Needle Syringe Program

National Minimum Data Collection

2022 National Data Report

UNSW Kirby Institute

UNSW SYDNEY

Needle Syringe Program National Minimum Data Collection

NATIONAL DATA REPORT 2022

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Acronyms

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ANSPS	Australian Needle Syringe Program Survey
ASGS	Australian Statistical Geography Standard
ATS	Amphetamine-type stimulants
BBV	Blood-borne viral
GAM	UNAIDS Global AIDS Monitoring
GCCSA	Greater Capital City Statistical Area
NSP	Needle syringe program
NSP NMDC	Needle syringe program national minimum data collection
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
OOS	Occasions of service
SA	South Australia
SA1(2,3,4)	Statistical Area 1(2,3,4)
SDM	Syringe dispensing machine
PIEDS	Performance and image enhancing drugs
PWID	People who inject drugs
STI	Sexually transmitted infections
TAS	Tasmania
UNAIDS	Joint United Nations Programme on HIV/AIDS
VIC	Victoria
WA	Western Australia

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Summary

All Australian states and territories operate needle syringe programs (NSPs), providing a range of services to people who inject drugs (PWID). NSPs are a key component of current and previous National Strategies designed to reduce blood-borne viral infections and their associated morbidity, mortality, and personal and social impacts.

NSP services

Since 2017, all jurisdictions have operated the full range of NSP outlet types, with a total of 4,388 NSPs in operation nationally in 2022.

At the end of June 2022, Australia's combined network of jurisdictional NSP services comprised 109 primary, 833 secondary and 3,032 pharmacy NSPs. These face-to-face services were supplemented by 414 syringe dispensing machines (SDMs).

Over the past five years (2018 to 2022) the number of primary and secondary NSPs remained relatively stable, however the number of SDMs increased by one fifth and pharmacy NSPs increased by almost one quarter.

The number of public sector NSPs with programs to facilitate access to take-home naloxone increased from 66 in 2019 to 199 in 2022.

In 2019, the NSP NMDC Reference Group endorsed collection of data on the number of public sector NSPs providing programs to facilitate access to take-home naloxone. In addition to an increase in the number of NSPs providing take-home naloxone programs, the number of jurisdictions providing these programs increased from five in 2019 to eight in 2021 and 2022.

Service provision

Based on data collected in February 2022, an estimated 1,972 occasions of service were provided each day at primary and secondary NSPs.

Data on occasions of service (OOS) were collected in late February 2022. The estimated number of OOS at primary and secondary NSPs declined by around 5% per annum between 2018 and 2020, but this was accelerated in 2021 due to the impacts of the COVID-19 pandemic[1,2], followed by a plateau in the number of OOS in 2022. Overall, there was a 25% decline in the estimated annual OOS observed over the last five years, from 710,000 in 2018 to 530,000 in 2022.

Two in five public sector NSP OOS involved provision of a health education/ intervention and eight percent of OOS involved a referral within or to an external agency in 2022.

Three in five (62%) NSP attendees at public sector NSP services on the 2022 snapshot day were aged between 30 and 49 years of age. Young people (aged less than 25 years) comprised 4% of NSP attendees, while older people (aged 50 years or above) comprised 23% of NSP attendees. Almost three in four (73%) NSP attendees were male. Excluding OOS where Indigenous status was not reported, 22% of NSP attendees identified as Aboriginal and/or Torres Strait Islander.

Stimulants and hallucinogens (44%) (predominantly methamphetamine) were the most commonly reported drugs injected on the snapshot day in 2022, followed by analgesics (heroin, other opioids and opioid substitution therapies, 36%) and anabolic agents and selected hormones (predominantly anabolic steroids, 9%). Stimulants and hallucinogens were also the most commonly reported drugs injected among young people (45%), while analgesics were the most commonly reported drugs injected among older people (47%).

Needle and syringe distribution

In 2021/22, 47.0 million needles and syringes were distributed in Australia.

There was a 6% decrease in needle and syringe distribution in 2021/22 compared to the previous twelve-month period (July 2020 to June 2021) and a 4% decrease over the five-year period 2018/19 to 2021/22. Notwithstanding these recent declines, there was an 11% increase in needle and syringe distribution observed over the ten-year period (from 2012/13 to 2021/22). Similarly, although there was a 7% decline in per capita syringe distribution among the Australian population aged 15-64 years observed over the past 5 years and a 6% decline in 2021/22 compared to 2020/21, per capita needle and syringe distribution increased over the past decade (from 2.76 syringes in 2012/13 to 2.83 in 2021/22).

In 2021/22, 47.0 million syringes were distributed to an estimated population of 73,911 people who regularly inject drugs in Australia, the equivalent of 636 each per annum, exceeding the UNAIDS definition of high syringe coverage (>200 syringes per PWID per annum) by more than three-fold. Syringe coverage, defined as the proportion of all injections (administered by people who regularly inject drugs) that were covered by a sterile syringe, was 116% in 2021/22.

1. Introduction

Needle syringe programs (NSPs) have been in operation in Australia since 1986 and are a key component of current and previous National Strategies for preventing and treating blood borne viral (BBV) infections and sexually transmitted infections (STIs)[3,4]. The National Strategies aim to reduce the transmission of HIV, hepatitis B and hepatitis C, and STIs and to reduce associated morbidity, mortality and personal and social impacts. It is important to monitor progress towards the aims outlined in the National Strategies, including indicators related to evidence-based prevention programs, such as NSPs[5]. NSPs are also a key element of the harm reduction framework outlined in the National Drug Strategy[6].

