in association with David McDonald,
Social Research & Evaluation Pty Ltd

ACT Syringe Vending Machines Trial
2005 - 2006

Final report
by David McDonald

10 April 2007
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Acknowledgements

I acknowledge with thanks the contributions to this evaluation provided by the many individuals and agencies who supported the trial of syringe vending machines in Canberra, and who provided data and information used in the evaluation.

Special thanks go to the clients of the syringe vending machines who provided feedback on their views and experiences, and to the key stakeholders from Canberra public sector and community agencies who did the same.

Ms Brooke Anderson of ACT Health’s Alcohol and Other Drug Policy Unit was the trial Project Manager for all but the first months of its development. She did a magnificent job in establishing and maintaining the trial, as well as contributing significantly to the implementation of its evaluation. Her colleague Ms Jennifer Taleski assisted with expenditure data and Ms Helene Delany, Manager of the Alcohol and Other Drug Policy Unit, provided sound leadership and helpful counsel.

I also acknowledge with thanks the central role in the trial played by Ms Tracy Dobie from Directions ACT, the Manager of the ACT Needle Syringe Program, of which the SVMs are a part, and Mr Andy Hart, the proprietor of Vendafit Pty Ltd, the company that owns, stocks and maintains the vending machines.

Thanks are also due to the many people, most not known personally to me, who provided the administrative by-product data that have been used for monitoring and evaluating the trial. They come from the ACT Ambulance Service, Canberra Urban Parks and Places and Vendafit Pty Ltd.

Associate Professor Simon Lenton from the National Drug Research Institute, Perth, WA, kindly gave permission for the use of some of the questionnaire material from his Fitpack Study (Lenton and Tan-Quigley 1997). Questions used in the 2005 Australian Needle Syringe Program Survey (NCHECR 2006) were also used in the second Canberra SVM client survey to facilitate comparisons between the syringe vending machine and Needle Syringe Program client populations.

The study was approved on 13 December 2004 by the ACT Health and Community Care Human Research Ethics Committee, submission no. ETH.6/04.323.
The ACT Syringe Vending Machine Trial

1. In brief …

Syringe vending machines (SVMs) have been used in NSW, and some jurisdictions abroad, primarily in Europe, for many years. A small number are also provided in Western Australia, Queensland (on a trial basis) and New Zealand. Although widely acknowledged as a valuable component of the mix of harm reduction services available, little evaluation research has been undertaken into their effectiveness and impacts.

A trial of SVMs was conducted over the 12 months from February 2005 to January 2006, with a SVM installed on the outside walls of four of ACT Health’s Community Health Centres, namely Civic, Phillip, Tuggeranong and Belconnen. (All these locations are in Canberra, ACT.) They sell four-syringe Fitpacks at $2.00 each, a price subsidised by ACT Health.

This evaluation of the Canberra trial aimed to fill, to some extent, gaps in knowledge about the feasibility of introducing SVMs; their effectiveness; the costs entailed; and their outcomes (positive and negative, anticipated and unanticipated) on people who inject illegal drugs, other key stakeholders and the Canberra community more broadly.

The evaluation revealed that, overall, the trial has been implemented successfully, with no adverse consequences identified. The SVMs are serving both the usual clients of the other outlets for sterile injecting equipment—community pharmacies and NSPs—and others who are reluctant to use such outlets or find them inconvenient. The out-of-business hours provision of sterile injecting equipment through the SVMs is a particularly welcome innovation.

The presence of the SVMs has not caused any significant displacement in dispensing from NSPs to the vending machines but appears to have done so, to a small extent, from community pharmacies. As well as using the SVMs, NSP clients continue to have access to and receive the range of other helping services that the NSPs provide.

Owing to the success of the trial in terms of feasibility, cost and outcomes for both people who inject illegal drugs and the broader community, it is recommended that the provision of sterile injecting equipment through SVMs remains an ongoing component of the ACT Needle Syringe Program.

The continuing operation of the four SVMs currently in place is widely supported, and additional machines are needed. Concerns exist about the reliability of the machines, linked to design problems and their vulnerability to vandalism. This needs further attention from the managers of the ACT Needle Syringe Program and the owner/operator of the machines.

The remainder of this report presents the findings of the evaluation, and its recommendations, with details of its methodology being provided in an appendix. Each section addresses one or more of the evaluation’s terms of reference. The next two sections deal with what we already know about SVMs, and describe the trial. Subsequent sections assess changes in access to sterile injecting equipment as a result of providing SVMs, information on the clients of the vending machines, and the machines’ impacts on needle sharing, the operations of the other outlets for sterile injecting equipment, and unsafe disposal of injecting equipment. I then discuss the
products sold through the SVMs and their cost, the views about the machines expressed by SVM clients and other key stakeholders, the excessive amount of machine downtime owing to vandalism and design problems with the machines, the relationship between SVM availability and heroin overdoses, the costs of the innovation, and public opinion. The body of the report concludes with a summary of the evaluation’s findings, and its recommendations.

The next section addresses the question ‘What do we already know about syringe vending machines?’
2. What do we already know about syringe vending machines?

In this section I address the questions: What did we already know at the commencement of the trial; and on what body of knowledge is the trial based?1

The context of the intervention—the trial of SVMs in Canberra—is the epidemic of blood-borne diseases among people who use illicit drugs, especially those who share injecting equipment and contaminated injecting environments, placing them at high risk of infection by the hepatitis C virus and, to a lesser extent, to HIV.2

Sound evidence now exists as to the effectiveness, and cost-effectiveness, of needle/syringe programs such as those provided in the ACT in community pharmacies, community health centres and agencies that serve people who inject illegal drugs.3

Syringe vending machines (SVMs) have been provided in parts of New South Wales, Australia, since 1992, with approximately 102 operating in 2005.4 A small number are also provided in Western Australia, Queensland (on a trial basis) and New Zealand. Eight European countries have SVMs now, or have had them in the past, mostly in small numbers with the exception of France which had 250 in 2003.5

The ACT Legislative Assembly’s Standing Committee on Health, in its 2003 report *Access to needles and syringes by intravenous drug users*, recommended a Canberra trial of SVMs.6 The Committee’s inquiry was informed, in part, by the very few published evaluations of SVM provision, particularly in Sydney and Marseille.7 Those studies have found that:

- It is practically feasible to provide SVMs for use by people who inject illegal drugs (and possibly for other population groups).
- They have been deployed in diverse community settings, and also in prisons in jurisdictions that adhere to the principle that prisoners are entitled to a standard of health care at least as good as that provided to people living in the community.8
- They are used by both the clients of previously existing syringe outlets and by people who are reluctant to use the other outlets.
- SVM clients are less likely to be in treatment for drug dependence than clients of other NSP outlets, and tend to be younger, with shorter histories of injecting and lower prevalence of BBV infections.

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1 The term ‘syringe vending machines’ is used throughout this report. Other terms used elsewhere are syringe dispensing machines (usually machines that provide syringes without payment) and syringe exchange machines (machines that operate on a new syringe-for-used syringe basis).

2 Crofts, Aitken, & Kaldor 1999; Dore, Law, MacDonald & Kaldor 2003.


5 European Monitoring Centre for Drugs and Drug Addiction 2006.

6 Legislative Assembly for the Australian Capital Territory - Standing Committee on Health 2003.

7 Berg 1994; Moatti, Vlahov, Feroni, Perrin & Obadia 2001; Stark, Leicht & Muller 1994; Lenton, Kerry, Loxley, Tan-Quigley & Greig 2000; Moloney 2001. Other studies are listed in the bibliography.

8 Lines et al. 2006.
- Clients express concern that the machines are frequently not working owing to vandalism or mechanical/electrical/software malfunctions.

The ACT trial aimed to assess the feasibility of introducing and operating SVMs in this community, and the outcomes for people who inject illegal drugs and for the broader community.

The next section answers the question ‘What was the Canberra SVM trial?’
3. What was the Canberra SVM trial?

As noted above, the ACT Legislative Assembly’s Standing Committee on Health, in its 2003 report *Access to needles and syringes by intravenous drug users*, recommended a trial of SVMs in Canberra. This recommendation was reflected in the *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008*, which has among its priority harm reduction actions ‘Establish a trial of vending machines for dispensing needles and syringes in the ACT to provide 24hr anonymous access to clean injecting equipment’.

The ACT Government accepted the Standing Committee’s recommendation and, in August 2004, the Legislative Assembly for the ACT passed the *Drugs of Dependence (Syringe Vending Machines) Amendment Act 2004* which provides the legal basis for providing sterile injecting equipment through vending machines in the ACT.

The trial began on 4 February 2005, in the sense that the first vending machines started operating on that date. There are four machines, located at ACT Health’s Community Health Centres at Civic, Belconnen, Tuggeranong and Phillip. In each case they are installed on an outside wall of the Community Health Centre, positioned so that the Community Health Centre staff cannot see the machines or the clients from their places of work. The machines were sited so as to provide a fair degree of privacy for their clients, but not to be in such secluded locations as to place the clients at an elevated risk of assault and/or robbery. Conflicting views have been expressed about the degree to which these goals have been achieved.

The machines are owned by, and were installed by, the Sydney-based company Vendafit Pty Ltd. Vendafit personnel are responsible for keeping them in operation and stocked with Fitpacks®. During the trial period, the machines were restocked weekly, generally on the Thursday or Friday. Improved arrangements for restocking began in February 2007.

The SVMs are under the management of Directions ACT as part of the broader Needle Syringe Program that the organisation operates throughout the ACT. ACT Health funds the ACT Needle Syringe Program, including the SVMs, and commissioned the monitoring and evaluation of the trial.

The SVMs dispenses yellow, Mark 2, Fitpacks®, manufactured and packed by ASP Healthcare Pty Ltd, at the cost of $2.00 each. The cost is subsidised by ACT Health. Each Fitpack contains the following items
- 4 x Terumo 27 g, 1 mL, single use syringes
- 1 x 10 mL water for injection
- 4 x alcohol swabs
- 1 x spoon
- 1 x cotton balls (5 pack)
- 1 x ‘Safe injecting’ advice card prepared by ACT Health with the assistance of the ACT Hepatitis C Council.

The Fitpacks are rigid plastic containers that have an internal moulded flap which captures and locks in place the used needles and syringes, thus preventing their removal and reuse.9

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9 ASP Harm Reduction Systems Pty Ltd n.d.
A 240 litre sharps disposal bin is installed next to each syringe vending machine. City Rangers are funded by ACT Health to patrol the area around the SVMs on Saturday and Sunday mornings to collect and remove any injecting equipment found there. Furthermore, the Vendafit contractor who restocks the machines each week also checks for inappropriately discarded injecting equipment in the vicinity of each machine, collecting and disposing of any found.

The trial ran for 12 months, from February 2005 to January 2006. A comprehensive ‘question-and-answer’ briefing document was prepared for use by Government, the media and the public, prior to the commencement of the trial. Three reports monitoring progress have been submitted over the trial period. This is the final report on the trial.

Details on the evaluation research methodology are in an appendix to this report.

The next section answers the question ‘Has access to sterile injecting equipment changed following the introduction of SVMs?’.

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10 McDonald, D 2004, ACT Needle Syringe Vending Machines Trial: Q&A brief based upon the published literature.

4. Has access to sterile injecting equipment changed following the introduction of SVMs?

In this section I address the question, ‘Has access to sterile injecting equipment changed following the introduction of the SVMs?’ This captures two of the terms of reference of the evaluation, namely (a) has access to clean needles and syringes increased following the introduction of syringe vending machines? and (b) in what ways do vending machines add to the role of the existing Needle and Syringe Program outlets?

Accordingly, two sub-questions are dealt with covering SVM usage and the machines’ impacts, if any, on the amount of sterile injecting equipment dispensed by the other Canberra NSP outlets.

4.1 What were the patterns of usage of the syringe vending machine?

Running counts of the Fitpacks sold from each machine are provided in Table 1. It shows the number dispensed each week from when the machines began operation on 4 February 2005, up to 31 January 2006.

**Table 1**

**FITPACKS SOLD, LOCATION AND WEEK, 4 FEBRUARY 2005 TO 31 JANUARY 2006**

<table>
<thead>
<tr>
<th>Week to</th>
<th>Civic</th>
<th>Belconnen</th>
<th>Tuggeranong</th>
<th>Phillip</th>
<th>All sites weekly total</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/02/05</td>
<td>3</td>
<td>13</td>
<td>5</td>
<td>12</td>
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<td>84</td>
<td>191</td>
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<td>04/03/05</td>
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<td>11/03/05</td>
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<td>38</td>
<td>12</td>
<td>42</td>
<td>104</td>
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<td>13</td>
<td>76</td>
<td>142</td>
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<td>59</td>
<td>27</td>
<td>61</td>
<td>169</td>
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<tr>
<td>01/04/05</td>
<td>48</td>
<td>63</td>
<td>34</td>
<td>92</td>
<td>197</td>
</tr>
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<td>08/04/05</td>
<td>40</td>
<td>49</td>
<td>22</td>
<td>92</td>
<td>143</td>
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<td>92</td>
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<td>89</td>
<td>192</td>
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<td>144</td>
<td>276</td>
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<td>42</td>
<td>62</td>
<td>135</td>
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<td>21/05/05</td>
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<td>135</td>
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<td>22/07/05</td>
<td>5</td>
<td>62</td>
<td>58</td>
<td>100</td>
<td>226</td>
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<tr>
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<td>55</td>
<td>97</td>
<td>66</td>
<td>82</td>
<td>300</td>
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<td>57</td>
<td>55</td>
<td>239</td>
</tr>
<tr>
<td>26/08/05</td>
<td>61</td>
<td>77</td>
<td>31</td>
<td>50</td>
<td>219</td>
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<td>01/09/05</td>
<td>65</td>
<td>72</td>
<td>68</td>
<td>50</td>
<td>255</td>
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<td>08/09/05</td>
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<td>74</td>
<td>58</td>
<td>55</td>
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<tr>
<td>15/09/05</td>
<td>42</td>
<td>72</td>
<td>79</td>
<td>61</td>
<td>254</td>
</tr>
<tr>
<td>22/09/05</td>
<td>51</td>
<td>98</td>
<td>81</td>
<td>75</td>
<td>305</td>
</tr>
</tbody>
</table>
Table 1 shows that 11,267 Fitpacks have been sold from the four syringe vending machines over the year, a monthly mean of 939. The vending machine located at the rear of the Phillip Health Centre was the most popular by a small margin, having dispensed 28% of the total. Belconnen was the second most popular with 27% of the sales and Tuggeranong accounted for 25%. Civic sold the lowest proportion of Fitpacks, 20% of the total.

