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Burnet Institute
Medical Research. Practical Action.

Were community
concerns realised in the
establishment of an
NSP?

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Timeline

- No NSP in Braybrook
- Need exists
- Registration exists
- Consultation
- Implementation
- Evaluation



Consultation

- Model: Conflict Mapping
- Process:
 - Identify stakeholders
 - Interview stakeholders
 - Report to WRHC board
 - Decision to implement with evaluation
 - Implementation plan
 - Feedback to stakeholders



Critical reflection

- Public consultations very poorly attended
- Stakeholders selected by representative – does not capture strength of passion or emotional impact of not being asked
- Emotional impact of practising conflict resolution skills
- Consultation very labour intensive



Overall

- Objective achieved – NSP open since August 2007 – well utilised
- Deeper understanding of conflict resolution techniques
- Deeper understanding of community perceptions of NSP – impact on service delivery



Evaluation

Shaped by concerns elicited from consultation:

Will the NSP...

- Increase exposure to aggressive or other inappropriate behaviour?
- Increase exposure of young people and others to illicit drug use?
- Increase injecting litter in the vicinity?
- Impact negatively on pharmacotherapy clients?
- Impact negatively on local traders?



Method

- Surveys pre and post NSP implementation (0, 1 and 6 months)
 - Local community (total 120)
 - Pharmacotherapy service clients (30)
- Consultation with key stakeholders
- Observations of NSP operation, staff reports etc.



Survey content

Aimed to measure *perceptions, observations, and opinions.*

- perceptions of changes in drug use/dealing and alcohol use in the area
- observations of publicly discarded injecting equipment
- observations of drug/alcohol-related violence
- observations of public injecting
- specific and general concerns surrounding drug/alcohol use in the area
- opinions on NSP operation (in principle and specifically in suburb)
- perceived impact of NSP on people accessing services at the Centre
- perceived impact of NSP operation on pharmacotherapy program.



Findings – Community Surveys

One statistically significant difference in responses
0 – 6 months:

- *Perceived* increase in discarded injecting equipment (while no actual increase in sightings).

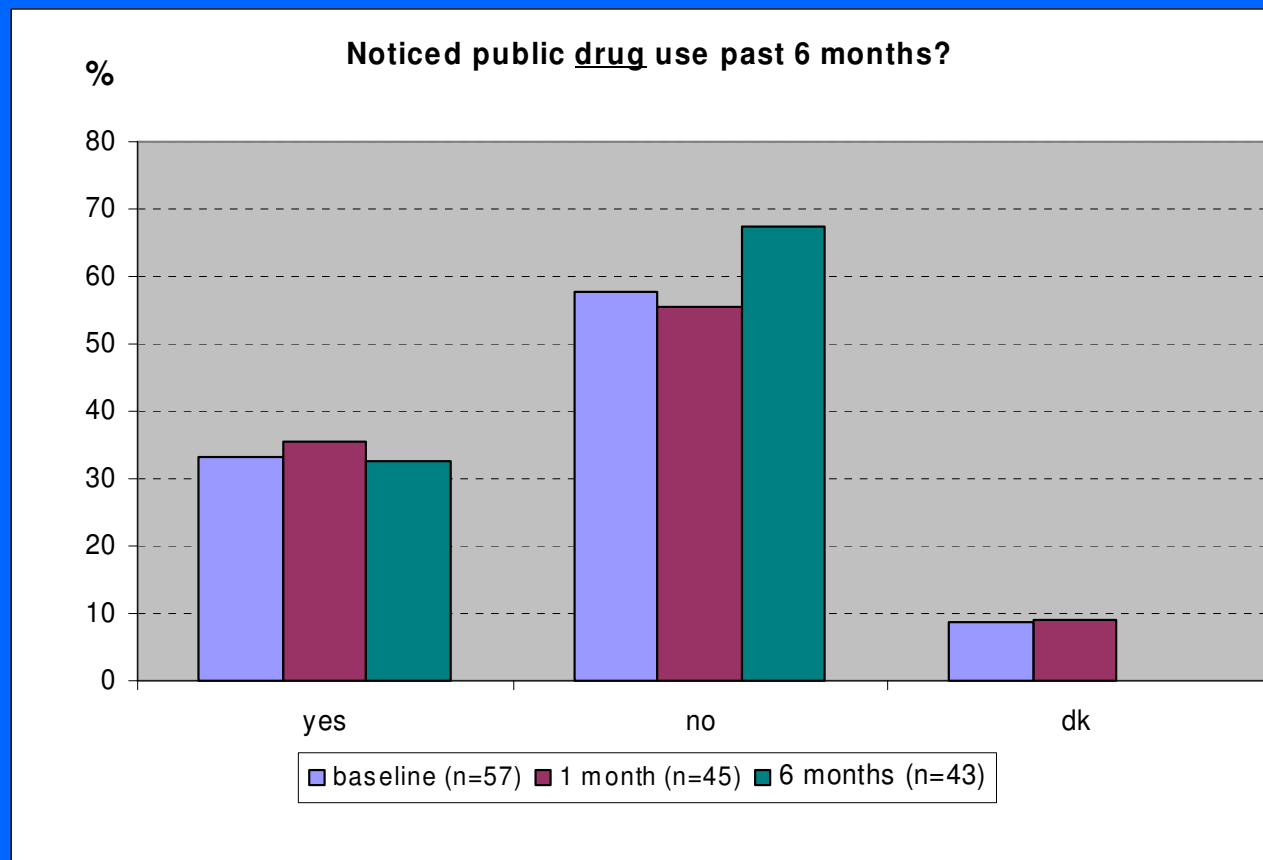
No significant differences in:

- observations of public injecting
- observations of aggressive behaviour

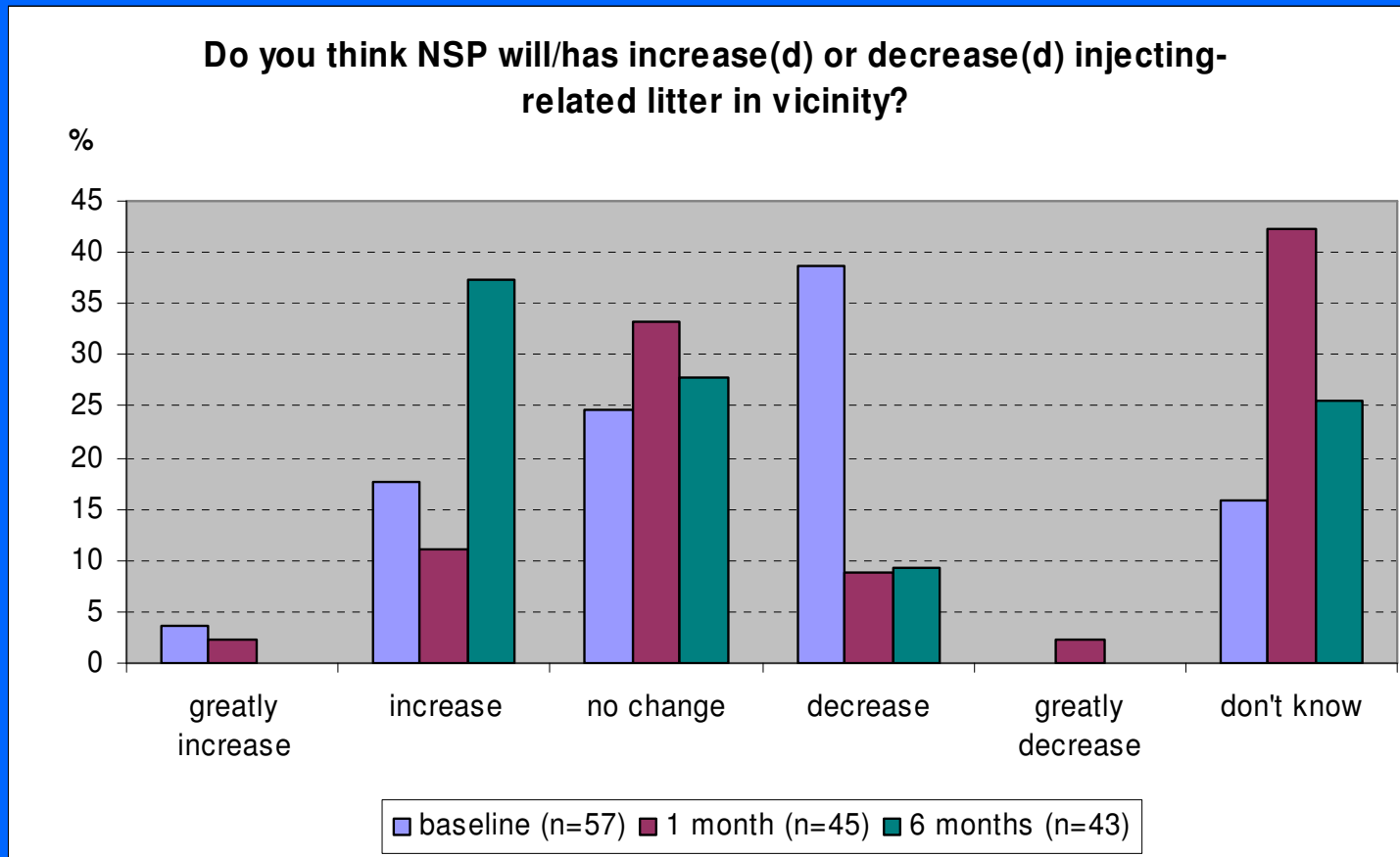
....although again a *perceived* increase in:

- aggressive behaviour
- exposure of young people to drugs

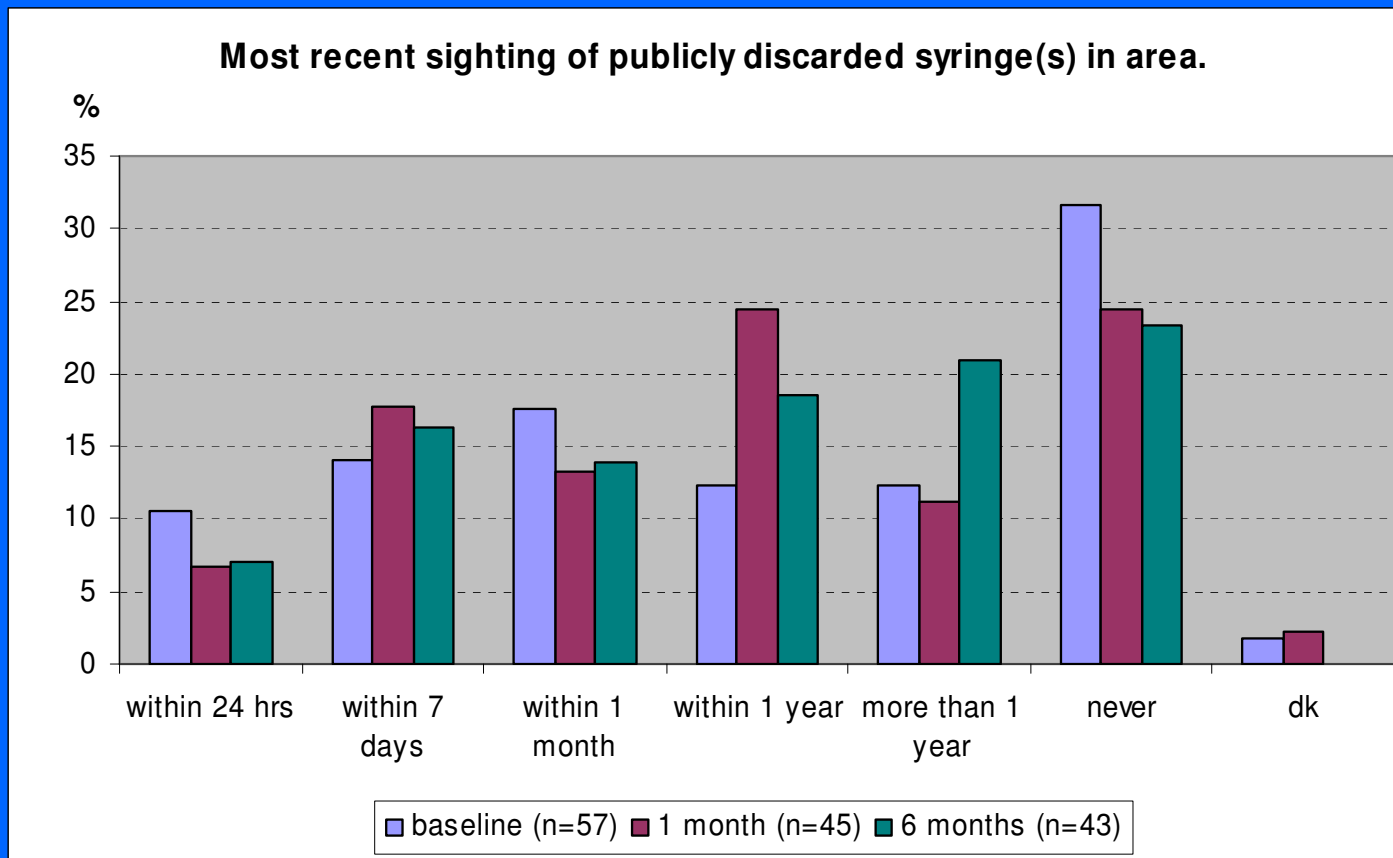