NSPs provide a range of services that aim to reduce the harms associated with injection drug use, including prevention of BBVs through provision of sterile injecting equipment and safer sex materials. Injecting equipment provided by NSPs primarily includes sterile needles and syringes and containers for the safe disposal of used injecting equipment and may also include other injection equipment such as alcohol swabs and ampoules of sterile water. NSPs also provide information and education, referral to a range of health and welfare services and some NSPs provide programs to facilitate access to take-home naloxone.

All eight Australian states and territories operate NSP services and collect a range of operational data, including i) agency-level administrative data, ii) service provision and iii) needle and syringe distribution data. Commencing in 2016[7], this seventh annual NSP NMDC report provides a national summary of data elements in the NSP NMDC Data Dictionary[8] and a descriptive overview and summary data of NSP services in each jurisdiction.

The NSP NMDC also contributes to reporting against key indicators outlined in the National BBV and STI Surveillance and Monitoring Plan 2018-2022 that accompanies Australia's National HIV and National Hepatitis C Strategies and UNAIDS Global AIDS Monitoring (GAM)[9]. Indicators are a) Number of needles and syringes distributed per person who injects drugs per year (National BBV and STI Surveillance and Monitoring Plan 2018-2022 and GAM 2020) and b) Proportion of injections covered by a sterile syringe in the previous calendar year (National BBV and STI Surveillance and Monitoring Plan 2018-2022).

It is anticipated that NSP NMDC reports will also be used for service monitoring and planning which will benefit the community of people who inject drugs (PWID) and provide public health benefits to the Australian population.

2. NSP Services

NSP outlet type

In Australia, NSP services are available through a range of outlet types. The NSP NMDC Data Dictionary 2019v4[8] provides the following definitions for NSP outlet type.

Primary NSPs are dedicated to the provision of services to PWID. Primary NSPs dispense a wide range of sterile injecting equipment, offer needle syringe disposal services, provide information and education on a range of issues relating to injection drug use and have the capacity to make referrals to other health and welfare services as required.

Secondary NSPs operate within existing health or community services with staff that are not solely dedicated to the provision of services to PWID. Secondary NSPs may provide the same range of services as primary NSPs but typically have a limited capacity to deliver specialist services other than the dispensing of sterile injecting equipment and the provision of disposal facilities, although not all secondary outlets provide disposal facilities.

Pharmacy NSPs are community retail pharmacies that dispense needles and syringes to PWID. This includes free dispensing as part of a subsidised scheme, as well as supply of injecting equipment on a commercial basis. Community pharmacies that independently supply needles and syringes (where there is no association with a state/territory NSP scheme) are not included in the NSP NMDC as there is no way to determine whether syringes are provided to PWID or solely provided to people with medical conditions (for example for IVF treatment).

Syringe dispensing machines (SDMs) provide sterile injecting equipment via vending machines or dispensing chutes. SDMs dispense needles and syringes at no cost or for a small fee and typically operate in locations and at times when other NSP services are unavailable.

The NSP NMDC counted the number of NSPs as the total of primary + secondary + pharmacy + SDMs. If a primary or secondary NSP outlet also operated a SDM these were counted as separate NSPs for the purpose of the NSP NMDC. For example, a fixed site secondary outlet with two SDMs outside the building was counted as 1 x secondary and 2 x SDM.

In June 2022, there were 4,388 NSPs operating nationally (Figure 2.1) and all jurisdictions operated the full range of NSP outlet types. Pharmacy NSPs were the most common outlet type nationally (n=3,032, 69%) and in all jurisdictions (Figure 2.2). Of the 1,356 public sector outlets operating nationally in 2022, 833 were secondary NSPs, 414 were SDMs

and 109 were primary NSPs. Although there were significantly fewer primary outlets compared to secondary and pharmacy outlets, the comprehensive nature of services provided by primary NSPs offers opportunities for PWID to access health care and other services that are crucial to the prevention and treatment of BBVs and the reduction of drug-related harms to individuals and communities.