Some of the fluctuations in the weekly figures reflects the pattern of restocking of the vending machines, and period in which they were not operating owing to vandalism or mechanical or electrical faults, rather than any significant change in patterns of demand for Fitpacks. This is confirmed from the trend line in Figure 1.

**Figure 1**

SVM sales, by week, Feb. 2005 to Jan. 2006 with a 8 weeks moving average trend line
Figure 1 presents, in graphical form, the data provided in Table 1, illustrating the number of Fitpacks sold from all four sites combined, per week, over the year. The bold line is the eight weeks moving average. Note that only one machine (Belconnen) was restocked in the last week of the trial.

**Evaluation findings**

The information provided above leads to a number of conclusions about the level and pattern of sales through the SVMs:

- The roll-out of the intervention was smooth, with all four machines quickly coming online.
- The arrangements for keeping the machines stocked, and removing the money deposited, have worked smoothly.
- The potential clients of the SVMs quickly found out about their location and the products vended, and commenced purchasing Fitpacks from the first week.
- The median monthly number of sales (925) was reached by June, the fifth month of operation.
- Throughout the trial period, the number of sales has continued to rise gradually, with significant week-by-week fluctuations.
- The number of sales per week per machine depended on an interaction of factors, including:
  - electrical, mechanical and software failure of the machines
  - inoperability of the machines owing to vandalism
  - client demand
4.2 How did providing SVMs impact on the other NSP outlets?

The rationale for installing syringe vending machines in Canberra (as elsewhere) is to make sterile injecting equipment available to people who, for a variety of reasons, cannot obtain it from other outlets, or prefer not to do so. In other words, the intention is that the vending machines supplement, not replace, the services provided by the existing Needle and Syringe Program (NSP) outlets. This is particularly because the NSPs provide a range of important services, including health care and referral to other helping services, in addition to dispensing sterile injecting equipment and receiving back and disposing of used equipment. The face-to-face engagement of NSP staff and their clients is an important feature of NSP operations. The evaluation has therefore monitored the volume of syringes dispensed through the Canberra NSP service, including the pharmacy outlets and the other agencies that serve people who inject illegal drugs.

Over the twelve months, Canberra NSPs dispensed a total of 388,416 1 mL needle/syringes, and an additional 85,520 were provided to pharmacies for sale. This means that 473,936 syringes were distributed through the pre-existing outlets over the year. The syringe vending machine sales (45,068 syringes from 11,267 Fit Packs) composed approximately 8.7% of the total from all outlets, namely 519,004 syringes.

Data from the trial period may be compared with data for the previous year, 2004. The monthly mean number of syringes provided in Canberra in 2004, via both NSPs and pharmacies, was 41,040, with a year total of 492,476. In the trial period, February 2005 to January 2006, the monthly mean from NSPs, pharmacies and the SVMs aggregated, was 43,250, with a full year total of 519,004.

This means that a small increase (5.4%) in the number of syringes provided through all outlets combined occurred between the year before the trial and the trial year itself. The number provided through NSPs fell by 2.6% and the number provided to pharmacies fell by 8.8%.

Table 2 has details.

**Table 2**

<table>
<thead>
<tr>
<th>SYRINGES DISPENSED BY NSPs, PHARMACIES AND SVMs, 2004 AND TRIAL PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>2004</td>
</tr>
<tr>
<td>Trial period</td>
</tr>
<tr>
<td>Monthly mean 2004</td>
</tr>
<tr>
<td>Monthly mean in trial period</td>
</tr>
<tr>
<td>% change 2004 to trial period</td>
</tr>
</tbody>
</table>
**Evaluation findings**

The evaluation has investigated whether or not the vending machine sales appear to have added to the total number of sterile syringes provided to Canberra’s drug using community or whether, on the other hand, there has been displacement from the NSPs and pharmacies to the vending machines.

The figures indicate that, since the SVMs have begun operation, a small increase in the number of syringes provided to the community has occurred, without any significant reduction in the numbers provided by NSPs. This means that NSP clients are continuing to have access to the range of other helping services that the NSPs provide.

The presence of the SVMs does not appear to have caused any significant displacement in dispensing from NSPs but appears to have done so, to a small extent, from community pharmacies.

The next section answers the question ‘Who is using the syringe vending machines?’. 
5. Who is using the syringe vending machines?

This section covers two of the evaluation’s terms of reference about the clients of the SVMs: (a) What is the profile (age, gender, etc) of people accessing vending machines and how is this similar to or different from those accessing needles and syringes via other outlets? and (b) Who are the client group/s that are accessing syringe vending machines and do they use other needle and syringe program outlets?

These issues were addressed through surveys conducted in late 2006 covering SVM clients and key stakeholders who are well informed about the SVMs and the people who used the machines. The client survey was a two-page self-completion questionnaire, provided to people visiting agencies serving people who inject illegal drugs, including the four Community Health Centres where the SVMs are located, the community pharmacies with the greatest volume of Fitpack sales, NSPs, CAHMA, Winnunga Nimmityjah Aboriginal Health Service and other agencies. In all, 159 questionnaires were returned. Twelve of these are excluded from the analysis as the people completing them answered ‘no’ to the question ‘Have you ever obtained a Fitpack from a syringe vending machine?’ This left 147 valid survey responses from Canberra SVM clients.

The SVM client profile can be compared with national data from NSP clients collected in the Australian NSP Survey. This survey has been conducted annually since 2001 by the National Centre in HIV Epidemiology and Clinical Research. The small number of Canberra respondents to the NSP Surveys (just 39 in 2005, the most recently published), and the resulting wide fluctuations in data from one year to the next, mean that it is not valid to compare survey data on Canberra SVM clients with data on the Canberra NSP Survey respondents. Furthermore, it is possible that some individuals were respondents to both surveys, further complicating the interpretation of the data.

The stakeholder survey was completed online; 33 responses are used in this analysis. Further information on the evaluation methodology, including the surveys, is in the appendices.

5.1 What are the demographics of the SVM clients?

Gender

A significantly higher proportion of SVM clients than NSP clients were female: 43% compared with 36% of NSP clients nationally in the 2005 national NSP survey.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td>54.4%</td>
<td>80</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>42.9%</td>
<td>63</td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
<td>2.7%</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Respondents: 147

---

12 National Centre in HIV Epidemiology and Clinical Research 2006.
Age
The ages of SVM respondents ranged from 17 to 60 years, with a mean of 33.2 years and a median of 31 years, significantly younger than the NSP Survey clients whose median age was 34 years. 20% of SVM clients were under 25 years of age, compared with 14% of the NSP clients nationally.

Indigenous status
A similar proportion stated that they were Aboriginal: 11% of SVM clients and 10% of NSP clients.

<table>
<thead>
<tr>
<th>Figure 3: Aboriginality</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Are you of Aboriginal or Torres Strait Islander origin?</td>
</tr>
<tr>
<td>Response</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Total Respondents</td>
</tr>
</tbody>
</table>

5.2 Who uses the SVMs?
Some 43% of respondents who had an opinion about who were the clients of SVMs said that the machines were used mainly by people who also get injecting equipment at the other outlets, and the same proportion believed that the clients were both these people and others who were less likely to use the other outlets. This suggests that the vending machines are serving a clientele additional to those of the NSP and pharmacies.

<table>
<thead>
<tr>
<th>Figure 4: Who uses SVMs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. So far as you know, are the machines used mainly by people who also get fit at the other outlets (needle exchanges and pharmacies)? Or are they also used by people who are less likely to get them there?</td>
</tr>
<tr>
<td>Response</td>
</tr>
<tr>
<td>Mostly used by people who also go to needle exchanges and pharmacies</td>
</tr>
<tr>
<td>Mostly used by people who are less likely to go to needle exchanges and pharmacies</td>
</tr>
<tr>
<td>Used by a combination of both types of people</td>
</tr>
<tr>
<td>Unsure</td>
</tr>
<tr>
<td>Total Respondents</td>
</tr>
</tbody>
</table>

When asked ‘Who do you think are the main users of the vending machines?’ a wide spread of responses was received. (Note that this was a multiple response question.)

The largest category was ‘People who don’t like going to needle exchanges’ at 64% of respondents. This was closely followed by ‘People who are nervous about asking for fit packs at pharmacies’ (61%), with significant proportions also nominating ‘Young people’ (55%), ‘The same people who get injecting equipment from needle exchanges and pharmacies’ (54%), Aboriginal people (51%) and ‘People who have only recently started injecting’ (44%).
The non-client stakeholders had similar views as to the SVM clientele. This was summarised by one such informant in the following terms:

* SVM Clients are: Tradespeople with their business names on side of vehicles. NEW users, younger users, professionals, and sometimes diabetics who need access to 1mls. People who need equipment in the early hours of the morning.

### 5.3 What are the patterns of drug use among SVM clients?

#### Last drug injected

With prevalences of 39%, heroin and amphetamine/methamphetamine were equally commonly cited as the most recent drug injected, with no other drug types receiving many mentions. This is broadly similar to the national NSP Survey respondents whose last drug injected was heroin 38%, amphetamine/methamphetamine 32%, methadone 10% and morphine 8%.
5.4 What are SVM clients’ patterns of access to sterile injecting equipment?

Frequency of obtaining sterile needles and syringes from any outlet

The SVM client survey respondents very frequently obtained sterile injecting equipment from the outlets accessible to them, including NSPs, pharmacies and the SVMs, with over half (53%) stating that they do so daily or almost daily and an additional 31.5% doing so a couple of times a week. These figures are far higher than for NSP clients nationally, just 13% of whom obtained the equipment from NSPs daily or almost daily and 3% from pharmacies daily or almost daily.

**Figure 7: Frequency of obtaining injecting equipment**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily or almost daily</td>
<td>52.7%</td>
<td>77</td>
</tr>
<tr>
<td>A couple of times each week</td>
<td>31.5%</td>
<td>46</td>
</tr>
<tr>
<td>Less than weekly (2 to 5 times)</td>
<td>9.6%</td>
<td>14</td>
</tr>
<tr>
<td>Once last month</td>
<td>4.0%</td>
<td>7</td>
</tr>
<tr>
<td>Not in the last month</td>
<td>1.4%</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td><strong>146</strong></td>
<td></td>
</tr>
</tbody>
</table>

Frequency of obtaining sterile needles and syringes from SVMs

Frequency of SVM usage paralleled that of accessing injecting equipment from any outlet, with over 40% of survey respondents stating that they use a SVM daily or almost daily, and an additional 28% stating that they do so a couple of times each week.

**Figure 8: Frequency of obtaining injecting equipment from a SVM**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily or almost daily</td>
<td>40.4%</td>
<td>59</td>
</tr>
<tr>
<td>A couple of times each week</td>
<td>28.1%</td>
<td>41</td>
</tr>
<tr>
<td>Less than weekly (2 to 5 times)</td>
<td>12.3%</td>
<td>18</td>
</tr>
<tr>
<td>Once last month</td>
<td>12.3%</td>
<td>18</td>
</tr>
<tr>
<td>Not in the last month</td>
<td>6.8%</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td><strong>146</strong></td>
<td></td>
</tr>
</tbody>
</table>
Opinion on SVM’s impacts on access to sterile injecting equipment

Some 90% of SVM clients who had an opinion on the SVMs’ impacts on accessibility of sterile injecting equipment stated that the vending machines have increased access.

**Figure 9: SVMs increase access?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>77.2%</td>
<td>112</td>
</tr>
<tr>
<td>No</td>
<td>9%</td>
<td>13</td>
</tr>
<tr>
<td>Unsure</td>
<td>13.8%</td>
<td>20</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>145</td>
<td></td>
</tr>
</tbody>
</table>

Usual source of sterile injecting equipment

When asked where they usually get sterile needles and syringes, over two-thirds (69%) mentioned Directions ACT, followed in frequency by the SVMs (59%), with health centres at 45%, pharmacies 32% and lower proportions for the other outlets. (Note that CAHMA was not providing a NSP service at the time of the survey.)

**Figure 10: Where SVM clients usually obtain injecting equipment**

<table>
<thead>
<tr>
<th>Source</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directions ACT</td>
<td>69.4%</td>
<td>102</td>
</tr>
<tr>
<td>AIDS Action Council</td>
<td>9.5%</td>
<td>14</td>
</tr>
<tr>
<td>Health Centre</td>
<td>44.9%</td>
<td>66</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>32.4%</td>
<td>47</td>
</tr>
<tr>
<td>ACT Alcohol &amp; Drug Service</td>
<td>23.8%</td>
<td>35</td>
</tr>
<tr>
<td>Civic</td>
<td>59.2%</td>
<td>87</td>
</tr>
<tr>
<td>Syringe vending machines</td>
<td>7.5%</td>
<td>11</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The SVMs being accessed by clients

When asked from which syringe vending machines they have ever obtained Fitpacks, Woden and Civic were nominated most frequently (both by 65% of respondents), followed by Tuggeranong (40%), Belconnen (37%) and Queanbeyan (25%). (Responses to the ‘other’ category probably refer to elsewhere in NSW.)

This pattern differs from that revealed from sales data, discussed above, with Phillip, Belconnen and Tuggeranong, in that order, having the highest volume of sales, and Civic well behind them. The reason for this is probably that a large proportion of the respondents obtained the questionnaire at an outlet in Civic and are, accordingly, more likely to use resources (including the SVM) located there.
Day/time accessed

The vending machines are clearly receiving a significant out-of-business-hours clientele, with 81% of respondents stating that they have used one after hours on weekdays and 62% using them on weekends and public holidays. Interestingly, 59% reported using the SVMs during business hours on weekdays when the other outlets were also open.

Perceived importance of 24 hour access to sterile injecting equipment

Many people who inject illegal drugs have set in place arrangements for ensuring that they have access to sterile injecting equipment when the normal outlets—NSPs and community pharmacies—are closed. Because not all people who inject are in this position, the questionnaire asked how important is 24 hour access to Fitpacks through vending machines. 80% stated that such access is important for them personally and 99% stated that it is important for other people who inject.
**Evaluation findings**

The clients of Canberra’s SVMs are, on average, younger than the NSP clients nationally and more likely to be female. They are a combination of the regular clients of the other outlets—community pharmacies and NSPs—and people who are reluctant to use those outlets.

Heroin and methamphetamine were the drugs most recently injected by clients, with similar prevalences reported. Over half the SVM clients report obtaining sterile injecting equipment from any outlet daily or almost daily, and some 40% report obtaining it from SVMs daily or almost daily. Some 59% state that SVMs are their usual source of injecting equipment.

SVM clients believe that the availability of four vending machines in Canberra has definitely increased access to sterile injecting equipment for people who inject illegal drugs, and report that the 24 hours, 7 days per week access through vending machines is very important to both themselves and others.

