide the information, and then they might come back and ask about it another time. It's often about planting the seed, and being able to respond to people when they're ready, no matter what time of day or night.” *Staff member*

### **After-hours referrals**

Although on-the-spot referrals to services are unable to be made overnight (except to Crisis Contact), workers often have more time to spend with clients because it is quieter than during the day. This provides an opportunity for rapport building and positive engagement with harder to reach and vulnerable clients.

“At night they can get their needles but they can also have a face-to-face conversation with someone who is not judging them and who they feel safe with. They don't have to talk to a machine. It's that stuff that's so hard to capture that's above a vending machine. Social wellbeing. Any time of night or day they can get needles but they can also talk about the struggles they're having, if they're depressed, or the contemplating they might be having about their drug use.” *Staff member*

### **Recent other service use**

SuperMIX study participants utilise a variety of health and support services (Table 22). While access patterns were similar across recruitment sites, some differences were observed. St Kilda SuperMIX participants were significantly more likely to report being admitted to hospital as an inpatient ( $X^2$  (df=1, N=823) = 6.3528,  $p < .012$ ), accessing a primary health care centre ( $X^2$  (df=1, N=820) = 12.2326,  $p < .001$ ) and accessing allied health services ( $X^2$  (df=1, N=820) = 28.2287,  $p < .001$ ) than those from other sites. St Kilda participants also had a higher rate of reported access to mental health professionals throughout their lifetime; however, this result was not statistically significant.

**Table 22. Service use among SuperMIX participants**

Used service in last 12 months	Recruitment Site: St Kilda n (%)	Recruitment Site: Other n (%)	$\chi^2$ p-value
GP (non-OST visit)	45 (78)	503 (66)	0.065
Hospital			
Emergency	21 (36)	302 (40)	0.612
Inpatient	17 (29)	125 (16)	0.012
Outpatient	3 (5)	71 (9)	0.472^
Primary health care service	31 (53)	237 (31)	<0.001
Ambulance	19 (33)	233 (31)	0.719
Mental health professional (Ever)	32 (74)	354 (60)	0.058
Allied Health (physio/naturo/chiro)	10 (17)	23 (3)	<0.001
AOD treatment (Ever)	51 (88)	677 (88)	0.855
Dentist	13 (22)	185 (24)	0.757
Specialist	8 (14)	77 (10)	0.368
Social worker	15 (26)	135 (18)	0.121
Usual source of clean injecting equipment			
NSP	45 (90)	577 (84)	
Other*	5 (10)	112 (16)	0.242

^ Fisher's exact test

\*Other sources include: chemist, partner/friend, dealer, syringe vending machine, mobile outreach NSP, medically supervised injecting facility

Some SuperMIX participants reported accessing other NSP services; they did so, during business hours only, on a fortnightly to monthly basis. Some SuperMIX participants (20%) also reported accessing syringe dispensing units (also known as syringe vending machines). Participants reported mixed feelings regarding SDUs. One participant stated they were “good”, while others noted limitations including “I thought it was free but it wasn’t” and “Sometimes difficult on weekends because people empty it out and then sell the fits”.

These findings were also reflected in qualitative data. Participants reported occasionally attending other local NSPs, though this was generally infrequent and accompanied by stories of receiving poorer quality services, compromised confidentiality and staff that were, at times, unfriendly or judgemental.

"You walk in and there's a cupboard so you just serve yourself but there's also the waiting room for the [other service name redacted], so it's basically IN the waiting room. I haven't been there for a couple of months. I see they have the machine there now for after hours. So, it's not very private. They rely on you to write down what you are taking and any returns." *Client*

"At [other service name redacted] there's just stuff on the shelf and you help yourself and the staff are very detached whereas [at St Kilda] you don't get looked up and down [by staff]." *Client*

### Syringe dispensing units

Client participants reported negative experiences with the use of syringe dispensing units.

"[Other service name redacted] is closer for me and there is a machine there. But most of the time the free lot are gone and the next lot cost a gold coin but if the slot is full you can't get any. So, you risk not being able to get needles. So, I stopped going there." *Client*

"Like they have the machine over at [other service name redacted], but that sometimes doesn't work cos they don't put enough stock in it and it runs out." *Client*

I went to Sydney not long ago and had trouble getting fits and there were those machines around and they were broken. I was like, what am I going to do and then you start thinking desperate things, like having to use a dirty fit." *Client*

"Because there is someone there I know it is safer because if it was just a machine there, the machine wouldn't know if someone was looking dodgy or looking like they are about to OD or cause trouble or something like that. Even though its Grey St it feels safer than some of the other ones. You can't talk to a machine." *Client*

Clients were concerned that a syringe dispensing unit would be unsuccessful if introduced in St Kilda.

"If we have one of those dispensing machines, people will just vandalise it." *Client*

"If there was a vending machine here it would look like [the] leaning tower of Pisa and be broken." *Client*

## **Naloxone training**

St Kilda NSP was an early implementer of naloxone training in partnership with Harm Reduction Victoria, commencing in 2013. St Kilda 24-hour NSP was later the first NSP site in Victoria to adopt the Community Overdose Prevention Education program (COPE), which assists organisations to implement their own naloxone distribution program to people at risk of opioid overdose. In response to Naloxone Subsidy Initiative funding received in early 2018, statistics were collected on naloxone training provided via the NSP.

A total of 673 people were trained at the St Kilda 24-hour NSP to respond to opioid overdoses, including how to administer naloxone, between 1<sup>st</sup> January 2018 and 14 November 2018. In most circumstances, naloxone was either prescribed by a doctor and provided directly to the participant following completion of the training, or they were provided with a prescription and a voucher for a local pharmacy to cover the cost of the naloxone. Half (50%) of the training was provided during business hours, with a further quarter (25%) occurring during the evening (Table 23). Most naloxone training participants were male (60%). The sex ratio of naloxone training participants did not vary significantly by time of training. Females were most common among naloxone trainees on weekends (43%).

**Table 23. Time of THN training at St Kilda 24-hour NSP by sex**

Time/Day of Visit -	Male n (%)	Female n (%)	Total n (%)
Business Hours	198 (61)	128 (39)	326 (100)
Evening (5pm–10:59pm)	101 (62)	63 (38)	164 (100)
Late night (11pm–8:59)	23 (64)	13 (36)	36 (100)
Weekends	73 (57)	54 (43)	127 (100)
Total	395 (60)	258 (40)	653 (100)

Most participants from the St Kilda SuperMIX site who reported having been trained in THN were trained by an AOD/Outreach worker (48%), compared to approximately one quarter at other sites (23%), ( $\chi^2$  (df=2, N=204) = 6.9229,  $p < 0.031$ ) consistent with adoption of the COPE THN training model noted above (Table 24). There was also a considerable but non-significant difference in the percentage of SuperMIX participants who had been trained in THN between sites, with half (56%) of St Kilda SuperMIX participants being trained in THN compared to 40% at other sites.

**Table 24. Naloxone training among SuperMIX participants**

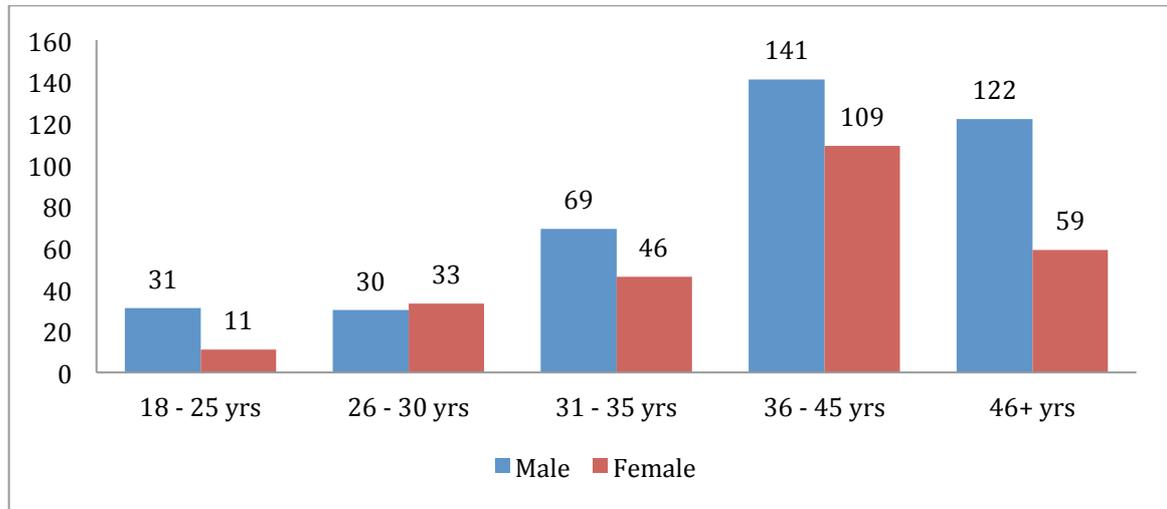
Take home naloxone (THN)	Recruitment Site: St Kilda n (%)	Recruitment Site: Other n (%)	$\chi^2$ <i>p-value</i>
Heard about THN	41 (76)	459 (66)	0.124
Trained in THN	23 (56)	184 (40)	0.051
Who conducted the training			
Harm Reduction Victoria worker	5 (22)	75 (41)	
AOD/Outreach worker	11 (48)	42 (23)	0.031
Other <sup>1</sup>	7 (30)	64 (35)	
Always carry their naloxone with them	6 (18)	72 (16)	0.901
Resuscitated someone using naloxone	11 (31)	80 (18)	0.131
Source of most recent batch of naloxone			
Provided through training	18 (78)	145 (74)	
Other <sup>2</sup>	5 (22)	52 (26)	0.63

<sup>1</sup> Other includes GPs and other peer workers

<sup>2</sup> Other includes pharmacy via prescription and friends

Figure 2 shows the age of naloxone training participants disaggregated by gender. Significant differences were observed between the age and gender of naloxone training participants ( $\chi^2$  (df=4, N=651) = 12.85,  $p = 0.012$ ). Men were more likely than women to participate in naloxone training at all age levels other than 26–30 years.

**Figure 2. Number and age of St Kilda 24-hour NSP naloxone training participants disaggregated by gender**



Client participants in qualitative interviews also described experiences of accessing naloxone from the NSP.

"I also collect and drop off needles that are left around my building. That's why I have the naloxone as well. I did the training here. Also if I get a knock on the door at one am and they are looking for a fit I can send them down here." *Client*

"I have been offered naloxone, which has saved lives. You can't get that twenty-four hours a day. What happens if you need some and they aren't open?" *Client*

The provision of naloxone training and prescriptions was described by staff as a key initiative of the NSP.

"I think we've given out way more than any other service, at least other NSPs. We can show people how to use it and the chemist is just on the corner. So, you can walk them out and tell them it's five doors down – we've got the kit, but we want them to go and get the actual Narcan. There'll be other NSPs doing it I'm sure, but not at like four or five am." *Staff member*

"There have been some really great stories about use of naloxone. It's empowering for them and giving them more control in their life and in relation to their use." *Staff member*

### **Additional after hours support**

Since 1<sup>st</sup> July 2016, the St Kilda 24-hour NSP has been recording additional after-hours responses (5pm–9am, weekends and public holidays) about services provided that extend beyond the core business of the NSP. The intention was to determine the frequency and nature of additional after-hours responses. The resultant dataset included the date and time of the service provision, a brief description of the incident type, and the responses provided by the NSP staff member. Examples of incidents responded to by St Kilda 24-hour NSP staff included:

"Woman reported that she had been robbed while on a sex working job. She said she'd lost her phone, wallet. Told me that there was no point in telling anyone else, because no one would care." *Staff member*

“Woman ran into foyer after being attacked by partner up the street. She had obvious wounds to her face. She also had previous wounds (fingers broken) from earlier attack.” *Staff member*

“Young woman came in, saying she has left her boyfriend of five years, but that she can’t go back there to get her belongings including her wallet and her cats because he won’t let her leave if she does.” *Staff member*

A total of 275 after-hours incidents were responded to between July 2016 and December 2018, with 668 responses being provided (Table 25). The most common types of response were supportive chats or debriefs to service users (n=180), referrals to support services (n=102), food and hot drinks (n=76) and basic medical assistance (n=30). Just under 25% of responses related to supporting clients who were experiencing violence, safety issues, mental health issues or were victims of crime of various types.

**Table 25. Additional after-hours response frequencies July 2016 – Dec 2018**

<b>Response Provided</b>	<b>n</b>
Debrief, chat	180
Referral	102
Tea, coffee and/or food	76
Blanket and/or clothing	73
Medical and/or bandaids	30
Sanitary/hygiene products	30
Mental health support	28
Response to physical assault (inc. weapons)	27
Response to verbal abuse/harassment/threats	21
Immediate safety	19
Intimate partner violence	18
Contacting police	14
Response to stalking	12
Robbed	11
Response to sexual assault	7
Information sharing	6
Contacted RhED	6
Response to coercion (e.g. forced into sex or drug taking)	4
Ugly Mug Report	4
<b>TOTAL</b>	<b>668</b>

Between 1<sup>st</sup> July 2016 and 30<sup>th</sup> June 2018, additional after-hours response data were collected only for female service users. From 1<sup>st</sup> July 2018, these data were also collected for male service users. Since 1<sup>st</sup> July 2018, almost three quarters (69%) of additional after-hours responses were provided to female service users. Females accessed more than 60% of services for each type of assistance except for material aid (blankets, tea and coffee) and mental health support. While responses provided to service users who had experienced violent incidents were few (n=31), only females received responses for these issues, which included threats to safety, physical or sexual violence, stalking and coercion (Table 26). This suggests that the service plays an essential role overnight, when few other services are open, in providing support and a safe space for

women experiencing violence and who are victims of crime and may have a range of barriers to accessing other services which may support their safety (e.g. police), due to their engagement in illegal activities.

**Table 26. Additional after-hours responses between 1 July 2018 – 5 December 2018 by gender**

<b>Response Provided</b>	<b>Female n (%)</b>	<b>Male n (%)</b>
Debrief, chat	127 (73)	46 (27)
Referral	51 (69)	23 (31)
Blanket and/or clothing	36 (53)	32 (47)
Tea, coffee and/or food	40 (59)	28 (41)
Sanitary/hygiene products	22 (79)	6 (21)
Mental health support	15 (58)	11 (42)
Medical and/or bandaids	17 (68)	8 (32)
Immediate safety	6 (100)	0 (0)
Response to stalking	6 (100)	0 (0)
Response to verbal abuse/harassment/threats	5 (100)	0 (0)
Intimate partner violence	4 (100)	0 (0)
Robbed	4 (100)	0 (0)
Response to sexual assault	2 (100)	0 (0)
Response to physical assault	2 (100)	0 (0)
Response to coercion (e.g. forced into sex or drug taking)	2 (100)	0 (0)
Ugly Mug Report	2 (100)	0 (0)
Contacted RhED	2 (100)	0 (0)
Information sharing	1 (100)	0 (0)
<b>TOTAL</b>	<b>344 (69)</b>	<b>154 (31)</b>

Data collected by the St Kilda 24-hour NSP reveals a diverse range of services being delivered after hours to service users. While the most common service simply involved an opportunity for clients to debrief/engage in a supportive chat, the service also provided a large number of informal referrals to support services. Given the snapshot survey finding that most participants reported accessing the service to which they had been referred, the St Kilda 24-hour NSP appears to play a significant role in linking after-hours clients with services. Additionally, the St Kilda 24-hour NSP supports the safety of women after hours, given their significantly greater utilisation of the NSP for additional services.

## 4.5 Role of service

The 24-hour nature of the NSP service has many benefits for service users and the local community with respect to health outcomes, community safety and public amenity. The service has a special role with women, particularly those engaged in street-based sex work, and this is dependent upon being open throughout the night, which is unique among NSPs in Melbourne. The rapport built with particular subpopulations is due to the non-judgemental and welcoming attitudes of staff, which is part of the ethos of the service (in addition to privacy, confidentiality, accessibility, for example). While this ethos has built a strong clientele of the service throughout the day and night, this is especially important for the more marginalised subgroups within the client population (e.g. homeless clients, people with significant mental health issues, street sex workers), many of whom visit around the clock.

### Accessibility

Client participants in qualitative interviews described the accessibility of the service as one of its key features. The ability to access the service 24 hours a day was considered vitally important.

"This NSP is different to others in that it's open twenty-four hours, so it's available for me, and there's a person there that can talk to you. If it was only open in normal business hours I wouldn't access it. It just wouldn't exist in my life and it would affect all the other working girls in the same way." *Client*

"The hours really suit me. Just knowing that it is here and knowing that any question in this field that I don't have an answer to about where to go or what to do I can get it even if it is three o'clock in the morning." *Client*

"Probably even younger people just starting out on the drugs need the service most. The service is just open, there's somewhere for them to go and someone to talk to if they want." *Client*

"Just the accessibility and the twenty-four hour service that you just can't get in the health sector unless you go to emergency." *Client*

"I guess if I do ever run out of needles I have back up if I need it. If I was not doing drugs for a while and got rid of all my paraphernalia and I scored out of the blue then this place would be open." *Client*

Many of the clients using the service at night were described by staff as being amongst the most vulnerable and marginalised clients.

"There are vulnerable people coming in specifically because they know we're here and open at night, and I do wonder what would happen in those cases if we weren't." *Staff member*

"For many people accessing the NSP overnight, that worker might be the only person they've spoken to all week – so the window is very important." *Staff member*

Geographic accessibility was also discussed.

"Well obviously they are open twenty-four hours. Plus it's easy access to get to. You have the bus, the tram, the train. This is the... easiest accessible place." *Client*

Clients discussed the potential impact of not being able to access the service in its current form.

"I only come here at night so it would impact me greatly." *Client*

"It's silly to think that people will just use or inject nine to five pm, you know there's a lot of people that work full time, I think people don't realise that. I actually think it's at night time that it's needed most, I really do." *Client*

"I wouldn't be able to get my hands on a 'freshy' when I needed it." *Client*

"And if it wasn't open twenty-four seven, I'd just have to ... like anyone who is a drug user, like we can prioritise, we can schedule our week, but things can just go out of whack just like that, and all of a sudden at the drop of a hat, you'll go 'bang' and you're off on a mission. Yeah, so it's really hard to be scheduled and go "okay it's only open from nine until whatever". It just doesn't work like that." *Client*

"From a practical point of view, a stack more needles would accumulate [at home] and that would start to put me off. I don't want to be lugging suitcases of used needles back to the exchange." *Client*

"I think it's really good to have a twenty-four hours service because it's better to have a service that's available but not necessarily always used than for someone to need a service and it not be there and for them to do something wrong because all they want to do is get high and they aren't focused on educating themselves." *Client*

## **Women clients**

Some clients have been using the service since it opened over 20 years ago. The number of women accessing the NSP increases overnight, especially for those who are working in the sex industry (including transgender people). Although the gentrification of St Kilda has meant that sex workers are less visible on the street – opting to organise work via mobile phones, and visiting hotel/motel rooms or people's homes – without the umbrella of a brothel or organised place of work, they are an extremely vulnerable group accessing the service.

Around half of all clients visiting the service at night are women, many working in the sex industry, and often accessing the service for sterile injecting equipment, but also to seek refuge from the cold or "predators" on the streets.

"We give out blankets that normally they'd only be able to get before eleven pm – sometimes they come in with a blanket that's soaked because it's been raining, so we can replace it for them." *Staff member*

"A huge concern about us closing down for even a couple of hours overnight is that once we stop our status as open twenty-four hours, we will become confusing to clients, especially for those who've always travelled to St Kilda from huge areas around Melbourne. Some drive more than an hour, and we'll have people come from small country towns at least two hours away because they don't want to go into their local community health centre to ask for needles, for fear of losing their anonymity. This is my great concern – they're doing something illegal but in order to do it as safely as they can and should be, they need clean equipment. Why wouldn't we want to encourage that? They're looking after themselves. And some of our clients have very controlled use. So, it's also about that hidden population of our service, the ones that remain very healthy because of our service, and they take very good care to make sure they have enough equipment to last them over a period." *Staff member*

## Justice-involved clients

People who inject drugs are more likely to be incarcerated than the general population, given the criminalisation of injecting drug use, thus some clients who access the NSP have histories of incarceration. Staff discussed that, for some, after their release from prison, St Kilda NSP is the first place they visit:

"Sometimes we're the first people they see. They'll come to St Kilda and then come to the exchange, and so we talk to them about naloxone, about the risks of overdose because their tolerance is likely reduced, so that's another big group we see. So many of them are released into homelessness and they'll hang around the exchange on and off for forty-eight hours and use the service overnight." *Staff member*

## Relationships with workers

All of the clients participating in qualitative interviews, without exception, talked about the staff of the service very positively.

"Just the fact that they care and there's someone to listen." *Client*

"Just the people. They look out for you. They are always asking if you need any help with anything else. Everyone gets treated the same." *Client*

"You can talk to the staff. I've been coming here for years and years so I feel like I know them as well." *Client*

"The people are really great... They try their utmost to help people." *Client*

The support provided by staff was regarded by clients as non-judgemental and appropriately targeted.