Figure 2.1 National NSP services (%) by outlet type in 2022

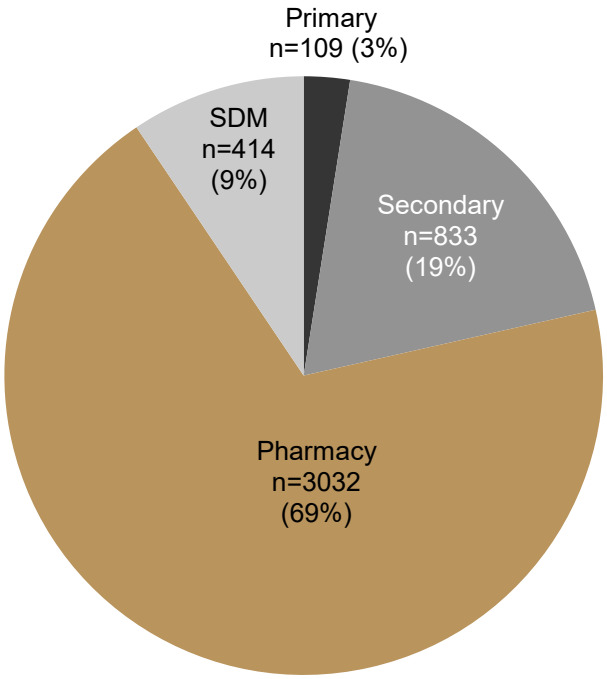
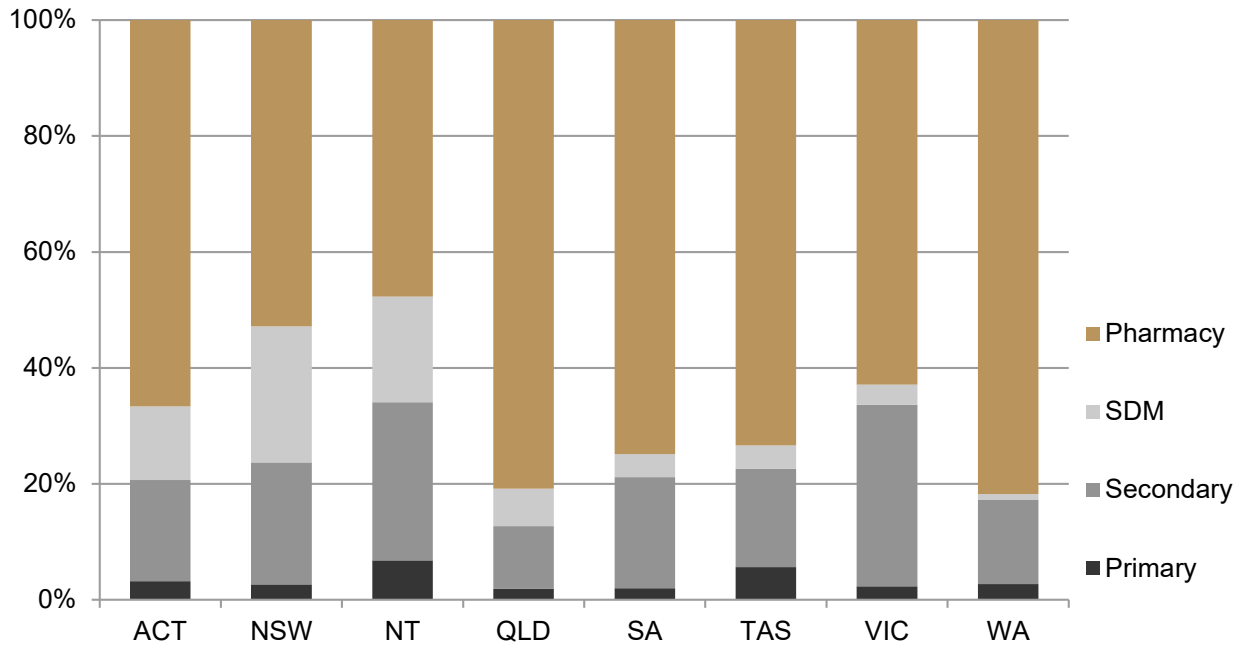


Figure 2.2 Jurisdictional NSP services (%) by outlet type in 2022



Primary and secondary NSPs predominantly operate as fixed site services, although 11 primary and 10 secondary NSPs operate as outreach services without a fixed site. A substantial proportion (n=65, 60%) of primary NSPs operate multiple modes of service delivery, including a combination of fixed site, mobile, outreach, peer distribution and/or SDM services.

SDMs ensure after-hours access to sterile needles and syringes. All jurisdictions operated SDMs in 2022, with 414 SDMs in use nationally, including approximately 235 secondary outlets that operate SDMs. SDMs predominantly dispense combined 1ml needles and syringes, although a small minority of SDMs dispense larger volume syringes and detachable needles. Two thirds of Australian SDMs (68%) dispensed needles and syringes at no cost to the consumer in 2022. Among the remaining SDMs, the majority (98%) required a consumer payment of between AUD $2 and $4.

There was a 52% increase in the total number of NSP outlets over the 14-year period 2008-2022 (Table 2.1). The NSP NDMC collates data on the number of NSP outlets operating on 30 June at the end of each reporting period. As in previous years, there were minor changes to the number of NSP outlet types in all jurisdictions. There was an increase in all outlet types between 2008 and 2022, including a 28% increase in the number of primary NSPs (from 85 in 2008 to 109 in 2022), a 12% increase in the number of secondary outlets (from 745 in 2008 to 833 in 2022), and a 57% increase in the number of pharmacy NSPs (from 1,934 in 2008 to 3,032 in 2022). Notably the number of SDMs operating in Australia more than tripled, from 118 in 2008 to 414 in 2022 with all jurisdictions providing SDMs since 2018.

