



THE SALVATION ARMY

crisis services

HEALTH INFORMATION EXCHANGE

29 GREY ST, ST KILDA

1800 627 727



MONASH University



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HIE

- Fixed site primary NSP since 1989
- Single worker model
- 9am and 11pm 365 days/year
- 06/07 financial year:
 - 768,720 syringes provided
 - 38,813 contacts



CRISIS SERVICES NETWORK

- HIE
- Access Health
- Crisis Contact Centre
- Crisis Accommodation Service
- Family Violence Outreach Program
- Young Women's Outreach Program



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24/7 ACCESS - NEED

- MACBSTI – hepatitis subcommittee
- Health Outcomes International (2002). *Return on investment in needle and syringe programs in Australia*. Canberra: Commonwealth of Australia.
- Rowe, J. (2003). *Who's using? the health information exchange [St Kilda] and the development of an innovative primary health care response for injecting drug users*. Melbourne: Salvation Army.
- Moore, D. & Dietze, P. (2004). *Responding to Street-Based Heroin Overdose, Injecting Drug Use and Sex Work: A Risk Environment Approach*. Perth & Melbourne: National Drug Research Institute, Curtin University of Technology & School of Health and Social Development, Deakin University.



24/7 ACCESS - NEED (cont)

Moore and Dietze (2005)... because of connections with street sex work...

the St Kilda street drug market operates on a 24 hour basis...

identified a primary unmet need in 24 hour access to sterile injecting and safe sex equipment...



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2007 DHS DP&S requested

- Extension of current hours
- 24 hour model of fixed site NSP
- 12 month trial period
- Evaluative component



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AIM

To reduce the harm associated with injecting drug use through increased access to:

- clean injecting equipment, condoms, lube and other consumables
- information / referral on issues including health and welfare



MODEL

- Continue existing model
- 2 staff 2300 - 0900hrs
 - enhanced worker safety
 - increased engagement at-risk clients
- Utilise existing after-hours infrastructure



MONASH UNI EVALUATION

- Process evaluation
(what is being provided and how)
- Impact evaluation
(immediate effect / unintended impact)
- Long-term sustainability



EVALUATION OBJECTIVES

- (i) Examine the impact of the extended hours upon the nature and frequency of service use.
- (ii) Identify barriers and enabling factors in undertaking the initiative with this target group, and in the local community.



EVALUATION OBJECTIVES (cont)

- (iii) Determine if the service delivery model used met the health and other support needs of the target group.
- (iv) Determine if this intervention had a beneficial impact on healthy practices of the target group.



EVALUATION OBJECTIVES (cont)

- (v) Determine, on the basis of available evidence, whether to continue the initiative post-trial, and if so develop sustainable options for doing do, including the assessment of sustainability within the local community.



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METHODOLOGY

- Literature review
- Qualitative data collection - surveys
- Quantitative data - interviews
- External data bases



DATA SOURCES

Service data N = 61,808

Additional survey data (N = 874)

Service users interviews (N = 40)