Findings – Community Surveys



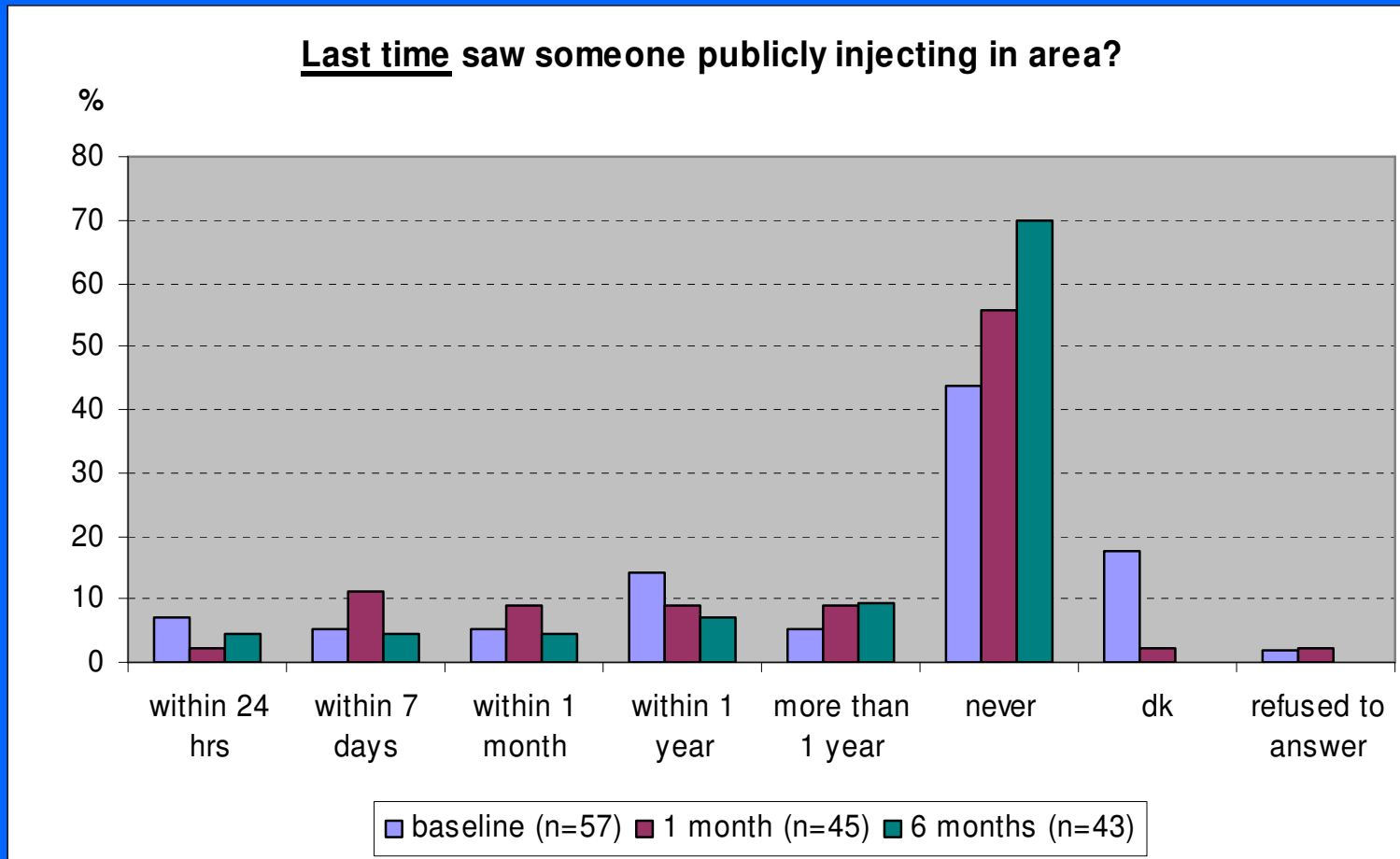
Findings – Community Surveys