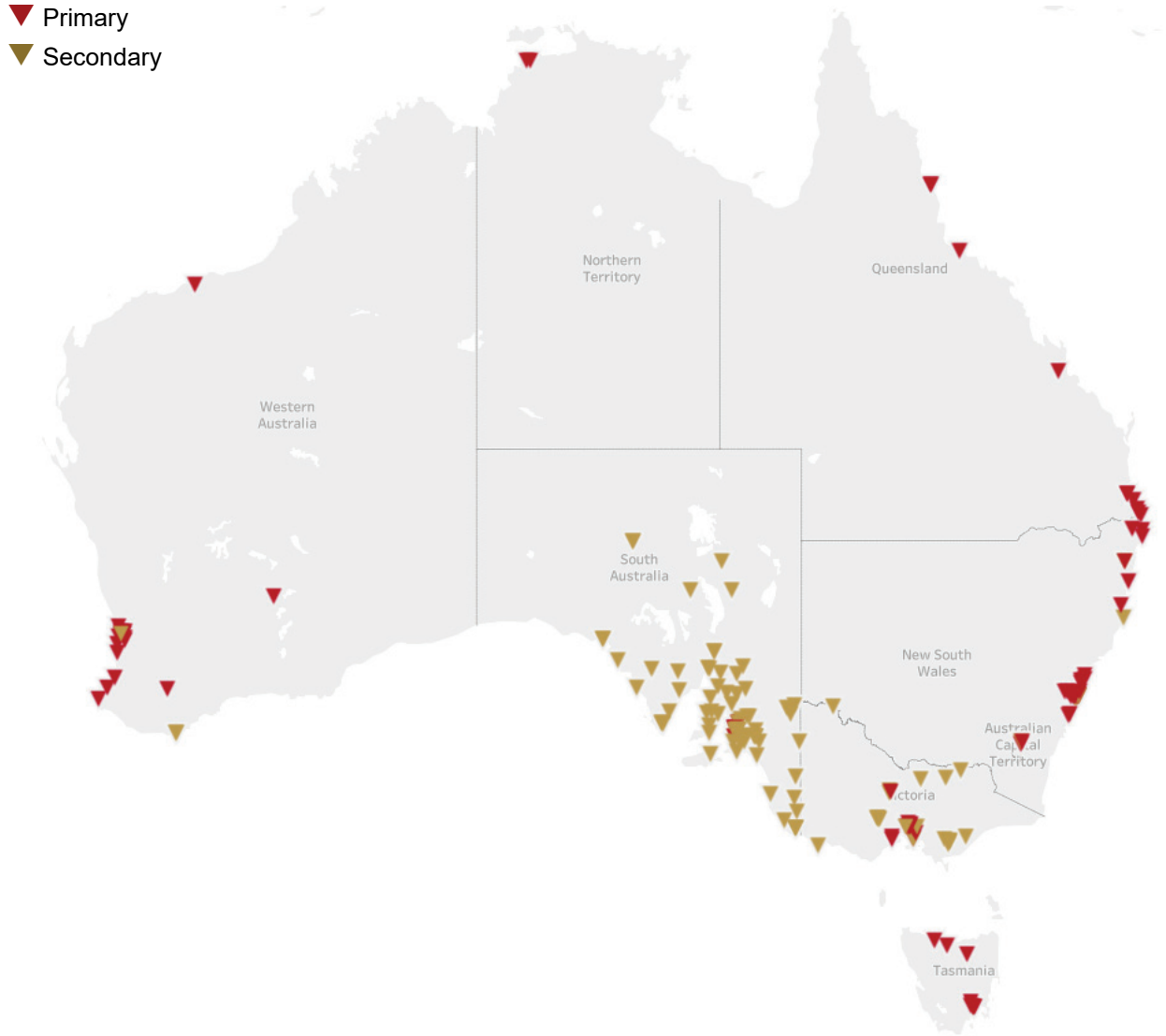
Since the inaugural NSP NMDC report in 2016[5], there has been a 25% increase in the total number of NSPs operating in Australia (from 3,509 in 2016 to 4,388 in 2022). The number of primary (102 in 2016 to 109 in 2022) and secondary NSPs (786 in 2016 to 833 in 2022) were relatively stable over the past seven years. However, there were notable increases among both pharmacy NSPs of 31% (2,321 in 2016 to 3,032 in 2022) and SDMs of 38% (300 in 2016 to 414 in 2022).

Table 2.1 Number of NSP services nationally by type, 2008 and 2016-2022

	2008[10]	2016	2017	2018	2019	2020	2021	2022
Primary NSP	85	102	98	101	98	104	106	109
Secondary NSP	745	786	784	774	908	811	800	833
SDM	118	300	323	344	340	377	399	414
Pharmacy	1,934	2,321	2,422	2,458	2,836	2,867	2,913	3,032
Total	2,882	3,509	3,627	3,677	4,182	4,159	4,218	4,388

Take-home naloxone is designed to assist in the management of opioid overdose. Since the Australian Therapeutic Goods Administration change to the listing of naloxone from Schedule 4 (prescription only) to Schedule 3 (pharmacist over the counter) in February 2016, take-home naloxone programs[11] have been scaled-up at Australian NSPs. In 2019, the NSP NMDC Reference Group endorsed the collection of data on the number of public sector NSPs providing programs to facilitate access to take home naloxone. As of 30 June 2022, take-home naloxone programs were available in all jurisdictions through 199 public sector NSPs (Figure 2.3), a three-fold increase over the period 2019 to 2022 (n=66 in 2019), and a 5% increase over the past year (n=189 in 2021). More than three quarters of primary NSPs (78%, n=85) and 14% of secondary NSPs (n=114) had programs to facilitate access to take-home naloxone in 2022.

Figure 2.3 National number of public sector NSPs providing take-home naloxone access programs in 2022