"This place won't push it on you but if you want it, they will give you help." *Client*

"The staff are discreet and don't ask too many questions at that time of the morning and that's what I like about it. But if you do want to talk they are there to listen." *Client*

"They ask open ended questions to see if they can help you. They want to help you. They are just really approachable. They are just really nice." *Client*

"They're incredible people (the workers), there's no judgement, there's no nothing, you walk through that door at four in the morning, it doesn't matter what time it is, there's a friendly face giving you exactly what you need, so there's no need to share anymore, shit like that, it's just a very important hub that place, and I couldn't even imagine St Kilda functioning without it." *Client*

"So, I had to come here and they gave me food vouchers and they didn't make me feel shit at all. They knew I had spent my money on drugs and that's why I needed vouchers for food but they didn't judge." *Client*

Staff reported that the NSP has a policy that no-one is ever turned away or banned from the service. Clients are received with no judgement, and behaviours that may be considered unacceptable in other services are tolerated and dealt with.

"We don't turn anyone away... Anyone can access our service... We will never deny someone clean needles, and that's the real beauty of it, that's why it's been so successful." *Staff Member*

Staff relationships were seen by clients as having a positive impact on mental and physical health.

"I often go in there feeling depressed and leave feeling much better. Just having someone there that knows what you are going through and understands what you are going through makes everything so much better. Just knowing that someone accepts you." *Client*

"Even something as simple as swabs. They used to have just plain alcohol swabs and then they brought in new ones with something else in them and it turns out my wife is allergic, she broke out in a rash, so they started ordering just the alcohol ones in again as well. So, they took immediate action on that and didn't just assume it was from using." *Client*

"The staff here ... give a sense of hope that you too can come back from this. They are like role models. Through the staff here they planted the seed that I could get better." *Client*

Worker knowledge and skills were described very positively.

"That aspect of the NSP is what I like most about it. I like the transfer of information from one area to the next. They're always asking me questions, like... "What's the details of this ..." Like if... I'm having problems with someone they will ask questions so they're constantly upping their information, so it's not like they're far removed... They want to know for our safety, and they'll put a sign up with information that can come from you and can be passed on to another girl or guy." *Client*

"The workers know so much about what's happening on the streets, so that's one of the things that they provide that's really important. Yeah, the girls will go in and talk about what's going on, so the workers will hear about mugs or they'll hear about gear or they'll hear about issues with cops and then they'll pass that information on to us. So, it's a really good touchstone for me, especially because up until this year I really didn't talk to the other workers and the other locals in St Kilda cos I was quite intimidated by them." *Client*

Even in more challenging situations, clients described workers as knowing what to do and acting appropriately.

"I think they've got it down to a fine art. They're professional. They've been doing it a long time so they know what they are doing and no matter what drama, like I've been here when dramas are going on, someone's unconscious... the staff just remains calm and knows what they have to do." *Client*

Some participants regarded the service as life-saving.

"The people genuinely care and they do make sure you are okay. They check you. God knows how many times these people have saved my life. Asking if I have naloxone. They care, they care. If you need a referral anywhere they will get it for you. They are present and they care." *Client*

"I wouldn't be here telling you this story today if it wasn't for (them). It's kept me alive, it's kept me together, it's just kept me putting one foot in front of the other. They REALLY give a damn, they're so selfless." *Client*

## Confidentiality and privacy

St Kilda NSP is physically structured in a unique way. The service operates in a very small space which generally only allows one client at a time to enter the service and to engage with a single duty worker. Most equipment is kept behind a counter, so clients must request what they need. However, clients can do so with relative privacy and confidentiality as no other clients are generally present in the space, unless they have entered in a group (e.g. typically pairs including friends or partners). This gives clients the opportunity for a private conversation beyond the scope of provision of injecting equipment and it occurs within what is essentially a secure space, as the worker controls the door lock from behind the desk.

Most participants in client interviews raised the confidentiality of the service as highly significant. The assurance that each client would be seen individually, could take as much time as they needed without interruption and could visit at times that were more discreet (e.g. after dark) was described as important by participants.

"I always come after hours because of the privacy it affords." *Client*

"It's one at a time here so there is anonymity." *Client*

"At night time if you do like use and you want to be discreet about it like you can be, but during the day people obviously know that you're coming in and out – and then you probably constantly get labelled you know – "junkie". " *Client*

Staff felt similarly to clients that the confidentiality aspect of the service was of note.

"When you're working in the NSP room, it's just you and the client, so it's just a very special exchange that occurs. If they're with friends they can come in too, but we don't want people to have people in there if they don't want. Like some women will tell their friend to stay outside. It allows them to have their own space to talk. So, this space is one on one, it's very intimate and private. Sometimes people get edgy cos someone is waiting and the conversation gets cut short, but that just shows them how private the space is. We pride ourselves on being very responsive to people, not only do they know it's a private space they can come and chat to us in. They have chatted to us before, last week or yesterday, so they know we know them too." *Staff member*

The level of privacy offered by the service was seen as contributing to better safety and better opportunities for support and referral.

"The people are so kind and so good to talk to, and because of the one person at a time, people don't feel threatened, people don't know what you're getting, because quite often there's so many people, or predators out there, and they'll be like, "Ok, given what they're picking up (the number of needles), they've obviously got a lot of gear, you know, let's follow these people". " *Client*

"I like the one person at a time thing because if you've got other things to talk about it's not just the exchanging, because I don't really like coming in on personal conversations with people and I don't think people should have to have people listening in. Like at the one in Richmond (NSP) people might come up behind you and I might want to say something and then I just think, I won't bother." *Client*

Many staff participating in qualitative interviews described the service as a "one stop shop" because it is able to address such an array of client needs.

"We do so much more than hand out injecting equipment. We provide clothing, underwear when people soil themselves or are sick on the streets. Shampoo, soap, tampons, pads, like minor things that really help people, which is another really good way of building rapport and trust. And sometimes at night, if we have street sex workers coming in because they feel unsafe because something has happened out on the street, we can lock the door, give them a cup of tea, a blanket and a taxi ride home." *Staff member*

"It's a space to get needles, to get health information, to have someone non-judging and compassionate to talk to, to get referrals to other services, to get refuge from the street, to get basic amenities. And it's a place where they also get kindness, care and compassion." *Staff member*

"You might give out ten needles and when they're gone, you mark that on the sheet, but you know that the interaction was actually so much more than being able giving out ten needles. The boxes you tick don't cover all the things we do and everything that happens there." *Staff member*

## Service model

In addition to what would be considered basic primary NSP services (injecting equipment and disposal provision, education, information and referral), the St Kilda NSP was described by clients as a providing a range of additional services which met their needs.

"When I was first navigating my way around when I just got out of hospital and wanted to find somewhere safe to live these were the people that got me on track." *Client*

"I've been in there before just to get sanitary products for women. It's an important service." *Client*

"The NSP is a support – they treat me with respect. And they talk to me too, it's not just a matter of getting needles. Like they ask me how I am, they always have a chat and ask me how I'm going, yeah, they're just really caring workers, and to me it's such a support." *Client*

"Sometimes if there is no one else waiting in line I will just hang out and talk to them for a half hour or more. They have really helped a lot. They are almost like counsellors without even knowing it." *Client*

The proximity of the St Kilda NSP to other services offered on the same site (Access Health, Crisis Centre) was also raised by clients as an integral part of their strong relationship with the service. Many clients didn't see the distinctions between the services and experienced the service offering as a continuum of care.

"It's helped me when I was homeless. They've given me tram tickets to look for work. Vouchers for clothing and food. Blankets, food parcels, meal ticket to Christmas do's, lots of things. Medical stuff, needles and condoms. I could go on and on. Job suggestions, counselling. Before mobile phones they used to let you use the phone, especially when the phone box was smashed." *Client*

"Oh yes in the past and that was why it was really useful because disasters always happen at three in the morning. I wasn't even thinking at the time that they were going to help me. They just asked me what was wrong and instantly things started to happen and they are arranging somewhere for me to go tonight, something for me to eat. They were straight onto it." *Client*

"Food vouchers and they helped me find housing. I just came in and said that I was in a bad situation and I needed to get out. They put me in a hotel that night and then found me somewhere to live that was safe." *Client*

## Staff development and support

NSP service provider meetings are held every six weeks. Attendees include NSP staff, workers from the five secondary NSPs in the area, staff from Access Health and some external service provider staff. The first component of these meetings is an education session that involves a guest speaker providing information about an issue affecting clients of the NSP (topics have included sexual health, performance-enhancing drugs, and naloxone administration) that workers can use when they are seeing clients. The remainder of the meeting is an opportunity for staff to discuss harm reduction initiatives and trends or issues that may be emerging for clients of the service. NSP staff also visit secondary NSPs in the area to offer education and support.

“For example, if we know there’s a strong batch of heroin being traded on the streets, then it’s our job to let people know that’s what’s happening. So, for us it’s really valuable to be talking to each other about the things clients are telling us.” *Staff member*

A logbook is kept at the staff desk for workers to record clients’ reports of incidents or issues happening in the community (particularly those that relate to client safety). Service provider meetings provide a mechanism for discussing these issues, so that NSP workers are able to relay important information back to clients to keep them safe.

## Free service

The cost associated with other services (e.g. pharmacy NSP, SDU) was highlighted by client participants in qualitative interviews as being a barrier to accessing those services. That the St Kilda NSP provides a completely free service was considered to be key to its success.

"[A syringe] costs five dollars at the chemist and that can be the difference between me eating and not eating." *Client*

"It’s just there and I suppose if it wasn’t...well I remember when it wasn’t there, it used to be a battle. People would be driving around the street at night asking who’s got syringes and sometimes paying top dollar for them." *Client*

Staff talked about the ability to provide as much as clients need, free of charge, as one of the features of the service. The ability to increase access to injecting equipment for individuals who may travel from outer suburban or rural areas was discussed.

“One guy drove four hours. He said “I need a box, is that ok?” and I said, “Mate you can take as much as you need”. And he went “Seriously?!”, he said, “Look, I’m from the country, if I can take three boxes of the hundreds”, so he did. So, just that thing of that magnanimous gesture of just allowing him to have clean needles. And he said, he’s driven here, cos he didn’t know where to collect them cos he was from a small rural town, and people might know him.”

## Education and information provision

Clients and staff described the ability to access education and information as an important aspect of the service.

"It’s good for advice sometimes and I have been educated in the proper use of some paraphernalia that I didn’t previously know about. If you aren’t exposed to the new way and better way of doing

things then you don't know. Drug users aren't big on "skill sharing" (so) the process would be slower."  
*Client*

## **Relationships with police**

Improved relationships with the police have also helped with the transfer of information both to and from clients of the NSP to help to protect their safety.

"The police will call us now to tell us things they want us to relay to our clients. It's become a matter of protocol in the last three years. For example, if they know of some ODs or a bad batch of heroin they let us know so we can warn our clients." *Staff member*

## **Performance and image enhancing drugs**

A growing cohort of people using PIEDs is accessing the NSP for sterile injecting equipment, many with limited education about safe injecting practices. People who inject steroids are increasingly using the service; many who are in paid work during the day access the service after hours, with some travelling long distances to get to the service, mostly finding out about it through word of mouth. In response to this emerging need, staff have received education sessions to equip them with the skills and information to make the service more inclusive for this group. Staff can now refer clients to a limited number of specialists in the field (including a GP and steroid use educator).

"I've started asking guys using steroids about their injecting habits and sites, and in one case a guy really opened up – he became really teary – he was talking about problems with his sex life and it was causing a massive problem with his fiancé, and then on further questioning he said he keeps injecting purely because of peer group pressure amongst friends, so I was able to refer him to the a specialist worker who was able to meet him discreetly to provide more ongoing support. We're much better at responding to that group than we were." *Staff member*

"Steroid users don't seem to be getting education and information about safe injecting practices from those in the steroid using community. They're the least educated group and they see themselves as a different type of client group." *Staff member*

The increasing use of melotanin (an illegal performance-enhancing drug injected subcutaneously for tanning purposes) amongst some young women, has also seen a rise in these clients accessing the service for sterile injecting equipment and advice about safe injecting.

"We're seeing a lot of young women using melanotan to inject into their bodies; they don't necessarily perceive themselves doing something illegal or dangerous, and most have little confidence around their injecting. They're coming here to get their needles each time they inject, and because they don't identify with many others accessing the service, we've been doing a lot of work to make sure that they feel very welcome in the exchange which is really necessary because as soon as someone feels put off by coming into a service like ours they don't come back. So, we've been very careful to try to create a very open friendly customer service approach which has boded well for clientele coming back." *Staff member*

In December 2017, people accessing the St Kilda 24-hour NSP for the purpose of obtaining equipment for the consumption of PIEDs were invited to complete a short questionnaire to enquire about the types of PIEDs being used, their injecting practices, and their understanding of

blood borne viruses. The results of the survey are in Table 27 below. The primary PIED being used was steroids (68%). Most (55%) respondents injected alone, with a further 40% injecting with one other person. Four in five respondents (81%) reported that they did understand the risks of BBVs associated with injecting PIEDs.

**Table 27. PIED use among St Kilda 24-hour NSP service users in December, 2017**

<b>Variable (n=84)</b>	<b>n (%)</b>
<i>What type of PIED do you use?</i>	
Steroids	57 (68)
Melanotan	14 (17)
Human growth hormone	10 (12)
Other	3 (4)
<i>Do you inject alone or with others?</i>	
Alone	46 (55)
With one other	34 (40)
With a group of people	4 (5)
<i>Do you understand the risks associated with injecting and blood-borne viruses?</i>	
Yes	68 (81)
No	3 (4)
I would like to know more	13 (15)

Additional data collected by staff administering the survey highlighted inconsistencies between respondents' perceived knowledge of the risks posed by PIED use and BBVs and the actual risks. Two respondents believed that BBVs related to "mould" or "bacteria" that could grow in their steroids which, when injected, could be problematic. Another respondent, who answered "Yes" and that they "injected with a group of people", later admitted that they did not know what a BBV was, but that they didn't need to worry as they used a clean needle every time, apparently unaware of the risk that sharing other injecting equipment such as swabs and PIED mixing and/or storage of equipment could pose.

### **Community and individual safety**

Some participants in the qualitative client interviews talked about the role of the NSP in ensuring individual or community safety in the area. There was a general sense that the 24-hour nature of the service meant it could act as a type of temporary refuge.

"Also, for people on the streets, if something happens, they're here, they're always open and it's a safe place for them to go." *Client*

"Whenever you are around Grey St at night men assume you are working so they approach you and this is somewhere to come in." *Client*

"Firstly, because it's close and it's always open, there is always someone there and because there is someone there, I know it is safer because if it was just a machine there, the machine wouldn't know if someone was looking dodgy or looking like they are about to OD or cause trouble or something like that. Even though it's Grey St it feels safer than some of the other ones. You can't talk to a machine." *Client*

The safety role was particularly important for street sex workers.

"There's the women that are working (sex workers) they need protection as well and this a safe place for them to come. Sometimes there's crazy people around." *Client*

"If you're wary on someone, like if you're out there and you're on your own, and you can see a car you know, like sometimes I get wary on someone, so I'll just come in and I go I'm just gonna sit in here for five minutes." *Client*

"A lot of the working girls will run in there for sanctuary sometimes because some predator will be stalking them. I know for me, on many occasions, cos I'm only little, quite often a couple of guys will see me and go, "Yeah, she'll have stuff on her for sure, let's get her, she's on her own" – that's a regular occurrence in St Kilda, a lot of full-on stand-overs!... Yeah, this place is really a little sanctuary, but especially because it's open twenty-four seven." *Client*

A publication for street sex workers, *Ugly Mugs*, originally produced by the Prostitutes Collective of Victoria (and now a worldwide initiative), provides important information for sex workers about men (who have been identified by clients) to avoid on the streets. 'Mugs' include men who have stolen money, assaulted, harassed or raped clients. Descriptions of these mugs, their cars and the kinds of behaviour perpetrated are included, to ensure those working on the streets are able to keep themselves safe. Most of the information produced for the publication comes from individual experiences and stories shared by female clients of the NSP (like those described above). The publication is produced weekly and is on display for clients to pick up at the NSP. Word of mouth means clients who may not normally access the service come in to obtain a copy.

"Because we have built trusting relationships with some of the girls, they tell us what's happening on the streets." *Staff member*

NSP workers shared several incidents that have involved women using the NSP service overnight, to seek refuge from "predators" on the streets.

"I had an extremely disadvantaged, very vulnerable girl who has been accessing the service for years - a sex worker who also injects drugs – come in at five am on the weekend. She'd been raped and assaulted and was pregnant. She came in, not to get needles, cos she's not using at the moment, but to see me. We made an appointment for her at the statewide drug and alcohol service providing specialist clinical services to pregnant women with complex substance use issues, and we got her an interpreter. She doesn't engage with other services, and hadn't told anyone about her pregnancy. So that's where the value of the twenty-four hour NSP is. It provides a safe trusting environment for vulnerable women, that can lead to more positive outcomes for their health and wellbeing." *Staff member*

"One night I helped a woman identify the car of a man who had raped her and that led to him being arrested and jailed cos he'd done it a few times and no one could get his identification." *Staff member*

"On the weekend, we had a girl (one of the sex workers) come in who had been followed in by a man with a knife. She knew that we were open, and so she came in to get away from him. We were able to provide a safe area for her, get him out of the service, call the police, then get her home safely. There was literally no other place she felt safe to go." *Staff member*

"Last week at nine pm a woman I knew very well ran two kilometres to get to the exchange – she had blood on her face, was really quite panicky and said, "I want to make a report for the 'Ugly Mugs' newsletter". She'd been working on the street, and at five am that morning a man approached her on foot and took her back to his apartment. He tied her to the bed and held her captive for fifteen hours. He'd ripped a leg off a chair and had beaten her. One of the Crisis Contact workers took over the role of managing the exchange so that I could provide comfort and call an ambulance. Initially she didn't want us to call an ambulance, but with lots of coaxing she agreed. The police also came and were actually really great with her – very kind, caring and non-judging, and we were able to get her fresh clothes." *Staff member*

The client I'm thinking of was so frightened and traumatised and actually thought she was going to die that night – he'd threatened to pour petrol on her and set her alight. The result of all of this was that because I had taken notes about what happened, I was able to be a first responder at the trial, and my notes were able to be used as evidence to help convict the perpetrator. So, this is one of the really important reasons why being open overnight is so important for these women working on the street in this very much marginalised and illegal situation. They don't like going to the emergency department at the Alfred, they're too scared to because they think they're going to be judged. Even though the Alfred ED was closer than our service, this particular woman, like others who've been in this situation, preferred to come here. Although the numbers of women working in the sex trade are not as high as for some other groups accessing our service, they are a group that needs some kind of special protection – they do come to the exchange and they do get what they need in order to work, but the fact that we're open twenty-four seven means we can offer [SF3] these women so much more. We can, that is, respond physically." *Staff member*

The relationship between sex workers and the NSP was considered to have a transformative effect.

"The workers know so much about what's happening on the streets, so that's one of the things that they provide that's really important. Yeah, the girls will go in and talk about what's going on, so the workers will hear about mugs or they'll hear about gear or they'll hear about issues with cops and then they'll pass that information on to us. So, it's a really good touchstone for me, especially because up until this year I really didn't talk to the other workers and the other locals in St Kilda cos I was quite intimidated by them." *Client*

"And the cops and the exchange and the girls, like everybody liaises, and the cops because of this I think have kind of changed their attitude towards us, like our safety seems to be considered more important." *Client*

Client participants in qualitative interviews were concerned that changes to the existing service model could have a major impact on safety.

"This place is safe on so many levels. It's safe to walk into and safe to get your fits and safe to dispose of them. It's also safe for other people in that how are you supposed to talk to a vending machine asking if you are okay. It's the human contact that you need. I have come in here a couple of times when nothing else has been open like when my dog died and they were able to talk to me about it and they care. It would be devastating if this place wasn't open." *Client*

"If there was a vending machine then it could actually encourage dealers to hang around there because they would know there would be drug users there and no staff to manage it." *Client*

These qualitative findings are supported by quantitative findings. Fifteen per cent of snapshot 1 survey participants reported being concerned about their safety in the last 24 hours, while

additional data collected by the St Kilda 24-hour NSP (section 4.4) captured responses to violence, sexual assault, family violence, coercion, and other safety concerns provided by the service. The extended opening hours of the St Kilda 24-hour NSP provide service users with a place to seek support and safety when other services are closed.

## **Public amenity**

Issues of public amenity arose in qualitative interviews with clients. In particular, clients had concerns that closure of the service or reduction in hours could affect the local community impact considerably. More discarded injecting equipment was a particular concern. Currently, staff engage in significant education campaigns with clients about appropriate disposal of equipment.

"If it wasn't open twenty-four hours there would be needles everywhere, as well as condoms, it would be outrageous." *Client*

"It would be a big health problem. People would be re using their fits and there would be fits lying around everywhere." *Client*

"You go to Footscray and you find an abundance of fits. You can walk around here and see maybe one or two. It is healthy for people. I fear for its survival. Because of *The Block* [a popular TV show which involves turning cheap accommodation into fancy apartments] and things like that. The gentrification." *Client*

"Having a place to dispose of old needles and not have to throw them in the garbage is important for the community. If those needles go in the general waste then the garbos are at risk or if they are thrown in the public bins and they get knocked over." *Client*

"It's a lot more than a needle exchange and people won't be exchanging needles. They will get five and they will just discard them wherever because the staff wouldn't be prompting them to bring them back. There would be a lot more dealers around because the staff run them off now because they know who they are." *Client*

Some of these concerns related to increases in crime.

"Whereas if this wasn't here there would be more crime, there would be people breaking into places." *Client*

Other concerns were in relation to trespassing or damage to non-staffed facilities from people seeking equipment.