This means that SVMs are meeting previously unmet needs, serving a different population of people who inject illegal drugs (as well as the existing clients of other outlets), making access to sterile injecting equipment easier for them, and meeting a strong demand for out-of-business-hours availability of sterile injecting equipment.

The next section answers the question ‘Has the introduction of SVMs had any impact on needle sharing?’.
6. Has the introduction of SVMs had any impact on needle sharing?

Although it is not possible to answer this question directly, the SVM client survey is helpful. First, clients were asked about their frequency of use of sterile injecting equipment. A high proportion—72%—stated that they used a new, sterile needle and syringe for all injections over the previous month (the same proportion as in the 2005 national Australian NSP Survey). An additional 22% stated that they do so ‘most of the time’ (23% in the NSP survey).

**Figure 13: Frequency of Using New Syringes**

<table>
<thead>
<tr>
<th>How often did you use a new sterile needle and syringe last month?</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All injections</td>
<td>72.1%</td>
<td>106</td>
</tr>
<tr>
<td>Most of the time</td>
<td>21.9%</td>
<td>32</td>
</tr>
<tr>
<td>Half of the time</td>
<td>5.4%</td>
<td>8</td>
</tr>
<tr>
<td>Some of the time</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Not last month</td>
<td>0.7%</td>
<td>1</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>147</td>
<td></td>
</tr>
</tbody>
</table>

When asked if they believe that SVMs have any impact on needle sharing, two-thirds (66%) stated that SVMs reduce needle sharing, 22% were unsure, 8% believed they have no impact on needle sharing and 5% believe that they increase needle sharing. This means that 84% of the users who have an opinion on the matter believed that the Canberra SVMs reduce the incidence of needle sharing.

**Figure 14: Opinions on SVMs’ Impact on Needle Sharing**

<table>
<thead>
<tr>
<th>Do you think that syringe vending machines have any impact on needle sharing?</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, they reduce sharing</td>
<td>66.6%</td>
<td>97</td>
</tr>
<tr>
<td>Yes, they increase sharing</td>
<td>4.8%</td>
<td>7</td>
</tr>
<tr>
<td>No, they don’t have any impact on sharing</td>
<td>7.9%</td>
<td>11</td>
</tr>
<tr>
<td>Unsure</td>
<td>21.0%</td>
<td>32</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>147</td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation findings**

The same proportion of SVM clients and NSP clients nationally (72%) report using a new syringe for every injection over the previous month. Overall, 84% believe that having the SVMs reduces the incidence of needle sharing among people who inject illegal drugs.

The next section answers the question ‘In what ways do SVMs add to the role of the existing Needle and Syringe Program outlets?’.
7. In what ways do SVMs add to the role of the existing Needle and Syringe Program outlets?

7.1 Vending machine sales

As detailed above, a small net increase in the number of syringes provided to the community has occurred since the introduction of the SVMs, without any significant reduction in the numbers that NSPs provided to people who inject illegal drugs. This means that NSP clients are continuing to have access to the range of other helping services that the NSPs provide. The presence of the SVMs does not appear to have caused any significant displacement in dispensing from NSPs, but appears to have done so, to a small extent, from community pharmacies.

7.2 Why did the clients use the vending machines rather than other outlets?

SVM clients were asked why they obtained Fitpacks there rather than from the other outlets, namely NSPs and community pharmacies. The most frequent responses were that they used the vending machines because:

- The other outlets were closed (73%), e.g. ‘Thair was no were elce as it was eirly in the morn’.
- It is easier to use the SVMs (53%), e.g. ‘I was nearby’.
- They do not like going to the other outlets (28%), e.g. ‘staff rude + judgemental’, ‘no pre judgement for my choice of life’.

(This perception is expanded upon below.)

This again highlights the significance of the out-of-hours resource that the SVMs provide, as well as their capacity to overcome other impediments to accessing sterile injecting equipment.

![Figure 15: Why use SVMs?](image)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other places closed</td>
<td>72.6%</td>
<td>106</td>
</tr>
<tr>
<td>Easier to get to vending machine</td>
<td>52.7%</td>
<td>77</td>
</tr>
<tr>
<td>Don’t like going to the other places</td>
<td>28.1%</td>
<td>41</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>6.8%</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td></td>
<td><strong>146</strong></td>
</tr>
</tbody>
</table>
**Evaluation findings**

The primary outcome of installing SVMs in Canberra is that they have supplemented, rather than detracted from, the roles of the pre-existing outlets for sterile injecting equipment. The face-to-face services of the NSPs continue to be available to the bulk of people who inject illegal drugs, though there appeared to be a small displacement from community pharmacies to the SVMs.

The SVM clients chose to use the machines for a variety of reasons, most prominently because the other outlets were closed, because it is more convenient to use the machines and because many do not like going to the other outlets.

The next section answers the question ‘Has the incidence of unsafe disposal of needles and syringes changed following the introduction of SVMs?’.
8. Has the incidence of unsafe disposal of needles and syringes changed following the introduction of SVMs?

Providing SVMs could either increase or decrease the amount of used injecting equipment disposed of inappropriately in public places. On the face of it, providing an additional type of outlet for syringes could mean that more are used with an increased potential for discarding them in public places. On the other hand, the SVMs could reduce the incidence of this behaviour, as sharps disposal bins are adjacent to each SVM, and the machines dispense Fitpacks which have a compartment for used syringes. Another option is that SVMs have no discernable impact on the incidence of used syringes found in public places.

8.1 Was injecting equipment discarded in the vicinity of the SVMs?

The disposal of injecting equipment in the vicinity of the syringe vending machines was monitored throughout the trial:

- The contractor who restocks the machines each week checks for inappropriately discarded injecting equipment in the vicinity of each machine, collecting and disposing of any found.
- Every Saturday and Sunday morning City Rangers inspect the areas around the machines and collect and dispose of any injecting equipment found there. They also check known locations for injecting nearby. City Rangers’ data covering the trial period are in Table 3.
- The ACT Sharps Hotline, a 24 hours service, receives call from the public about inappropriately discarded equipment and dispatches a City Ranger to collect the material within two hours.
- The contractors who each week empty the disposal bins located adjacent to the vending machines check the area and collect any injecting equipment waste.
### TABLE 3:
**INAPPROPRIATE DISPOSAL OF INJECTING EQUIPMENT IN THE VICINITY OF SYRINGE VENDING MACHINES, FEBRUARY 2005 TO JANUARY 2006**

<table>
<thead>
<tr>
<th>Date</th>
<th>Civic</th>
<th>Belconnen</th>
<th>Tuggeranong</th>
<th>Phillip</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Feb 05</td>
<td></td>
<td></td>
<td></td>
<td>1 syringe</td>
</tr>
<tr>
<td>05 Mar</td>
<td>2 syringes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06 Mar</td>
<td>2 syringes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Mar</td>
<td>1 syringe</td>
<td>2 syringes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Mar</td>
<td>16 syringes</td>
<td>2 syringes, 1 Fitpack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Mar</td>
<td>1 Fitpack</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Mar</td>
<td>1 syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 Apr</td>
<td></td>
<td></td>
<td></td>
<td>1 Fitpack</td>
</tr>
<tr>
<td>10 Apr</td>
<td></td>
<td></td>
<td></td>
<td>1 Fitpack</td>
</tr>
<tr>
<td>17 Apr</td>
<td>2 syringes</td>
<td>3 syringes</td>
<td>1 syringe</td>
<td></td>
</tr>
<tr>
<td>30 Apr</td>
<td>1 Fitpack</td>
<td></td>
<td>1 syringe</td>
<td></td>
</tr>
<tr>
<td>08 May</td>
<td>1 Fitpack</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 May</td>
<td>2 syringes</td>
<td>1 syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 May</td>
<td></td>
<td></td>
<td></td>
<td>1 syringe</td>
</tr>
<tr>
<td>04 Jun</td>
<td>4 syringes</td>
<td></td>
<td>4 syringes</td>
<td></td>
</tr>
<tr>
<td>18 Jun</td>
<td></td>
<td></td>
<td></td>
<td>5 syringes</td>
</tr>
<tr>
<td>19 Jun</td>
<td>3 syringes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03 July</td>
<td>1 Fitpack</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 July</td>
<td></td>
<td>1 syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 July</td>
<td></td>
<td></td>
<td>1 syringe</td>
<td></td>
</tr>
<tr>
<td>14 Aug</td>
<td>5 syringes</td>
<td>2 syringes</td>
<td>7 syringes</td>
<td></td>
</tr>
<tr>
<td>20 Aug</td>
<td></td>
<td>5 syringes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Aug</td>
<td>21 syringes</td>
<td>1 syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Sep</td>
<td></td>
<td>1 syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Sep</td>
<td></td>
<td>1 syringe</td>
<td>7 syringes</td>
<td></td>
</tr>
<tr>
<td>25 Sep</td>
<td>3 syringes</td>
<td>1 syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 Oct</td>
<td>2 Fitpacks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Oct</td>
<td>5 syringes</td>
<td>1 syringe</td>
<td>8 syringes</td>
<td></td>
</tr>
<tr>
<td>13 Nov</td>
<td></td>
<td></td>
<td></td>
<td>2 syringes</td>
</tr>
<tr>
<td>19 Nov</td>
<td>3 Fitpacks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Nov</td>
<td>1 Fitpack</td>
<td></td>
<td>1 Fitpack</td>
<td></td>
</tr>
<tr>
<td>26 Nov</td>
<td>15 syringes</td>
<td></td>
<td>5 syringes</td>
<td></td>
</tr>
<tr>
<td>27 Nov</td>
<td>10 syringes</td>
<td>3 syringes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04 Dec</td>
<td></td>
<td></td>
<td></td>
<td>6 syringes</td>
</tr>
<tr>
<td>10 Dec</td>
<td></td>
<td></td>
<td></td>
<td>5 syringes</td>
</tr>
<tr>
<td>11 Dec</td>
<td></td>
<td></td>
<td></td>
<td>5 syringes</td>
</tr>
<tr>
<td>07 Jan 06</td>
<td>4 syringes</td>
<td></td>
<td>4 syringes</td>
<td></td>
</tr>
<tr>
<td>08 Jan</td>
<td>4 syringes</td>
<td></td>
<td>2 syringes</td>
<td></td>
</tr>
<tr>
<td>14 Jan</td>
<td></td>
<td></td>
<td>1 syringe</td>
<td></td>
</tr>
<tr>
<td>21 Jan</td>
<td>1 syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Jan</td>
<td></td>
<td></td>
<td></td>
<td>2 syringes</td>
</tr>
<tr>
<td>28 Jan</td>
<td>20 syringes</td>
<td>10 syringes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Jan</td>
<td>3 syringes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Of course, there is no information available to show what proportion of the discarded syringes reported upon here were obtained from the vending machines. Nonetheless, these data show that City Rangers picked up syringes or Fitpacks close to the machines on 64 of their 344 visits, that is, on 19% of visits.
8.2 Were the disposal bins adjacent to the SVMs used?

Large (240 litre) sharps disposal bins are located adjacent to each syringe vending machine. The mass of waste removed from the machines was monitored; the details are shown in Table 4.

<table>
<thead>
<tr>
<th>Month</th>
<th>Mass (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb-05</td>
<td>10</td>
</tr>
<tr>
<td>Mar-05</td>
<td>67</td>
</tr>
<tr>
<td>Apr-05</td>
<td>46</td>
</tr>
<tr>
<td>May-05</td>
<td>37</td>
</tr>
<tr>
<td>Jun-05</td>
<td>54</td>
</tr>
<tr>
<td>Jul-05</td>
<td>42</td>
</tr>
<tr>
<td>Aug-05</td>
<td>82</td>
</tr>
<tr>
<td>Sep-05</td>
<td>46</td>
</tr>
<tr>
<td>Oct-05</td>
<td>69</td>
</tr>
<tr>
<td>Nov-05</td>
<td>48</td>
</tr>
<tr>
<td>Dec 05</td>
<td>76</td>
</tr>
<tr>
<td>Jan 06</td>
<td>75</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>650</strong></td>
</tr>
</tbody>
</table>

As with inappropriately discarded waste in the vicinity of the machines, it is not known what proportion of this waste is the products sold from the machines and how much comes from other sources. Nonetheless, the quantities of waste responsibly disposed of in the machines contrasts sharply with the relatively small amount inappropriately discarded nearby, detailed above.

8.3 What were the clients’ and other stakeholders’ views on discarded equipment?

Additional information comes from the SVM client and stakeholder surveys. Half of the respondents to the client survey stated that, in their views, the SVMs create safer disposal of used injecting equipment. Of clients who had an opinion on this issue, 68% believed that this is the case. None expressed the view that SVMs increase the amount of used injecting equipment being disposed of in public places.

**Figure 16: SVM clients’ views on discarded sharps**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>They cause safer disposal</td>
<td>49.7%</td>
<td>75</td>
</tr>
<tr>
<td>They have no impact on disposal</td>
<td>23.1%</td>
<td>34</td>
</tr>
<tr>
<td>They cause more unsafe disposal in public places</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Unsure</td>
<td>27.2%</td>
<td>40</td>
</tr>
</tbody>
</table>
**Evaluation findings**

City Rangers patrol the area around the vending machines, and nearby known injecting locations, on Saturday and Sunday mornings, picking up any syringes or Fitpacks that have been disposed of inappropriately there. On 81% of those visits no discarded syringes or Fitpacks were located. On the other 19% of visits, however, used equipment was located, including a small number of caches of five or more syringes.

This means that there is some concentration of sharps close to the SVMs. Decision-makers will need to judge whether or not the cost of the City Ranger patrols is justified, taking into account the number of times they locate discarded sharps. The impact of public opinion about the SVMs is an important consideration here, as is the relatively public location of the machines at Community Health Centres, places frequented by families and others.

The next section answers the linked questions ‘Are there any other products that clients believe should be available from the SVMs, and what are their views on the $2.00 charge?’
9. Are there any other products that clients believe should be available from the SVMs, and what are their views on the $2 charge?

9.1 What views were expressed about the Fitpack contents?

In contrast to the over-the-counter method of dispensing sterile injecting equipment, the range and amount of equipment that can be provided via SVMs is necessarily limited. Clients insert a $2.00 coin and receive in return a Fitpack containing 4 standard 1 mL syringes and the associated injecting paraphernalia detailed above. Inevitably, some clients and potential clients would prefer other products to be delivered, or the same products in different sized packaging, e.g. the 8 syringe Fitpacks available at some outlets.