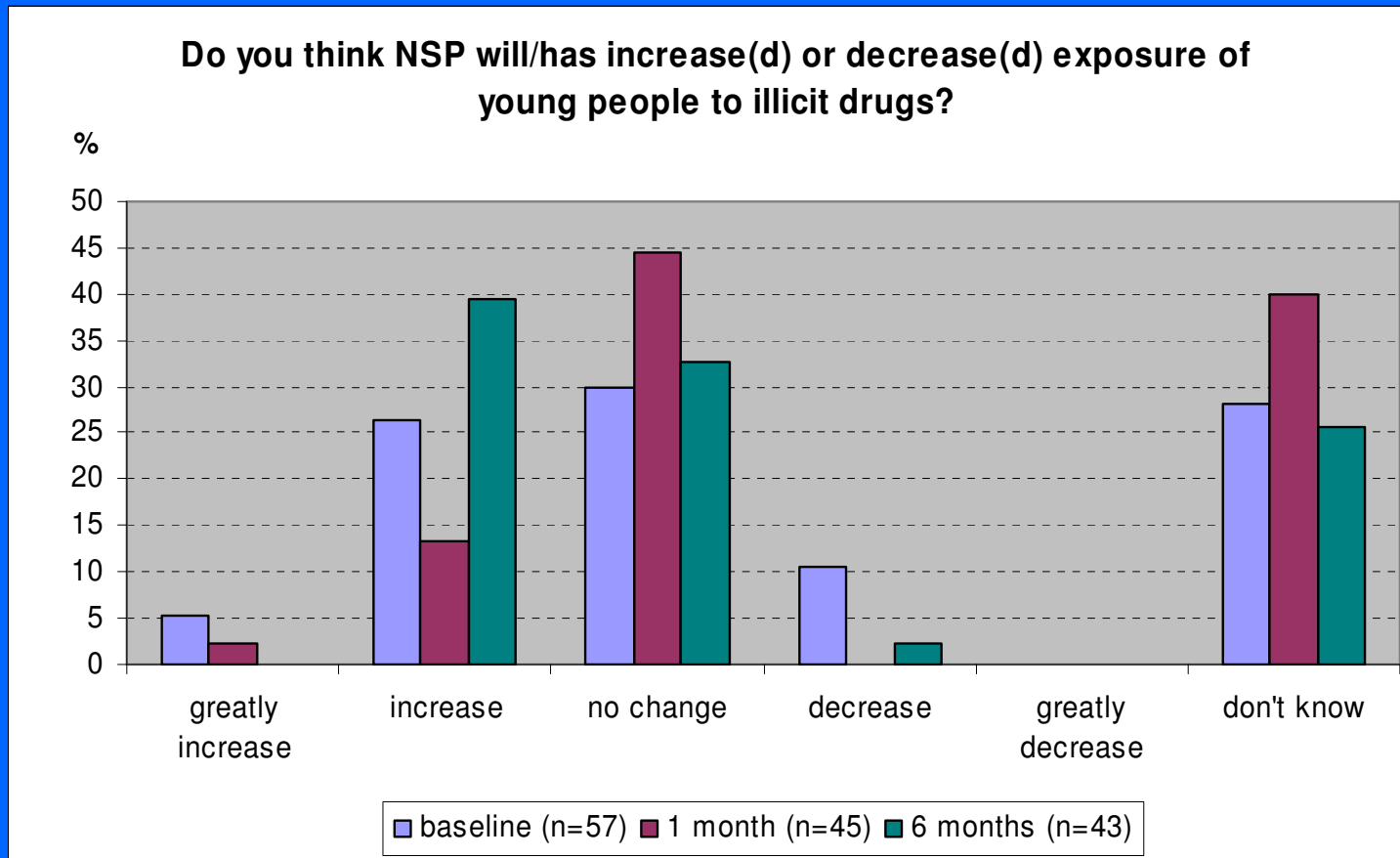
Findings – Community Surveys



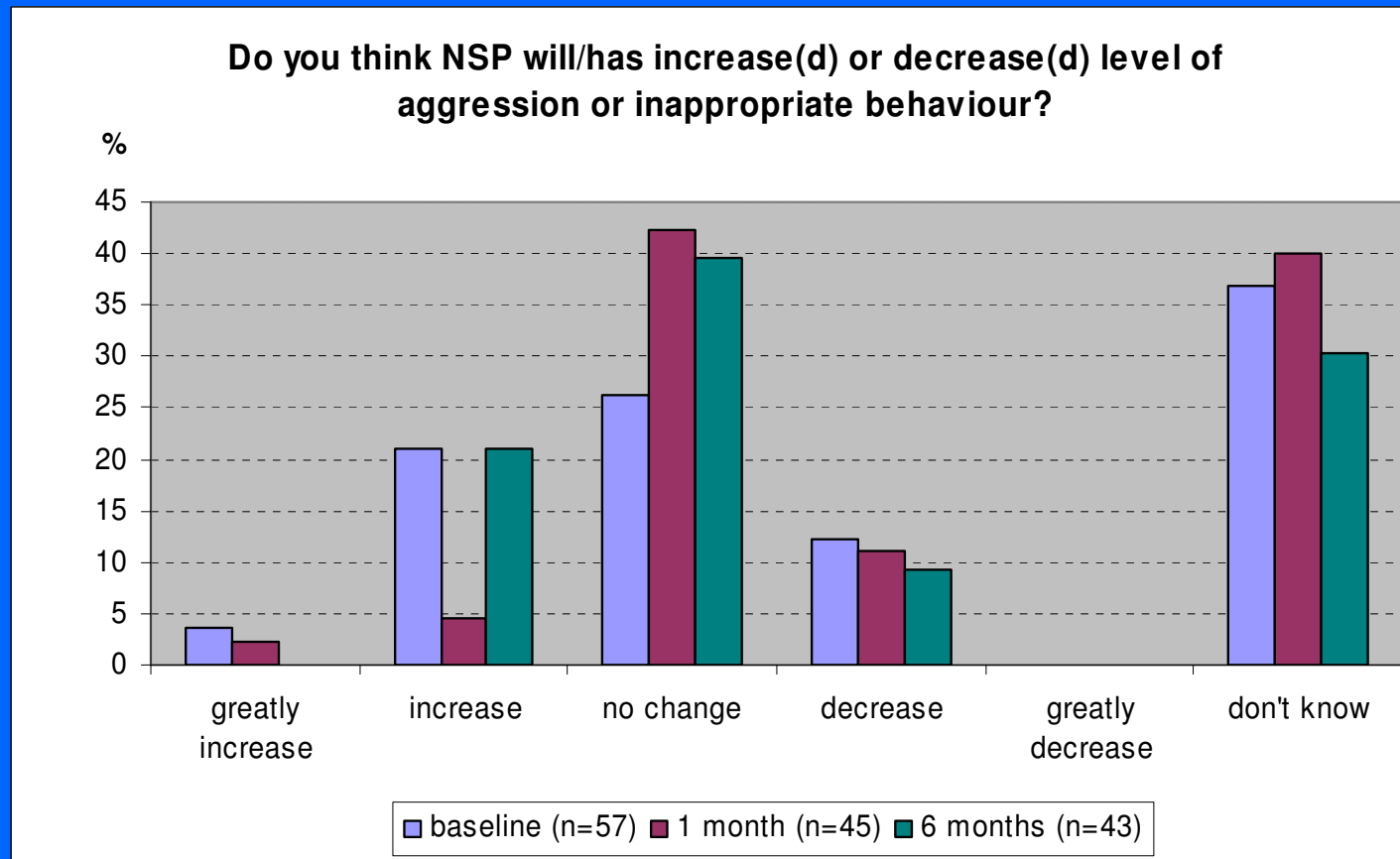