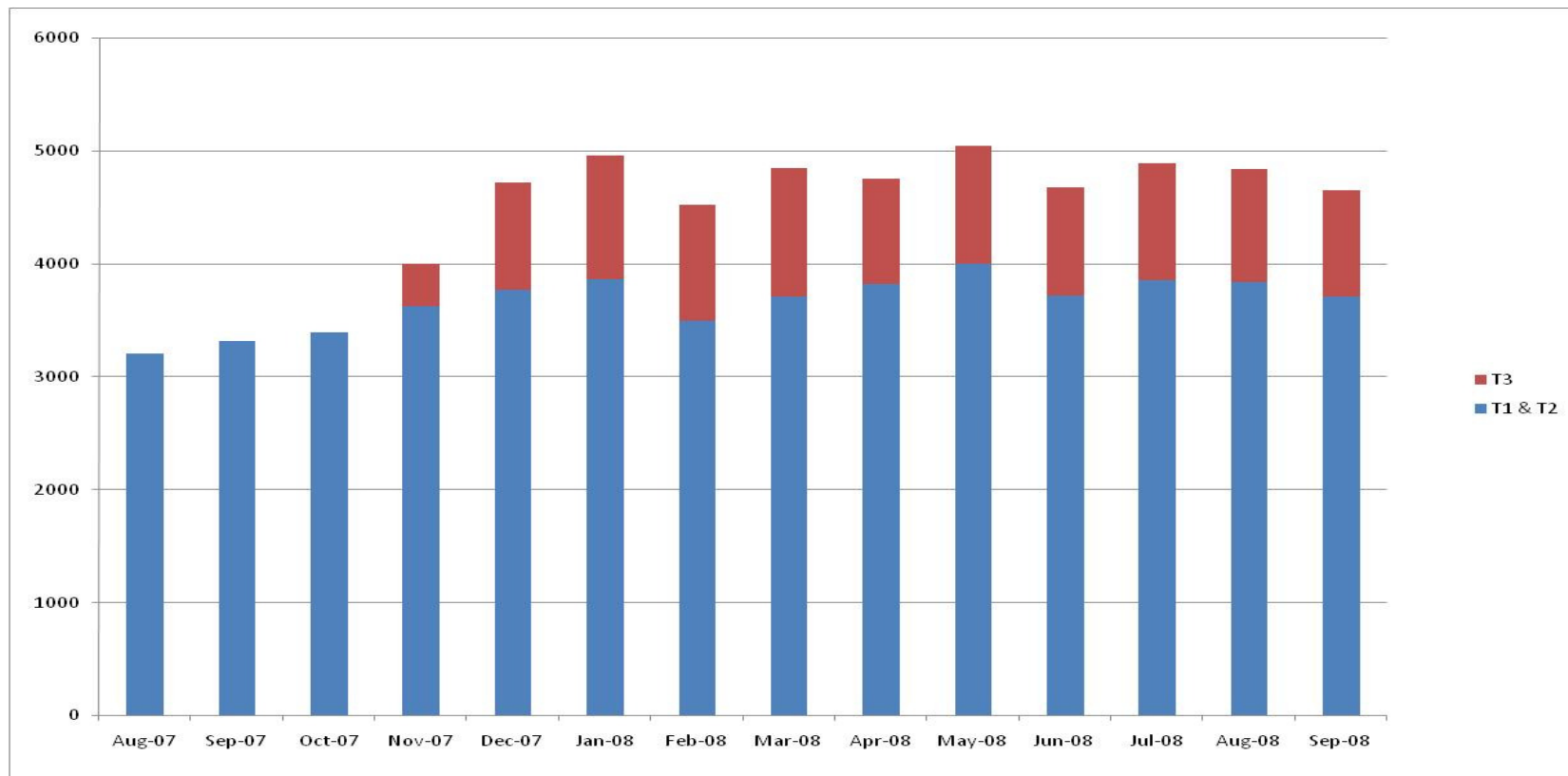
Secondary data sources

Key informant interviews



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OVERNIGHT DATA

41.6% female
(28.4% day; 36.8% evening)

55.8% of female service users < 30 years



Female service users more likely to be benefit recipients or sex work

2/3 Service users unemployed



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35.6% 0 to 1 km

55.2% travelled 6 to 10 kms

5% travelled 16 kms +

male service users were more likely have travelled
6 plus kms than female service users



50% used heroin that day

25% used speed that day

17.5% used cannabis that day



School level attained was significantly correlated with age first injected and related to prior imprisonment

.....schooling appears to be a protective factor



Injecting frequency was significantly associated with poly substance use / equipment sharing

More frequent use of the service was significantly associated with less injecting; this relationship the strongest for service users accessing the after hours service



56.4% one or more physical health issues

56.4% one or more mental health issue, (depression and anxiety)



100% of service users interviewed commented that they felt that the service should continue.....



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“...before the service was open 24 hours you'd get tempted to share or clean fits with bleach. You know it's dodgy, but if you need it what can you do?”

Interview 17, 29 year old male



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“I’d find it really difficult if it [the after hours service] wasn’t here. This place makes the life of working girls much easier, and those who live a lot of their lives on the street”

Interview 15, 44 year old female



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“I think it’s really good that it’s open after hours and I think it should stay open...because it’s a health issue, it’s not about money”

Interview 40, 30 year old male



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“You don’t understand how it feels to have a pack of clean syringes. Otherwise you have to save old ones, blunt used ones. Or you had to hang out. And, there’s the clients who want to use too. We [working girls] stashed clean ones around the street, but people would take them”

Interview 24, 28 year old female



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“Drug taking isn’t an eight hour a day occupation – it’s a 24 hour occupation and you may not score ‘til midnight or later”

Interview 19, 49 year old male



CONCLUSIONS

- The after hours service appears to have established itself quickly, delivering approximately 1,000 service contacts per month.
- This is on top of an increasing use of the service during the other two shifts.



- While demand for the service as a whole has increased across all shifts,
no appreciable increase in crime has been reported



A number of sub-groups are suggested by the data:

- sex workers
- tradesmen/truckies
- people who live a reasonable distance



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