Clients were asked about the contents of the Fitpacks and, among those who expressed an opinion, 84% stated that the current contents are satisfactory.

**Figure 17: How satisfactory are the current Fitpack contents?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>69.4%</td>
<td>102</td>
</tr>
<tr>
<td>No</td>
<td>12.9%</td>
<td>19</td>
</tr>
<tr>
<td>Unsure</td>
<td>17.7%</td>
<td>26</td>
</tr>
</tbody>
</table>

A large number of suggestions were provided as to additional goods that clients would like to have available through the SVMs, as follows in descending order of frequency of mention:

- By far the largest category was injecting paraphernalia not currently provided in the Fitpacks. Winged infusion sets (‘butterflies’), pill filters and tourniquets were most frequently mentioned.

- Syringe types different from the current standard 1mL syringe was the next most common category. This covered, in particular, larger barrels (5, 10 and 20 mL) and needles, summarised by one respondent as ‘equipment for benzos, and methadone injecting’.

- Larger quantities of the existing Fitpack contents was the third most frequent category: more alcohol swabs, a second spoon, and one vial of water per syringe rather than one large volume vial.

- Interestingly, information resources was the next most frequently requested product. Although the Fitpacks were meant to include an information leaflet about safer injecting and sources of help, and did so for much of the trial period, ASP Healthcare, who provide the Fitpacks, advised that the leaflet was omitted from some thousands of Fitpacks owing to an error on their part. This is probably the source of the many suggestions that an information leaflet be included, e.g. ‘safer injecting and disposal information’, ‘safer injecting and cleaning fits information’ and ‘local contacts’.
Fitpacks containing more syringes was requested by many clients; the Fitpacks currently vended contain 4 syringes, e.g. ‘perhaps the option of a larger pack (12 fits eg)’ and ‘should also dispense 8 packs’.

Other goods suggested by a small number of clients were ‘More choice of equipment’, ‘1 pack or 2 packs (i.e. 1 fit or 2 fits in a pack)’ and ‘Heroin. Serious. No Joking.’.

Stakeholders were also asked if they considered the contents of the Fitpacks to be satisfactory. Eighteen indicated that, in their views, they are satisfactory, 4 unsatisfactory and 5 were unsure. Suggestions for additional or different contents were proffered by some stakeholders:

- safer injecting and disposal information
- information on withdrawal and treatment services
- ‘the water pack in the fitpack needs to be separate smaller packs’
- a greater range of sizes and equipment, e.g. large barrels, butterflies, pill filters, a disposable tourniquet, and
- ensure enough equipment to share safely e.g. include more spoons in package.

Neither SVM clients nor key informants suggested that condoms be sold through the machines (as occurs in some of the NSW SVMs) reflecting, perhaps, their ready availability through other outlets including 24 hour service stations.

### 9.2 What views were expressed about the cost of the Fitpacks?

The Fitpacks are sold through the vending machines for $2.00 each, the same price as charged by community pharmacies. (Their cost to consumers is subsidised by ACT Health.) SVM clients were asked their opinions of the $2.00 charge. Some 68% responded that that cost was ‘OK’, 17% stated that the cost was ‘not OK’ and 15% were unsure. This means that 80% of the respondents who had a view on the matter considered that the $2.00 charge was ‘OK’.

Among the non-client stakeholders surveyed, 23 felt that this price is satisfactory, 2 unsatisfactory and 2 were unsure.

**Evaluation findings**

A large proportion of SVM clients (84% of those with an opinion on the matter) stated that the contents of the Fitpacks currently sold through the vending machines is satisfactory. They had many suggestions, however, for additional products to be made available in from the machines, including injecting paraphernalia not now provided (e.g. winged infusion sets (‘butterflies’), pill filters and tourniquets), different types/sizes of syringes, more of the current paraphernalia, larger volume Fitpacks and information materials.

The $2.00 cost of the 4-syringe Fitpacks is considered acceptable by some 80% of the clients.
The next section answers the question ‘What are the overall views of SVM clients and other stakeholders towards the SVMs?’.
10. What are the overall views of SVM clients and other stakeholders towards the SVMs?

10.1 Overall views

SVM clients were asked for their overall views on the provision of vending machines in Canberra, and strong support for them was evidenced. In all, 85% stated that they supported or strongly supported having SVMs in Canberra, with just 15% unsure. None opposed them.

**Figure 18: SVM clients’ overall views on SVMs**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly support it</td>
<td>46.9%</td>
<td>69</td>
</tr>
<tr>
<td>Support</td>
<td>38.1%</td>
<td>56</td>
</tr>
<tr>
<td>Neutral</td>
<td>15.0%</td>
<td>22</td>
</tr>
<tr>
<td>Oppose</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Strongly oppose it</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td><strong>147</strong></td>
<td></td>
</tr>
</tbody>
</table>

This strong support was also seen in the other stakeholders, with 25 of the 27 respondents being supportive or very supportive of SVMs in the ACT, and none opposed.

10.2 Number of machines, and their location

Similarly, a high level of support for the continuing provision of the four existing machines was observed, with 74% of clients supporting this and just 6% in opposition.

**Figure 19: SVM clients’ views on continuing the current machines**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>44%</td>
<td>105</td>
</tr>
<tr>
<td>Oppose</td>
<td>5.5%</td>
<td>8</td>
</tr>
<tr>
<td>Don’t care either way</td>
<td>17.8%</td>
<td>26</td>
</tr>
<tr>
<td>Have mixed feelings</td>
<td>0.7%</td>
<td>1</td>
</tr>
<tr>
<td>Unsure</td>
<td>2.1%</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Respondents</strong></td>
<td><strong>146</strong></td>
<td></td>
</tr>
</tbody>
</table>

Overall, 25 of the 26 stakeholder respondents supported the continuing operation of the SVMs where they are now, none opposed this and just one person stated that she or he had mixed feelings about this.

Asked if they would like to see SVMs at additional locations in the ACT, 63% of the SVM clients responded positively, 11% negatively and the balance (26%) were unsure. This means that 85% of those with an opinion on the matter favoured the installation of additional machines.
Asking where clients would like to see additional machines located produced a variety of responses:

- The location for additional machines most frequently cited was the major shopping centres in addition to the four town centres where they are now located e.g. ‘Larger suburban centres (non-town centres) like Kippax, Kaleen, Lyneham, Dickson, Kambah, etc.’. Dickson received a relatively high number of mentions.
- Local shopping centres were the next most frequently cited e.g. ‘shopping centres especially the suburbs further out’, ‘at most shopping centres locally, near chemists’, ‘other shopping complexes etc- Jamison, Kippax, Lanyon’.
- The hospitals and all community health centres were the next most frequently mentioned, with Winnunga Nimmityjah Aboriginal Health Service (the Indigenous community-controlled health service based at Narrabundah) being specifically singled out.
- Others, mentioned less frequently, included areas where there is a concentration of public housing, bus interchanges, other parts of Civic and the inner north, the public toilets at the Civic bus interchange, and ‘everywhere’.

Sixteen of the 27 stakeholder respondents also favoured machines at additional locations, just one opposed this and 10 were unsure. A variety of additional locations were suggested, including:

- Gungahlin, Mitchell and Fyshwick
- hospital campuses
- small shopping centres
- suburbs that are a long way from where they are currently located
- public transit areas such as bus depots, the railway station, service stations, etc.
- the universities
- Centrelink offices and ACT Government shopfronts
- community centres such as Weston Creek
- shopping centres and places where young people gather e.g. Garema Place
- ‘other point of greatest need to be determined by consulting the people needing to access injecting equipment’.

<table>
<thead>
<tr>
<th>19. What about providing syringe vending machines at other locations in the ACT? Is this desirable?</th>
<th>Response</th>
<th>Response Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>63.4%</td>
<td>90</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>11.3%</td>
<td>16</td>
</tr>
<tr>
<td>Unsure</td>
<td></td>
<td>25.4%</td>
<td>36</td>
</tr>
</tbody>
</table>

Total Respondents 142
Evaluation findings
All the surveyed SVM clients and almost all the key stakeholders support the provision of vending machines in Canberra, with most in favour of continuing to operate the four currently-installed machines. Most would like to see more installed and have many suggestions for desirable locations, particularly the other large shopping centres, local shopping centres and health care facilities.

The next section answers the question ‘How reliable were the SVMs?’.
11. How reliable were the SVMs?

The reliability of the SVMs has emerged as a significant issue for both SVM clients and for other stakeholders. First I present first data from the monthly reports on the machines, and then cover the perceptions of clients and others.

11.1 Malfunctions and graffiti reported

The monthly reports provided by the SVMs’ owner, Vendafit Pty Ltd, to the Manager of the ACT Needle Syringe Program, include information on malfunctioning of the machines, and graffiti placed upon them, as follows.

**TABLE 5: SVM MALFUNCTIONS AND GRAFFITI**

<table>
<thead>
<tr>
<th>Month</th>
<th>Malfunctions*</th>
<th>Graffiti</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2005</td>
<td>OK</td>
<td>yes</td>
</tr>
<tr>
<td>March</td>
<td>Phillip &amp; Civic broken into, locks replaced</td>
<td>yes</td>
</tr>
<tr>
<td>April</td>
<td>OK</td>
<td>yes</td>
</tr>
<tr>
<td>May</td>
<td>Belconnen vandalised, locks replaced</td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>Civic mechanical problem in one cylinder, repaired</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>OK</td>
<td>yes</td>
</tr>
<tr>
<td>July</td>
<td>Civic out one week with electrical problems. Tuggeranong</td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>out one weekend owing to Health Centre power failure</td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>Tuggeranong Fitpack lids came off, jamming machine</td>
<td>yes</td>
</tr>
<tr>
<td>September</td>
<td>Not reported</td>
<td>not reported</td>
</tr>
<tr>
<td>October</td>
<td>Not reported</td>
<td>not reported</td>
</tr>
<tr>
<td>November</td>
<td>Phillip and Belconnen vandalised</td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>Belconnen intermittent software fault</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stickers coming off Fitpacks and lids coming off, jamming machines; supplier</td>
<td></td>
</tr>
<tr>
<td></td>
<td>advised and resolved the problem</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>Belconnen still out of action on one column</td>
<td>yes</td>
</tr>
<tr>
<td>January 2006</td>
<td>Phillip stolen on New Year’s Day, recovered badly damaged, repaired and</td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>reinstalled 06 January</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Belconnen still operating on three columns only</td>
<td></td>
</tr>
</tbody>
</table>

* Note: the machines have four cylinders, each of which holds 25 Fitpacks. On occasion one cylinder was inoperable but the remainder worked satisfactorily.

The malfunctions were caused by both problems with the design and functioning of the machines, and by vandalism. Faults have occurred of a mechanical, electrical and software nature. Much of the vandalism was people jamming sticks and other objects into the machines with the aim of extracting Fitpacks for free, or the money held inside the machine. Poorly packed Fitpacks—the lids were not placed on securely—and health advice Fitpack stickers that peeled off as they were adhered with the wrong type of glue, were also implicated.

SVM clients have been frustrated by a number of features of the design of the machines and related matters, especially

- the lengthy wait between inserting the coin and the provision of the Fitpack (around 30 seconds during the trial, a briefer period now)
- the need to press the button on each of the five columns, one after another, to ascertain if it had Fitpacks in stock
- the failure of the machines to return the coins if they are empty of Fitpacks (clients need to read the LCD display to see if the machine is empty, and this is difficult to do sometimes owing to lighting and vandalism)
• Delays in repairing malfunctioning machines.

The problems with the machines’ malfunctioning continued after the trial ended, and apparently became worse in some respects. The Tuggeranong machine was inoperable for at least four months in 2006 after having been broken into and wrecked internally.

The machines’ owner has gone to great lengths and expense to keep the machines operating, and the data presented in this report from the machines’ clients confirms that he was successful much of the time during the trial period. He is continually in contact with the designer/manufacturer to try to improve the situation and has recently modified the machines to prevent objects being jammed into them from the Fitpack delivery tray. He advises that a new machine (Mark 3) is now in production and the existing machines will be upgraded to this standard before too long. Nonetheless, the extent of down-time and its impact on SVM clients is a continuing concern.

Throughout the trial graffiti defaced the machines, and their exteriors we damaged by scratching and burning. Although the machines and disposal bins were cleaned frequently, the graffiti always returned fairly quickly. No ongoing, formal system was in place to remove the graffiti.

### 11.2 Client and stakeholder perspectives

Clients were asked ‘So far as you know, have the machines been operating reliably?’.
Excluding the 13% of respondents who said they were ‘unsure’ about this, we find that just 13% report that the machines have been reliable all the time, 20% reliable most of the time, 34% not reliable, occasionally not working and 32% not reliable, often not working.

**Figure 21: SVM reliability**

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, reliable all the time</td>
<td>31.6%</td>
<td>17</td>
</tr>
<tr>
<td>Yes, reliable most of the time</td>
<td>17.8%</td>
<td>26</td>
</tr>
<tr>
<td>No, occasionally not working</td>
<td>29.5%</td>
<td>43</td>
</tr>
<tr>
<td>No, often not working</td>
<td>22.1%</td>
<td>41</td>
</tr>
<tr>
<td>Unsure</td>
<td>13%</td>
<td>19</td>
</tr>
</tbody>
</table>

Clients provided further details, such as

- ‘They are so often broken or out of order’
- ‘They continually take my money without dispensing fits’
- ‘There always empty or broken’
- ‘I’m so sick of putting 2 dollars in and getting nothing’
- ‘Rarely work and steal my $; not good enough’
- ‘Unreliable’
- ‘3 times in last month 2 different machines not working. I was forced to use my old fits’
- [What I dislike about the machines is] ‘When they are not working & they take your money and also when you ring to tell them the machine is broken they can’t get there till the next day and if it’s late at night and you don’t have petrol to travel to another one, that’s annoying’.
The non-client stakeholders were asked ‘So far as you know have the machines been operating reliably?’ Eight said Yes, the same number No, and 11 were unsure. Ten provided details, some at length. Considerable concerns were expressed at what stakeholders saw as the unreliability of the machines:

- Too often under-stocked, vandalised and unusable
- ‘They seem to run out of equipment quite regularly and some clients get abusive and angry and kick the machine’
- ‘If the machine has run out it does not indicate this’
- ‘Needs clear instructions telling people what to expect from the machine. Because people put their money in and don’t get told if its empty or that it takes a few minutes to dispense (people think the machine isn’t working because it takes so long to dispense).
- ‘There are four or five buttons and people don’t know what to push and why’
- ‘The whole design needs to be redone’
- ‘Received many complaints about machines being slow, running out of needles or stealing people’s money’
- ‘The units are a target for vandalism and break-ins - presumably to get the money inside’
- ‘I have seen people very angry when the SVM has broken down’.
- ‘Clients often report problems, although these have been worked on’.