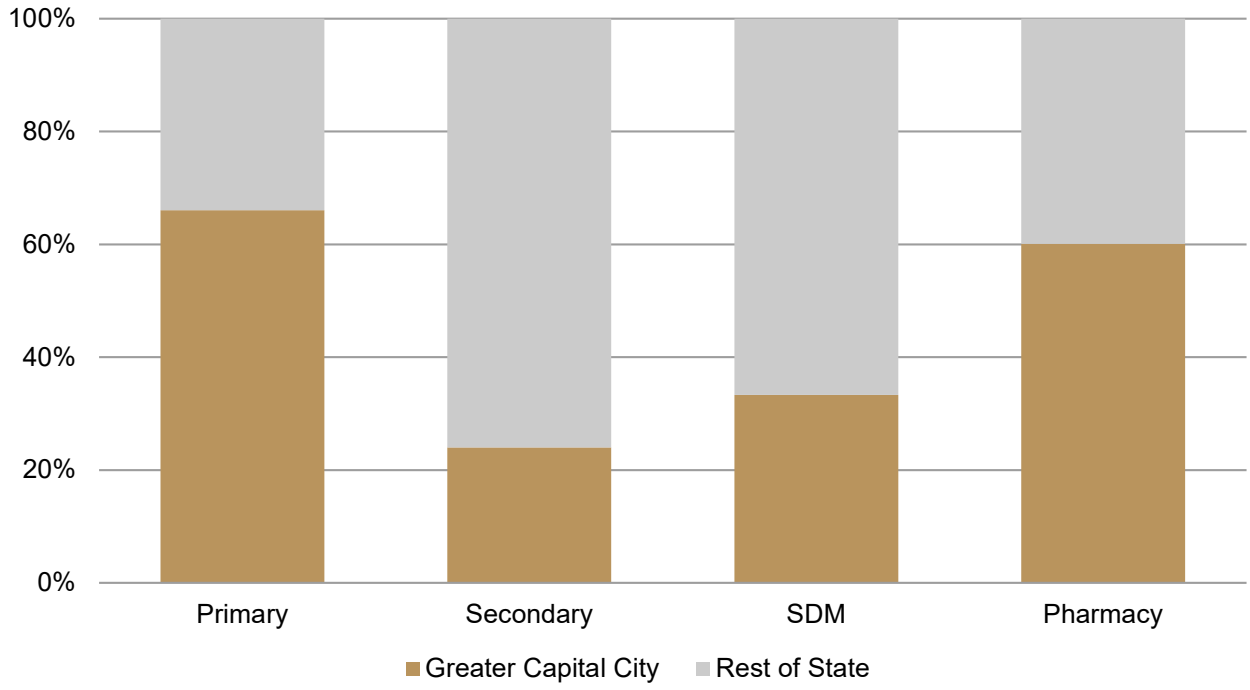


Geographic coverage

The ABS ASGS Greater Capital City Statistical Areas (GCCSA)[12] are designed to represent a socio-economic definition of each of the eight state and territory capital cities. This means the greater capital city boundary includes people who regularly socialise, shop or work within the city, but who live in the small towns and rural areas surrounding the city. It does not define the built-up edge of the city. There are eight regions representing each of the Australian state and territory capital cities and eight regions covering the rest of each state and territory. There is only one GCCSA for the ACT and one for the Other Territories of Jervis Bay, Christmas Island and Cocos (Keeling) Islands.

The majority of primary (n=72, 66%) and pharmacy (n=1,822, 60%) NSP outlets are located within greater capital city boundaries, whereas the majority of secondary NSP outlets (n=633, 76%) and SDMs (n=276, 67%) are located in the rest of each state (Figure 2.4).

Figure 2.4 National NSPs (%) by outlet type and greater capital city statistical area in 2022



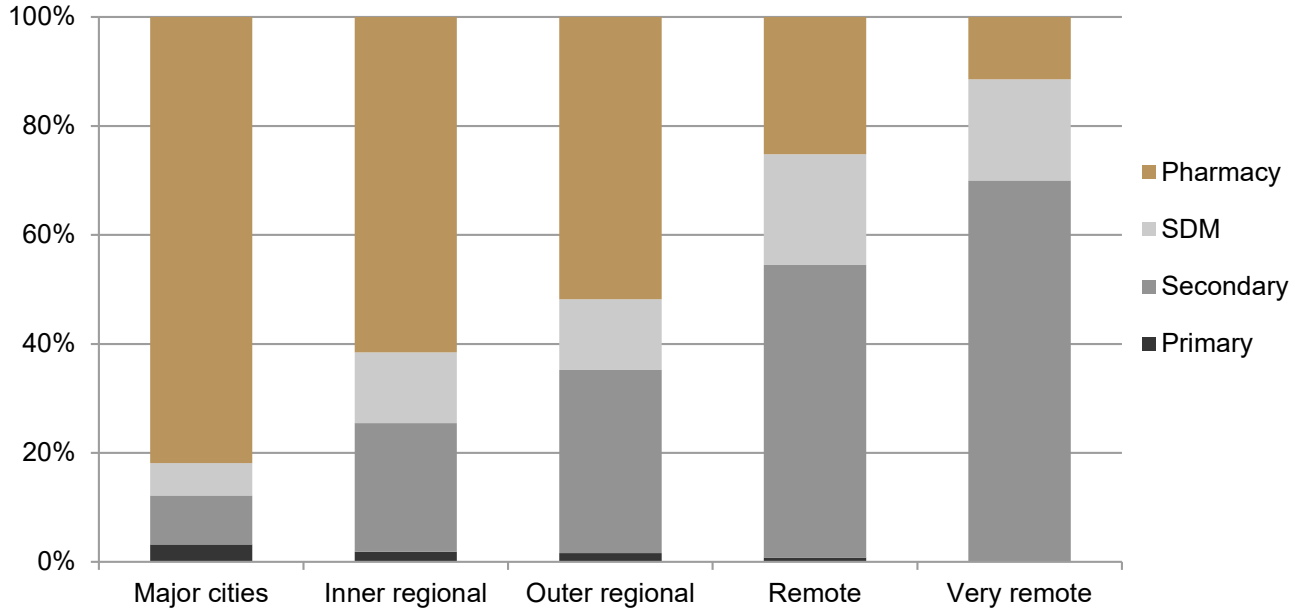
Note: Location data not available for all services in one jurisdiction

The Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS)[13] provides a geographical standard for the publication of statistics by relative remoteness. The Australian Remoteness Areas categories are 0) Major Cities, 1) Inner Regional, 2) Outer Regional, 3) Remote, 4) Very Remote, 5) Migratory/Offshore/Shipping.