"Well, they don't have people going through their front garden looking for taps to get water. There would be no water around. It would probably go back to the way it used to be. I remember walking around these streets at two or three in the morning, people with drugs, people going into the gutters looking for needles and I was disgusted. I thought how could they do that? But then one day I found myself thinking far out, and I was smashing the fit bin off the wall looking for a fit to use. Luckily, I smashed one off in a toilet block that happened to have some brand-new ones in it. Someone had just thrown clean ones away and I thought great." *Client*

There was a general sense that service closure would create more visible and problematic issues in the local area.

"They closed the Gatwick thinking it would get rid of everybody but all it did was take everything that was being contained and let it loose on the street. The same thing would happen if this place closed overnight." *Client*

"Because I have been here for so long and I am in the immediate area, I wouldn't feel safe. People might start shooting up in the park and leaving needles in the park. People would be camping in the park because they wouldn't have anywhere to go." *Client*

"If this place wasn't here then it would be harder for the general community to ignore the high number of drug users in St Kilda. They would be more visible. More people would be going to chemists, more needles would be lying around. This place is kind of a 7-Eleven for drug users." *Client*

## **Future service development**

Staff talked about the need for more harm reduction practitioners (including nurses and non-clinical workers), for example, dedicated workers to respond to overdoses, people using PIEDs, or to support people to access AOD intake and assessment phone calls.

"There's really just not enough people working here to respond to the needs that are here – it's all very crisis driven and yet there's so much more we could be doing in the prevention space." *Staff member*

For a period of time a nurse was located on site with NSP workers on Thursdays (5-10pm) and every 2<sup>nd</sup> Sunday (5-10pm). The initiative received funding via the Ice Action Grants to respond to meth/amphetamine use, but nurses were also able to respond to other issues (including in particular, crisis mental health issues, referrals to the CAT team and wound care). Most workers discussed the benefits this service had provided in supporting client's needs, particularly on the weekends when general medical clinics are usually closed.

"Having the nurses in the NSP was so useful. It would save valuable resources (for example not having to call an ambulance for a crisis situation or send them off to the emergency department [ED] at the Alfred to have wounds cleaned and dressed), which are not services our clients want to access anyway, because so often they feel judged and don't feel safe to disclose their injecting histories. And they also find the wait frustrating in ED. But you know, if you make them a coffee ... they usually just chill out, but in the ED, no-one has the time for that, so then they get frustrated and lash out and it creates this massive snowball effect. If we had a permanent nurse here it would address some of those issues, including putting unnecessary pressure on these other services." *Staff member*

Most workers identified the need for an additional small space at the NSP that would provide safety, warmth and refuge for clients who were distressed and needed a safe space (potentially with a couch, blankets, a clean toilet and coffee/tea facilities) to recuperate for half an hour. A space was also considered to be needed for clients who had been using meth/amphetamine, synthetic cannabis or other uppers – to provide a safe space where they could cool down. A space could also address worker concerns for women doing street sex work, who have fled to the NSP after being robbed, threatened, assaulted or raped (as described above).

"I've had to do *Ugly Mug* reports with people standing up at the window, and they're telling me about being kidnapped and put in the boot of a car, and you try and just do it as well as you can and with as much humanity as you can, but it would be so good to have a warm space for them to sit and get a cuppa before we send them off on their way, or call an ambulance or the police." *Staff member*

A major need, that remains unaddressed for many clients accessing the NSP, is safe and affordable accommodation options, especially since the closures of the Gatwick Hotel and the Regal Rooming House, where some NSP clients lived and injected. Homeless people often seek refuge at the entrance to the NSP because it is a place they feel safe, but this creates problems for staff regarding other clients needing to access the service in a confidential way.

“People have nowhere to go and so they want to sleep in our doorway – there’s warmth and light to make them feel safe, but we can’t allow it because we’re a confidential service so you try and do it as nicely as you can, move them on, but it’s such a horrible thing to have to do.” *Staff member*

## 5.0 Conclusions

The ways in which clients access the St Kilda 24-hour NSP varied depending on the time of day. Business hour visits most likely involved males, and generally involved only the distribution of needles. Characteristics of people accessing the service after hours were more diverse, with women doing so for a variety of reasons. Visits involving both the distribution of needles and SSE items increased significantly after hours, as did the proportion of clients reporting methamphetamine use. Women collected the majority of SSE equipment in 2018, most of which was distributed after hours. Additional after-hours responses such as supportive debriefs, referrals and material aid were more likely to be accessed by women, while all responses to violent, threatening or coercive incidents were provided to women. Hence, the 24-hour service is particularly important to women.

The service plays a unique role in supporting mostly female sex workers who work in the nearby area. This important work simply wouldn't happen if the service didn't operate on a 24-hour basis. For an already marginalised population, closure of the service has the potential for significant negative impacts on the perceived and actual safety of these women.

Qualitative data showed that clients hold the NSP in high regard, in large part because of its 24-hour operation. The service is staffed by passionate and committed professionals who are skilled at dealing with emergencies as well as offering simple supports (a friendly smile and a listening ear) and letting a client slow down for a while and feel heard and understood. Clients report that the overnight service is a sanctuary, a place of safety, but also an extremely convenient and accessible service needed on a day-to-day basis. Clients value the service for the injecting equipment and disposal service that it provides, but also see it as a key point of referral to other services, a general social and emotional support and a life-saving initiative. The St Kilda 24-hour NSP provides an important 'soft' entry point to other services, with most successful referrals being accessed to Salvation Army Crisis Services programs. Clients of the St Kilda NSP were, in fact, more likely to have accessed health services than PWID from other parts of Melbourne. St Kilda NSP clients were also less likely to report a range of BBV transmission risk behaviours than those in other geographical areas.

The 24-hour nature of the service is intrinsically interlinked with all service functions and enhances the ability of the NSP to perform its primary role (e.g. BBV prevention) alongside many more complex and far-reaching activities which enable service users to improve their health, wellbeing and quality of life. Service users and staff believe that there is very real potential for harm amongst the broader service user population if the service were to close. This is due not only to the reduction in accessibility of sterile injecting equipment, but reduced opportunities for referrals into services which address a variety of health and welfare issues, both acute and chronic and for access to other activities like naloxone training, half of which is provided after hours.

The results of this study have highlighted the important role that the NSP plays with regard to responding to the multiple and complex needs of its client population. This study shows that clients see the St Kilda 24-hour NSP as a highly valued and essential service which fills a multitude of significant roles for a large and complex client population in the local community. The overnight operations are well-utilised and provide services that extend well beyond simple

distribution of injecting equipment, improving safety of clients as well as their overall health. These functions cannot simply be replaced and would likely result in additional burdens on inappropriate 24-hour services such as hospitals and police, as well as an increase in social harms experienced by the broader community.

## 6.0 References

Horyniak D, Higgs P, Jenkinson R, Degenhardt L, Stoove M, Kerr T, Hickman M, Aitken C, Dietze P. 2013. Establishing the Melbourne injecting drug user cohort study (MIX): rationale, methods, and baseline and twelve-month follow-up results. *Harm Reduction Journal*. 10(11)

Illicit Drug Reporting System. 2018. IDRS: 2018 Victorian data. Unpublished raw data.

Kwon JA, Anderson J, Kerr CC, Thein HH, Zhang L, Iversen J, Dore GJ, Kaldor JM, Law MG, Maher L, Wilson DP. 2012. Estimating the cost-effectiveness of needle-syringe programs in Australia. *AIDS*. 26(17).

## 7.0 Appendices

### Routine service provision – additional questions

#### Snapshot 1

1. What was the last drug that you injected?
  - a. Heroin
  - b. Meth/amphetamines
  - c. PIEDs (steroids, melanotan, peptides etc)
  - d. Pharmaceuticals
  - e. Other
  - f. Other, please specify\_\_\_\_\_
2. Are you Aboriginal or Torres Strait Islander?
  - a. Yes, Aboriginal
  - b. Yes, Aboriginal and Torres Strait Islander
  - c. Yes, Torres Strait Islander
  - d. No
3. Do you identify at LGBTIQ?
  - a. Yes
  - b. No
4. Were your parents born in Australia?
  - a. Yes – both born in Australia
  - b. No – one born outside Australia
  - c. No – both born outside Australia

## Snapshot 2

5. What was the last drug that you injected?
  - a. Heroin
  - b. Meth/amphetamines
  - c. PIEDs (steroids, melanotan, peptides etc)
  - d. Pharmaceuticals
  - e. Other
  - f. Other, please specify\_\_\_\_\_
  
6. What is your employment status?
  - a. Employed
  - b. Unemployed
  - c. Stay at home parent
  
7. What kind of housing are you in?
  - a. Owner occupied
  - b. Public housing
  - c. Private rental
  - d. Boarding house
  - e. No fixed address
  - f. Family home
  - g. Other, please specify\_\_\_\_\_
  
8. Would you describe your housing as stable?
  - a. Yes
  - b. No
  
9. Have you been concerned about your safety in the last 24 hours
  - a. Yes
  - b. No



### Snapshot 3

10. What was the last drug that you injected?

- a. Heroin
- b. Meth/amphetamines
- c. PIEDs (steroids, melanotan, peptides etc)
- d. Pharmaceuticals
- e. Other
- f. Other, please specify\_\_\_\_\_

11. How long have you been using St Kilda NSP?

- a. [ ] months [ ] years

12. How often do you come to the St Kilda NSP?

- a. [ ] per week
- b. [ ] per month
- c. [ ] per year

13. Have you ever received a referral from us?

- a. Yes
- b. No

i. If YES, did you follow through and attend the service?

- 1. Yes
- 2. No

- a. If YES, what was the referral for?

## SuperMIX additional module quantitative interview questions

1. Why do you visit this service?

*Select all that apply*

- a. Injecting equipment
- b. Disposal
- c. Safer sex supplies (E.g. condoms, lube)
- d. Information
- e. Referral
- f. Education
- g. General support
- h. Safety
- i. Health services
- j. Other, please specify \_\_\_\_\_

2. What time do you usually visit the service?

*Select one*

- a. Business hours
- b. After hours
- c. Both business hours and after hours

3. Do you visit any other NSPs?

*If Yes*

- a. How many?
- b. How often?
  - i. After hours?
  - ii. Business hours?
  - iii. Both after hours and business hours

4. Do you access any syringe dispensing units?

- a. How many?

- b. How often?
  - i. After hours?
  - ii. Business hours?
  - iii. Both after hours and business hours
- 5. If Yes to Q.4 How would you describe your experience using syringe dispensing units?
- 6. Have you ever received a referral to another service from this NSP?

*If Yes*

- a. Have you followed through with the referral and received the service?
- b. What was the service?
- 7. Are there any other services you would like to receive from this NSP that aren't currently offered?
  - a. Please describe
- 8. Do you speak to any other professional about your injecting apart from staff here?
  - a. Yes
  - b. No
- 9. How would it impact you if this NSP only opened during normal business hours?
- 10. Do you use any services provided by Access Health?

*If Yes*

- a. GP
- b. Nurse
- c. Hepatitis C treatment
- d. Psychiatry
- e. Podiatry
- f. Dietitian
- g. Social groups
- h. Case management

*If No*

- a. Why?

11. Do you live locally?

*If Yes*

- a. Which suburb?

*If No*

- a. Why do you travel to this NSP?

- i. Amenity
- ii. Hours of operation
- iii. Accessibility
- iv. Free service
- v. Amount of equipment you can collect
- vi. Relationship with service
- vii. Other (please specify)\_\_\_\_\_

12. Would you say you have benefited from attending the service here? If so, how?

### **In depth staff questions**

1. Please describe your role here
2. What do you think the value of the 24 hour NSP is to your clients?
3. How do you perceive the importance of the service being open 24 hours?
4. What does this NSP do that others can't?
5. Which client groups access this service who would find it difficult to access other services?
6. What would their barriers be in accessing other services?
7. How would you improve the service that is offered here?
8. What other services in the area complement your work?
9. What are the key referral pathways from the 24 hour NSP service?
10. What's missing for clients in your local area?
11. What are the biggest challenges in operating the 24 hour NSP?

### **In depth client questions**

1. Please tell me a bit about yourself. (Prompts: accommodation, (sex) work, drug use, relationship with the area, family/relationships, health)
2. Why do you visit the 24 hour NSP?
3. What times do you mostly visit?
4. Do you visit other services? (Prompts: purpose/hours/accessibility)
5. What do you like most about this NSP?
6. Is there anything you don't like about this NSP?
7. How is this NSP different to others?
8. What is the role of the 24 hour NSP in your life?
9. What does the 24 hour NSP mean to the local community?
10. How would it impact you if this NSP only opened during normal business hours?
11. How would it impact other people you know?
12. Would you say you have benefited from attending the NSP after hours? If so, how?
13. Have you ever received direct assistance from the NSP outside of the provision of equipment and disposal? What was the assistance and what was the impact?



## St Kilda 24-Hour NSP Evaluation

**Prepared by**

Burnet Institute

85 Commercial Rd

Melbourne Victoria 3004

**Contributors**

Professor Paul Dietze, Program Director, Behaviours and Health Risks

Amy Kirwan, Program Manager and Outreach Manager

Michael Curtis, Research Assistant

Shelley Walker, Research Assistant

Emma Woods, Research Assistant

**Prepared for**

The Salvation Army

**Acknowledgements**

The authors of this report acknowledge the traditional owners of the land on which we collected data and wrote this report and pay our respects to Elders past, present and emerging and to Aboriginal Elders or communities who may read this report.

The authors of this report would like to acknowledge all of the participants in this research, who generously shared their personal stories with researchers.

## Contents

List of Tables	4
List of Figures	4
1.0 Executive summary	5
1.1 Who uses the service?	5
1.2 How is the service used?	5
1.3 What is the role and value of the service?	6
2.0 Introduction	8
3.0 Methods	9
3.1 Sample size	9
3.2 Interview schedules	10
3.3 Quantitative data analysis and reporting	10
3.4 Qualitative data analysis and reporting	11
4.0 Findings	12
4.1 Socio-demographics	12
4.2 Drug use	15
4.3 Health	18
Blood-borne virus status	18
Blood borne virus risk behaviours	19
Drug overdose	20
Social and emotional support	21
4.4 Service use	21
Time of NSP visit	22
Time of NSP visit by socio-demographics	23
Frequency of access	24
Primary reason for visit	24
Distribution and return of needles and syringes by time of visit	25
Safer sex equipment distribution	27
SSE distribution by time of visit	27
SSE distribution by sex	27
Reasons for attending	28
Referrals	29
After-hours referrals	32
Recent other service use	32

Syringe dispensing units	33
Naloxone training	34
Additional after hours support	36
4.5 Role of service	39
Accessibility	39
Women clients	40
Justice-involved clients	41
Relationships with workers	41
Confidentiality and privacy	43
Service model	44
Staff development and support	45
Free service	45
Education and information provision	45
Relationships with police	46
Performance and image enhancing drugs	46
Community and individual safety	47
Public amenity	50
Future service development	51
5.0 Conclusions	53
6.0 References	55
7.0 Appendices	56

## List of Tables

Table 1. Data sources.....	9
Table 2. NSPIS St Kilda data: demographics.....	12
Table 3. Socio-demographic details of snapshot survey respondents.....	13
Table 4. Socio-demographic details of SuperMIX Study participants.....	14
Table 5. Snapshot survey: Last drug injected during snapshot surveys and 2018 Illicit Drug Reporting System.....	15
Table 6. Snapshot survey: Last drug injected by time of NSP visit.....	16
Table 7. SuperMIX Study substance use preferences.....	17
Table 8. BBV status, testing and treatment among SuperMIX participants.....	18
Table 9. BBV transmission risk behaviours among SuperMIX participants.....	19
Table 10. Overdose history among SuperMIX participants.....	21
Table 11. Time of NSP access.....	22
Table 12. Time of NSP access by sex (NSPIS).....	23
Table 13. Number of years accessing St Kilda 24-hour NSP (snapshot survey).....	24
Table 14. Equipment accessed by time of visit (NSPIS).....	25
Table 15. Sterile needles distributed and needles returned by time of day (NSPIS).....	26
Table 16. Number of visits involving needle distribution and total number of needles distributed by sex (NSPIS).....	26
Table 17. Number of needles distributed per visit by time of visit 2018 (NSPIS).....	26
Table 18. Total visits by time of day and safer sex equipment distribution events (NSPIS).....	27
Table 19. Reasons for attending the NSP (SuperMIX quantitative unit).....	28
Table 20. Participant’s perceived benefits from accessing St Kilda 24-hour NSP (SuperMIX quantitative unit).....	29
Table 21. Reported types of referral accessed (snapshot survey).....	30
Table 22. Service use among SuperMIX participants.....	33
Table 23. Time of THN training at St Kilda 24-hour NSP by sex.....	35
Table 24. Naloxone training among SuperMIX participants.....	35
Table 25. Additional after-hours response frequencies July 2016 – Dec 2018.....	37
Table 26. Additional after-hours responses between 1 July 2018 – 5 December 2018 by gender.....	38
Table 27. PIED use among St Kilda 24-hour NSP service users in December, 2017.....	47

## List of Figures

Figure 1. Distribution of SSE to sex by time of visit in 2018 (NSPIS).....	27
Figure 2. Number and age of St Kilda 24-hour NSP naloxone training participants disaggregated by gender.....	36

## 1.0 Executive summary

The Salvation Army commissioned the Burnet Institute to gather data on its 24-hour needle and syringe program (NSP) in St Kilda. Uniquely in Victoria, the St Kilda NSP is funded to run a staffed service 24 hours a day, seven days a week, and has been in operation with this model for over 10 years. This section is an executive summary of the Burnet Institute's findings about the role, impact and effectiveness of the St Kilda 24-hour NSP service.

### 1.1 Who uses the service?

Clients of the 24-hour NSP service in St Kilda are predominantly male, with most clients older than 30 years of age. Around a tenth identify as Aboriginal or Torres Strait Islander, and a slightly larger proportion identify as LGBTIQ+. Almost half report that one or both parents were born outside of Australia. Clients are typically unemployed, but a substantial minority report being in employment. Clients live in a range of accommodation types, with private rental and public housing being the most common. Most describe their accommodation as stable. Overnight clients include a higher proportion of women and girls than those attending during the day.

Amongst clients, meth/amphetamine is the most commonly injected substance (44%), followed by heroin (38%). Clients attending the service overnight are more likely to have recently injected meth/amphetamine. Median times injected in the week before interview was five times for heroin and three for meth/amphetamine. A substantial minority of clients report performance and image enhancing drugs (commonly known as steroids) as their drug most recently injected.

Clients commonly report a history of heroin overdose (46%), are unlikely to have reported injecting with someone else's syringe in the last month (9%), but likely to have had a hepatitis C virus test (antibody and polymerase chain reaction test) in the last 12 months (56%). Around a third believed themselves to be HCV positive (31%). A substantial minority reports ever having been paid for sex (41%). Qualitative data reflects that sex workers are a substantial subpopulation amongst those who use the service, particularly amongst those accessing the service overnight.

Social isolation was a commonly discussed issue amongst participants in qualitative interviews. Some reported that interaction with NSP staff was an important component of their human contact, and many specifically accessed the service after hours due to feelings of anxiety or concern for privacy and confidentiality.

While many clients are employed and living in stable accommodation, high proportions are unemployed and living in accommodation types that would not be considered stable or report being homeless. Most are reliant on government payments as their main source of income, and it is likely that most are experiencing severe financial stress as a result. Data from qualitative interviews certainly suggests this. A large proportion of clients of the service would be considered significantly disadvantaged and marginalised.

### 1.2 How is the service used?

A total of 1,185,000 needles were distributed in 2018, with 484,516 returned. Sixty-nine per cent of returns occurred outside business hours. Service was provided on 39,898 occasions.

Seventy per cent of service contacts occur outside normal business hours (i.e. 9am–5pm). Around a third of visits occur on weekends or public holidays, roughly a fifth in the evenings (5–11pm) and approximately a fifth occur overnight (after 11pm). Reasons given for attending outside normal business hours include convenience, anonymity, social anxiety and safety. The fact that drug use occurs across the day and night was also reported as an influence on service use patterns. Analysis shows the percentage of women attending the service increases between 5pm and 9am (29% after hours versus 23% between 9 and 5).

Many clients report a long association with the service, with 66% attending for in excess of five years. Clients attend the service on average 2.74 times per week. Most clients attend to pick up sterile injecting equipment (86%), with a further 11% collecting a combination of injecting equipment and safer sex equipment (e.g. condoms). The majority of safer sex equipment is distributed outside of business hours (88%), with 68% occurring after 11pm or on weekends. Safer sex equipment is predominantly accessed by women.

Approximately half the number of clients (47%) report having received a referral from the NSP to another service, with most (85%) having followed through on that referral. The most common referrals were to specialist and allied health services provided on-site at Access Health and other on-site services at the Crisis Contact Centre (85% combined). Other common referrals were for HCV testing or treatment and to GPs and health services other than those provided on-site (30% combined)<sup>1</sup>.

The NSP has delivered 653 episodes of naloxone training to clients, approximately half of these outside of business hours. A range of additional services is provided to clients after hours, most commonly a debrief or chat and a referral to another service. Material support (e.g. food, blankets) and first aid (e.g. bandaids) are also commonly provided. Most of these additional responses are provided to women.