11.3 Contractual issues

As explained above, Directions ACT (the NGO that provides the ACT Needle Syringe Program) has responsibility for the SVMs, the machines are owned and maintained by Vendafit Pty Ltd and kept stocked by them or their sub-contractors. A contract exists between the funding body (ACT Health) and Directions ACT covering this, and the latter body has a contract for services with Vendafit Pty Ltd. Both contracts—ACT Health’s with Directions ACT and Directions ACT’s with Vendafit Pty Ltd—contains penalty clauses relating to the reliability of the SVMs. The number of days the machines were malfunctioning during the trial, and subsequently, has not been systematically monitored by Directions ACT with the result that evidence has not been collated that justified invoking either contract’s penalty clause. This is an unsatisfactory situation and needs to be remedied by:

- removing the penalty clauses from the contracts if these clauses are unworkable or
- establishing a viable method of monitoring the machines’ functionality and maintaining records of days down, and using such data to enforce the penalty clauses in the contracts.

The current situation in which neither ACT Health nor Directions ACT know, on a day-to-day basis, whether or not the machines are operating satisfactorily needs to be remedied. Such data would inform discussions on the extension of Vendafit Pty Ltd’s contract.
Evaluation findings

Concerns about the reliability and operability of the machines emerged as a major theme of the evaluation. Both clients and key stakeholders highlighted this. While supportive of having SVMs, they emphasise the need for them to work properly, all of the time.

The machines have had electrical, software and mechanical problems. Incorrectly packed Fitpacks have been a problem, as have using health advice stickers that failed to adhere to the Fitpacks properly. Vandalism is an issue, particularly people jamming things into the machines with the aim of obtaining Fitpacks for free, or money from the machines.

The SVMs’ owner has gone to considerable efforts to put right the problems as they arose, but with only limited success. He has recently instituted new strategies aiming at preventing the operability problems of the last two years, including an upgraded program of machine inspection and restocking, and new or further modified machines that are closer to vandal-proof and, it is expected, inherently more reliable.

Action is required to monitor the machines’ functioning and to enforce the penalty clauses in the contracts covering their provision if malfunctioning continues to occur at an unacceptable level.

The next section answers the question ‘What other positive and negative views on the SVMs were expressed?’.
12. What other positive and negative views on the SVMs were expressed?

Both the client survey and key stakeholder survey included open-ended questions asking what people like and dislike about the SVMs, what are the positive and negative aspects. Their responses covered a wide variety of domains.

12.1 What do clients like about the SVMs?

The positive aspects identified by clients fell into six categories, listed here in descending order of frequency of mention: convenience, 24/7 availability, anonymity, reduces needle sharing, preferable to the other outlets and a large residual category.

- Convenience, ease of access
  
  e.g. ‘I have up to eight to ten shots a day nearly everyday and its rare I use on my own so I need a good supply’, ‘near work’, ‘handy to home’, ‘near boyfriend’s flat’.

- 24/7 availability
  
  e.g. ‘access to equipment after hours’, ‘available 24 hours’, ‘always open’, ‘access to clean equipment after hours as using happens 24/7’.

- Anonymity
  
  e.g. ‘I don’t use a service and deal with people’, ‘privacy/anon’, ‘discreet’, ‘no one sees you, but they should be behind health centre to shy you from the public’, ‘out of sight’.

- Reduces needle sharing
  
  e.g. ‘People do not have to use someone else’s syringe which is a very common occurrence’, ‘will reduce “crisis situation” needle sharing’, ‘I like the fact that I can use a new needle every time I want to have an injection’, ‘they do reduce needle sharing’, ‘that they are available & you don’t have to ever share a fix unless the machine is broken down’.

- Preferable to other outlets
  
  e.g. ‘no hassle’, ‘don’t have 2 go 2 NSP’s where the scum are’.

- Other positives
  
  e.g. ‘they’re there!’, ‘more clean fits available the better’, ‘Pretty Cool’, ‘quiet & safe’, ‘good’, ‘good idea need to be filled regularly and maintained’, ‘save money on bus fares’.

12.2 What do stakeholders like about the SVMs?

Key stakeholders were also invited to identify the positive aspects of providing SVMs in the ACT. They identified preventive health, after hours access, anonymity, the social and cultural aspects of access, harm minimisation and that the service sends a positive, caring message.

- Preventive health: This area was identified more frequently than any other positive aspect of the SVMs
  
  e.g. ‘increasing instances of using new injecting equipment’, ‘improved health outcomes for injecting users’, ‘24 hour access reduces risk of impulsive needle sharing’, ‘24/7 access for everyone to the tools of prevention’.
After hours access
  e.g. ‘after hours access for clients’, ‘providing consumers with extra avenues for access’.

Anonymity
  e.g. ‘anonymity’ and ‘people do not have to front at a service for equipment’.

Social and cultural aspects of access: The concept of access has the physical and temporal elements, and the social and cultural
  e.g. ‘consumer not confronted with negative attitudes of staff or poor service delivery’, ‘ability for those not comfortable going to an NSP or pharmacy to get equipment in a discreet manner’.

Harm minimisation
  e.g. ‘harm minimisation by provision of clean injecting material and receptacle for used syringes close by’.

Sends a positive, caring message
  e.g. ‘sends a positive message of being valued and important members of the community whose health is important’, ‘giving the message to people with substance dependence that their health matters’.

Other
  e.g. ‘provides clean syringes at a low cost to users’, ‘economic saving to ACT Health by disease prevention’, ‘a collection point for [used injecting equipment]’, ‘providing a good service to the clients’.

12.3 What do clients dislike about the SVMs?

The negative aspects of the vending machines, in the views and experiences of their clients, fell into nine categories. The overwhelmingly problematic area mentioned was machine malfunctioning and their failure to return the $2.00 coin when this occurred. Other concerns were poor lighting, privacy, the products vended, machine design, the number of machines and a residual category of miscellaneous comments.

- Malfunctioning of the machines – see Section 11, above.
- Poor lighting
  e.g. ‘bad lights at night’, ‘lights bad for my girlfriend at Woden’, ‘safety could be a concern: bad lighting’.
- Privacy
  e.g. ‘too obvious’, ‘People driving past see you! Not private or confidential enough’, ‘the position at Belconnen Health centre on the main thoroughfare opp. multi level car park & bus stop’, ‘public can see people obtaining syringes’.
- Inadequate range of products vended
  e.g. ‘not enough spoons in packs’, ‘need more range of stuff’, ‘lack of choice in syringes and barrels’, ‘I hate them cause they cost + they don’t have the fits + equipment I use’.
- The design of the vending machines
  e.g. ‘Design is rubbish, over complicated and error prone/ instruction feedback to user is rubbish’, ‘Unreliable. Instructions on how 2 use the vending machines aren’t very clear. Too many buttons confusing’, ‘take too long to dispense’.
- Insufficient number of machines
e.g. ‘not enough of them’, more locations needed’.
- Other negative comments,
e.g. ‘I don’t like the possibility that they might reduce funding etc for NSEP’s’.

12.4 What do stakeholders dislike about the SVMs?

Just 12 of the 33 respondents identified what they saw to be negative aspects of providing SVMs in the ACT, namely reduced potential for one-to-one contact with people who inject illegal drugs, SVM inoperability, children’s possible access to syringes, public amenity and safety and some miscellaneous negatives.

- Potential for one-to-one contacts reduced: This was the negative aspect most frequently mentioned by stakeholders
e.g. ‘no contact with consumer to provide health information/referral, etc.’, ‘lost opportunity to provide education about BBVs’ and treatment services and to provide brief, opportunistic interventions’.
- Machine maintenance and operability: the second most frequently mentioned negative aspect – see Section 11, above.
- Children’s access to syringes: Two people expressed concern about children’s access to syringes via the machines
‘one thing that worries me is young children accessing these machines’ and ‘without another human involved (in a needle exchange program) no one ensures that children can not access the machines’.
- Public amenity and client safety
e.g. ‘allows loitering around the SVM in public area’, ‘its a bit scary in the dark walking past the SVM as it is almost hidden in the walkway (Phillip SVM)’.
- Other negatives
‘Promotes continued use as risks are reduced re answers above’, ‘not providing a range of injecting equipment available at primary NSPs’ and ‘the cost to the consumer (should be free)’.

12.5 What other, final comments did the SVM clients provide?

The client survey concluded by asking ‘Is there anything else you want to tell us about the syringe vending machines trial?’ While most of the comments—both positive and negative—repeated those presented above, the flavour of the final responses may be ascertained from the following quotations:

- ‘The machines need to be updated so they are digital and need constant monitoring to ensure always full and working. Do Fitpacks have to be $2?...And to stop waste there should be a one pack so you don’t have to throw out the other 3 syringes. (And more information on Hep C in Fitpacks)’
- ‘I think it is such a fantastic idea- [particularly] as I always like to use safely with clean fits but are limited in the places I can obtain them due to my employment’.
- ‘Thank you. Congrats on a worthy trial working towards harm minimisation’.
- ‘Having the SVMs gives the user of syringes the confident belief of knowing clean syringes are available- anytime thus eliminating the possibility of contracting a B.B Virus! (Hep C + HIV) Make them permanent.’
‘I think it is very important as many people I know will re-use a fit if they can’t access clean ones’.

‘OK for me but some people don’t have the money & so re-use an oldie’.

‘If people are slack enough to not get to NSP they won’t go to vending machine-but good back up’.

‘They should be in the remand centres & also should be part of the harm reduction strategy in the new ACT prison’.

‘Heroin Trial followed by Safe Injecting room. All syringes should be free’.

**Evaluation findings**

Clients and other key stakeholders provided additional comments. For clients, the additional positive comments covered the convenience and ease of use of the SVMs; 24 hours per day, seven days per week availability of sterile injecting equipment; anonymity; the way they reduced needle sharing; their preferability to the other syringe outlets; etc. Key stakeholders pointed to the machines’ preventive health role; after hours access; anonymity; how they address the social and cultural aspects of access; their harm minimisation roles; that they send a positive, caring message; etc.

Additional negatives identified by clients were the too frequent malfunctioning of the machines; poor lighting creating an unsafe setting; lack of privacy; an inadequate range of products vended; some aspects of the design of the machines; too few machines; etc. Other key stakeholders’ additional negative comments included the reduced potential for one-on-one service provision for people who inject illegal drugs; machine malfunctioning; the potential that children may obtain syringes from the machines; public amenity; client safety; etc.

The next section answers the question ‘Does any relationship exist between the introduction of SVMs and the number of ambulance call-outs to opioid overdoses?’.
13. Does any relationship exist between the introduction of SVMs and the number of ambulance call-outs to opioid overdoses?

One of the areas evaluated in the trial is the impact, if any, of syringe vending machines on the number of ambulance call-outs to opioid overdoses. This reflects the concern sometimes expressed by members of the public and some politicians and officials abroad that increased availability of injecting equipment causes increased use of illegal drugs and, as a consequence, increases in the incidence of illicit drug-related harm. The many studies that have investigated this issue have found that increased availability of sterile injecting equipment does not cause increased harm. Indeed, the opposite is the case.\(^\text{13}\)

The ACT Ambulance Service has provided data on their call-outs to overdose incidents. Each of these is classified according to the class of drug or drugs implicated in the overdose, and one of the categories is ‘heroin’, by far the most frequently used illicit opioid in Canberra.\(^\text{14}\) Overdose data for the trial period are in Table 6.

**Table 6**

**ACT Ambulance Service call-outs to overdoses of heroin and other drugs, February 2005 to January 2006**

<table>
<thead>
<tr>
<th>Month</th>
<th>Heroin number</th>
<th>Other drugs</th>
<th>Total ODs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb-05</td>
<td>9</td>
<td>32</td>
<td>41</td>
</tr>
<tr>
<td>Mar-05</td>
<td>12</td>
<td>48</td>
<td>60</td>
</tr>
<tr>
<td>Apr-05</td>
<td>13</td>
<td>52</td>
<td>65</td>
</tr>
<tr>
<td>May-05</td>
<td>14</td>
<td>54</td>
<td>68</td>
</tr>
<tr>
<td>Jun-05</td>
<td>9</td>
<td>51</td>
<td>60</td>
</tr>
<tr>
<td>Jul-05</td>
<td>12</td>
<td>34</td>
<td>46</td>
</tr>
<tr>
<td>Aug-05</td>
<td>15</td>
<td>47</td>
<td>62</td>
</tr>
<tr>
<td>Sep-05</td>
<td>13</td>
<td>56</td>
<td>69</td>
</tr>
<tr>
<td>Oct-05</td>
<td>9</td>
<td>56</td>
<td>65</td>
</tr>
<tr>
<td>Nov-05</td>
<td>3</td>
<td>44</td>
<td>47</td>
</tr>
<tr>
<td>Dec-05</td>
<td>8</td>
<td>58</td>
<td>66</td>
</tr>
<tr>
<td>Jan-06</td>
<td>2</td>
<td>21</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>119</strong></td>
<td><strong>553</strong></td>
<td><strong>672</strong></td>
</tr>
</tbody>
</table>

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\(^\text{13}\) See, for example, McDonald, D 2004, *ACT Needle Syringe Vending Machines Trial: Q&A brief based upon the published literature*; Wodak & Cooney 2005.

\(^\text{14}\) National Centre in HIV Epidemiology and Clinical Research 2006.
Figure 22 plots the number of heroin overdoses attended by the ACT Ambulance Service each month from July 2001 to January 2006.

**Figure 22**

ACT Ambulance Service callouts for heroin ODs
July 2001 to January 2006
with a three months moving average trend line

It should be noted that these data are derived from the records of ambulance call-outs. In other words, they represent the type of incident reported to the Ambulance Service that resulted in attendance by Ambulance staff. In some cases, upon attending the scene, ambulance staff become aware that the casualty is suffering from a condition different from that recorded initially. For example, the ambulance may have been summoned to someone who collapsed following self-administration of a drug, and the caller assumed that it was a heroin overdose. If ambulance staff administered naloxone (Narcan) and it did not revive the patient, then they would conclude that the overdose was caused not by an opioid like heroin but by some other type of drug. Nonetheless, these data cover call-outs, not the on-the-spot assessments of staff as data on the latter are not available for the study period.

Of course, heroin is not the only drug injected by people who use illegal drugs in Canberra. Of the 39 respondents to the 2005 Canberra NSP clients’ survey, 16 said that their last drug injected was heroin, 8 reported amphetamines, 6 methadone, 2 morphine and 7 ‘other’.\(^\text{15}\)

The very marked monthly fluctuations in the number of heroin overdose call-outs attended by ambulance personnel have many explanations. One is the relatively small numbers involved, creating large percentage changes. Other factors include heroin availability, including its price and purity; changing patterns of demand for particular classes of drugs, changing patterns of policing; time of the year; treatment availability; etc.