As shown in Figure 2.5, the mix of NSP outlet types varied according to geographic region by remoteness area. Approximately two thirds (n=1,945, 64%) of Australia's 3,032 pharmacy NSPs were located in major cities with pharmacies comprising the majority (82%) of NSP outlets in this ASGS area. Pharmacy NSPs were also the most common NSP outlet type in inner regional (n=664, 62%) and outer regional (n=384, 52%) areas, however significantly fewer pharmacy NSPs were located in remote (n=31, 25%) and very remote (n=8, 11%) areas of Australia. Conversely, the proportion of secondary outlets increased with remoteness area, with secondary outlets the most common NSP outlet type in remote (n=66, 54%) and very remote (n=49, 70%) areas. Similarly, the proportion of SDMs increased with remoteness area, with two thirds (n=274, 66%) of Australia's 414 SDMs located outside major cities.

The ASGS[13] Statistical Area 3 (SA3) provides a regional breakdown of Australia with 340 SA3s nationally (excluding non-spatial SA3 special purpose codes). The majority (97%) of SA3 in Australia have at least one NSP outlet. Figures 2.6 and 2.7 provide visual representations of the geographic coverage of primary, secondary, pharmacy and SDM NSP outlets by SA3 in Australia in 2022.

Figure 2.5 National NSPs (%) by outlet type and remoteness area in 2022



Note: Location data not available for all services in one jurisdiction

Figure 2.6 National number of NSPs by outlet type and SA3 in 2022

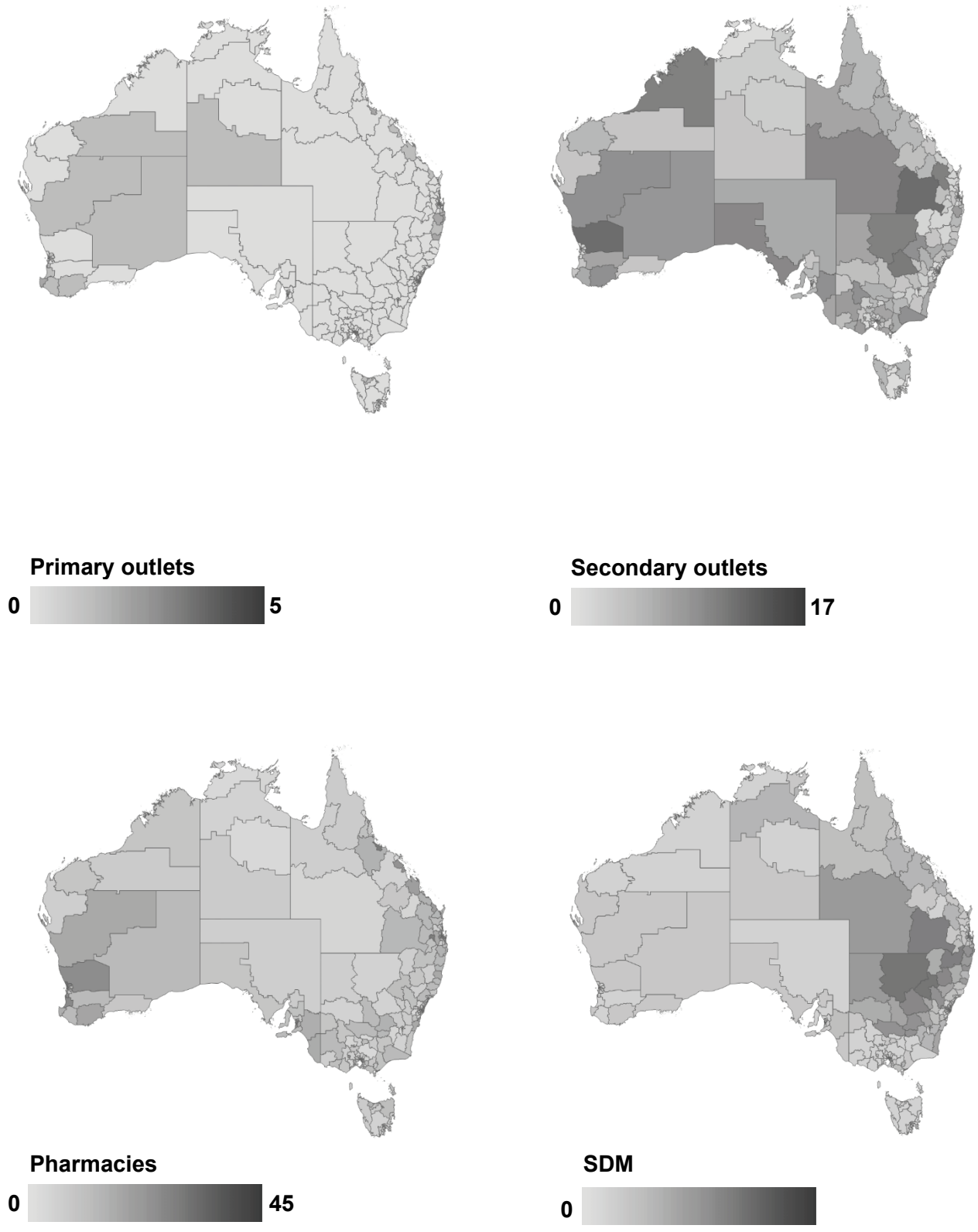
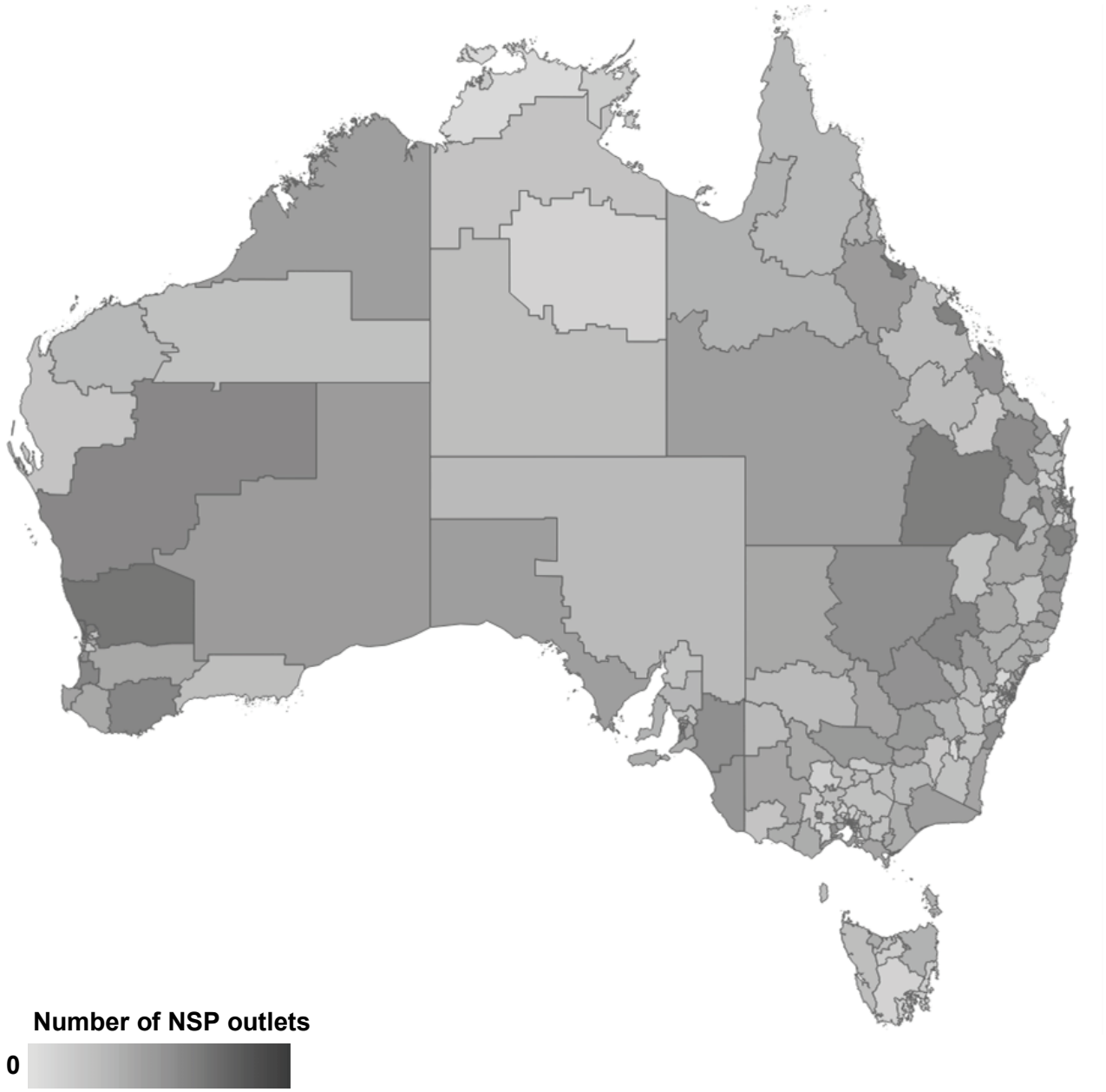