### 1.3 What is the role and value of the service?

The St Kilda 24-hour NSP services a diverse range of clients throughout the day and overnight. While the NSP clearly provides a significant volume of services to a large number of clients, evidence collected in this study suggests that it plays a range of roles with those clients beyond equipment provision. Clients describe having a meaningful relationship with the service, in large part due to the non-judgemental and welcoming attitudes of staff. In particular, both clients and staff felt that clients attending overnight were able to develop a special rapport with staff due to the ability to spend more time with each client discussing a range of issues. Other service models would face challenges in replicating these benefits; in particular, data collected in this study suggests syringe dispensing machines, as an alternative to a 24-hour staff NSP, would be inappropriate for the service context of the St Kilda area.

Experiences of violence, a lack of safety, acute and chronic health issues and involvement in illegal and stigmatised activities were reported across data sources collected and analysed for this study. Also reported, though, were the ways in which the NSP supports clients facing a variety of life challenges.

---

<sup>1</sup> Participants could select more than one referral service that they had been offered

Common themes which emerged through the study included the role that the service plays in addressing stigma and discrimination. This occurs through providing a welcoming and confidential space for clients, which enables access to much needed complementary services. This approach improves equity and access for marginalised and traditionally under-served populations.

A further theme that emerged throughout the study is the gendered nature of service provision at the St Kilda NSP. Not only are there gender differences in clients accessing the service at different times of day and the types of equipment that they collect, qualitative data highlight the particular issues faced by women clients of the service and how the NSP provides specialised support to those clients. In particular, women engaged in street sex work have a special relationship with the NSP.

Multiple data sources highlight the importance of the 24-hour NSP service in preventing the spread of blood-borne viruses, educating clients, providing social, emotional and mental health support to clients, making timely and successful referrals for clients to other services, increasing community and individual safety and reducing stigma and discrimination. The unique 24-hour staffed service model, attitudes of staff and space in which it is provided all contribute to the ability of the service to maximise these benefits.

The 24-hour NSP is an essential and highly regarded public health service for a marginalised group of clients, in particular those visiting the service after hours.

## 2.0 Introduction

The Salvation Army commissioned the Burnet Institute to gather data on its 24-hour needle and syringe program (NSP) in St Kilda. Uniquely in Victoria, the NSP is funded to run a staffed service 24 hours a day, seven days a week, and the model has been in operation for over 10 years.

Needle and syringe programs are an evidence-based public health intervention and have been operating across Australia since the 1980s. They provide a considerable return on investment by preventing the transmission of serious infections and subsequent avoidance of costs to the health system (Kwon et al, 2012)). The primary role of NSPs is to provide sterile injecting equipment to people who inject drugs (PWID), so that sharing and reusing of equipment may be reduced or eliminated. NSPs are a crucial point of contact with a marginalised community group; they also provide facilities for disposal of used injecting equipment, education, information and referral to other services. NSPs were originally introduced as staffed services providing face-to-face interaction with clients, but service models have evolved to include mobile outreach services, self-serve models within health services and secure syringe dispensing units. All service models provide public health benefits, but differ according to the range and cost of those benefits.

Several factors influence the accessibility of NSPs throughout Victoria, with geographic location and hours of operation being foremost. Client preference for services may also be affected by perceived quality of the service, confidentiality, proximity to other services, available referral pathways, safety and environmental factors (e.g. police presence). This study sought to enquire into these issues at the St Kilda 24-hour NSP using a range of methods and data sources.

The Salvation Army commissioned the Burnet Institute to explore the role and impact of the St Kilda 24-hour NSP by:

- analysing data collected by the service to identify service use patterns and volumes across business hours and after hours;
- collecting and analysing primary data from staff and service users on their experiences and needs, particularly those accessing the service after hours;
- analysing research data held by Burnet Institute (collected during the SuperMIX study) to identify service user experiences and outcomes.

The research was designed to examine issues of 24-hour NSP utilisation related to service use patterns and service user experiences, needs and outcomes, and to describe staff experiences.

## 3.0 Methods

Four activities were undertaken for this project:

1. *Qualitative interviews* with after-hours service users and staff;
2. *Quantitative interviews* with service users based on existing studies;
3. *Administrative data collection*: collection of service utilisation figures and snapshot surveys completed during service contacts in which a small number of additional questions were added to those routinely asked of all clients; and
4. *Data analysis*: analysis of all of the data collected above.

The research was informed by a study advisory group which included staff from the 24-hour NSP, Salvation Army senior staff, representatives from the Department of Health and Human Services (DHHS) and members of the research team.

Ethics approval was sought from the Alfred Health Human Research Ethics Committee. Full approval was granted on 20/10/18, project number 501-18.

### 3.1 Sample size

The number of qualitative and quantitative interviews and snapshot surveys conducted for each group was informed by the timelines of the project and an estimate of the number of interviews that could provide a cross-section of a variety of service user and staff experiences. The final numbers recruited in all elements of the project are detailed below (Table 1).

**Table 1. Data sources**

Data source	Records
Primary data sources: Quantitative	
Melbourne Injecting Cohort Study (SuperMIX)	828
SuperMIX quantitative additional unit	20
St Kilda snapshot survey 1	1000
St Kilda snapshot survey 2	1533
St Kilda snapshot survey 3	931
Illicit Drug Reporting System 2018: Victoria	150
Primary data sources: Qualitative	
St Kilda 24-hour NSP clients	20
St Kilda 24-hour NSP staff	7
Secondary data sources	
Needle and Syringe Program Information System 2018: St Kilda	39898
St Kilda August 2018 survey	2706
St Kilda NSP naloxone training log	673
St Kilda NSP after hours log	292
St Kilda NSP PIEDs survey	84

### 3.2 Interview schedules

Interview schedules and survey questions were informed by the teams' expertise in the field, the stated objectives of the evaluation and additional input from the Salvation Army and DHHS. Qualitative interview schedules were semi-structured in nature and designed to elicit in-depth responses. Quantitative interview schedules and snapshot survey questions were structured and designed to elicit brief, categorical responses or brief free text responses.

Qualitative service user interview schedules focused on experiences of using the 24-hour NSP service, individual needs and expectations in accessing the service and an assessment of the value of the service to the individual and broader community.

Qualitative interview schedules for staff focused on describing the experience of clients in accessing the service, barriers to accessing the service and an assessment of the value of the service to clients and the broader community.

Quantitative interviews generally occurred in the context of the administration of an existing interview schedule utilised in the SuperMIX cohort study, which Burnet Institute researchers have conducted since 2008. Information on the SuperMIX study can be found in Horyniak et al. (2013). A further module added to the SuperMIX survey focused specifically on experiences related to attending the St Kilda NSP. Additionally, a small number of quantitative interviews utilising just this module were undertaken with people who would not be eligible to participate in the SuperMIX study. This ensured that data collected from this arm of the study was representative of the clientele of the St Kilda NSP more generally, rather than SuperMIX participants alone.

Snapshot surveys of clients involved a series of additional questions to be asked during routine service provision; these were generated in partnership with staff of the NSP and primary health service. Questions were brief and asked of all clients in three periods of up to two weeks each between October and November 2018. Each snapshot survey included no more than five questions.

All interview schedules developed specifically for this study are appended to this report. The SuperMIX survey has not been included due to length.

### 3.3 Quantitative data analysis and reporting

Data was collected by staff of the 24-hour NSP both retrospectively (previous service data spans approximately 10 years) and during the study as part of the Needle and Syringe Program Information System (NSPIS), which included additional snapshot survey questions added to the routine administrative data collection. St Kilda NSPIS data forms part of a statewide dataset held by DHHS.

Descriptive statistics were generated for quantitative variables relating to socio-demographics of service users, substance use, health and service use. Variables of interest were analysed either by the gender of the client or the time of service use.

Time of service use was categorised into four groups based on common opening hours of services such as mobile NSP services and after-hours contact centres. The time of service contacts were grouped as follows:

1. Business hours: 9:00:00 - 16:59:59
2. Evening: 17:00:00 – 22:59:59
3. Overnight: 23:00:00 – 08:59:59
4. Weekends and Victorian public holidays.

Interview data collected from people who inject drugs as part of Burnet Institute’s SuperMIX cohort study (SuperMIX) were also analysed. Variables of interest (substance use, service use, blood-borne virus status, etc.) were analysed with regard to the site at which the participant was recruited.

All relationships were assessed using Chi-square tests or Fisher’s exact test (when a variable contained a cell count of less than 5). Comparisons of medians were conducted using the Kruskal-Wallis H test. All analyses were conducted using Stata SE 14.1 with a significance level of  $p < 0.05$ . Due to incomplete data records for some service contacts or SuperMIX participants, some analyses do not utilise the full number of observations from each data source.

### 3.4 Qualitative data analysis and reporting

Detailed field notes were taken during interviews and interviews were audio recorded to support the preparation of summary outcomes. Qualitative interview data were thematically analysed and reported according to service user and staff experiences and needs.

## 4.0 Findings

The findings of this study are presented in sections dealing with themes generated during the research. These sections detail socio-demographics, drug use, health, service use and the role of the service among St Kilda 24-hour NSP service users. Quantitative and qualitative data are presented together in each section to determine how service users utilise the St Kilda 24-hour NSP.

### 4.1 Socio-demographics

Socio-demographic data utilised in this study demonstrate that the 24-hour NSP service users are broadly consistent with PWID from across Melbourne. They can broadly be characterised as more socially disadvantaged than the general population.

Analyses of NSPIS data show that there were 39,898 service contacts in 2018 in St Kilda, and these predominantly involved males (73%), typically over 36 years of age (65%) (Table 2).

**Table 2. NSPIS St Kilda data: demographics**

Variable	No.	%
Age (n= 38641) in years		
< 17	37	<1
18–25	1704	4
26–30	3937	10
31–35	8071	20
36–45	14920	38
46+	10823	27
Sex		
Male	28979	73
Female	10747	27
Not stated	61	<1

Additional socio-demographic data were collected in two of the three snapshot surveys commissioned for this evaluation. Approximately one in 10 service contacts (11%) reported that they were Aboriginal and/or Torres Strait Islander (ATSI), 16% identified as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI), and almost half (43%) stated that one or both of their parents were born outside of Australia. While almost half were unemployed (46%), more than a quarter (28%) were employed. Most resided at the time of the survey in what they described as stable accommodation (63%). The most commonly reported types of accommodation were private rental (27%), public housing (21%) and homelessness (18%) (Table 3).

**Table 3. Socio-demographic details of snapshot survey respondents**

Variable	Business hours n (%)	Evening hours n (%)	Overnight n (%)	Weekend & public holidays n (%)	$\chi^2$ p-value
<i>Snapshot survey 1</i>					
ATSI	41 (38)	26 (24)	10 (9)	30 (28)	0.315
LGBTQI	45 (37)	32 (26)	17 (14)	28 (23)	0.708
Parents' place of birth					
Neither born in Australia	76 (40)	42 (22)	21 (11)	53 (28)	0.205
One born in Australia	46 (31)	35 (24)	29 (20)	37 (25)	
Other	10 (56)	5 (28)	0 (0)	3 (17)	
<i>Snapshot survey 2</i>					
Employment status					
Unemployed	207 (31)	148 (22)	154 (23)	164 (24)	<0.001
Employed	107 (27)	135 (34)	71 (18)	85 (21)	
Pensioner	78 (39)	37 (18)	26 (13)	61 (30)	
Student	7 (28)	6 (24)	4 (16)	8 (32)	
Other	10 (32)	6 (19)	8 (26)	7 (23)	
Accommodation type					
Private rental	97 (25)	110 (29)	77 (20)	100 (26)	<0.001
Public housing	111 (37)	60 (20)	76 (25)	55 (18)	
NFA/homeless	76 (28)	68 (25)	52 (19)	72 (27)	
Owner occupied	43 (33)	46 (35)	17 (13)	25 (19)	
Boarding /rooming house	51 (38)	14 (11)	21 (16)	47 (35)	
Living with family	18 (25)	23 (32)	12 (17)	18 (25)	
Crisis/supported	10 (29)	10 (29)	8 (23)	7 (20)	
Other	3 (30)	1 (10)	3 (30)	3 (30)	
Accommodation unstable	139 (31)	98 (22)	91 (20)	117 (26)	0.378

Analysis of SuperMIX participant socio-demographics reveals two statistically significant differences between participants recruited at the St Kilda site and those recruited at other sites (Table 4). St Kilda SuperMIX participants were statistically less likely to report being ATSI ( $p = 0.003$ , Fisher's exact test), but were more likely to identify as LGBTQI+ than those recruited at other SuperMIX sites ( $p = 0.019$ , Fisher's exact test). No other significant differences were observed between SuperMIX participants recruited at St Kilda and those recruited elsewhere.

**Table 4. Socio-demographic details of SuperMIX Study participants**

Variable	Recruitment Site: St Kilda n (%)	Recruitment Site: Other n (%)	$\chi^2$ p-value
Median age (years) (IQR)	37 (33-45)	36 (32-42)	0.505 <sup>#</sup>
ATSI	2 (5)	107 (24)	0.003 <sup>^</sup>
Gender			
Male	35 (61)	493 (67)	0.43
Female	22 (39)	248 (33)	
LGBTQI	15 (28)	105 (15)	0.019
Employed/student	8 (14)	110 (14)	0.918
Income			
Wage or salary	3 (5)	60 (8)	0.816 <sup>^</sup>
Government payment	50 (86)	648 (84)	
Other*	5 (9)	61 (8)	
Accommodation			
Owner occupied	1 (2)	42 (6)	0.291 <sup>^</sup>
Private rental	16 (29)	228 (33)	
Public Housing	23 (42)	210 (30)	
Other	15 (27)	212 (31)	
Accommodation unstable	15 (27)	212 (31)	0.651

The sociodemographic data are relatively consistent across data sources. Most participants or service contacts across all data sources involved men, and contacts involved people typically aged around 36 years old. The rate of ATSI participants/service contacts ranged between 11% among snapshot survey contacts to 2% among St Kilda-recruited SuperMIX participants. Approximately 15% of respondents identified as LGBTQI, while most respondents were unemployed and approximately one in four resided in what they regarded as unstable accommodation.

Individuals participating in qualitative client interviews ranged in age from 28 to 61 years. Most reported living in public or community housing, with some also reporting living in boarding or rooming houses. Many described a history of periods of primary and secondary homelessness, limited employment histories, poor mental health and ongoing challenges with drug use. A small number reported more significant work histories and residing in stable accommodation.

Amongst qualitative client interview participants, a long history of attending the St Kilda NSP was common, with some having attended since the service first opened. Many of those interviewed resided in the local area or reported having done so in the past. Others reported working in the area.

## 4.2 Drug use

Participants across the various data sources used in this study reported a range of drug use behaviours. An interesting finding was the higher prevalence of meth/amphetamine use amongst St Kilda 24-hour NSP clients than among the general population of PWID across Melbourne. This may be indicative of the St Kilda NSP servicing a unique population of PWID as a result of the unique 24-hour service model.

At each of the three snapshot surveys, respondents were asked about the last drug they had injected (Table 5). The most commonly reported last injected drugs were meth/amphetamine (44%), heroin (38%) and pharmaceuticals and performance and image enhancing drugs (PIEDs) (e.g. steroids, melanotan, peptides) (5% each). These findings are consistent with those of the 2018 Illicit Drug Reporting System (IDRS, 2018), which found that meth/amphetamine was the most frequently reported last drug injected at the St Kilda recruitment site. The results of both the snapshot survey and IDRS 2018 (St Kilda site only) contrast with the remaining 2018 IDRS recruitment sites. At other sites, heroin was the most frequently reported drug last injected, and there were significantly lower rates of meth/amphetamine reported as the last drug injected. It should be noted that IDRS eligibility requirements preclude people who only inject PIEDs.

**Table 5. Snapshot survey: Last drug injected during snapshot surveys and 2018 Illicit Drug Reporting System**

What was the last that you injected?	Snapshot Surveys	IDRS 2018: St Kilda	IDRS 2018: Other sites
Heroin	1209 (38)	9 (36)	77 (62)
Meth/amphetamines	1403 (44)	14 (56)	43 (34)
PIEDS (steroids, etc.) <sup>#</sup>	154 (5)	NA	NA
Pharmaceuticals	146 (5)	1 (4)	4 (3)
Other*	52 (2)	0	1 (1)
Cocaine	41 (1)	0	0
Refused to answer	182 (6)	0	1
<b>Total</b>	<b>3187 (100)</b>	<b>25 (100)</b>	<b>125 (100)</b>

\*'Other' includes substances such as ketamine, GHB, cocktailed drugs (e.g. heroin and methamphetamine simultaneously) and MDMA

<sup>#</sup>People who solely inject PIEDs were ineligible to participate in IDRS

Significant differences were found between the NSP visit times by drug last injected ( $\chi^2$  (df=12, n=2,824) = 82, p<.001). More than half (57%) of people accessing the service overnight reported meth/amphetamine as last drug injected, but at all other times less than half (44–46%) of visitors did so. Heroin was the last drug injected for 45% of weekend visitors, but only 34% of overnight visitors. The proportion of clients reporting PIEDs as last drug injected was higher during evening (7%) and business hours (6%) visits than during overnight or weekend visits (Table 6).

**Table 6. Snapshot survey: Last drug injected by time of NSP visit**

<b>What was the last that you injected?</b>	<b>Business Hours</b>	<b>Evening</b>	<b>Overnight</b>	<b>Weekend &amp; Public Holidays</b>
Meth/amphetamines	407 (44)	292 (46)	289 (57)	333 (45)
Heroin	372 (40)	259 (40)	172 (34)	334 (45)
PIEDS (steroids, etc.)	56 (6)	47 (7)	12 (2)	26 (3)
Pharmaceuticals	60 (6)	12 (2)	33 (7)	32 (4)
Other*	33 (4)	31 (5)	1 (<1)	23 (3)
<b>Total</b>	<b>928 (100)</b>	<b>641 (100)</b>	<b>507 (100)</b>	<b>748 (100)</b>

\*'Other' includes substances such as cocaine, ketamine, GHB, cocktailed drugs (e.g. heroin and methamphetamine simultaneously) and MDMA

Qualitative interview participants reported a range of drug use experiences, with some describing current daily use, others reporting occasional use ('dabbling') or past use. Many described periods in their life when they had stopped using. Drug use was often reported to be closely interlinked with mental health issues and traumatic life experiences (e.g. losing a parent, being sexually assaulted).

"Then the workplace bullying incident and I am not going to lie I felt so suicidal that I started to self-medicate with a drug I vowed I would never touch, which was heroin. I started to let bad people walk all over me and here I am still, twelve years later." *Client*

Heroin, ice, cocaine and prescription opioids were mentioned by participants as drugs of choice.

Analysis of SuperMIX participants' self-reported substance use revealed significant differences in substance preferences based on recruitment site (Table 7). While heroin was the most commonly used, injected and substance of choice among SuperMIX participants regardless of recruitment site, St Kilda participants reported significantly higher rates of meth/amphetamine as the substance used most in the last month ( $p = 0.026$ , Fisher's exact), substance injected in the last month ( $p = 0.023$ , Fisher's exact) and substance of choice ( $p = 0.003$ , Fisher's exact). No differences in injecting frequency were found between recruitment sites. The higher rates of meth/amphetamine use among St Kilda SuperMIX participants may be related to the higher rates of sex work among St Kilda participants (see section 4.3). Engagement in sex services is likely to drive demand for substances which assist people to work throughout the night, when demand for sex services is typically greatest.

**Table 7. SuperMIX Study substance use preferences**

Variable	Recruitment Site: St Kilda n (%)	Recruitment Site: Other n (%)	$\chi^2$ p-value
Substance used most in last month			
Heroin	21 (37)	430 (56)	0.015 <sup>^</sup>
Meth/amphetamine	17 (30)	154 (20)	
Cannabis	16 (28)	127 (17)	
Other <sup>2</sup>	3 (5)	55 (7)	
Substance injected most in last month			
Heroin	27 (51)	502 (65)	0.009 <sup>^</sup>
Meth/amphetamine	23 (43)	182 (24)	
Other <sup>2</sup>	3 (6)	83 (11)	
Substance of choice			
Heroin	25 (45)	485 (64)	0.002 <sup>^</sup>
Methamphetamine	17 (30)	128 (17)	
Cannabis	12 (21)	82 (11)	
Other <sup>2</sup>	2 (4)	65 (9)	
Median times injected in the week before interview (IQR) <sup>1</sup>			
Heroin	5 (2-14)	7 (3-21)	0.138 <sup>#</sup>
Meth/amphetamine	3 (1-5)	2 (1-5)	0.311 <sup>#</sup>
Median grams used in the week before interview (IQR)	7 (2-8)	3 (2-7)	0.65 <sup>#</sup>

# Kruskal-Wallis test

<sup>^</sup> Fishers exact test

<sup>1</sup> Among people who injected the substance that week

<sup>2</sup> Includes those who ceased drug use

Our analyses show that clients of the St Kilda 24-hour NSP have patterns of substance use that differ significantly from those of other Melbourne-based NSP clients. Similar patterns emerged in SuperMIX and IDRS data analyses, which suggest that while heroin use is common, meth/amphetamine use is more frequent. Importantly, snapshot data show that people using meth/amphetamine are likely to contribute more than half of overnight service contacts. As noted above, explanations for higher rates of methamphetamine use could include local drug market factors such as supply, demand (e.g. including among backpackers/tourists), purity, and higher rates of sex work, which typically involve working in the evening and overnight.

### 4.3 Health

Clients of the NSP report a range of serious health issues; the NSP service is seen as playing a vital role in improving the health of clients through the provision of information, education, referral and generalised support. The data demonstrate that after-hours service provision was integral to addressing some of these issues, particularly among marginalised subgroups of the client population.