Findings – Community Surveys



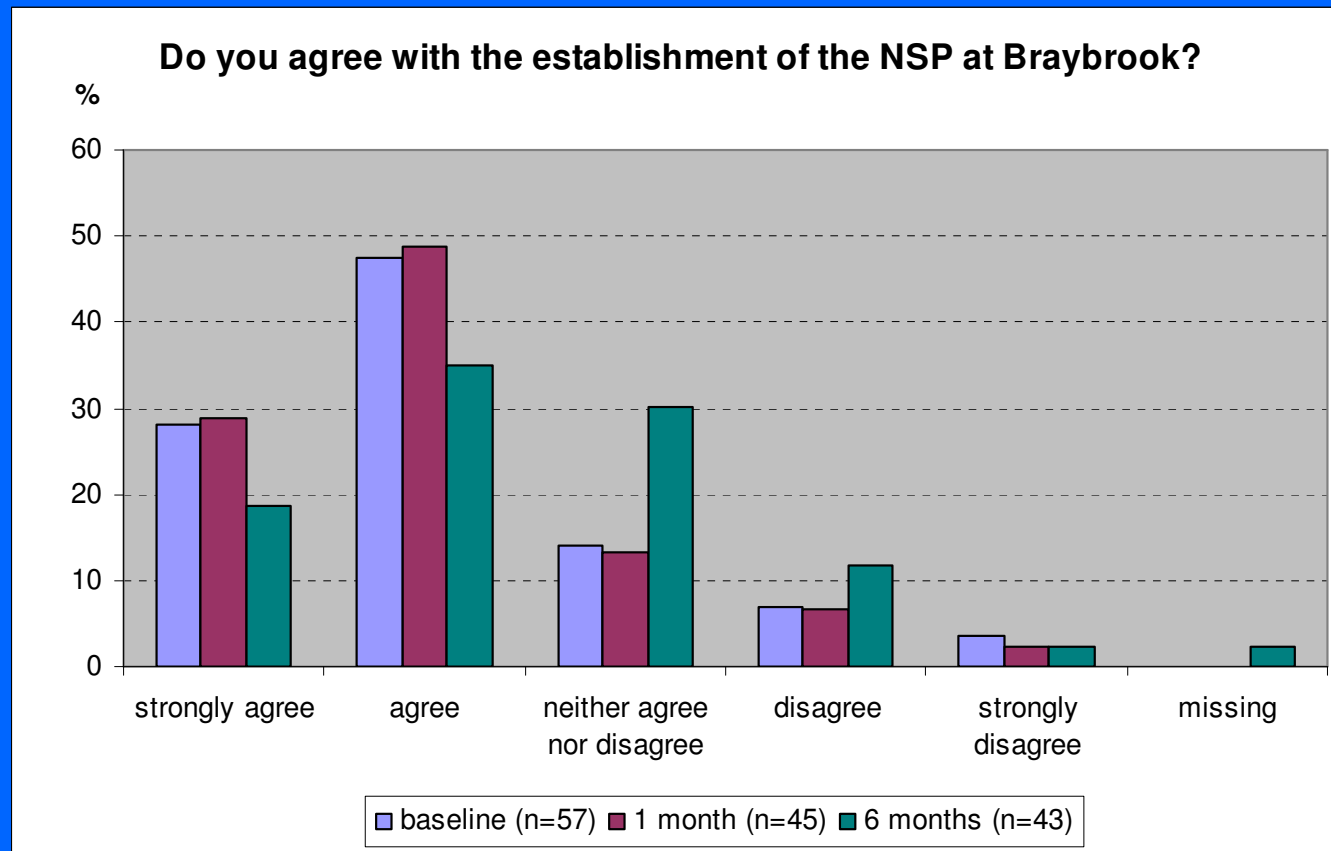
Findings – Community Surveys