Figure 2.7 National total number of NSP outlets by SA3 in 2022



3. Service Provision

NSP occasions of service

All jurisdictions collect client-level OOS data. Data collection varies according to outlet type with limited capacity at secondary outlets and no capacity at SDMs or pharmacy NSPs. In 2015, the NSP NMDC National Reference Group agreed on four client-level OOS data elements (age, gender, Indigenous status and drug injected) and two service-level OOS data elements (health education/ interventions and referrals provided) for inclusion in the NSP NMDC.

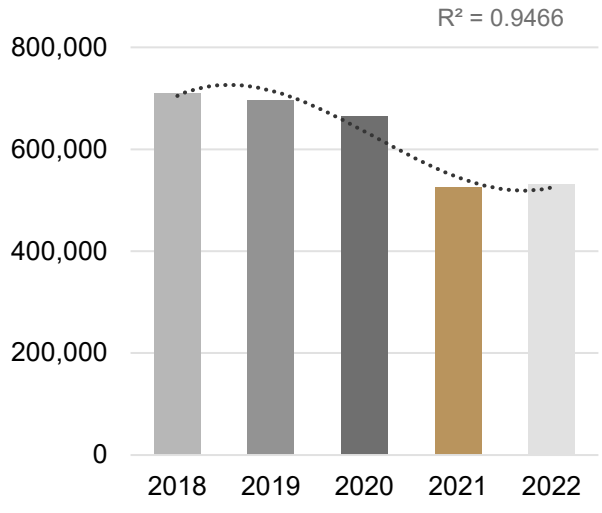
The NSP NMDC Data Dictionary[8] defines a NSP occasion of service (OOS) as contact between NSP staff and a NSP client in order to transact sterile injecting equipment, advice or other related service from a NSP. The Data Dictionary provides a framework for reporting each of the NSP NMDC client-level and service-level OOS data elements.