#### Blood-borne virus status

Information on blood-borne virus (BBV) status, recent BBV testing and lifetime treatment utilisation among SuperMIX participants based on recruitment site is shown below (Table 8). There were no significant differences between participants recruited from St Kilda and those recruited from other sites with respect to any of the variables listed in Table 8.

**Table 8. BBV status, testing and treatment among SuperMIX participants**

Variable	Recruitment Site:	Recruitment Site:	$\chi^2$ p-value
	St Kilda n (%)	Other n (%)	
<b>Hepatitis C (HCV)</b>			
Had a HCV test in last 12 months	29 (56)	413 (57)	0.884
Self-report Hepatitis C status			
Positive	17 (38)	187 (31)	0.853 <sup>^</sup>
Exposed/negative	15 (33)	202 (34)	
Negative/naïve	11 (24)	147 (25)	
Don't know	1 (2)	28 (5)	
Didn't get result	1 (2)	34 (6)	
Ever initiated HCV treatment	14 (24)	203 (22)	0.64
Ever completed HCV treatment	9 (64)	151 (74)	0.406
<b>Hepatitis B (HBV)</b>			
Vaccinated/Immune from HBV			
Yes	26 (63)	282 (60)	0.205 <sup>^</sup>
No	5 (12)	75 (16)	
Unsure	9 (22)	105 (22)	
<b>Human Immunodeficiency Virus (HIV)</b>			
Had a HIV test in the last 12 months	31 (57)	396 (53)	0.566
Self-report HIV status			
Positive	0 (0)	4 (1)	0.915 <sup>^</sup>
Negative	43 (93)	537 (93)	
Don't know	1 (2)	18 (3)	
Didn't get result	2 (4)	20 (3)	

<sup>^</sup> Fishers exact test

Qualitative interview client participants reported a range of personal experiences with BBVs, with some having had chronic hepatitis C virus infection and some having completed hepatitis C treatment (both interferon and direct-acting antiviral treatments).

## Blood borne virus risk behaviours

Information on BBV transmission risk behaviours among SuperMIX participants is shown in Table 9. Participants recruited from St Kilda were less likely to report using someone else's used injecting equipment ( $\chi^2$  (df=1, N=794) = 3.8964,  $p < 0.048$ ) or that someone else performed a drug injection for them ( $p < 0.009$ , Fisher's exact). St Kilda SuperMIX participants were significantly more likely to report having been paid for sex at some stage in their life ( $\chi^2$  (df=1, n = 819) = 11.78,  $p < 0.001$ ). No other statistically significant differences were observed. These results suggest that St Kilda participants are at slightly lower risk of BBV transmission via injecting behaviours, but may be at higher risk through engagement in sex work.

**Table 9. BBV transmission risk behaviours among SuperMIX participants**

Variable	Recruitment Site: St Kilda n (%)	Recruitment Site: Other n (%)	$\chi^2$ p-value
Injected with someone else's used syringe in last month	5 (9)	82 (11)	0.603
Someone else injected with your used syringe in last month	6 (10)	109 (15)	0.36
Re-used your own syringe in last month	23 (40)	366 (49)	0.153
Used someone else's used equipment in last month	5 (9)	140 (19)	0.048
Performed someone else's injection in last month	17 (29)	289 (39)	0.142
Injection performed by someone else in last month	4 (7)	154 (21)	0.009 <sup>^</sup>
Condom use: regular partners			
Always	3 (14)	54 (12)	
Sometimes	2 (9)	61 (14)	0.816
Never	17 (77)	333 (74)	
Condom use: casual partners			
Always	16 (67)	110 (42)	
Sometimes	2 (8)	55 (21)	0.06
Never	6 (25)	100 (38)	
Ever been paid for sex	19 (34)	122 (16)	0.001

<sup>^</sup> Fishers exact test

Blood-borne virus transmission and related issues was a strong theme in qualitative data. Participants in qualitative interviews reported a strong association between being a client of the St Kilda NSP and being able to protect their health when injecting drugs. Many felt that if they hadn't received services from St Kilda NSP, they would be in a very different situation with regards to their BBV status.

"If they weren't here I would be riddled with hep C. Because of this service I don't have any blood diseases." *Client*

"Well you don't have to worry about using dodgy fits so your health is protected. I don't know where I would go to get a 'freshy' if this place wasn't open." *Client*

"The local drug community, it needs clean needles. A lot of people have had that Hep C treatment and I don't think they want to go backwards by having to use dirty fits." *Client*

Clients saw the 24-hour operation of the service as vital to their ability to protect themselves from BBVs and other injecting-related injury and disease. Participants expressed a sophisticated understanding of the 'return on investment' that NSP services can provide.

"If you weren't prepared and didn't have syringes at home then there are people that would be crawling around on their hands and knees looking for fits to use." *Client*

"They would be likely to reuse needles and they aren't made to stay sharp. That means damage to veins and increase in hospital visits and general health." *Client*

"All those clean needles, there's nothing like knowing that this really simple precaution is doing such an important job. That I have made it to this age and it's because of night time needle exchanges that I am lucky enough not to be HIV positive, etc. So thank God for needle exchanges." *Client*

"Twenty-four hours is important for straight up health reasons. If people can't get clean needles they will use dirty ones." *Client*

"[The NSP] is saving [the government] money in ways they can't even imagine because of all the roles that the person behind that desk is playing that aren't defined in their job description." *Client*

Concern that those using the service overnight would be forced to re-use and/or share injecting equipment, if the service was closed, was voiced by all workers.

"A guy came over to the NSP around eleven pm – he'd been to the vending machines in Richmond and the vending machines were broken. He came straight here because he knew we'd be open. That happens quite a bit." *Staff member*

## **Drug overdose**

There were no statistically significant differences in the number of overdoses experienced by SuperMIX participants from St Kilda compared to those from other sites (Table 10).

Nevertheless, participants reported experiencing at least one heroin overdose in their lifetime, and despite higher rates of self-reported preference for meth/amphetamine, St Kilda participants were no more likely to report a meth/amphetamine overdose than those from other sites.

**Table 10. Overdose history among SuperMIX participants**

Variable	Recruitment Site:	Recruitment Site:	$\chi^2$ p-value
	St Kilda n (%)	Other n (%)	
Heroin overdose (n= 486)	17 (46)	228 (51)	0.277
No. of heroin overdoses			
0	23 (56)	212 (48)	0.43
1	5 (12)	59 (13)	
2-5	9 (22)	101 (23)	
6+	3 (7)	68 (15)	
Other opioid overdose	2 (5)	20 (5)	0.298
Methamphetamine overdose	5 (13)	46 (10)	0.662

### Social and emotional support

Several clients discussed experiencing significant social isolation. Contact with NSP staff represented one of their few opportunities for human interaction, particularly after hours. That these experiences were overwhelmingly positive and valued highly was clear in participants' accounts.

"I definitely feel like I would be here a lot less and therefore cut off from the only place I have any type of interaction with other people." *Client*

"You have this night time population of people and I imagine it happens to (non sex-working) women as well somewhere between forty and fifty they start becoming night people and so there is a lot of people just floating around in the night that don't get enough contact with people." *Client*

"It's a point of contact for people who might not come in contact with services in any other way... and that makes it vital." *Client*

"The main reason for coming here is the human contact. Because of my mental health I hardly see anybody. I stopped seeing my friends. This is the first interaction I have had apart from the staff at the NSP for a long time." *Client*

One client felt that he even owed his life to having been able to attend the service when he needed it.

"To be perfectly honest there have been times when I have gone out and scored with the intention of killing myself because my depression had got so bad. I had come here and picked up syringes and I didn't even tell them that that was my intention cos I didn't want the burden of them knowing that, like that would just be cruel. I left there and that small interaction of them understanding me and offering support, I went home and I didn't overdose on purpose, I just used a small amount instead. That has happened more than one time. In a sense you could say I almost owe my life to these people without them even knowing it." *Client*

### 4.4 Service use

Data presented below outline service use patterns, with a particular focus on exploring after-hours service utilisation. Interestingly, a large majority of service contacts occur after hours and

the proportion and number of women accessing the service after hours is greater than during the day. Clients tended to report a long association with the service, with all accessing the service to obtain sterile injecting equipment, but substantial numbers also utilising the service for provision of other types of support, including referrals to other services. Despite many of these referrals occurring after hours when referral services are mostly not open, the success of these referrals in resulting in contact with another service was very high.

### Time of NSP visit

The St Kilda NSP is the only 24/7 staffed NSP in operation in Victoria. Table 11 (below) shows the time of access for all St Kilda NSP contacts in 2018 (NSPIS data) and snapshot survey respondents according to time of visit categories.

The majority (70%) of St Kilda NSP visits occur outside of business hours, with weekends and public holidays contributing a third (32%) of total annual visits. The times of presentation were similar between NSPIS data and snapshot survey data. Almost everyone (90%, n=18) who completed the SuperMIX quantitative additional unit reported accessing the NSP during both business hours and after hours.

**Table 11. Time of NSP access**

Time of visit to NSP	Snapshot Surveys n (%)	NSPIS: St Kilda n (%)
Business Hours (9am-5pm)	982 (33)	11853 (30)
Evening (5pm-10:59pm)	699 (23)	7744 (19)
Late night (11pm-8:59am)	530 (18)	7412 (19)
Weekends	810 (27)	12889 (32)
Total	3021 (100)	39898 (100)

Participants in qualitative interviews discussed how the 24-hour nature of the NSP service influenced the way that clients accessed and used the service. A diversity of people presents to the after-hours service of the NSP, including professionals, tradespeople, people experiencing homelessness, ATSI people, people who use PIEDs, people from rural areas, and people working in the sex industry. Reasons for accessing the service at night are varied. For some it is a way to maintain their anonymity, as they are less visible accessing the service at night.

Staff highlighted the value of the NSP being open 24 hours a day seven days a week.

*“I think even though we see less people overnight I think our value is greater to those people who are unlikely to come during the day – particularly sex workers. I think the overnight people REALLY need us.” Staff member*

*“The desperation of clients who are using the after-hours space is huge. These people are accessing our service as there’s nowhere else to go.” Staff member*

Client participants in qualitative interviews predominantly reported visiting the NSP outside of normal business hours, with some expressing a preference to attend at these times due to work commitments (particularly sex work), social anxiety and improved confidentiality.

"With the NSP I mostly drop in around ten or eleven at night or three–four in the morning, that's when I tend to come out for night times, and usually at the end of a shift like four–five, so middle of the night times." *Client*

"Sometimes I go after midnight or early hours of the morning. Sometimes you can't score until late at night or early in the morning before work. Also, for people on the streets, if something happens, they're here, they're always open and it's a safe place for them to go." *Client*

"It depends. Usually I try and stock up and be well equipped before I get the impulse to do drugs. It used to be my preference to come when it was dark as there are less people around but now I come during the day too." *Client*

"There's a lot of people who use like myself who might work night shift, work in restaurants so it needs to be open all hours. Not everyone who uses hasn't got a job and lives on the street." *Client*

"I come all hours of the day and night. No specific times, just when I get on. When I've got a home, I tend to keep a box of fits at home but when I've been homeless it's been so helpful to have after midnight or even five pm." *Client*

"I don't inject drugs. So why do I come here? Because I have three people over sixty who can't get out who need to pick up clean needles so I do that. Possibly I am not what you are after but because this place is here it allows me to assist people. I distributed condoms and needles in the eighties during the AIDS crisis." *Client*

Others reported that the general business hours of most NSPs simply didn't align with drug use patterns.

"Well this one is the only one, apart from Richmond, which isn't open the same hours, yeah, they've got a machine there but the thing is – if you actually want to talk to someone, they've got an injecting room there which I use but as the night rolls in, I think it's seven o'clock on weekdays and five on the weekends – so a lot of times it's not open when I need it." *Client*

"There's foot patrol – but that has really strict hours as well – they don't have the funding unfortunately, and sometimes you need to use outside of those hours. Sometimes I've travelled here from Preston – one point five hours on public transport." *Client*

"Well no one does drugs just during business hours. It's an impulse thing." *Client*

### Time of NSP visit by socio-demographics

Analyses of 2018 NSPIS data from St Kilda revealed different patterns of service access according to sex. Males accounted for significantly more visits than females ( $\chi^2$  (df=3, n =39,726) = 162, p<.001). However, the ratio of males and females varies by time of day. Females contributed greater percentages of total visits in the overnight and evening times than in business hours. Females accounted for 23% of business hours visits in 2018, but accounted for 30% of overnight and 29% of evening visits (Table 12).

**Table 12. Time of NSP access by sex (NSPIS)**

Time of visit to NSP	Female n (%)	Male n (%)	Total N
Business Hours	2697 (23)	9091 (77)	11,788
Evening (5pm-10:59pm)	2223 (29)	5487 (71)	7,710

Overnight (11pm-8:59	2244 (30)	5154 (70)	7,398
Weekends	3583 (28)	9247 (72)	12,830
<b>Total</b>	<b>10747 (27)</b>	<b>28979 (73)</b>	<b>39,726</b>

Snapshot surveys also showed some variation in the socio-demographic characteristics of respondents across different times of the day (Table 3). Significant associations were found between the time someone accessed the service and their employment status ( $\chi^2$  (df=12, n=1,329) = 40, p<.001) and accommodation type ( $\chi^2$  (df=6, n =1,432) = 35, p<.001. The most common time for employed respondents to access the service was during the evening (34% of employed visits), while unemployed people were most likely to access the NSP during business hours (31% of visits). The snapshot survey results suggest that some of the socio-demographic characteristics of clients of the St Kilda 24 hour NSP vary significantly depending on the time of operation, with women utilising the service at greater rates during the evening (29%) and overnight (30%) compared to business hours (23%).

### Frequency of access

Respondents to the third snapshot survey were asked how often they accessed the service and for how long they had been doing so. Respondents accessed the service an average of 2.74 times/week (SD: 3.06; range: 0.02<sup>2</sup>–24 times/week), and had been accessing the service for an average of 9.1 years (SD: 7.5 years; IQR: 3–15 years, range: 0.02–27 years). While most snapshot survey 3 respondents reported that they had been accessing the St Kilda 24-hour NSP for five or more years, almost one in 10 participants (9%) reported they had been accessing the service for less than 12 months (Table 13).

**Table 13. Number of years accessing St Kilda 24-hour NSP (snapshot survey)**

Time accessing St Kilda NSP in years	n	(%)
<1	53	9
1-1.99	40	7
2-4.99	114	19
5+	403	66
<b>Total</b>	<b>610</b>	<b>100</b>

### Primary reason for visit

According to 2018 NSPIS data, the majority of service access at the St Kilda 24-hour NSP was to obtain sterile injecting equipment, with 86% of service users obtaining only sterile needles, with a further 11% obtaining needles and safer sex equipment (SSE). The numbers of service users obtaining needles, needles and SSE, or SSE only varied by the time of day (Table 14).

Needle-distribution-only contacts contributed the highest proportion of service access at all hours of the day; however, the percentage of needle-only contacts varies greatly at different times of operation ( $\chi^2$  (df=6, n=39363) =1000, p<.001). Needle-only contacts made up the greatest proportion of service access during business hours (94%) and was lowest overnight

<sup>2</sup> Some participants reported accessing the St Kilda 24-hour NSP less than once a week

(80%). Needles and SSE contacts were at their highest proportion of service access overnight (19%) and lowest during business hours (5%). The proportion of SSE-only service visits remained relatively constant (1%) irrespective of the time of service access.

**Table 14. Equipment accessed by time of visit (NSPIS).**

<b>Time/day of visit -</b>	<b>Needles only n (%)</b>	<b>Needles &amp; SSE n (%)</b>	<b>SSE only n (%)</b>	<b>Total N (%)</b>
Business Hours	10886 (94)	546 (5)	105 (1)	11537 (100)
Evening (5pm–10:59pm)	6764 (88)	847 (11)	82 (1)	7693 (100)
Overnight (11pm–8:59pm)	5973 (80)	1432 (19)	17 (<1)	7422 (100)
Weekends and public holidays	10994 (86)	1599 (13)	118 (1)	12711 (100)
<b>Total</b>	<b>34617 (88)</b>	<b>4424 (11)</b>	<b>332 (1)</b>	<b>39363 (100)</b>

### **Distribution and return of needles and syringes by time of visit**

The primary function of the St Kilda 24-hour NSP is to distribute sterile equipment used for injecting drugs. Items include needles and syringes, filters, swabs, disposal containers, tourniquets and mixing spoons. A total of 1,185,000 needles were distributed from the St Kilda 24-hour NSP during 2018, with 71% of these being distributed outside of business hours (Table 15). The numbers of sterile needles and syringes distributed to service users mirror the distribution of service access times. The St Kilda 24-hour NSP also acts as a disposal or return site for used injecting equipment. A total of 484,516 used needles or syringes were returned to the service in 2018, with 69% of returns occurring outside of business hours. Qualitative data reflects that staff strongly encourage clients to return used injecting equipment whenever possible.

**Table 15. Sterile needles distributed and needles returned by time of day (NSPIS)**

Time of visit	No. of clean needles provided		No. of clean needles returned	
	n	(%)	n	(%)
Business Hours (9am-5pm)	345119	29	148061	31
Evening (5pm-10:59pm)	252874	21	102282	21
Late night (11pm-8:59am)	212142	18	90166	19
Weekends	374865	32	144007	30
TOTAL	1185000	100	484516	100

Seventy-five per cent of the sterile needles or syringes distributed from the St Kilda 24-hour NSP were distributed to males in 2018, who made up 71% of total service visits (Table16).

**Table 16. Number of visits involving needle distribution and total number of needles distributed by sex (NSPIS)**

Sex	Total visits where needles were distributed		No. of needles distributed	
	n	%	n	%
Male	28979	73	885112	75
Female	10747	27	295987	25
Total	39726	100	1181099	100

There is no limit on the number of sterile needles that NSP service users can obtain. Needles were most commonly obtained from the NSP in amounts of five or less (44%), followed by 6–10 (25%) and 100+ (15%) (Table 17).

**Table 17. Number of needles distributed per visit by time of visit 2018 (NSPIS)**

Time/Day of Visit -	5 or less	6-10 needles	11-20 needles	21-99 needles	100+ needles	Total
Business Hours	5134 (44)	2855 (24)	1505 (13)	660 (6)	1567 (13)	11721
Evening (5pm-10:59pm)	2972 (39)	2056 (27)	940 (12)	363 (5)	1317 (17)	7648
Late night (11pm-8:59)	3003 (42)	1963 (28)	799 (11)	264 (4)	1106 (16)	7135
Weekends	5401 (43)	3160 (25)	1501 (12)	636 (5)	1896 (15)	12594
Total	16510 (43)	10034 (25)	4745 (12)	1923 (5)	5886 (15)	39098

While most client participants in the qualitative interviews reported that they attended to pick up injecting equipment, interactions with staff and access to additional services were regarded as very important.

"They are more than just handing out needles." *Client*

"I've been able to get things I've needed for drug use and condoms. A lot of the time they have had donations like bread or vegies. Just little things like that. It doesn't seem a lot but when you have nothing it means a lot." *Client*

## Safer sex equipment distribution

In addition to distributing sterile injecting equipment, the St Kilda NSP distributes SSE including condoms, dams and personal lubricant. The exact number of safer sex items distributed to service users is not captured in agency data. Instead, agency data captures the number of visits at which service users obtained safer sex items.

### SSE distribution by time of visit

A total of 4746 visits during 2018 included SSE distribution. Most (88%) SSE was distributed outside business hours, with most (68%) occurring after 11pm or on weekends, despite only 49% of total NSP visits occurring after 11pm or on weekends (Table 18).

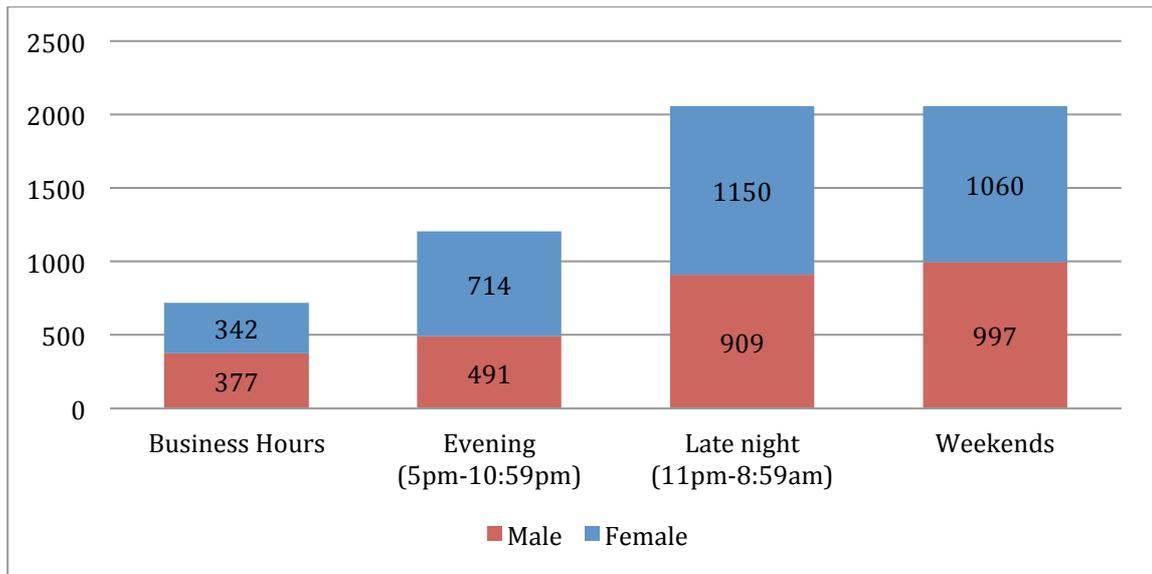
**Table 18. Total visits by time of day and safer sex equipment distribution events (NSPIS)**

Time of visit	Total visits	No. of visits inc. SSE distribution n
Business Hours (9am-5pm)	11853 (30)	651 (14)
Evening (5pm-10:59pm)	7744 (19)	929 (20)
Late night (11pm-8:59am)	7412 (19)	1449 (31)
Weekends	12889 (32)	1717 (36)
TOTAL	39898 (100)	4746 (100)

### SSE distribution by sex

Figure 1 shows the number of contacts involving SSE distribution by sex. Overall, females made more SSE collection visits than males in 2018; however, this varied significantly by the time of visit to the NSP ( $\chi^2$  (df=3, n=4725)=50.6085,  $p<.001$ ). Females accounted for 43% (n=282) of SSE distribution during business hours, but the majority of SSE distributions at all other times.