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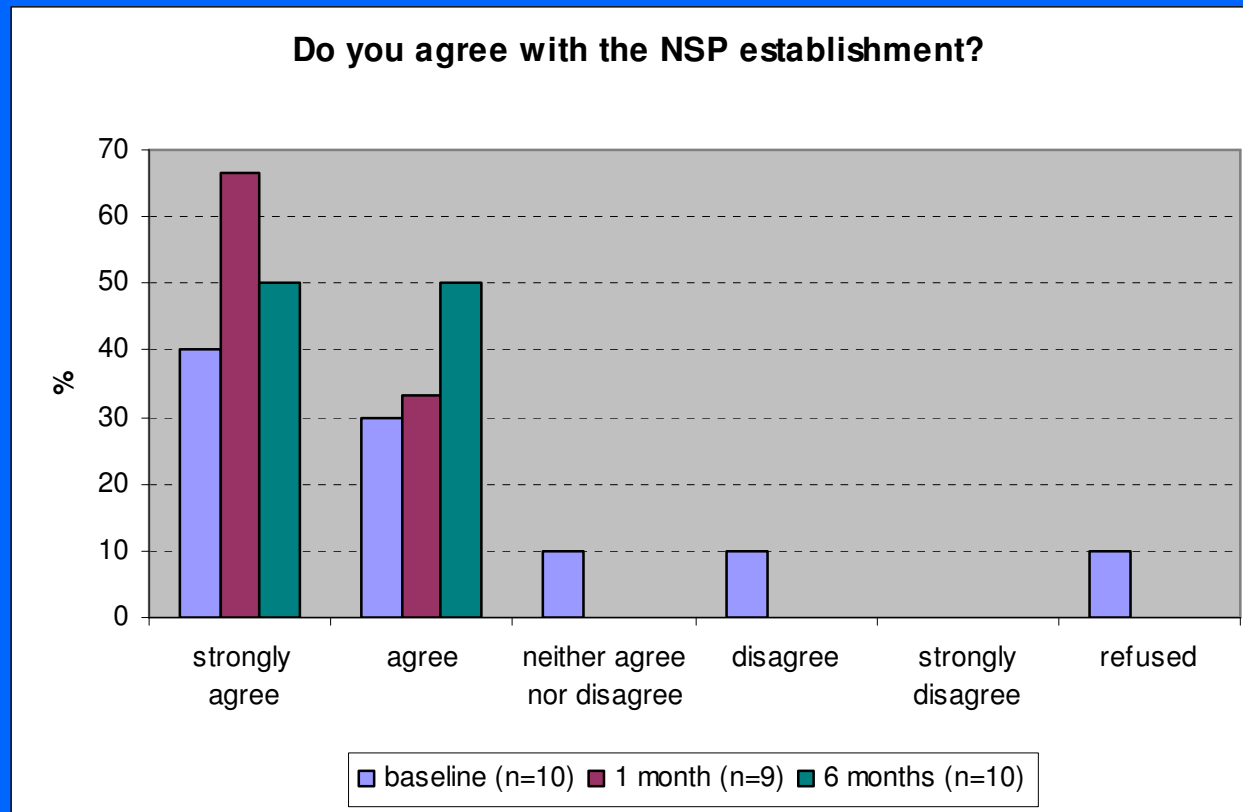




