Free automatic vending machines: The Impact on Face-to-Face Primary NSP Delivery

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Background:

The Kirketon Road Centre (KRC) is a public primary health service in central Sydney that engages people who inject drugs (PWID), those experiencing homelessness, Aboriginal people and other marginalised groups.

KRC provides a Needle and Syringe Program (NSP) across South Eastern Sydney Local Health District via:
- Primary NSPs (staffed by a dedicated NSP officer)
- Secondary outlets (e.g. non-government organisations or health services)
- Automatic dispensing machines (ADMs) accessible 24 hours

Selected pharmacies also provide NSP via the Pharmacy Fitpack Scheme. A significant difference in access via these different models is cost. Whilst NSP equipment obtained from all primary and secondary outlets is free, all nine ADMs have a cost of $3 for one fitpack containing six 1ml syringes with injecting paraphernalia. The cost was seen as a barrier by clients and staff to using sterile equipment at each injecting episode. The aim of this project was to assess any changes in NSP distribution at the ADM at KRC when the cost was removed.

Methods:

We analysed month to month distribution of 1ml syringes from both the ADM and KRC's primary NSP service for fourteen months prior and twelve months following the removal of the cost from the ADM. We also assessed change in distribution of other equipment at the primary service and occasions of service at the primary NSP.

Results:

Overall, NSP distribution at KRC (across the two methods) increased by 20% since the ADM cost was discontinued **(figure 1)**. However, there was a marked difference between the ADM and the primary NSP in terms of access.

NSP from the ADM doubled (from about 5,000 units to over 10,000 units) within six months of the charge being discontinued and has remained elevated **(figure 2)**. Over the same period, the number of 1ml needles distributed from the staffed primary NSP service decreased by 17% and has remained at this level **(figure 1)**.

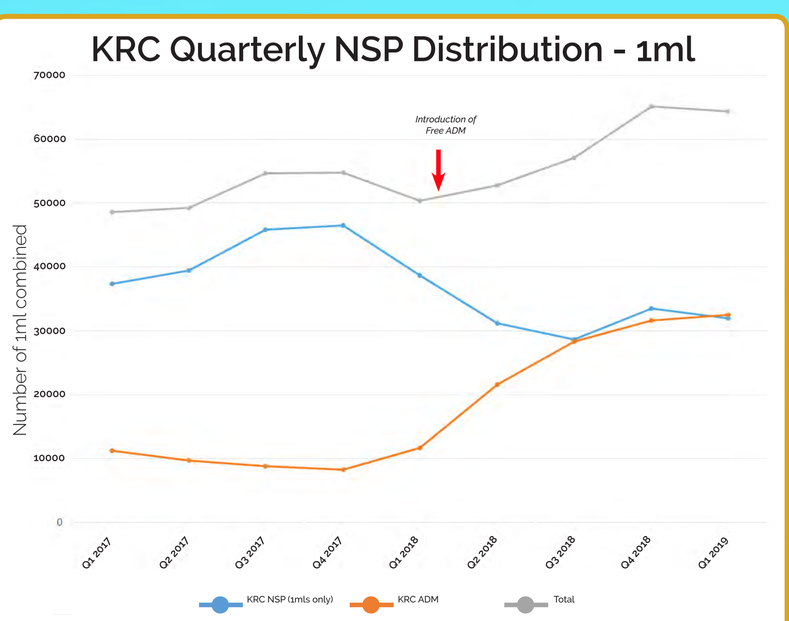

Figure 1: KRC quarterly NSP and ADM distribution

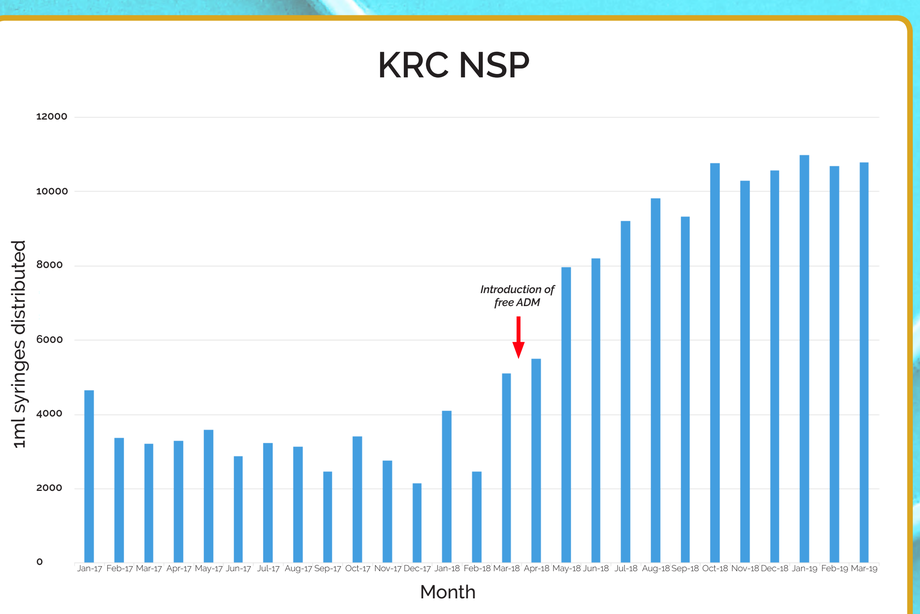

Figure 2: KRC ADM distribution

Discussion:

The primary NSP service at KRC is co-located at a primary health care service which facilitates access to support and health care. An increase in NSP distribution is a positive result of the removal of the cost from the ADM, however the potential implications of a decrease in face-to-face distribution is unclear. Future work aims to answer:

- Why are people not accessing the primary NSP service?
- What are the implications of lower engagement with health care workers for an already marginalised group of people who do not routinely access health services?
- Are we now reaching a new group of PWID who may not previously have taken NSP from either the ADM or the staffed service?
- How can we encourage clients accessing the ADM to venture into KRC?

Conclusions:

Building and maintaining relationships with clients is as important as needle distribution to the NSP service at KRC. While we feel the ADM switch to free may have created 'goodwill' among clients, we would like to investigate how we can facilitate greater interaction. Consultation with our consumers via the KRC Consumer Participation Group has already commenced, with plans to co-design a strategy to give some insight into the changing NSP distribution pattern at KRC.

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