**Figure 1. Distribution of SSE to sex by time of visit in 2018 (NSPIS)**



Some qualitative interview participants described accessing the NSP for SSE. In particular, sex workers described the importance of having free condoms available after hours to maximise their ability to have safer sex while working.

"If we couldn't access free condoms then there would be girls having to do things they don't want to do until they got their first job so they could then go and buy condoms. Because a lot of the men won't go and buy them because they can get sex without a condom so you are pretty much fucked."  
*Client*

"Because we can get what we need we don't need to steal like condoms and stuff." *Client*

"When I first came to St Kilda and worked if these guys weren't here I would have been in jail because I would have been stealing condoms and stuff and it would have just tipped my criminal record over the edge back then but because I had a big break in my offending I got off last time and that because of this service." *Client*

### Reasons for attending

Respondents of the SuperMIX quantitative additional unit were asked why they attended the NSP (Table 19). The most commonly reported reasons for attending the NSP were to obtain sterile injecting equipment (100%), to dispose of used injecting equipment (85%) and to access health services (35%).

**Table 19. Reasons for attending the NSP (SuperMIX quantitative unit)**

Reason for attending NSP	No.	(%)
Injecting equipment	20	100
Disposal of sharps	17	85
Health services	7	35
Referral	5	25
General support	5	25
Information	4	20
Safer sex supplies	3	15
Safety	2	10
Other	2	10
Education	0	0

Participants of the SuperMIX additional unit quantitative survey were asked whether they felt they benefited from accessing the NSP; all agreed. When asked why, participants provided a variety of responses, including being able to access sterile injecting equipment (35%), improvements to their health (35%), the relationships they had with staff (25%) and the support they received from staff (25%) (Table 20). These responses for reasons other than sterile injecting equipment indicate the breadth of the services offered.

**Table 20. Participant’s perceived benefits from accessing St Kilda 24-hour NSP (SuperMIX quantitative unit)**

<b>Variable</b>	<b>n</b>	<b>(%)</b>
Sterile injecting equipment	7	35
Health	7	35
Staff relationships	5	25
Support	5	25
Safety	2	10
Referrals to other services	2	10
Location	2	10
Material aid	2	10
Direction	1	5

### **Referrals**

Access Health is a primary health service for people who inject drugs, and is co-located with the NSP and Crisis Contact Services. Access Health provides GP and nursing services on site, as well as co-located and readily accessible service partnerships with a range of services. These include:

- St Vincent’s Hospital Community GP Practices
- Bolton Clark Homeless Persons Program
- Alfred Health Psychiatry
- Alfred Health Infectious Diseases
- Melbourne Sexual Health Centre
- Prahran Psychology
- Star Health

Services provided on site include:

- Methadone and Suboxone
- Nursing services including wound care, harm reduction other general health
- Health Promotion groups
- Hepatitis C testing and treatment
- Blood borne virus testing
- Free Naloxone, overdose education and training
- Sexual health testing and treatment
- Drug and Alcohol counselling and referral
- Aboriginal and Torres Strait Islander Health Care
- GPs with specialisation in alcohol and drug & other related issues
- Chronic Disease Management
- Podiatry and Physiotherapy
- Referral to Psychology and Psychiatry
- Support to manage your health care including outreach
- Pathology services

Crisis Contact Services are also co-located with the NSP. Crisis Contact provides assistance with housing, family violence situations, AOD detox and rehabilitation, dental services, psychologists,

material aid and food. Centrelink is also available via the co-location of a community engagement officer.

This study explored referrals provided by the NSP and referral pathways in both quantitative and qualitative data.

The third snapshot survey asked respondents whether they had ever received a referral from the St Kilda 24-hour NSP. Almost half of respondents (47%) reported a referral. Among those who had received a referral, most (85%) reported that they had followed through and accessed the service they were referred to. The services to which respondents most commonly reported receiving referrals were Salvation Army Access Health (65%), Salvation Army Crisis Services Crisis Contact Centre (20%) and Hepatitis C testing and/or treatment options (service not specified) (15%) (Table 21). High rates of successful referrals (i.e. resulting in service access) indicate that referrals are appropriate, as staff are engaging with clients to assess their needs and potential barriers to services before providing referrals. Qualitative data (below) highlight this approach.

**Table 21. Reported types of referral accessed (snapshot survey)**

Referral Type	n	%
TSA: Access Health	152	65
TSA: Crisis Contact Centre	46	20
HCV testing/treatment	36	15
GP/Health services	35	15
Accommodation services	24	10
Other	21	9
Naloxone training	20	9
AOD services	17	7
Food/food van	12	5
Opioid substitution therapy	11	5
Sex worker support services	5	2
Mobile NSP	4	2
Information/harm reduction	4	2

\*Includes referrals to services such as dental services, material aid, Centrelink, pharmacy and family violence services

Qualitative data demonstrated that the NSP has an extensive network of established referral pathways for clients, designed to provide seamless opportunities for addressing physical, mental, sexual, social and mental health needs. In particular, strong relationships with services offered at Access Health and Crisis Contact Services mean referrals are easy, quick and effective. Amongst the services offered are immediate access (during the day) without an appointment to a GP, nurse or AOD worker.

"It's a looser structure than at some other services, so the AOD worker for example, can meet them outside, for example if they're having a melt-down and don't want to come into the building the worker can chat outside." *Staff member*

"They always know what support is available if I want to access it. So that is a huge influence on me and led me to start looking at going to a rehab. I have tried everything to stop using except rehab but the staff here have convinced me that rehab is a viable option." *Client*

"Knowing about Access Health and that there's a nurse there at certain times is only because of the NSP workers." *Client*

"Sometimes I've used Access Health. It was the people at the NSP that got me an appointment with the doctor there." *Client*

"If I saw someone bugging out [or having a psychotic episode] in the street I would be more likely to come in here and grab someone for help than call the cops because they just have that insight and they know what they are doing. The cops just lock people up and no one gets anywhere. Whereas here, they are more like to get help and get referred somewhere." *Client*

"They are always offering support from next door, from counsellors and psychologists. They make it sound so easy for someone like me." *Client*

"A methadone doctor, a lawyer. I will go next door for STI screening because I don't have a Medicare card and a lot of doctors won't see you if you don't have one." *Client*

Nurses from the Bolton Clark Homeless Persons Program are one of the services co-located with and funded by Access Health. As with the GPs, the service is drop-in and doesn't require appointments. To prevent long waits, nurses triage clients, who are often then treated by the nurse without having to see a GP. Nurses can conduct comprehensive health checks, wound care, provide harm reduction and safer using information, as well as gather information for referrals to opioid substitution therapy to expedite the process for accessing GPs.

"People don't have to wait that long, you can see a nurse if you can't get in to see the GP straight away, and you may not need to see the GP because nurses can facilitate treatments, and they've got time to sit down and talk about mental health and physical health issues, and they do it with great care and compassion." *Staff member*

Furthermore, between Access Health and the NSP absolute client confidentiality is maintained.

"We are all very clear that nothing travels in between. We're always explicit with clients that information is not shared between these services, unless of course there's a duty of care, for example if someone is pregnant. This reinforces for clients accessing the NSP that it's a non-stigmatising non-judging safe space and privacy is everything." *Staff member*

Staff, in particular those who had been working in the service for a decade or more, highlighted that many clients had made positive changes in their lives as a result of successful referrals to other services.

"One of our clients was first referred to the GP, and has been on and off OST. He is now linked in with a psychologist, and it's remarkable where he's at right now. Every six months or so he relapses, but he keeps coming back, knowing he won't be judged. He has a different view about treatment, he knows he can talk to us about rehab, and if he relapses his first contact is always with us." *Staff member*

"One of our clients that's been accessing the service for twenty-five years, has been into detox twice but only because of having conversations here instead of speaking to a vending machine. It's that face to face contact that you don't get from a vending machine." *Staff member*

For some clients, just having the opportunity get information about services, was useful in leading to opportunities for referral in the future.

“If they're not ready we can still provide the information, and then they might come back and ask about it another time. It's often about planting the seed, and being able to respond to people when they're ready, no matter what time of day or night.” *Staff member*

### **After-hours referrals**

Although on-the-spot referrals to services are unable to be made overnight (except to Crisis Contact), workers often have more time to spend with clients because it is quieter than during the day. This provides an opportunity for rapport building and positive engagement with harder to reach and vulnerable clients.

“At night they can get their needles but they can also have a face-to-face conversation with someone who is not judging them and who they feel safe with. They don't have to talk to a machine. It's that stuff that's so hard to capture that's above a vending machine. Social wellbeing. Any time of night or day they can get needles but they can also talk about the struggles they're having, if they're depressed, or the contemplating they might be having about their drug use.” *Staff member*

### **Recent other service use**

SuperMIX study participants utilise a variety of health and support services (Table 22). While access patterns were similar across recruitment sites, some differences were observed. St Kilda SuperMIX participants were significantly more likely to report being admitted to hospital as an inpatient ( $\chi^2$  (df=1, N=823) = 6.3528,  $p < .012$ ), accessing a primary health care centre ( $\chi^2$  (df=1, N=820) = 12.2326,  $p < .001$ ) and accessing allied health services ( $\chi^2$  (df=1, N=820) = 28.2287,  $p < .001$ ) than those from other sites. St Kilda participants also had a higher rate of reported access to mental health professionals throughout their lifetime; however, this result was not statistically significant.

**Table 22. Service use among SuperMIX participants**

Used service in last 12 months	Recruitment Site: St Kilda n (%)	Recruitment Site: Other n (%)	$\chi^2$ p-value
GP (non-OST visit)	45 (78)	503 (66)	0.065
Hospital			
Emergency	21 (36)	302 (40)	0.612
Inpatient	17 (29)	125 (16)	0.012
Outpatient	3 (5)	71 (9)	0.472^
Primary health care service	31 (53)	237 (31)	<0.001
Ambulance	19 (33)	233 (31)	0.719
Mental health professional (Ever)	32 (74)	354 (60)	0.058
Allied Health (physio/naturo/chiro)	10 (17)	23 (3)	<0.001
AOD treatment (Ever)	51 (88)	677 (88)	0.855
Dentist	13 (22)	185 (24)	0.757
Specialist	8 (14)	77 (10)	0.368
Social worker	15 (26)	135 (18)	0.121
Usual source of clean injecting equipment			
NSP	45 (90)	577 (84)	
Other*	5 (10)	112 (16)	0.242

^ Fisher's exact test

\*Other sources include: chemist, partner/friend, dealer, syringe vending machine, mobile outreach NSP, medically supervised injecting facility

Some SuperMIX participants reported accessing other NSP services; they did so, during business hours only, on a fortnightly to monthly basis. Some SuperMIX participants (20%) also reported accessing syringe dispensing units (also known as syringe vending machines). Participants reported mixed feelings regarding SDUs. One participant stated they were "good", while others noted limitations including "I thought it was free but it wasn't" and "Sometimes difficult on weekends because people empty it out and then sell the fits".

These findings were also reflected in qualitative data. Participants reported occasionally attending other local NSPs, though this was generally infrequent and accompanied by stories of receiving poorer quality services, compromised confidentiality and staff that were, at times, unfriendly or judgemental.

"You walk in and there's a cupboard so you just serve yourself but there's also the waiting room for the [other service name redacted], so it's basically IN the waiting room. I haven't been there for a couple of months. I see they have the machine there now for after hours. So, it's not very private. They rely on you to write down what you are taking and any returns." *Client*

"At [other service name redacted] there's just stuff on the shelf and you help yourself and the staff are very detached whereas [at St Kilda] you don't get looked up and down [by staff]." *Client*

### Syringe dispensing units

Client participants reported negative experiences with the use of syringe dispensing units.

"[Other service name redacted] is closer for me and there is a machine there. But most of the time the free lot are gone and the next lot cost a gold coin but if the slot is full you can't get any. So, you risk not being able to get needles. So, I stopped going there." *Client*

"Like they have the machine over at [other service name redacted], but that sometimes doesn't work cos they don't put enough stock in it and it runs out." *Client*

I went to Sydney not long ago and had trouble getting fits and there were those machines around and they were broken. I was like, what am I going to do and then you start thinking desperate things, like having to use a dirty fit." *Client*

"Because there is someone there I know it is safer because if it was just a machine there, the machine wouldn't know if someone was looking dodgy or looking like they are about to OD or cause trouble or something like that. Even though its Grey St it feels safer than some of the other ones. You can't talk to a machine." *Client*

Clients were concerned that a syringe dispensing unit would be unsuccessful if introduced in St Kilda.

"If we have one of those dispensing machines, people will just vandalise it." *Client*

"If there was a vending machine here it would look like [the] leaning tower of Pisa and be broken." *Client*

## **Naloxone training**

St Kilda NSP was an early implementer of naloxone training in partnership with Harm Reduction Victoria, commencing in 2013. St Kilda 24-hour NSP was later the first NSP site in Victoria to adopt the Community Overdose Prevention Education program (COPE), which assists organisations to implement their own naloxone distribution program to people at risk of opioid overdose. In response to Naloxone Subsidy Initiative funding received in early 2018, statistics were collected on naloxone training provided via the NSP.

A total of 673 people were trained at the St Kilda 24-hour NSP to respond to opioid overdoses, including how to administer naloxone, between 1<sup>st</sup> January 2018 and 14 November 2018. In most circumstances, naloxone was either prescribed by a doctor and provided directly to the participant following completion of the training, or they were provided with a prescription and a voucher for a local pharmacy to cover the cost of the naloxone. Half (50%) of the training was provided during business hours, with a further quarter (25%) occurring during the evening (Table 23). Most naloxone training participants were male (60%). The sex ratio of naloxone training participants did not vary significantly by time of training. Females were most common among naloxone trainees on weekends (43%).

**Table 23. Time of THN training at St Kilda 24-hour NSP by sex**

Time/Day of Visit -	Male n (%)	Female n (%)	Total n (%)
Business Hours	198 (61)	128 (39)	326 (100)
Evening (5pm–10:59pm)	101 (62)	63 (38)	164 (100)
Late night (11pm–8:59)	23 (64)	13 (36)	36 (100)
Weekends	73 (57)	54 (43)	127 (100)
Total	395 (60)	258 (40)	653 (100)

Most participants from the St Kilda SuperMIX site who reported having been trained in THN were trained by an AOD/Outreach worker (48%), compared to approximately one quarter at other sites (23%), ( $\chi^2$  (df=2, N=204) = 6.9229,  $p < 0.031$ ) consistent with adoption of the COPE THN training model noted above (Table 24). There was also a considerable but non-significant difference in the percentage of SuperMIX participants who had been trained in THN between sites, with half (56%) of St Kilda SuperMIX participants being trained in THN compared to 40% at other sites.

**Table 24. Naloxone training among SuperMIX participants**

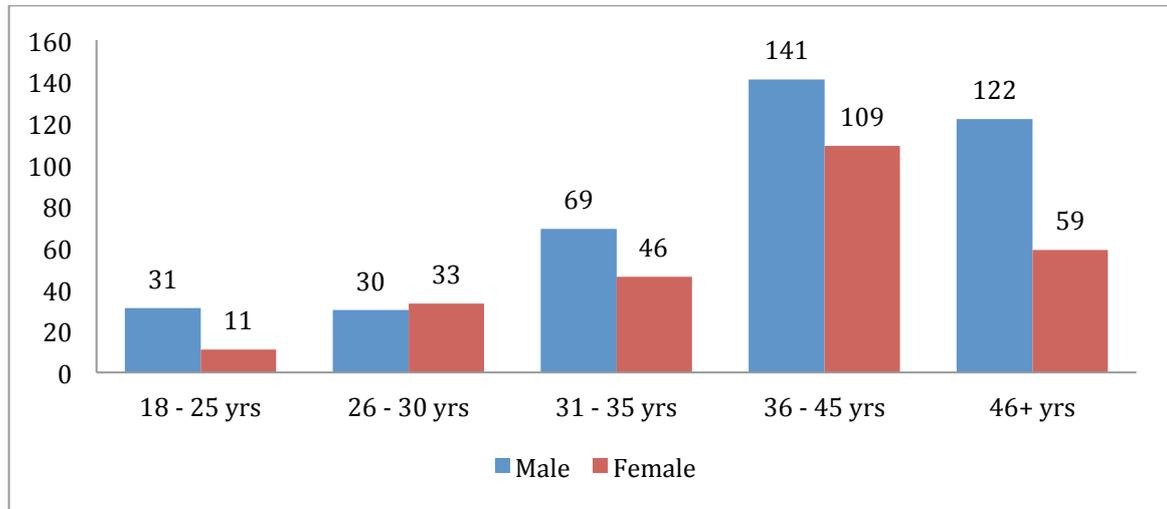
Take home naloxone (THN)	Recruitment Site: St Kilda n (%)	Recruitment Site: Other n (%)	$\chi^2$ <i>p-value</i>
Heard about THN	41 (76)	459 (66)	0.124
Trained in THN	23 (56)	184 (40)	0.051
Who conducted the training			
Harm Reduction Victoria worker	5 (22)	75 (41)	
AOD/Outreach worker	11 (48)	42 (23)	0.031
Other <sup>1</sup>	7 (30)	64 (35)	
Always carry their naloxone with them	6 (18)	72 (16)	0.901
Resuscitated someone using naloxone	11 (31)	80 (18)	0.131
Source of most recent batch of naloxone			
Provided through training	18 (78)	145 (74)	
Other <sup>2</sup>	5 (22)	52 (26)	0.63

<sup>1</sup> Other includes GPs and other peer workers

<sup>2</sup> Other includes pharmacy via prescription and friends

Figure 2 shows the age of naloxone training participants disaggregated by gender. Significant differences were observed between the age and gender of naloxone training participants ( $\chi^2$  (df=4, N=651) = 12.85,  $p = 0.012$ ). Men were more likely than women to participate in naloxone training at all age levels other than 26–30 years.

**Figure 2. Number and age of St Kilda 24-hour NSP naloxone training participants disaggregated by gender**



Client participants in qualitative interviews also described experiences of accessing naloxone from the NSP.

"I also collect and drop off needles that are left around my building. That's why I have the naloxone as well. I did the training here. Also if I get a knock on the door at one am and they are looking for a fit I can send them down here." *Client*

"I have been offered naloxone, which has saved lives. You can't get that twenty-four hours a day. What happens if you need some and they aren't open?" *Client*

The provision of naloxone training and prescriptions was described by staff as a key initiative of the NSP.

"I think we've given out way more than any other service, at least other NSPs. We can show people how to use it and the chemist is just on the corner. So, you can walk them out and tell them it's five doors down – we've got the kit, but we want them to go and get the actual Narcan. There'll be other NSPs doing it I'm sure, but not at like four or five am." *Staff member*

"There have been some really great stories about use of naloxone. It's empowering for them and giving them more control in their life and in relation to their use." *Staff member*

### **Additional after hours support**

Since 1<sup>st</sup> July 2016, the St Kilda 24-hour NSP has been recording additional after-hours responses (5pm–9am, weekends and public holidays) about services provided that extend beyond the core business of the NSP. The intention was to determine the frequency and nature of additional after-hours responses. The resultant dataset included the date and time of the service provision, a brief description of the incident type, and the responses provided by the NSP staff member. Examples of incidents responded to by St Kilda 24-hour NSP staff included:

"Woman reported that she had been robbed while on a sex working job. She said she'd lost her phone, wallet. Told me that there was no point in telling anyone else, because no one would care." *Staff member*

“Woman ran into foyer after being attacked by partner up the street. She had obvious wounds to her face. She also had previous wounds (fingers broken) from earlier attack.” *Staff member*

“Young woman came in, saying she has left her boyfriend of five years, but that she can’t go back there to get her belongings including her wallet and her cats because he won’t let her leave if she does.” *Staff member*

A total of 275 after-hours incidents were responded to between July 2016 and December 2018, with 668 responses being provided (Table 25). The most common types of response were supportive chats or debriefs to service users (n=180), referrals to support services (n=102), food and hot drinks (n=76) and basic medical assistance (n=30). Just under 25% of responses related to supporting clients who were experiencing violence, safety issues, mental health issues or were victims of crime of various types.