\(^\text{15}\) National Centre in HIV Epidemiology and Clinical Research 2006.
The number of heroin overdose call-outs attended by the Ambulance Service rose steeply from the month before the SVMs commenced in February 2005 to mid-year, and then fell steeply to return to the January level towards the end of the trial period. It should be observed that the January to May increase started from a particularly low base.

The 119 cases in the trial period may be compared with the corresponding period in 2002-2003 (169 heroin overdose callouts), 2003-2004 (230) and 2004-2005 (147). This means that, as evidence from elsewhere about the impact of sterile injecting equipment availability shows, nothing in these data suggest that the SVMs contribute to the number of ambulance call-outs for heroin overdoses.

**Evaluation findings**

The number of ACT Ambulance Service call-outs for heroin overdoses increased from 3 in January 2005, the month before the SVMs commenced operating, to a peak of 14 the following May, and then fell to 3 in November, 8 in December and 2 in January the following year. A longer time series shows, however, that the number of call-outs in the 12 months of the trial were, in fact, substantially lower than in the corresponding months of the three previous years.

Many factors, some interacting, cause fluctuations in the incidence of heroin overdoses. No evidence exists that increasing the availability of sterile injecting equipment, in this case by introducing syringe vending machines, causes any change in the opioid overdose incidence.

The next section deals with the question ‘Are SVMs a cost-effective method for providing access to sterile injecting equipment?’.
13. Are SVMs a cost-effective method for providing access to sterile injecting equipment?

A body of high quality international\textsuperscript{16} and Australian\textsuperscript{17} research evidence exists demonstrating the effectiveness, and cost-effectiveness, of NSPs in general. There have not been any corresponding detailed economic evaluations of SVMs specifically. While it is beyond the scope of this evaluation to undertake a full cost-effectiveness study, a comparative analysis of the costs of Canberra’s SVMs and the rest of the Needle Syringe Program has been undertaken.

Table 7 shows the expenditures incurred by Directions ACT (the NGO that operates Canberra’s NSP, funded by ACT Health) and by ACT Health directly, on SVMs and the rest of the Needle Syringe Program during the financial years 2004-05 and 2005-06, the financial years that included the 12 month SVM trial.

It also shows, separately, the number of syringes dispensed through the SVMs and the other outlets, namely NSPs and community pharmacies. The expenditure per syringe is calculated for the SVM and the other outlets. Note that the payments made by SVM and community pharmacy clients, $2.00 per Fitpack, are not taken into account here as those funds accrue to the providers of the service, Vendafit Pty Ltd in the case of the SVMs and the pharmacies themselves for the Fitpacks that they sell.

The data cover recurrent costs only; they exclude some one-off costs for establishing the SVM trial.

\textbf{Table 7}

\textbf{Expenditures on SVMs and the ACT Needle Syringe Program 2004-05 and 2005-06}

<table>
<thead>
<tr>
<th>Item</th>
<th>SVM</th>
<th>Other outlets</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-year expenditures</td>
<td>$112,448</td>
<td>$2,055,924</td>
</tr>
<tr>
<td>Mean monthly expenditures</td>
<td>$6,615</td>
<td>$85,664</td>
</tr>
<tr>
<td>Syringes dispensed</td>
<td>63,232</td>
<td>935,087</td>
</tr>
<tr>
<td>Mean syringes per month</td>
<td>3,720</td>
<td>38,962</td>
</tr>
<tr>
<td>Mean expenditure per syringe dispensed</td>
<td>$1.78</td>
<td>$2.20</td>
</tr>
</tbody>
</table>

Notes
1. Excludes one-off costs for establishing and evaluating the SVM trial
2. The ‘two-year expenditure’ shown covers 17 months in the case of the SVMs (Feb 2005 to Jun 2006) and 24 months in the case of the other outlets (Jul 2004 to Jun 2006). The ‘per syringe dispensed’ figures are based upon the monthly mean expenditures and number of syringes dispensed to allow for this difference.

\textsuperscript{16} Wodak & Cooney 2004.
\textsuperscript{17} Health Outcomes International 2002.
Evaluation findings

Over the period from the commencement of the trial in February 2005 to 30 June 2006, the SVMs dispensed 63,232 syringes. Total expenditures on the SVM program over that period were $112,448 or $1.78 per syringe. In contrast, the other parts of Canberra’s Needle Syringe Program dispensed 935,087 syringes over the two year period 01 July 2004 to 30 June 2006 for an expenditure of $2,055,924, or $2.20 per syringe. This means that the cost of dispensing syringes via SVMs was 19% cheaper than doing so through pharmacies and the other NSP outlets.

The trade-off in the relatively low-cost dispensing of sterile injecting equipment through vending machines is the loss of one-to-one support, care and referrals to other human services offered to clients at the other NSP outlets and community pharmacies. Policy-makers need to judge if the lower cost of SVM provision justifies action to move clients from the other outlets to SVMs, or if the current mix of anonymous SVM provision and face-to-face NSP provision is appropriate.

The next section answers the question ‘What have been the community responses to SVMs, and what publicity has the trial received?’
15. What have been the community responses to SVMs, and what publicity has the trial received?

The syringe vending machines have a variety of stakeholders. While their clients and potential clients—people who inject illegal drugs—are the most important stakeholders, the views of others also need to be taken into account. This has occurred in the evaluation by two means:

- First, as discussed above, a survey of stakeholders identified by ACT Health’s Alcohol and Other Drug Policy Unit personnel was conducted. 58 stakeholders were invited to complete an online questionnaire, 45 (78%) did so, and the responses of the 33 who said that they were aware of the SVM trial have been documented throughout this report.

- Secondly, the views of other stakeholders, particularly community leaders and other community members, were tracked throughout the trial. This included media monitoring, tracking Ministerial correspondence and direct approaches to ACT Health.

Media monitoring has not revealed any print or electronic mass media coverage of the trial since its inception, other than a brief factual statement that the trial was being conducted, published in the *Canberra Times* on 17 March 2006 apparently in response to a statement issued by Mr Brendan Smyth MLA, ACT Opposition Leader and Shadow Health Minister, about inappropriately discarded injecting equipment in the community at large. This statement was reproduced in the Canberra and Queanbeyan community newspaper The Word on 21 March 2006; see <http://www.theword.com.au/index.php/content/view/full/2301>.

Apparently no ‘letters to the editor’ have been published on the topic of SVMs in the *Canberra Times* nor Canberra’s local community newspapers.

Just four adverse comments about the syringe vending machines were made to the ACT Government and its agencies, and two of these were about inappropriately discarded injecting equipment generally, not necessarily linked to the syringe vending machines trial. In addition, a person wrote twice to the Minister for Health suggesting that more information about the potential dangers of injecting and sources of assistance be available made to SVM clients. This was addressed through the information inserts in the Fitpacks and by information posters being placed on the SVMs themselves.

An article announcing the commencement of the trial was published in ACT Health’s newsletter for ACT health care providers, *Healthy Territory*. Some other agencies publicised its commencement through their own outlets, including the AIDS Action Council of the ACT, the ACT Council of Social Service and the Youth Coalition of the ACT.

An issue of *Anex Bulletin* published in 2005 featured syringe vending machines on its front page, and gave some prominence to the Canberra trial.

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Ms Brooke Anderson from ACT Health made a presentation on the trial to the Anex Harm Reduction Conference, ‘Drugs at Work’, held in Melbourne in June 2005.

Officers of the Victorian Department of Human Services and the Queensland needle syringe program requested details of the trial, and in response ACT Health provided them with a copy of the trial’s Evaluation Research Protocol.

The proprietor of the company that has supplied and operates the vending machines, Mr Andy Hart of Vendafit Pty Ltd, presented a paper on syringe vending machines in Australia, including the Canberra trial, to the ‘National Conference on Injecting Drug Use’ being held in London in October 2005.

David McDonald delivered a poster presentation on the trial to the national conference of APSAD, the Australian Professional Society on Alcohol & Other Drugs, in Melbourne, November 2005.

A poster presentation on the trial was made at the 17th International Conference on the Reduction of Drug Related Harm in Vancouver in May 2006, authored by David McDonald and Andy Hart, and presented in person by Mr Hart.


### Evaluation findings

The trial began and ran for 12 months with virtually no comments from members of the public, neither supportive nor in opposition. Members of the Legislative Assembly for the ACT and other community leaders seem to be supportive of, or neutral about, the trial. This accords with other sources of information indicating that the ACT community has a relatively high level of acceptance of harm reduction strategies generally, and specifically of providing sterile injecting equipment to people who inject illegal drugs.²⁰

The next (and final) section summarises the findings of the evaluation and presents a number of recommendations.

²⁰ Australian Institute of Health and Welfare 2005
15. Conclusions and recommendations

15.1 Conclusions

Syringe vending machines (SVMs) have been used in NSW, and some jurisdictions abroad, primarily Europe, for many years. Although widely acknowledged as a valuable component of the mix of harm reduction services available, little evaluation research has been undertaken into their effectiveness and impacts. This evaluation of the Canberra trial aimed to fill, to some extent, that gap in knowledge.

SVM usage

The roll-out of the intervention - the installation of the SVMs - was smooth, with all four machines quickly coming on line. The arrangements for keeping the machines stocked, and removing the money deposited, worked reasonably smoothly during the trial period.

The potential clients of the SVMs quickly found out about their location and the products vended, and commenced purchasing Fitpacks from the first week. The median monthly number of sales (925) was reached by June, the fifth month of operation and, throughout the trial period, the number of sales continued to rise gradually, with significant week-by-week fluctuations.

Impacts on other sources of syringes

A small increase in the number of syringes provided to the community has occurred since the machines commenced operating, without any significant reduction in the numbers provided by NSPs. This means that NSP clients are continuing to have access to the range of other helping services that the NSPs provide. The presence of the SVMs does not appear to have caused any significant displacement in dispensing from NSPs but appears to have done so, to a small extent, from community pharmacies.

The SVM clients and their needs

The clients of Canberra’s SVMs are, on average, younger than the NSP clients and more likely to be female. They are a combination of the regular clients of the other outlets—community pharmacies and NSPs—and people who are reluctant to use those outlets.

Heroin and methamphetamine were the drugs most recently injected by clients, with similar prevalences of these two drugs reported. Over half the SVM clients report obtaining sterile injecting equipment from any outlet daily or almost daily, and some 40% report obtaining it from SVMs daily or almost daily. Some 59% state that SVMs are their usual source of injecting equipment.

SVM clients believe that the availability of four vending machines in Canberra has definitely increased access to sterile injecting equipment for people who inject illegal drugs, and report that the 24/7 access through vending machines is very important to both themselves and others. This means that SVMs are meeting previously unmet needs, serving a different population of people who inject illegal drugs (as well as the existing clients of other outlets), making access to sterile injecting equipment easier for them, and meeting a strong demand for out-of-business-hours availability of sterile injecting equipment.

A higher proportion of SVM clients than respondents to the NSP survey reported using a new syringe for every injection over the previous month. Overall, 84% believe
that having the SVMs reduces the incidence of needle sharing among people who inject illegal drugs.

The SVM clients chose to use the machines for a variety of reasons, most prominently when the other outlets were closed, because it is more convenient to use the machines and because many do not like going to the other outlets.

The primary outcome for clients of installing SVMs in Canberra is that they have supplemented, rather than detracted from, the roles of the pre-existing outlets for sterile injecting equipment. The face-to-face services of the NSPs continue to be available to the bulk of people who inject illegal drugs.

**Disposal of syringes**

A substantial volume of used injecting equipment is placed in the sharps disposal bins installed adjacent to the SVMs. City Rangers patrol the area around the vending machines, and known injecting locations nearby, on Saturday and Sunday mornings, picking up any syringes or Fitpacks that have been disposed of inappropriately there. On 81% of those visits no discarded syringes or Fitpacks were located.

**Products vended, and cost**

Most of the SVM clients stated that the contents of the Fitpacks currently sold through the vending machines is satisfactory. They had many suggestions, however, for additional products to be made available in from the machines, including injecting paraphernalia not now provided (e.g. winged infusion sets (‘butterflies’), pill filters and tourniquets), different types/sizes of syringes, more of the current paraphernalia, larger volume Fitpacks and information materials.

The $2 cost of the 4-syringe Fitpacks is considered acceptable by some 80% of the clients.

**Overall views on Canberra’s SVMs**

All the surveyed SVM clients and almost all the key stakeholders support the provision of vending machines in Canberra, with most in favour of the continuing operation of the four currently-installed machines. Most would also like to see more machines installed and have many suggestions for desirable locations, particularly the other large shopping centres, local shopping centres and health care facilities.

**Reliability of the SVMs**

Concerns about the reliability and operability of the machines emerged as a major theme of the evaluation. Both clients and key stakeholders highlighted this. While supportive of SVMs, they emphasise the need for them to work properly, all of the time.

The machines have had electrical, software and mechanical problems. Incorrectly packed Fitpacks have been a problem, as have using health advice stickers that failed to adhere to the Fitpacks properly. Vandalism is an issue, particularly people damaging the internal parts of the machines by jamming sticks and other objects into them with the aim of obtaining Fitpacks for free, or money from the machines.

The SVMs’ owner has gone to considerable efforts to put right the problems as they arose, but with only limited success. He has recently instituted new strategies aiming at preventing the operability problems of the last two years, including an upgraded program of machine inspection and restocking, and new or further modified machines that are closer to vandal-proof and, it is expected, inherently more reliable.
Since Directions ACT, who implemented the trial, has not instituted a formal method of monitoring the number of days the SVMs are out of order, they have not had the evidence needed to invoke the penalty clauses covering this issue contained in their contract with the machines’ owner, Vendafit Pty Ltd. This needs to be remedied, and the resulting data should be used to inform decisions on extending Vendafit Pty Ltd’s contract.

**Additional comments by clients and others**

For clients, the additional positive comments covered the convenience and ease of use of the SVMs; 24 hours per day, seven days per week availability of sterile injecting equipment; anonymity; the way they reduced needle sharing; their preferability to the other syringe outlets; etc. Key stakeholders pointed to the machines’ preventive health role; after hours access; anonymity; how they address the social and cultural aspects of access; their harm minimisation roles; that they send a positive, caring message; etc.