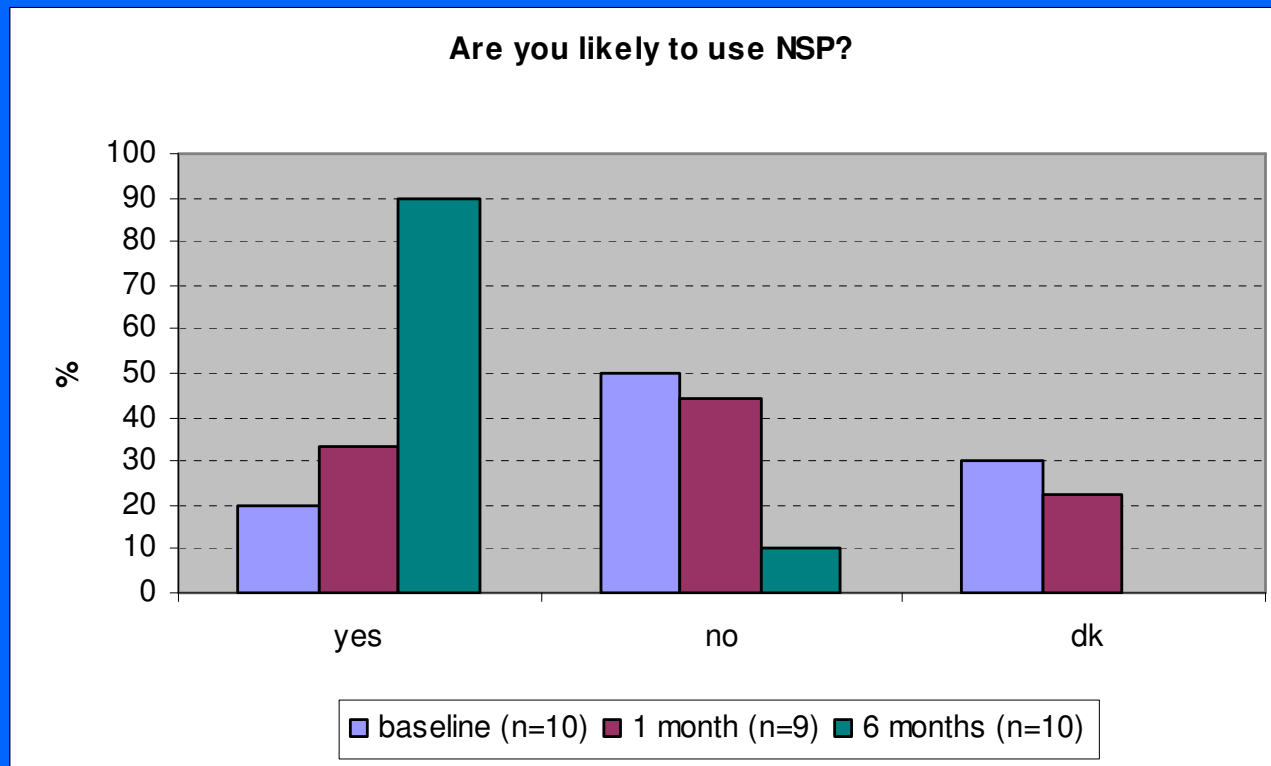
Findings – Consumer Surveys

- 70% (0m) and 100% (6m) ‘agreed’ or ‘strongly agreed’ with NSP establishment
- 90% (at 6m) stated they would use the NSP
- 10% (0m) and 0% (6m) perceived NSP may impact their treatment program (40% undecided)

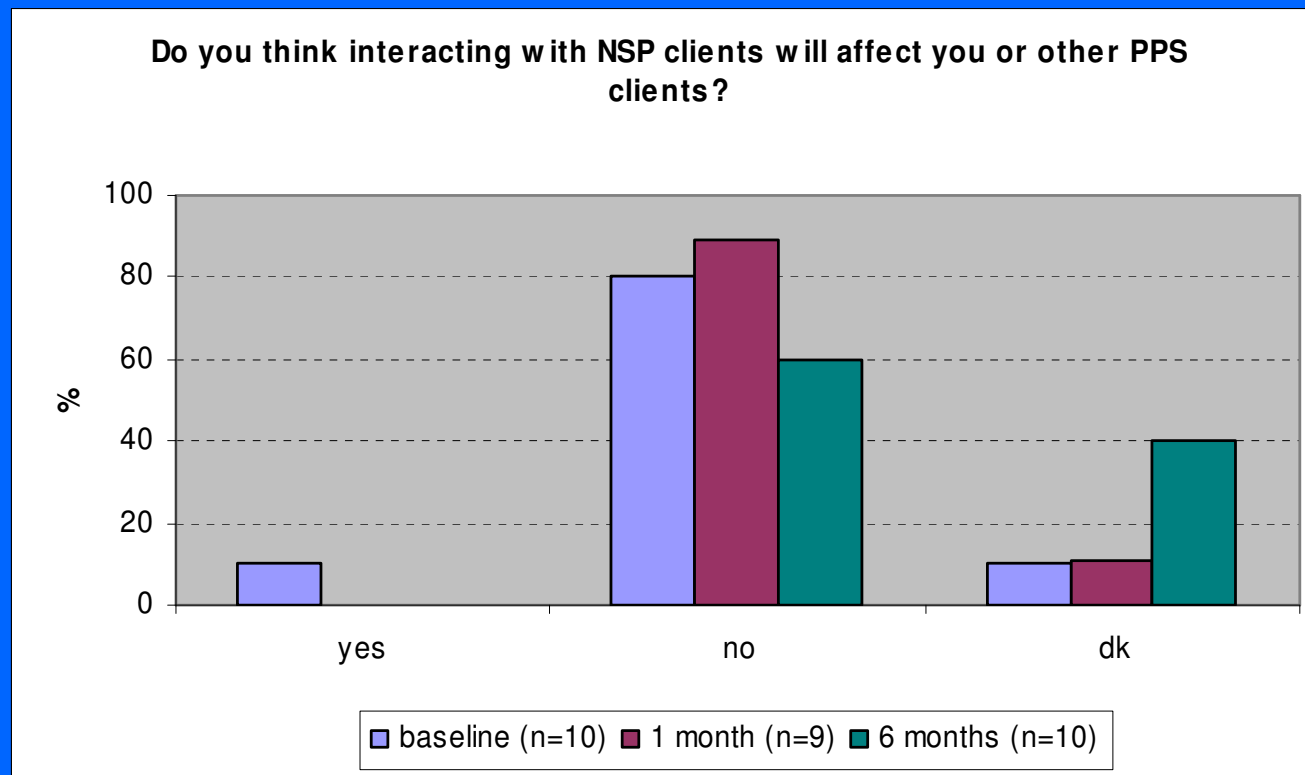
Findings – Consumer Surveys



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Findings – Consumer Surveys





Limitations & Reflections

- Relatively small samples – small study, small budget
- Unmatched samples – drop in KI interest (may reflect lack of any NSP impact?)
- Exclusion of ‘don’t know’ responses
- Level of NSP utilisation increased over time – stock throughput doubled ’08 v. ’09
- Planned evaluation late ’09
- Ongoing negotiations re managing litter etc



Contributors

- WRHC staff
- Consultation and evaluation participants
- Uma Jatkar – Victorian Public Health Training Scheme
- Burnet staff and students

■ August 2007



January 2009



July 2009