**Table 25. Additional after-hours response frequencies July 2016 – Dec 2018**

<b>Response Provided</b>	<b>n</b>
Debrief, chat	180
Referral	102
Tea, coffee and/or food	76
Blanket and/or clothing	73
Medical and/or bandaids	30
Sanitary/hygiene products	30
Mental health support	28
Response to physical assault (inc. weapons)	27
Response to verbal abuse/harassment/threats	21
Immediate safety	19
Intimate partner violence	18
Contacting police	14
Response to stalking	12
Robbed	11
Response to sexual assault	7
Information sharing	6
Contacted RhED	6
Response to coercion (e.g. forced into sex or drug taking)	4
Ugly Mug Report	4
<b>TOTAL</b>	<b>668</b>

Between 1<sup>st</sup> July 2016 and 30<sup>th</sup> June 2018, additional after-hours response data were collected only for female service users. From 1<sup>st</sup> July 2018, these data were also collected for male service users. Since 1<sup>st</sup> July 2018, almost three quarters (69%) of additional after-hours responses were provided to female service users. Females accessed more than 60% of services for each type of assistance except for material aid (blankets, tea and coffee) and mental health support. While responses provided to service users who had experienced violent incidents were few (n=31), only females received responses for these issues, which included threats to safety, physical or sexual violence, stalking and coercion (Table 26). This suggests that the service plays an essential role overnight, when few other services are open, in providing support and a safe space for

women experiencing violence and who are victims of crime and may have a range of barriers to accessing other services which may support their safety (e.g. police), due to their engagement in illegal activities.

**Table 26. Additional after-hours responses between 1 July 2018 – 5 December 2018 by gender**

<b>Response Provided</b>	<b>Female n (%)</b>	<b>Male n (%)</b>
Debrief, chat	127 (73)	46 (27)
Referral	51 (69)	23 (31)
Blanket and/or clothing	36 (53)	32 (47)
Tea, coffee and/or food	40 (59)	28 (41)
Sanitary/hygiene products	22 (79)	6 (21)
Mental health support	15 (58)	11 (42)
Medical and/or bandaids	17 (68)	8 (32)
Immediate safety	6 (100)	0 (0)
Response to stalking	6 (100)	0 (0)
Response to verbal abuse/harassment/threats	5 (100)	0 (0)
Intimate partner violence	4 (100)	0 (0)
Robbed	4 (100)	0 (0)
Response to sexual assault	2 (100)	0 (0)
Response to physical assault	2 (100)	0 (0)
Response to coercion (e.g. forced into sex or drug taking)	2 (100)	0 (0)
Ugly Mug Report	2 (100)	0 (0)
Contacted RhED	2 (100)	0 (0)
Information sharing	1 (100)	0 (0)
<b>TOTAL</b>	<b>344 (69)</b>	<b>154 (31)</b>

Data collected by the St Kilda 24-hour NSP reveals a diverse range of services being delivered after hours to service users. While the most common service simply involved an opportunity for clients to debrief/engage in a supportive chat, the service also provided a large number of informal referrals to support services. Given the snapshot survey finding that most participants reported accessing the service to which they had been referred, the St Kilda 24-hour NSP appears to play a significant role in linking after-hours clients with services. Additionally, the St Kilda 24-hour NSP supports the safety of women after hours, given their significantly greater utilisation of the NSP for additional services.

## 4.5 Role of service

The 24-hour nature of the NSP service has many benefits for service users and the local community with respect to health outcomes, community safety and public amenity. The service has a special role with women, particularly those engaged in street-based sex work, and this is dependent upon being open throughout the night, which is unique among NSPs in Melbourne. The rapport built with particular subpopulations is due to the non-judgemental and welcoming attitudes of staff, which is part of the ethos of the service (in addition to privacy, confidentiality, accessibility, for example). While this ethos has built a strong clientele of the service throughout the day and night, this is especially important for the more marginalised subgroups within the client population (e.g. homeless clients, people with significant mental health issues, street sex workers), many of whom visit around the clock.

### Accessibility

Client participants in qualitative interviews described the accessibility of the service as one of its key features. The ability to access the service 24 hours a day was considered vitally important.

"This NSP is different to others in that it's open twenty-four hours, so it's available for me, and there's a person there that can talk to you. If it was only open in normal business hours I wouldn't access it. It just wouldn't exist in my life and it would affect all the other working girls in the same way." *Client*

"The hours really suit me. Just knowing that it is here and knowing that any question in this field that I don't have an answer to about where to go or what to do I can get it even if it is three o'clock in the morning." *Client*

"Probably even younger people just starting out on the drugs need the service most. The service is just open, there's somewhere for them to go and someone to talk to if they want." *Client*

"Just the accessibility and the twenty-four hour service that you just can't get in the health sector unless you go to emergency." *Client*

"I guess if I do ever run out of needles I have back up if I need it. If I was not doing drugs for a while and got rid of all my paraphernalia and I scored out of the blue then this place would be open." *Client*

Many of the clients using the service at night were described by staff as being amongst the most vulnerable and marginalised clients.

"There are vulnerable people coming in specifically because they know we're here and open at night, and I do wonder what would happen in those cases if we weren't." *Staff member*

"For many people accessing the NSP overnight, that worker might be the only person they've spoken to all week – so the window is very important." *Staff member*

Geographic accessibility was also discussed.

"Well obviously they are open twenty-four hours. Plus it's easy access to get to. You have the bus, the tram, the train. This is the... easiest accessible place." *Client*

Clients discussed the potential impact of not being able to access the service in its current form.

"I only come here at night so it would impact me greatly." *Client*

"It's silly to think that people will just use or inject nine to five pm, you know there's a lot of people that work full time, I think people don't realise that. I actually think it's at night time that it's needed most, I really do." *Client*

"I wouldn't be able to get my hands on a 'freshy' when I needed it." *Client*

"And if it wasn't open twenty-four seven, I'd just have to ... like anyone who is a drug user, like we can prioritise, we can schedule our week, but things can just go out of whack just like that, and all of a sudden at the drop of a hat, you'll go 'bang' and you're off on a mission. Yeah, so it's really hard to be scheduled and go "okay it's only open from nine until whatever". It just doesn't work like that." *Client*

"From a practical point of view, a stack more needles would accumulate [at home] and that would start to put me off. I don't want to be lugging suitcases of used needles back to the exchange." *Client*

"I think it's really good to have a twenty-four hours service because it's better to have a service that's available but not necessarily always used than for someone to need a service and it not be there and for them to do something wrong because all they want to do is get high and they aren't focused on educating themselves." *Client*

## **Women clients**

Some clients have been using the service since it opened over 20 years ago. The number of women accessing the NSP increases overnight, especially for those who are working in the sex industry (including transgender people). Although the gentrification of St Kilda has meant that sex workers are less visible on the street – opting to organise work via mobile phones, and visiting hotel/motel rooms or people's homes – without the umbrella of a brothel or organised place of work, they are an extremely vulnerable group accessing the service.

Around half of all clients visiting the service at night are women, many working in the sex industry, and often accessing the service for sterile injecting equipment, but also to seek refuge from the cold or "predators" on the streets.

"We give out blankets that normally they'd only be able to get before eleven pm – sometimes they come in with a blanket that's soaked because it's been raining, so we can replace it for them." *Staff member*

"A huge concern about us closing down for even a couple of hours overnight is that once we stop our status as open twenty-four hours, we will become confusing to clients, especially for those who've always travelled to St Kilda from huge areas around Melbourne. Some drive more than an hour, and we'll have people come from small country towns at least two hours away because they don't want to go into their local community health centre to ask for needles, for fear of losing their anonymity. This is my great concern – they're doing something illegal but in order to do it as safely as they can and should be, they need clean equipment. Why wouldn't we want to encourage that? They're looking after themselves. And some of our clients have very controlled use. So, it's also about that hidden population of our service, the ones that remain very healthy because of our service, and they take very good care to make sure they have enough equipment to last them over a period." *Staff member*

## Justice-involved clients

People who inject drugs are more likely to be incarcerated than the general population, given the criminalisation of injecting drug use, thus some clients who access the NSP have histories of incarceration. Staff discussed that, for some, after their release from prison, St Kilda NSP is the first place they visit:

"Sometimes we're the first people they see. They'll come to St Kilda and then come to the exchange, and so we talk to them about naloxone, about the risks of overdose because their tolerance is likely reduced, so that's another big group we see. So many of them are released into homelessness and they'll hang around the exchange on and off for forty-eight hours and use the service overnight." *Staff member*

## Relationships with workers

All of the clients participating in qualitative interviews, without exception, talked about the staff of the service very positively.

"Just the fact that they care and there's someone to listen." *Client*

"Just the people. They look out for you. They are always asking if you need any help with anything else. Everyone gets treated the same." *Client*

"You can talk to the staff. I've been coming here for years and years so I feel like I know them as well." *Client*

"The people are really great... They try their utmost to help people." *Client*

The support provided by staff was regarded by clients as non-judgemental and appropriately targeted.

"This place won't push it on you but if you want it, they will give you help." *Client*

"The staff are discreet and don't ask too many questions at that time of the morning and that's what I like about it. But if you do want to talk they are there to listen." *Client*

"They ask open ended questions to see if they can help you. They want to help you. They are just really approachable. They are just really nice." *Client*

"They're incredible people (the workers), there's no judgement, there's no nothing, you walk through that door at four in the morning, it doesn't matter what time it is, there's a friendly face giving you exactly what you need, so there's no need to share anymore, shit like that, it's just a very important hub that place, and I couldn't even imagine St Kilda functioning without it." *Client*

"So, I had to come here and they gave me food vouchers and they didn't make me feel shit at all. They knew I had spent my money on drugs and that's why I needed vouchers for food but they didn't judge." *Client*

Staff reported that the NSP has a policy that no-one is ever turned away or banned from the service. Clients are received with no judgement, and behaviours that may be considered unacceptable in other services are tolerated and dealt with.

"We don't turn anyone away... Anyone can access our service... We will never deny someone clean needles, and that's the real beauty of it, that's why it's been so successful." *Staff Member*

Staff relationships were seen by clients as having a positive impact on mental and physical health.

"I often go in there feeling depressed and leave feeling much better. Just having someone there that knows what you are going through and understands what you are going through makes everything so much better. Just knowing that someone accepts you." *Client*

"Even something as simple as swabs. They used to have just plain alcohol swabs and then they brought in new ones with something else in them and it turns out my wife is allergic, she broke out in a rash, so they started ordering just the alcohol ones in again as well. So, they took immediate action on that and didn't just assume it was from using." *Client*

"The staff here ... give a sense of hope that you too can come back from this. They are like role models. Through the staff here they planted the seed that I could get better." *Client*

Worker knowledge and skills were described very positively.

"That aspect of the NSP is what I like most about it. I like the transfer of information from one area to the next. They're always asking me questions, like... "What's the details of this ..." Like if... I'm having problems with someone they will ask questions so they're constantly upping their information, so it's not like they're far removed... They want to know for our safety, and they'll put a sign up with information that can come from you and can be passed on to another girl or guy." *Client*

"The workers know so much about what's happening on the streets, so that's one of the things that they provide that's really important. Yeah, the girls will go in and talk about what's going on, so the workers will hear about mugs or they'll hear about gear or they'll hear about issues with cops and then they'll pass that information on to us. So, it's a really good touchstone for me, especially because up until this year I really didn't talk to the other workers and the other locals in St Kilda cos I was quite intimidated by them." *Client*

Even in more challenging situations, clients described workers as knowing what to do and acting appropriately.

"I think they've got it down to a fine art. They're professional. They've been doing it a long time so they know what they are doing and no matter what drama, like I've been here when dramas are going on, someone's unconscious... the staff just remains calm and knows what they have to do." *Client*

Some participants regarded the service as life-saving.

"The people genuinely care and they do make sure you are okay. They check you. God knows how many times these people have saved my life. Asking if I have naloxone. They care, they care. If you need a referral anywhere they will get it for you. They are present and they care." *Client*

"I wouldn't be here telling you this story today if it wasn't for (them). It's kept me alive, it's kept me together, it's just kept me putting one foot in front of the other. They REALLY give a damn, they're so selfless." *Client*

## Confidentiality and privacy

St Kilda NSP is physically structured in a unique way. The service operates in a very small space which generally only allows one client at a time to enter the service and to engage with a single duty worker. Most equipment is kept behind a counter, so clients must request what they need. However, clients can do so with relative privacy and confidentiality as no other clients are generally present in the space, unless they have entered in a group (e.g. typically pairs including friends or partners). This gives clients the opportunity for a private conversation beyond the scope of provision of injecting equipment and it occurs within what is essentially a secure space, as the worker controls the door lock from behind the desk.

Most participants in client interviews raised the confidentiality of the service as highly significant. The assurance that each client would be seen individually, could take as much time as they needed without interruption and could visit at times that were more discreet (e.g. after dark) was described as important by participants.

"I always come after hours because of the privacy it affords." *Client*

"It's one at a time here so there is anonymity." *Client*

"At night time if you do like use and you want to be discreet about it like you can be, but during the day people obviously know that you're coming in and out – and then you probably constantly get labelled you know – "junkie". " *Client*

Staff felt similarly to clients that the confidentiality aspect of the service was of note.

"When you're working in the NSP room, it's just you and the client, so it's just a very special exchange that occurs. If they're with friends they can come in too, but we don't want people to have people in there if they don't want. Like some women will tell their friend to stay outside. It allows them to have their own space to talk. So, this space is one on one, it's very intimate and private. Sometimes people get edgy cos someone is waiting and the conversation gets cut short, but that just shows them how private the space is. We pride ourselves on being very responsive to people, not only do they know it's a private space they can come and chat to us in. They have chatted to us before, last week or yesterday, so they know we know them too." *Staff member*

The level of privacy offered by the service was seen as contributing to better safety and better opportunities for support and referral.

"The people are so kind and so good to talk to, and because of the one person at a time, people don't feel threatened, people don't know what you're getting, because quite often there's so many people, or predators out there, and they'll be like, "Ok, given what they're picking up (the number of needles), they've obviously got a lot of gear, you know, let's follow these people". " *Client*

"I like the one person at a time thing because if you've got other things to talk about it's not just the exchanging, because I don't really like coming in on personal conversations with people and I don't think people should have to have people listening in. Like at the one in Richmond (NSP) people might come up behind you and I might want to say something and then I just think, I won't bother." *Client*

Many staff participating in qualitative interviews described the service as a "one stop shop" because it is able to address such an array of client needs.

"We do so much more than hand out injecting equipment. We provide clothing, underwear when people soil themselves or are sick on the streets. Shampoo, soap, tampons, pads, like minor things that really help people, which is another really good way of building rapport and trust. And sometimes at night, if we have street sex workers coming in because they feel unsafe because something has happened out on the street, we can lock the door, give them a cup of tea, a blanket and a taxi ride home." *Staff member*

"It's a space to get needles, to get health information, to have someone non-judging and compassionate to talk to, to get referrals to other services, to get refuge from the street, to get basic amenities. And it's a place where they also get kindness, care and compassion." *Staff member*

"You might give out ten needles and when they're gone, you mark that on the sheet, but you know that the interaction was actually so much more than being able giving out ten needles. The boxes you tick don't cover all the things we do and everything that happens there." *Staff member*

## Service model

In addition to what would be considered basic primary NSP services (injecting equipment and disposal provision, education, information and referral), the St Kilda NSP was described by clients as a providing a range of additional services which met their needs.

"When I was first navigating my way around when I just got out of hospital and wanted to find somewhere safe to live these were the people that got me on track." *Client*

"I've been in there before just to get sanitary products for women. It's an important service." *Client*

"The NSP is a support – they treat me with respect. And they talk to me too, it's not just a matter of getting needles. Like they ask me how I am, they always have a chat and ask me how I'm going, yeah, they're just really caring workers, and to me it's such a support." *Client*

"Sometimes if there is no one else waiting in line I will just hang out and talk to them for a half hour or more. They have really helped a lot. They are almost like counsellors without even knowing it." *Client*

The proximity of the St Kilda NSP to other services offered on the same site (Access Health, Crisis Centre) was also raised by clients as an integral part of their strong relationship with the service. Many clients didn't see the distinctions between the services and experienced the service offering as a continuum of care.

"It's helped me when I was homeless. They've given me tram tickets to look for work. Vouchers for clothing and food. Blankets, food parcels, meal ticket to Christmas do's, lots of things. Medical stuff, needles and condoms. I could go on and on. Job suggestions, counselling. Before mobile phones they used to let you use the phone, especially when the phone box was smashed." *Client*

"Oh yes in the past and that was why it was really useful because disasters always happen at three in the morning. I wasn't even thinking at the time that they were going to help me. They just asked me what was wrong and instantly things started to happen and they are arranging somewhere for me to go tonight, something for me to eat. They were straight onto it." *Client*

"Food vouchers and they helped me find housing. I just came in and said that I was in a bad situation and I needed to get out. They put me in a hotel that night and then found me somewhere to live that was safe." *Client*

## Staff development and support

NSP service provider meetings are held every six weeks. Attendees include NSP staff, workers from the five secondary NSPs in the area, staff from Access Health and some external service provider staff. The first component of these meetings is an education session that involves a guest speaker providing information about an issue affecting clients of the NSP (topics have included sexual health, performance-enhancing drugs, and naloxone administration) that workers can use when they are seeing clients. The remainder of the meeting is an opportunity for staff to discuss harm reduction initiatives and trends or issues that may be emerging for clients of the service. NSP staff also visit secondary NSPs in the area to offer education and support.

“For example, if we know there’s a strong batch of heroin being traded on the streets, then it’s our job to let people know that’s what’s happening. So, for us it’s really valuable to be talking to each other about the things clients are telling us.” *Staff member*

A logbook is kept at the staff desk for workers to record clients’ reports of incidents or issues happening in the community (particularly those that relate to client safety). Service provider meetings provide a mechanism for discussing these issues, so that NSP workers are able to relay important information back to clients to keep them safe.

## Free service

The cost associated with other services (e.g. pharmacy NSP, SDU) was highlighted by client participants in qualitative interviews as being a barrier to accessing those services. That the St Kilda NSP provides a completely free service was considered to be key to its success.

"[A syringe] costs five dollars at the chemist and that can be the difference between me eating and not eating." *Client*

"It’s just there and I suppose if it wasn’t...well I remember when it wasn’t there, it used to be a battle. People would be driving around the street at night asking who’s got syringes and sometimes paying top dollar for them." *Client*

Staff talked about the ability to provide as much as clients need, free of charge, as one of the features of the service. The ability to increase access to injecting equipment for individuals who may travel from outer suburban or rural areas was discussed.

“One guy drove four hours. He said “I need a box, is that ok?” and I said, “Mate you can take as much as you need”. And he went “Seriously?!”, he said, “Look, I’m from the country, if I can take three boxes of the hundreds”, so he did. So, just that thing of that magnanimous gesture of just allowing him to have clean needles. And he said, he’s driven here, cos he didn’t know where to collect them cos he was from a small rural town, and people might know him.”

## Education and information provision

Clients and staff described the ability to access education and information as an important aspect of the service.

"It’s good for advice sometimes and I have been educated in the proper use of some paraphernalia that I didn’t previously know about. If you aren’t exposed to the new way and better way of doing

things then you don't know. Drug users aren't big on "skill sharing" (so) the process would be slower."  
*Client*

## **Relationships with police**

Improved relationships with the police have also helped with the transfer of information both to and from clients of the NSP to help to protect their safety.

"The police will call us now to tell us things they want us to relay to our clients. It's become a matter of protocol in the last three years. For example, if they know of some ODs or a bad batch of heroin they let us know so we can warn our clients." *Staff member*

## **Performance and image enhancing drugs**

A growing cohort of people using PIEDs is accessing the NSP for sterile injecting equipment, many with limited education about safe injecting practices. People who inject steroids are increasingly using the service; many who are in paid work during the day access the service after hours, with some travelling long distances to get to the service, mostly finding out about it through word of mouth. In response to this emerging need, staff have received education sessions to equip them with the skills and information to make the service more inclusive for this group. Staff can now refer clients to a limited number of specialists in the field (including a GP and steroid use educator).

"I've started asking guys using steroids about their injecting habits and sites, and in one case a guy really opened up – he became really teary – he was talking about problems with his sex life and it was causing a massive problem with his fiancé, and then on further questioning he said he keeps injecting purely because of peer group pressure amongst friends, so I was able to refer him to the a specialist worker who was able to meet him discreetly to provide more ongoing support. We're much better at responding to that group than we were." *Staff member*

"Steroid users don't seem to be getting education and information about safe injecting practices from those in the steroid using community. They're the least educated group and they see themselves as a different type of client group." *Staff member*

The increasing use of melotanin (an illegal performance-enhancing drug injected subcutaneously for tanning purposes) amongst some young women, has also seen a rise in these clients accessing the service for sterile injecting equipment and advice about safe injecting.

"We're seeing a lot of young women using melanotan to inject into their bodies; they don't necessarily perceive themselves doing something illegal or dangerous, and most have little confidence around their injecting. They're coming here to get their needles each time they inject, and because they don't identify with many others accessing the service, we've been doing a lot of work to make sure that they feel very welcome in the exchange which is really necessary because as soon as someone feels put off by coming into a service like ours they don't come back. So, we've been very careful to try to create a very open friendly customer service approach which has boded well for clientele coming back." *Staff member*

In December 2017, people accessing the St Kilda 24-hour NSP for the purpose of obtaining equipment for the consumption of PIEDs were invited to complete a short questionnaire to enquire about the types of PIEDs being used, their injecting practices, and their understanding of

blood borne viruses. The results of the survey are in Table 27 below. The primary PIED being used was steroids (68%). Most (55%) respondents injected alone, with a further 40% injecting with one other person. Four in five respondents (81%) reported that they did understand the risks of BBVs associated with injecting PIEDs.