Additional negatives identified by clients were the too frequent malfunctioning of the machines; poor lighting creating an unsafe setting; lack of privacy; an inadequate range of products vended; some aspects of the design of the machines; too few machines; etc. Other key stakeholders’ additional negative comments included the reduced potential for one-on-one service provision for people who inject illegal drugs; machine malfunctioning; the potential that children may obtain syringes from the machines; public amenity; client safety; etc.

**Heroin overdoses**

The concerns in some sections of the community that providing SVMs might result in an increase in overdoses among people who inject illegal drugs was not borne out by the trial. The monthly number of ACT Ambulance Service call-outs identified as being for heroin overdoses increased from 3 in January 2005, the month before the SVMs commenced operating, to a peak of 14 the following May, and then fell to 3 in November, 8 in December and 2 in January the following year. A longer time series shows, however, that the number of call-outs in the 12 months of the trial were, in fact, substantially lower than in the corresponding months of the three previous years.

**Cost**

Over the period from the commencement of the trial in February 2005 to 30 June 2006, the SVMs dispensed 63,232 syringes. Total expenditures on the SVM program over that period were $112,448 or $1.78 per syringe. In contrast, the other parts of Canberra’s Needle Syringe Program dispensed 935,087 syringes over the two-year period 01 July 2004 to 30 June 2006 for an expenditure of $2,055,924, or $2.20 per syringe. This means that the cost of dispensing syringes via SVMs was 19% cheaper than doing so through pharmacies and the other NSP outlets.

**Public and opinion leader responses**

The trial commenced and ran for 12 months with strong support from health and social welfare community organisations, but with very little comments from members of the public, either supportive nor in opposition. Members of the Legislative Assembly for the ACT and other community leaders seem to be supportive of, or neutral about, the trial. This accords with other sources of information indicating that the ACT community has a relatively high level of acceptance of harm reduction strategies generally, and specifically of providing sterile injecting equipment to people who inject illegal drugs.
15.2 Recommendations

1. Note that, overall, the trial was implemented successfully, with no adverse consequences identified. The SVMs are serving both the usual clients of the other outlets—community pharmacies and NSPs—and others who are relatively reluctant to use such outlets. The out-of-business hours provision of sterile injecting equipment through the SVMs is a particularly welcome innovation.

2. Owing to the success of the trial in terms of feasibility, cost and outcomes for both people who inject illegal drugs and the broader community, the provision of sterile injecting equipment through SVMs remains an ongoing component of the ACT Needle Syringe Program.

3. The four existing SVMs continue to operate in their current locations.

4. Planning be initiated for the introduction of additional SVMs at hospitals and other health care facilities, and major shopping centres distant from the currently installed machines, to further expand out-of-hours access to sterile injecting equipment.
   - Although the current approach of SVMs being located at Community Health Centres was appropriate for the trial, it is recommended that a scaling-up of the intervention could usefully involve the private sector (e.g. community pharmacies, large GP surgeries) and the NGO sector agencies installing SVMs at their premises or at other locations frequented by people who inject illegal drugs.
   - Systematic consultation with the potential clients of the new machines be undertaken to establish priorities for their location, building upon the information provided in this report.

5. The current charge of $2.00 per four-syringe Fitpack be maintained.

6. The NSP management enter into discussions with the owner of the SVMs, and any other potential providers of SVM that may come to attention, about the feasibility of vending sterile injecting equipment additional to the current Fitpacks. If this appears feasible, consultation with people who inject illegal drugs in Canberra be undertaken to clarify their priorities for additional or different products vended.

7. The ACT NSP Manager continue to monitor the number of syringes dispensed, by outlet type and location, with the aim of identifying any emerging trends in these variables, owing to the potential for SVMs to draw clients from other syringe outlets where face-to-face services are available to such an extent that service provision to them is problematically reduced. Note that this type of displacement did not occur during the trial period.

8. ACT Health and the NSP management discuss and determine whether or not the costs of the City Ranger patrols of the SVMs is justified, taking into account the number of times they locate discarded sharps. The impact of public opinion about the SVMs is an important consideration here, as is the relatively public location of the machines at Community Health Centres, being places frequented by families and others. The possibility of engaging the company that restocks the SVMs to also dispose of injecting equipment discarded in the vicinity of the machines could be considered in this context.
9. ACT Health and the NSP management establish and maintain close contact with the Principal of Vendafit Pty Ltd, taking an active role in supporting his current initiatives to improve the reliability of the SVMs, including protecting them from vandalism.

10. Noting that the machines were too often out of operation owing to vandalism and design issues and that the penalty clauses covering this eventuality have not been invoked apparently owing to the failure of Directions ACT to establishing a system of monitoring machine down-time, the SVM program managers consider establishing a systematic method of monitoring SVM down-time and using the resulting data to invoke (when applicable) the penalty clauses in the contracts covering SVM provision, and to inform decision-making on extensions of Vendafit Pty Ltd’s contract to supply the machines.
Appendix 1: Evaluation terms of reference

THE SERVICES

The Consultant must perform the Services to the standard of care and skill to be expected of a contractor who regularly acts in the capacity in which the Consultant is engaged and who possesses the knowledge, skills and experience of a contract qualified to act in that capacity.

The Consultant will not provide any comment in the media in relation to the introduction of syringe vending machines and the commissioned review of this unless previously agreed to by ACT Health.

In consultation with ACT Health, the Consultant will develop, conduct and report on a review of the introduction of 4-5 syringe vending machines in the ACT in accordance with the following:

Questions

- Has access to clean needles and syringes increased following the introduction of syringe vending machines
- What is the profile (age, gender etc) of people accessing vending machines and how is this similar or different to those accessing needles and syringes via other outlets?
- Who are the client group/s that are accessing syringe vending machines and do they use other needle and syringe program outlets
- Has the introduction of syringe vending machines had any impact on the incidence of needle sharing
- In what ways do vending machines add to the role of the existing Needle and Syringe Program outlets
- Has the introduction of vending machines correlated with a change in the rate of unsafe disposal of needles and syringes
- Are there any other products that clients believe should be available from vending machines
- Is the introduction of syringe vending machines a cost effective method for providing access to needles and syringes
- Is there any correlation between syringe vending machines and the number of Ambulance call outs to narcotic overdoses
- How has the installation of syringe vending machines impacted on the various stakeholder groups including (but not limited to) police, community health centre staff and people operating businesses in the vicinity of the vending machines
The consultant will provide the following services in order to answer the above questions and to conduct the review of the introduction of the syringe vending machines:

**Literature search**

Prior to the commencement of review, the consultant will conduct a literature search to address concerns that may be raised in the community in relation to the introduction of vending machines. This, as a minimum will include the following matters:

- Any correlation between access to syringe vending machines and increased drug use (eg. by young people)
- Any correlation between access to needles and syringes and increased drug use
- Any correlation between access to syringe vending machines and narcotic overdoses
- How can increasing access to clean injecting equipment help people who choose to inject drugs and the community
- How have issues of access for those in wheelchairs been addressed in other places
- Is there evidence of injuries sustained that is linked in some way to the provision of vending machines
- Will vending machines just lead to more needles lying around for people to harm themselves
- What will stop children from getting and playing with needles from the vending machines
- How have issues of safety for children been addressed in other places
- What will stop young people and adults from getting and exploring the contents of packs rather than actually using the equipment
- Have their been any issues regarding the ‘operating reliability’ of the actual syringe vending machines in places that currently operate the machines and what has been the outcome

The results of the literature search are to be provided to ACT Health by July 30 2004.

NOTE: The Consultant will provide copies of all the relevant literature used in this research to ACT Health.

**Ethics Approval**

The Consultant will work in partnership with ACT Health to obtain Departmental ethics approval for this review should it be required.

ACT Health will meet all costs to the consultant should this work be required.
Consultation

The consultant will work with Directions ACT, the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), injecting drug users, pharmacists involved in the needle and syringe program, community health centre staff, police and those businesses located near the vending machine sites when conducting the review.

The issues that must be addressed include (but are not limited to) the following:

- a profile of those who access vending machines (age, gender, reason for accessing syringes - insulin/heroin, are they also accessing existing Needle & Syringe Programs)
- the time of the day/week people are accessing vending machines
- if people are sharing needles and why
- that the machines are in appropriate locations (existing sites and possible alternative locations in other sites and suburbs)
- other products that people would like to access from vending machines
- if the cost of the needles and syringes is a barrier to access (are they considered cheap/expensive)
- how people are disposing of needles

The consultant will work in partnership with all stakeholder groups and/or their representatives on matters including (but not limited to) enhancing communications with all key stakeholders. These strategies may include:

- the provision of a reply paid facility;
- the provision of a Website/Hot Mail account; and
- the inclusion of a sign on each vending machine and/or sticker on the Fitpack advising clients of:
  - the availability of assistance through ACT Community Health’s 24 hour AOD helpline and
  - inviting them to call the helpline with any comments they would like to make on the vending machines initiative.

Data Analysis

i) During the review, the consultant will analyse and report on the following quantitative data provided by ACT Health in regard to the 3 month period preceding and the 12-month period following the introduction:

- The number of syringes distributed by each Needle and Syringe Program outlet in the ACT including information regarding the type of outlet and the suburb the outlet is based in;
- The number of used syringes discarded in particular areas. For example, the total discarded across the ACT and separate data for those suburbs where vending
machines will be installed (Civic, Belconnen, Tuggeranong, Woden, and possibly Narrabundah);

- The weight by kilo of needles disposed of in the bins that are adjacent to the vending machines;
- The number of used syringes discarded in the area immediately surrounding the vending machine and the location;
- The number of Fitpacks distributed per week from each location
- The number of inappropriately disposed Fitpacks and their location (Fitpacks will be colour tagged to assist in identification); and
- Any problems with the functioning of the machines including the length of any downtime
- Ambulance call outs for narcotic overdoses.

ii) The consultant will report on the results of all consultations conducted for the purpose of the review

iii) The consultant will analyse and report on the media reports provided by ACT Health to the consultant.
Appendix 2: Evaluation research methods and tools

Overview

In 2004, ACT Health called for tenders for the conduct of an independent evaluation of the SVM trial. The successful tenderer was Siggins Miller, with David McDonald (the author of this report) being named as the researcher responsible for its implementation, with professional and administrative support and oversight being provided by the Principals of the consultancy, Dr Mary-Ellen Miller and Professor Ian Siggins.

This study involved preparatory research prior to the commencement of the trial of syringe vending machines in Canberra, the monitoring of the trial’s implementation and short-term outcomes, and this summative evaluation.

Evaluation model and research questions

The trial was evaluated using the utilisation-focused evaluation model, assessed by Stufflebeam as being one of ‘…the best and most applicable of the program evaluation approaches…’.\textsuperscript{21} It is defined in the following terms:

Program evaluation is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming. Utilization-focused program evaluation (as opposed to program evaluation in general) is evaluation done for and with specific, intended primary users for specific, intended uses.\textsuperscript{22}

The intended primary users of the evaluation were those responsible for the trial, namely the ACT Government, ACT Health and Directions ACT, and the intended primary use was to assist the ACT Government to make decisions on the future provision, through SVMs, of sterile injecting equipment for people who inject illegal drugs. The trial evaluation had both formative and summative components.

Ten evaluation research questions, distilled from the interests of the key stakeholders, were explored:

1. Has access to clean needles and syringes changed following the introduction of SVMs?
2. What is the profile of people accessing SVMs and how is this similar to or different from those accessing needles and syringes via other outlets?
3. What client groups are accessing SVMs and do they use other NSP outlets?
4. Has the introduction of SVMs had any impact on the prevalence of needle sharing?
5. In what ways do SVMs add to the role of the existing NSP outlets?
6. Has the incidence of unsafe disposal of needles and syringes changed following the introduction of SVMs?
7. Are there any other products that clients believe should be available from the SVMs?
8. Is the introduction of syringe vending machines a cost effective method for providing access to sterile needles and syringes?
9. Does any correlation exist between the introduction of SVMs and the number of ambulance call-outs to opioid overdoses?
10. How has the installation of SVMs impacted on the various stakeholder groups?

\textsuperscript{21} Stufflebeam, 2001, p. 7

\textsuperscript{22} Patton, 1997, p. 23
Preparatory work

Although SVMs have been operating in some parts of NSW and Europe for a decade or more, in many settings their introduction and continuing operation is controversial. For example, attempts to provide this harm-reduction service in Melbourne have been consistently blocked by local government authorities and community activists. In anticipation of a similar concerted opposition to the trial in Canberra, I was asked by ACT Health’s Alcohol and Other Drug Policy Unit, the area responsible for the policy oversight and funding of the trial, to prepare a briefing document that could be provided to Government, the media, community groups and others to answer key questions that they might have about SVMs and the trial. The document was in a question-and-answer format and was provided in July 2004. Copies are available from the author or from ACT Health’s Alcohol and Other Drug Policy Unit at GPO Box 825, Canberra, ACT 2601.

The trial evaluation was approved on 13 December 2004 by the ACT Health and Community Care Human Research Ethics Committee, submission no. ETH.6/04.323.

Monitoring trial implementation

The trial commenced on 04 February 2005, in the sense that the four SVMs commenced operating on that date, and ran for twelve months, that is, until the end of January 2006. Its implementation was monitored throughout, with three progress reports being prepared and submitted for consideration by the Alcohol and Other Drug Policy Unit of ACT Health, the Manager of the ACT Needle Syringe Program and the ACT Government’s drug policy advisory body, the ACT Alcohol, Tobacco and Other Drug Strategy Implementation and Evaluation Group.

The first progress report, submitted on 18 May 2005, covered
- Service initiation
- Syringe vending machine utilisation
- Syringe vending machines and the NSPs
- Disposal of injecting equipment
- Impacts on stakeholders

The second progress report, submitted 12 October 2005, covered
- Syringe vending machine usage
- Syringe vending machines and the NSPs
- Disposal of injecting equipment
- Heroin overdoses
- Impacts on stakeholders, and publicity

The third progress report, submitted 09 February 2006, covered
- Syringe vending machine usage
- Syringe vending machines and the NSPs
- Disposal of injecting equipment
- Use of disposal bins
- Heroin overdoses
- Preliminary evaluation findings
- Impacts on stakeholders, and publicity

and included preliminary evaluation findings in these areas.
Use of administrative by-product data

In accordance with the terms of reference of the evaluation, staff of the Alcohol and Other Drug Policy Unit of ACT Health worked closely with other ACT Government agencies and the NGO sector to provide administrative by-product data for use in the evaluation. Those data included

- SVM sales
- Syringes dispensed through the NSPs and community pharmacies
- SVM maintenance (down-time) information
- Syringes and Fitpacks picked up by City Rangers in the vicinity of the vending machines
- ACT Ambulance Service data on overdose call-outs
- Comments and complaints made by key stakeholders and members of the public
- SVM and NSP expenditures.