**Table 27. PIED use among St Kilda 24-hour NSP service users in December, 2017**

<b>Variable (n=84)</b>	<b>n (%)</b>
<i>What type of PIED do you use?</i>	
Steroids	57 (68)
Melanotan	14 (17)
Human growth hormone	10 (12)
Other	3 (4)
<i>Do you inject alone or with others?</i>	
Alone	46 (55)
With one other	34 (40)
With a group of people	4 (5)
<i>Do you understand the risks associated with injecting and blood-borne viruses?</i>	
Yes	68 (81)
No	3 (4)
I would like to know more	13 (15)

Additional data collected by staff administering the survey highlighted inconsistencies between respondents' perceived knowledge of the risks posed by PIED use and BBVs and the actual risks. Two respondents believed that BBVs related to "mould" or "bacteria" that could grow in their steroids which, when injected, could be problematic. Another respondent, who answered "Yes" and that they "injected with a group of people", later admitted that they did not know what a BBV was, but that they didn't need to worry as they used a clean needle every time, apparently unaware of the risk that sharing other injecting equipment such as swabs and PIED mixing and/or storage of equipment could pose.

### **Community and individual safety**

Some participants in the qualitative client interviews talked about the role of the NSP in ensuring individual or community safety in the area. There was a general sense that the 24-hour nature of the service meant it could act as a type of temporary refuge.

"Also, for people on the streets, if something happens, they're here, they're always open and it's a safe place for them to go." *Client*

"Whenever you are around Grey St at night men assume you are working so they approach you and this is somewhere to come in." *Client*

"Firstly, because it's close and it's always open, there is always someone there and because there is someone there, I know it is safer because if it was just a machine there, the machine wouldn't know if someone was looking dodgy or looking like they are about to OD or cause trouble or something like that. Even though it's Grey St it feels safer than some of the other ones. You can't talk to a machine." *Client*

The safety role was particularly important for street sex workers.

"There's the women that are working (sex workers) they need protection as well and this a safe place for them to come. Sometimes there's crazy people around." *Client*

"If you're wary on someone, like if you're out there and you're on your own, and you can see a car you know, like sometimes I get wary on someone, so I'll just come in and I go I'm just gonna sit in here for five minutes." *Client*

"A lot of the working girls will run in there for sanctuary sometimes because some predator will be stalking them. I know for me, on many occasions, cos I'm only little, quite often a couple of guys will see me and go, "Yeah, she'll have stuff on her for sure, let's get her, she's on her own" – that's a regular occurrence in St Kilda, a lot of full-on stand-overs!... Yeah, this place is really a little sanctuary, but especially because it's open twenty-four seven." *Client*

A publication for street sex workers, *Ugly Mugs*, originally produced by the Prostitutes Collective of Victoria (and now a worldwide initiative), provides important information for sex workers about men (who have been identified by clients) to avoid on the streets. 'Mugs' include men who have stolen money, assaulted, harassed or raped clients. Descriptions of these mugs, their cars and the kinds of behaviour perpetrated are included, to ensure those working on the streets are able to keep themselves safe. Most of the information produced for the publication comes from individual experiences and stories shared by female clients of the NSP (like those described above). The publication is produced weekly and is on display for clients to pick up at the NSP. Word of mouth means clients who may not normally access the service come in to obtain a copy.

"Because we have built trusting relationships with some of the girls, they tell us what's happening on the streets." *Staff member*

NSP workers shared several incidents that have involved women using the NSP service overnight, to seek refuge from "predators" on the streets.

"I had an extremely disadvantaged, very vulnerable girl who has been accessing the service for years - a sex worker who also injects drugs – come in at five am on the weekend. She'd been raped and assaulted and was pregnant. She came in, not to get needles, cos she's not using at the moment, but to see me. We made an appointment for her at the statewide drug and alcohol service providing specialist clinical services to pregnant women with complex substance use issues, and we got her an interpreter. She doesn't engage with other services, and hadn't told anyone about her pregnancy. So that's where the value of the twenty-four hour NSP is. It provides a safe trusting environment for vulnerable women, that can lead to more positive outcomes for their health and wellbeing." *Staff member*

"One night I helped a woman identify the car of a man who had raped her and that led to him being arrested and jailed cos he'd done it a few times and no one could get his identification." *Staff member*

"On the weekend, we had a girl (one of the sex workers) come in who had been followed in by a man with a knife. She knew that we were open, and so she came in to get away from him. We were able to provide a safe area for her, get him out of the service, call the police, then get her home safely. There was literally no other place she felt safe to go." *Staff member*

"Last week at nine pm a woman I knew very well ran two kilometres to get to the exchange – she had blood on her face, was really quite panicky and said, "I want to make a report for the 'Ugly Mugs' newsletter". She'd been working on the street, and at five am that morning a man approached her on foot and took her back to his apartment. He tied her to the bed and held her captive for fifteen hours. He'd ripped a leg off a chair and had beaten her. One of the Crisis Contact workers took over the role of managing the exchange so that I could provide comfort and call an ambulance. Initially she didn't want us to call an ambulance, but with lots of coaxing she agreed. The police also came and were actually really great with her – very kind, caring and non-judging, and we were able to get her fresh clothes." *Staff member*

The client I'm thinking of was so frightened and traumatised and actually thought she was going to die that night – he'd threatened to pour petrol on her and set her alight. The result of all of this was that because I had taken notes about what happened, I was able to be a first responder at the trial, and my notes were able to be used as evidence to help convict the perpetrator. So, this is one of the really important reasons why being open overnight is so important for these women working on the street in this very much marginalised and illegal situation. They don't like going to the emergency department at the Alfred, they're too scared to because they think they're going to be judged. Even though the Alfred ED was closer than our service, this particular woman, like others who've been in this situation, preferred to come here. Although the numbers of women working in the sex trade are not as high as for some other groups accessing our service, they are a group that needs some kind of special protection – they do come to the exchange and they do get what they need in order to work, but the fact that we're open twenty-four seven means we can offer [SF3] these women so much more. We can, that is, respond physically." *Staff member*

The relationship between sex workers and the NSP was considered to have a transformative effect.

"The workers know so much about what's happening on the streets, so that's one of the things that they provide that's really important. Yeah, the girls will go in and talk about what's going on, so the workers will hear about mugs or they'll hear about gear or they'll hear about issues with cops and then they'll pass that information on to us. So, it's a really good touchstone for me, especially because up until this year I really didn't talk to the other workers and the other locals in St Kilda cos I was quite intimidated by them." *Client*

"And the cops and the exchange and the girls, like everybody liaises, and the cops because of this I think have kind of changed their attitude towards us, like our safety seems to be considered more important." *Client*

Client participants in qualitative interviews were concerned that changes to the existing service model could have a major impact on safety.

"This place is safe on so many levels. It's safe to walk into and safe to get your fits and safe to dispose of them. It's also safe for other people in that how are you supposed to talk to a vending machine asking if you are okay. It's the human contact that you need. I have come in here a couple of times when nothing else has been open like when my dog died and they were able to talk to me about it and they care. It would be devastating if this place wasn't open." *Client*

"If there was a vending machine then it could actually encourage dealers to hang around there because they would know there would be drug users there and no staff to manage it." *Client*

These qualitative findings are supported by quantitative findings. Fifteen per cent of snapshot 1 survey participants reported being concerned about their safety in the last 24 hours, while

additional data collected by the St Kilda 24-hour NSP (section 4.4) captured responses to violence, sexual assault, family violence, coercion, and other safety concerns provided by the service. The extended opening hours of the St Kilda 24-hour NSP provide service users with a place to seek support and safety when other services are closed.

## **Public amenity**

Issues of public amenity arose in qualitative interviews with clients. In particular, clients had concerns that closure of the service or reduction in hours could affect the local community impact considerably. More discarded injecting equipment was a particular concern. Currently, staff engage in significant education campaigns with clients about appropriate disposal of equipment.

"If it wasn't open twenty-four hours there would be needles everywhere, as well as condoms, it would be outrageous." *Client*

"It would be a big health problem. People would be re using their fits and there would be fits lying around everywhere." *Client*

"You go to Footscray and you find an abundance of fits. You can walk around here and see maybe one or two. It is healthy for people. I fear for its survival. Because of *The Block* [a popular TV show which involves turning cheap accommodation into fancy apartments] and things like that. The gentrification." *Client*

"Having a place to dispose of old needles and not have to throw them in the garbage is important for the community. If those needles go in the general waste then the garbos are at risk or if they are thrown in the public bins and they get knocked over." *Client*

"It's a lot more than a needle exchange and people won't be exchanging needles. They will get five and they will just discard them wherever because the staff wouldn't be prompting them to bring them back. There would be a lot more dealers around because the staff run them off now because they know who they are." *Client*

Some of these concerns related to increases in crime.

"Whereas if this wasn't here there would be more crime, there would be people breaking into places." *Client*

Other concerns were in relation to trespassing or damage to non-staffed facilities from people seeking equipment.

"Well, they don't have people going through their front garden looking for taps to get water. There would be no water around. It would probably go back to the way it used to be. I remember walking around these streets at two or three in the morning, people with drugs, people going into the gutters looking for needles and I was disgusted. I thought how could they do that? But then one day I found myself thinking far out, and I was smashing the fit bin off the wall looking for a fit to use. Luckily, I smashed one off in a toilet block that happened to have some brand-new ones in it. Someone had just thrown clean ones away and I thought great." *Client*

There was a general sense that service closure would create more visible and problematic issues in the local area.

"They closed the Gatwick thinking it would get rid of everybody but all it did was take everything that was being contained and let it loose on the street. The same thing would happen if this place closed overnight." *Client*

"Because I have been here for so long and I am in the immediate area, I wouldn't feel safe. People might start shooting up in the park and leaving needles in the park. People would be camping in the park because they wouldn't have anywhere to go." *Client*

"If this place wasn't here then it would be harder for the general community to ignore the high number of drug users in St Kilda. They would be more visible. More people would be going to chemists, more needles would be lying around. This place is kind of a 7-Eleven for drug users." *Client*

## Future service development

Staff talked about the need for more harm reduction practitioners (including nurses and non-clinical workers), for example, dedicated workers to respond to overdoses, people using PIEDs, or to support people to access AOD intake and assessment phone calls.

"There's really just not enough people working here to respond to the needs that are here – it's all very crisis driven and yet there's so much more we could be doing in the prevention space." *Staff member*

For a period of time a nurse was located on site with NSP workers on Thursdays (5-10pm) and every 2<sup>nd</sup> Sunday (5-10pm). The initiative received funding via the Ice Action Grants to respond to meth/amphetamine use, but nurses were also able to respond to other issues (including in particular, crisis mental health issues, referrals to the CAT team and wound care). Most workers discussed the benefits this service had provided in supporting client's needs, particularly on the weekends when general medical clinics are usually closed.

"Having the nurses in the NSP was so useful. It would save valuable resources (for example not having to call an ambulance for a crisis situation or send them off to the emergency department [ED] at the Alfred to have wounds cleaned and dressed), which are not services our clients want to access anyway, because so often they feel judged and don't feel safe to disclose their injecting histories. And they also find the wait frustrating in ED. But you know, if you make them a coffee ... they usually just chill out, but in the ED, no-one has the time for that, so then they get frustrated and lash out and it creates this massive snowball effect. If we had a permanent nurse here it would address some of those issues, including putting unnecessary pressure on these other services." *Staff member*

Most workers identified the need for an additional small space at the NSP that would provide safety, warmth and refuge for clients who were distressed and needed a safe space (potentially with a couch, blankets, a clean toilet and coffee/tea facilities) to recuperate for half an hour. A space was also considered to be needed for clients who had been using meth/amphetamine, synthetic cannabis or other uppers – to provide a safe space where they could cool down. A space could also address worker concerns for women doing street sex work, who have fled to the NSP after being robbed, threatened, assaulted or raped (as described above).

"I've had to do *Ugly Mug* reports with people standing up at the window, and they're telling me about being kidnapped and put in the boot of a car, and you try and just do it as well as you can and with as much humanity as you can, but it would be so good to have a warm space for them to sit and get a cuppa before we send them off on their way, or call an ambulance or the police." *Staff member*

A major need, that remains unaddressed for many clients accessing the NSP, is safe and affordable accommodation options, especially since the closures of the Gatwick Hotel and the Regal Rooming House, where some NSP clients lived and injected. Homeless people often seek refuge at the entrance to the NSP because it is a place they feel safe, but this creates problems for staff regarding other clients needing to access the service in a confidential way.

“People have nowhere to go and so they want to sleep in our doorway – there's warmth and light to make them feel safe, but we can't allow it because we're a confidential service so you try and do it as nicely as you can, move them on, but it's such a horrible thing to have to do.” *Staff member*

## 5.0 Conclusions

The ways in which clients access the St Kilda 24-hour NSP varied depending on the time of day. Business hour visits most likely involved males, and generally involved only the distribution of needles. Characteristics of people accessing the service after hours were more diverse, with women doing so for a variety of reasons. Visits involving both the distribution of needles and SSE items increased significantly after hours, as did the proportion of clients reporting methamphetamine use. Women collected the majority of SSE equipment in 2018, most of which was distributed after hours. Additional after-hours responses such as supportive debriefs, referrals and material aid were more likely to be accessed by women, while all responses to violent, threatening or coercive incidents were provided to women. Hence, the 24-hour service is particularly important to women.

The service plays a unique role in supporting mostly female sex workers who work in the nearby area. This important work simply wouldn't happen if the service didn't operate on a 24-hour basis. For an already marginalised population, closure of the service has the potential for significant negative impacts on the perceived and actual safety of these women.

Qualitative data showed that clients hold the NSP in high regard, in large part because of its 24-hour operation. The service is staffed by passionate and committed professionals who are skilled at dealing with emergencies as well as offering simple supports (a friendly smile and a listening ear) and letting a client slow down for a while and feel heard and understood. Clients report that the overnight service is a sanctuary, a place of safety, but also an extremely convenient and accessible service needed on a day-to-day basis. Clients value the service for the injecting equipment and disposal service that it provides, but also see it as a key point of referral to other services, a general social and emotional support and a life-saving initiative. The St Kilda 24-hour NSP provides an important 'soft' entry point to other services, with most successful referrals being accessed to Salvation Army Crisis Services programs. Clients of the St Kilda NSP were, in fact, more likely to have accessed health services than PWID from other parts of Melbourne. St Kilda NSP clients were also less likely to report a range of BBV transmission risk behaviours than those in other geographical areas.

The 24-hour nature of the service is intrinsically interlinked with all service functions and enhances the ability of the NSP to perform its primary role (e.g. BBV prevention) alongside many more complex and far-reaching activities which enable service users to improve their health, wellbeing and quality of life. Service users and staff believe that there is very real potential for harm amongst the broader service user population if the service were to close. This is due not only to the reduction in accessibility of sterile injecting equipment, but reduced opportunities for referrals into services which address a variety of health and welfare issues, both acute and chronic and for access to other activities like naloxone training, half of which is provided after hours.

The results of this study have highlighted the important role that the NSP plays with regard to responding to the multiple and complex needs of its client population. This study shows that clients see the St Kilda 24-hour NSP as a highly valued and essential service which fills a multitude of significant roles for a large and complex client population in the local community. The overnight operations are well-utilised and provide services that extend well beyond simple

distribution of injecting equipment, improving safety of clients as well as their overall health. These functions cannot simply be replaced and would likely result in additional burdens on inappropriate 24-hour services such as hospitals and police, as well as an increase in social harms experienced by the broader community.

## 6.0 References

Horyniak D, Higgs P, Jenkinson R, Degenhardt L, Stoove M, Kerr T, Hickman M, Aitken C, Dietze P. 2013. Establishing the Melbourne injecting drug user cohort study (MIX): rationale, methods, and baseline and twelve-month follow-up results. *Harm Reduction Journal*. 10(11)

Illicit Drug Reporting System. 2018. IDRS: 2018 Victorian data. Unpublished raw data.

Kwon JA, Anderson J, Kerr CC, Thein HH, Zhang L, Iversen J, Dore GJ, Kaldor JM, Law MG, Maher L, Wilson DP. 2012. Estimating the cost-effectiveness of needle-syringe programs in Australia. *AIDS*. 26(17).

## 7.0 Appendices

### Routine service provision – additional questions

#### Snapshot 1

1. What was the last drug that you injected?
  - a. Heroin
  - b. Meth/amphetamines
  - c. PIEDs (steroids, melanotan, peptides etc)
  - d. Pharmaceuticals
  - e. Other
  - f. Other, please specify\_\_\_\_\_
2. Are you Aboriginal or Torres Strait Islander?
  - a. Yes, Aboriginal
  - b. Yes, Aboriginal and Torres Strait Islander
  - c. Yes, Torres Strait Islander
  - d. No
3. Do you identify as LGBTIQ?
  - a. Yes
  - b. No
4. Were your parents born in Australia?
  - a. Yes – both born in Australia
  - b. No – one born outside Australia
  - c. No – both born outside Australia

## Snapshot 2

5. What was the last drug that you injected?
  - a. Heroin
  - b. Meth/amphetamines
  - c. PIEDs (steroids, melanotan, peptides etc)
  - d. Pharmaceuticals
  - e. Other
  - f. Other, please specify\_\_\_\_\_
  
6. What is your employment status?
  - a. Employed
  - b. Unemployed
  - c. Stay at home parent
  
7. What kind of housing are you in?
  - a. Owner occupied
  - b. Public housing
  - c. Private rental
  - d. Boarding house
  - e. No fixed address
  - f. Family home
  - g. Other, please specify\_\_\_\_\_
  
8. Would you describe your housing as stable?
  - a. Yes
  - b. No
  
9. Have you been concerned about your safety in the last 24 hours
  - a. Yes
  - b. No



### Snapshot 3

10. What was the last drug that you injected?

- a. Heroin
- b. Meth/amphetamines
- c. PIEDs (steroids, melanotan, peptides etc)
- d. Pharmaceuticals
- e. Other
- f. Other, please specify\_\_\_\_\_

11. How long have you been using St Kilda NSP?

- a. [ ] months [ ] years

12. How often do you come to the St Kilda NSP?

- a. [ ] per week
- b. [ ] per month
- c. [ ] per year

13. Have you ever received a referral from us?

- a. Yes
- b. No

i. If YES, did you follow through and attend the service?

- 1. Yes
- 2. No

- a. If YES, what was the referral for?

## SuperMIX additional module quantitative interview questions

1. Why do you visit this service?

*Select all that apply*

- a. Injecting equipment
- b. Disposal
- c. Safer sex supplies (E.g. condoms, lube)
- d. Information
- e. Referral
- f. Education
- g. General support
- h. Safety
- i. Health services
- j. Other, please specify \_\_\_\_\_

2. What time do you usually visit the service?

*Select one*

- a. Business hours
- b. After hours
- c. Both business hours and after hours

3. Do you visit any other NSPs?

*If Yes*

- a. How many?
  - i. After hours?
  - ii. Business hours?
  - iii. Both after hours and business hours
- b. How often?

4. Do you access any syringe dispensing units?

- a. How many?

- b. How often?
  - i. After hours?
  - ii. Business hours?
  - iii. Both after hours and business hours
- 5. If Yes to Q.4 How would you describe your experience using syringe dispensing units?
- 6. Have you ever received a referral to another service from this NSP?

*If Yes*

- a. Have you followed through with the referral and received the service?
- b. What was the service?
- 7. Are there any other services you would like to receive from this NSP that aren't currently offered?
  - a. Please describe
- 8. Do you speak to any other professional about your injecting apart from staff here?
  - a. Yes
  - b. No
- 9. How would it impact you if this NSP only opened during normal business hours?
- 10. Do you use any services provided by Access Health?

*If Yes*

- a. GP
- b. Nurse
- c. Hepatitis C treatment
- d. Psychiatry
- e. Podiatry
- f. Dietitian
- g. Social groups
- h. Case management

*If No*

- a. Why?

11. Do you live locally?

*If Yes*

- a. Which suburb?

*If No*

- a. Why do you travel to this NSP?

- i. Amenity
- ii. Hours of operation
- iii. Accessibility
- iv. Free service
- v. Amount of equipment you can collect
- vi. Relationship with service
- vii. Other (please specify)\_\_\_\_\_

12. Would you say you have benefited from attending the service here? If so, how?

### **In depth staff questions**

1. Please describe your role here
2. What do you think the value of the 24 hour NSP is to your clients?
3. How do you perceive the importance of the service being open 24 hours?
4. What does this NSP do that others can't?
5. Which client groups access this service who would find it difficult to access other services?
6. What would their barriers be in accessing other services?
7. How would you improve the service that is offered here?
8. What other services in the area complement your work?
9. What are the key referral pathways from the 24 hour NSP service?
10. What's missing for clients in your local area?
11. What are the biggest challenges in operating the 24 hour NSP?

### **In depth client questions**

1. Please tell me a bit about yourself. (Prompts: accommodation, (sex) work, drug use, relationship with the area, family/relationships, health)
2. Why do you visit the 24 hour NSP?
3. What times do you mostly visit?
4. Do you visit other services? (Prompts: purpose/hours/accessibility)
5. What do you like most about this NSP?
6. Is there anything you don't like about this NSP?
7. How is this NSP different to others?
8. What is the role of the 24 hour NSP in your life?
9. What does the 24 hour NSP mean to the local community?
10. How would it impact you if this NSP only opened during normal business hours?
11. How would it impact other people you know?
12. Would you say you have benefited from attending the NSP after hours? If so, how?
13. Have you ever received direct assistance from the NSP outside of the provision of equipment and disposal? What was the assistance and what was the impact?