They were passed to the evaluator for collation, analysis and reporting.

Surveys of SVM clients

Three surveys were conducted. The first was soon after the SVMs commenced operation, to gauge the initial reactions of their clients and potential clients. After the formal 12 month trial ended, separate surveys were administered to SVM clients and to other key stakeholders.

Initial survey of the perceptions of clients and potential clients

Because the clients and potential clients of the syringe vending machines are the most important stakeholders in the trial, arrangements were made at the commencement of the trial in 2005 to provide an opportunity for them to provide early feedback on their attitudes towards and experience with the vending machines. An information sheet cum flyer was made available at various agencies frequented by people who inject illicit drugs. It contained a brief questionnaire as well as information on the location of the vending machines and related matters.

The following questions were asked:

1. Have you ever obtained a fit pack from a syringe vending machine?
2. If yes, which machine(s)?
3. If you have used a syringe vending machine, why did you get the fit packs there rather than other places?
4. Where do you usually get needles and syringes?
5. What do you like about the vending machines?
6. What don’t you like about the vending machines?
7. Is there anything else you want to tell us about the syringe vending machine trial?

By early May 2005, 47 completed questionnaires had been returned. Most were completed at Directions ACT. It was assumed that most respondents were people who use illegal drugs although it is possible that non-users provided some.

The information gathered through this early snapshot was useful for the managers of the trial, personnel responsible for briefing the ACT Government and the media, and the ACT Drug Strategy Implementation and Evaluation Group.
End of trial survey of SVM clients

At the end of the trial, a survey was conducted of clients of the vending machines. Its purposes included identifying their demographics, learning about their experiences with the SVMs and their views about them, and assessing their views on the impacts of the SVMs and the desirability or otherwise of making changes to the SVM service.

A self-completion questionnaire was developed and pre-tested. It used both closed-response and open-response questions. It was printed on one A4 sheet, double-sided, and was also made available as a self-completion online survey using SurveyMonkey <www.surveymonkey.com>. A copy is to be found at the end of this appendix.

Survey forms were provided to the key community organisations in Canberra serving people who inject illegal drugs, including the NSPs. Staff of these agencies invited their clients to complete the surveys and deposit them in a box provided. The SVM client survey forms were also provided to the five community pharmacies that sell the largest number of Fitpacks: 60% of Canberra’s total are sold from these five outlets. The participating pharmacies’ staff offered purchasers of Fitpack the survey forms and a pre-paid envelope, addressed to ACT Health, for submission of the completed questionnaires. No identifying information was asked for or provided on the questionnaires. No payment was provided to respondents.

The limitations of this approach to identifying SVM clients is relevant to interpreting the data. The ideal method of obtaining responses would have been to have trained interviewers standing adjacent to each SVM for the survey period, or in randomly or purposively sampled time slots, approaching the machines’ clients with requests for interviews. This was the method used, over three days, in the evaluation of a very busy European SVM. It was not feasible to use this data collection method in this evaluation. Another approach would be to place survey forms in a weatherproof holder on the face of the machines, with an sign inviting clients to take them, complete them and mail them back to the researchers. This method has been used and found to produce a close to zero response rate so was not used in this study.

The approach used to gain access to SVM clients, that is, through NSPs, other human service agencies and community pharmacies, meant that we probably missed that small proportion of SVM clients who do not use the other syringe outlets. It can be anticipated, from the European research, that their characteristics would be somewhat different from those who use both the SVMs and the other outlets. A consequence of this is that the differences between the two groups reported upon here would be even greater than we have observed, highlighting the fact that the SVMs serve a variety of clientele.

The survey ran for four weeks, from 20 November to 15 December 2006. By the cut-off date, 159 responses had been received. Twelve cases were excluded from the analysis as they answered ‘No’ to the filter question ‘Have you ever obtained a Fitpack from a syringe vending machine’, leaving 147 valid responses.

Survey of key stakeholders

At the end of the trial, the views of key stakeholders were assessed by means of an on-line survey. A list of individuals and organisations who were believed to have a significant stake in the trial and SVM service delivery issues was developed and they were invited by ACT Health to complete the questionnaire. Invitations were sent to 58 individuals and organisations. It became clear, however, that some organisations were forwarding the invitation to others, including people who could not be considered key stakeholders.

By the survey close-off date, 45 responses had been received. Because some survey responses were received from people who were not key stakeholders, their responses were filtered out of the data set reported upon here by using the survey question ‘Have you been aware that Syringe Vending Machines (SVMs) have been trialed in the ACT over the last 12 months or so?’. In all, 33 respondents answered ‘Yes’ to this question, seven answered ‘No’ and one answered ‘Unsure’. The analyses of survey responses provided throughout this report are based only on the 33 who stated that they were aware of the trial. Of that 33, 11 stated that their organisation had participated in the trial in some manner.

The survey was conducted using the online survey facility SurveyMonkey <www.surveymonkey.com>. It included 24 questions, mostly of a closed, multiple-response format, and a small number of open response questions. A copy is to be found at the end of this appendix.

Data analysis for report preparation

The qualitative data were analysed using QSR NVivo version 7 and the quantitative data using CDC’s EpiInfo version 3.3.2.
This is the text of the SVM client survey administered in November-December 2006. It was formatted to fit one A4 sheet, printed double-sided.

ACT Health has been conducting a trial of syringe vending machines in Canberra since early last year. They are located on the walls of the community health centres at Belconnen, Civic, Phillip and Tuggeranong. As part of the evaluation of the trial we would like to know what you think about the vending machines. You might have some suggestions to make as well about where they are located, what they sell, the costs of the Fitpacks, etc.

This survey can also be completed online at www.tinyurl.com/ycx7q2

Please fill in this questionnaire. The information you provide will help ACT Health and the ACT Government to make decisions on the future of syringe vending machines in Canberra.

1. Are you
   ☐ Male
   ☐ Female
   ☐ Transgender

2. How old are you? □

3. Are you of Aboriginal or Torres Strait Islander origin?
   ☐ Yes  ☐ No

4. What is the last drug you injected?
   ☐ Heroin
   ☐ Heroin + cocaine together
   ☐ Cocaine
   ☐ Meth (ice) or speed
   ☐ Methadone
   ☐ Morphine
   ☐ Anabolic steroids
   ☐ Other, please specify……………………

5. How often did you use a new sterile needle and syringe last month?
   ☐ All injections
   ☐ Most of the time
   ☐ Half of the time
   ☐ Some of the time
   ☐ Not last month
6. **How many times last month** did you get needles & syringes from a pharmacy, needle exchange or vending machine?

- [ ] Daily or almost daily
- [ ] A couple of times each week
- [ ] Less than weekly (2 to 5 times)
- [ ] Once last month
- [ ] Not in the last month

7. Did you know that Syringe Vending Machines have been trialed in the ACT since early 2005?

- [ ] Yes
- [ ] No
- [ ] Unsure

**ACCESSING NEEDLES**

8. Do you think that having the four syringe vending machines in Canberra has increased people’s access to Fitpacks?

- [ ] Yes
- [ ] No
- [ ] Unsure

9. Have you ever obtained a Fitpack from a syringe vending machine?

- [ ] Yes
- [ ] No

9a. If yes, which machines? (One or more)

- [ ] Civic
- [ ] Belconnen
- [ ] Tuggeranong
- [ ] Woden
- [ ] Queanbeyan
- [ ] Other

10. How many times **last month** did you get Fitpacks from any of Canberra’s syringe vending machines?

- [ ] Daily or almost daily
- [ ] A couple of times each week
- [ ] Less than weekly (2 to 5 times)
- [ ] Once last month
- [ ] Not in the last month

11. Where do you usually get needles and syringes? (Please tick one or more)

- [ ] Directions ACT
- [ ] AIDS Action Council
- [ ] Health Centres
- [ ] Pharmacies
- [ ] ACT Alcohol & Drug Service, Civic
- [ ] Syringe vending machines
- [ ] Other – please explain …………………………………………………
12. If you have used a syringe vending machine, why did you get the Fitpacks there rather than other places? (Please tick one or more)

- Other places closed
- Easier to get to vending machine
- Don’t like going to the other places
- Other reason — please explain

12a. If you have used a syringe vending machine, when do you access it? (Please tick one or more)

- Business hours on weekdays
- After hours on weekdays
- Weekends/Public Holidays

13. Is having 24 hour access to fit packs through vending machines important to you personally?

- Yes, important
- No, not important

14. Is it important to other people who inject?

- Yes, important
- No, not important

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE

Please Turn Over

CANBERRA’S SYRINGE VENDING MACHINES

Now we would like you to tell us what you think about Canberra’s syringe vending machines

15. What is your overall view about having syringe vending machines in the ACT?

- Strongly support it
- Support it
- Neutral
- Oppose it
- Strongly oppose it

16. Do you support or oppose the continuing operation of the vending machines at the Belconnen, Civic, Phillip and Tuggeranong Community Health Centres?

- Support
- Opposed
- Don’t care either way
- Have mixed feelings
- Unsure

17. What about providing syringe vending machines at other locations in the ACT? Is this desirable?

- Yes
- No
- Unsure

17a. If yes, where do you suggest they be located?

18. The Fitpacks sold now through the vending machines contain four 1 ml syringes and associated injecting equipment (water, alcohol swabs, spoon & cotton balls), plus safer injecting and disposal information. In your view, are these contents satisfactory?
18b. If you would like to see additional or different products sold through the machines, please explain……………………………………………………………………………………………

19. The Fitpacks sold through the vending machines cost $2 each, the same as at pharmacies. Do you think the $2 charge is OK?

☐ Yes   ☐ No   ☐ Unsure

20. So far as you know, have the machines been operating reliably?

☐ Yes, reliable all the time
☐ Yes, reliable most of the time
☐ No, occasionally not working
☐ No, often not working
☐ Unsure

21. Do you think that syringe vending machines have any impact on needle sharing?

☐ Yes, they reduce sharing
☐ Yes, they increase sharing
☐ No, they don’t have any impact on sharing
☐ Unsure

22. Do you think that syringe vending machines have any impact on how people dispose of used injecting equipment?

☐ They cause safer disposal
☐ They have no impact on disposal
☐ They cause more unsafe disposal in public places
☐ Unsure

WHO USES THE SYRINGE VENDING MACHINES?

Now we would like to find out who you think is using the syringe vending machines

23. So far as you know, are the machines used mainly by people who also get fits at the other outlets (needle exchanges and pharmacies)? Or are they also used by people who are less likely to get them there?

☐ Mostly used by people who also go to needle exchanges and pharmacies
☐ Mostly used by people who are less likely to go to needle exchanges and pharmacies
☐ Used by a combination of both types of people
☐ Unsure

24. Who do you think are the main users of the vending machines? (please tick all that apply)
□ Young people
□ People who have only recently started injecting
□ Aboriginal people (Koories)
□ People who are nervous about asking for fit packs at pharmacies
□ People who don’t like going to needle exchanges
□ The same people as get injecting equipment from needle exchanges and pharmacies
□ Others (please explain)

FINAL QUESTIONS

24. What do you like about the vending machines? …………………………………………………..
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

25. What don’t you like about the vending machines? ……………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

27. Is there anything else you want to tell us about the syringe vending machine trial?
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

THE END

Please leave your completed questionnaire with the NSP worker behind the desk or use the pre-paid envelope provided to return your completed questionnaire to ACT Health. All information provided will remain anonymous.

Your compliments, suggestions and complaints are important to us. We are committed to using this feedback to improve the quality and safety of our health services.

Please contact the Consumer Feedback Coordinator on 6205 3311 to submit feedback on the trial.
These were the questions in the online survey of key stakeholders administered at the end of the trial.

1. Have you been aware that Syringe Vending Machines (SVMs) have been trialed in the ACT over the last 12 months or so?
   - Yes
   - No
   - Unsure

2. Optional Question: identification of person completing this questionnaire
   - Your name
   - Name of your organisation
   - Position
   - Phone
   - E-mail

3. Has your organisation directly participated in the trial in some manner?
   - Yes
   - No
   - Unsure

4. If yes in what way has it participated?

5. What is your overall view about having syringe vending machines (SVMs) in the ACT?
   - Strongly supportive
   - Supportive
   - Neutral
   - Opposed
   - Strongly opposed

6. What is your view about the trial of four SVMs in the ACT over the past 12 months or so?
   - Strongly supportive
   - Supportive
   - Neutral
   - Opposed
   - Strongly opposed

7. What are the positive aspects of providing SVMs in the ACT in your view?

8. What are the negative aspects of providing SVMs in the ACT in your view?

9. Do you support or oppose the continuing operation of SVMs where they are now i.e. at the Belconnen Civic Phillip and Tuggeranong Community Health Centres?
   - Support
   - Neutral
   - Oppose
   - I have mixed responses
   - Unsure

10. If you are opposed or have mixed responses please explain...

11. What about providing SVMs at different or additional locations in the ACT? Is this desirable?
    - Yes
    - No
    - Unsure

12. If yes where do you suggest they be located?
13. The Fitpacks sold now through the SVMs contain 4x1 mL syringes and associated injecting equipment (water alcohol swabs spoon & cotton balls) plus safer injecting and disposal information. In your view are these contents satisfactory?
   Yes
   No
   Unsure

14. If you would like to see additional or different products provided through the machines please explain...

15. The Fitpacks are sold through the SVMs at a cost to the client of $2 each (subsidised by ACT Health and the same cost as at community pharmacies). Do you think the $2 charge is OK?
   Yes
   No
   Unsure

16. If no please explain...

17. So far as you know have the machines been operating reliably?
   Yes
   No
   Unsure

18. If no please explain ...

19. Have you heard from SVM clients or others about SVM usage patterns? Specifically is it your understanding that the machines are providing a service after hours and on weekends when most of the other outlets are closed?
   Yes
   No
   Unsure

20. Is there anything more you can tell us about this?

21. Another aspect of usage patterns is who are the clients of the SVMs? To your knowledge are the machines largely serving the clients of the other syringe outlets that operate on a face-to-face basis (NSPs and pharmacies)? Or are they also serving people who are less likely to use these outlets?
   Mostly serving clients of the other
   Mostly serving clients who are less likely to use the other outlets
   Serving a combination of both types
   Unsure

22. Is there anything more you can tell us about this or other things about the clients of the machines?

23. Is there anything else you would like to tell us about the SVM trial or the ongoing provision of SVMs in the ACT?

24. Would you like to receive an emailed copy of the final report on the evaluation when it is completed? If yes and you did not provide your email address at the start of the survey please provide it in the following box.
Appendix 3: Bibliography


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