Jurisdictional client-level OOS data were collected on a nominated snapshot day during the last week of February in all years. It should be noted that client-level OOS data were not collected from every NSP outlet in some jurisdictions and that client level data were unavailable for a small number of OOS in all years 2018 to 2022 (range n=62-81).

Nationally, there were 1,972 occasions of service (OOS) recorded at participating public sector NSPs in Australia on the nominated snapshot day in February 2022. This equates to an estimated 530,000 OOS provided by public sector NSP services in 2022, the second lowest number of OOS observed in any year since the NSP NMDC project commenced in 2016. As shown in Figure 3.1 the estimated number of OOS at primary and secondary NSPs declined by around 5% per annum between 2018 and 2020, with an accelerated decline in OOS observed in 2021 which plateaued in 2022.

The 2021 decline in OOS was not unexpected, as NSPs encouraged clients to ensure they had sufficient supplies of injecting equipment to withstand the possibility of COVID-19 disruptions, including lockdowns. Overall, there was a 25% decline in the estimated annual OOS observed over the last five years, from 710,000 in 2018 to 530,000 in 2022.

Figure 3.1 National OOS in 2018-2022

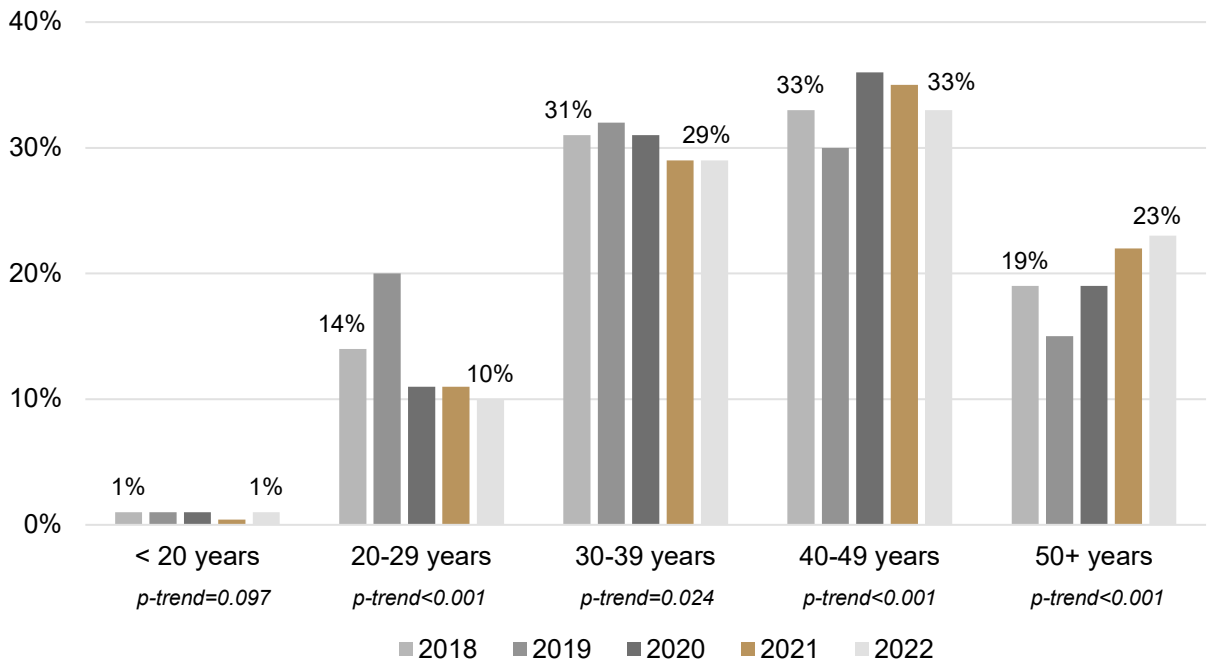


Age

The NSP NMDC Data Dictionary[8] defines age according to the ABS Age Standard[14] (AGEP: age of the NSP client in a single year). All jurisdictions collected 'age' as a data element in 2022. Most jurisdictions collected age in a single year (AGEP), however two jurisdictions collected age group and the current minimum data available to report in the NSP NMDC is ten-year age groups (AGE10P). It should also be noted that there was minor misalignment with AGE10P and the age group categories collected in one jurisdiction and some adjustment of data was necessary (see Appendix A: Methodological Notes).

Three in five (62%) OOS at public sector NSPs on the 2022 snapshot day involved NSP attendees aged 30-49 years (29% aged 30-39 years and 33% aged 40-49 years). One in four (23%) OOS involved NSP attendees who were aged 50 years or older and one in ten (10%) involved NSP attendees aged 20-29 years. Less than one percent of OOS involved attendees aged less than 20 years. Young people (aged less than 25 years) comprised four percent (n=71) of OOS at public sector NSPs nationally in 2022. As shown in Figure 3.2, based on the ABS AGE10P grouping, over the period 2018 to 2022 significant increases were observed in the proportion of NSP attendees aged 40-49 years (p-trend<0.001) and those aged 50+ years (p-trend<0.001). Conversely, significant declines were observed in the proportion of NSP attendees aged 20-29 years (p-trend<0.001) and those aged 30-39 years (p-trend=0.024). The proportion of NSP attendees aged less than 20 years remained low and stable (p-trend=0.097).

Figure 3.2 National OOS (%) by age group in 2018-2022



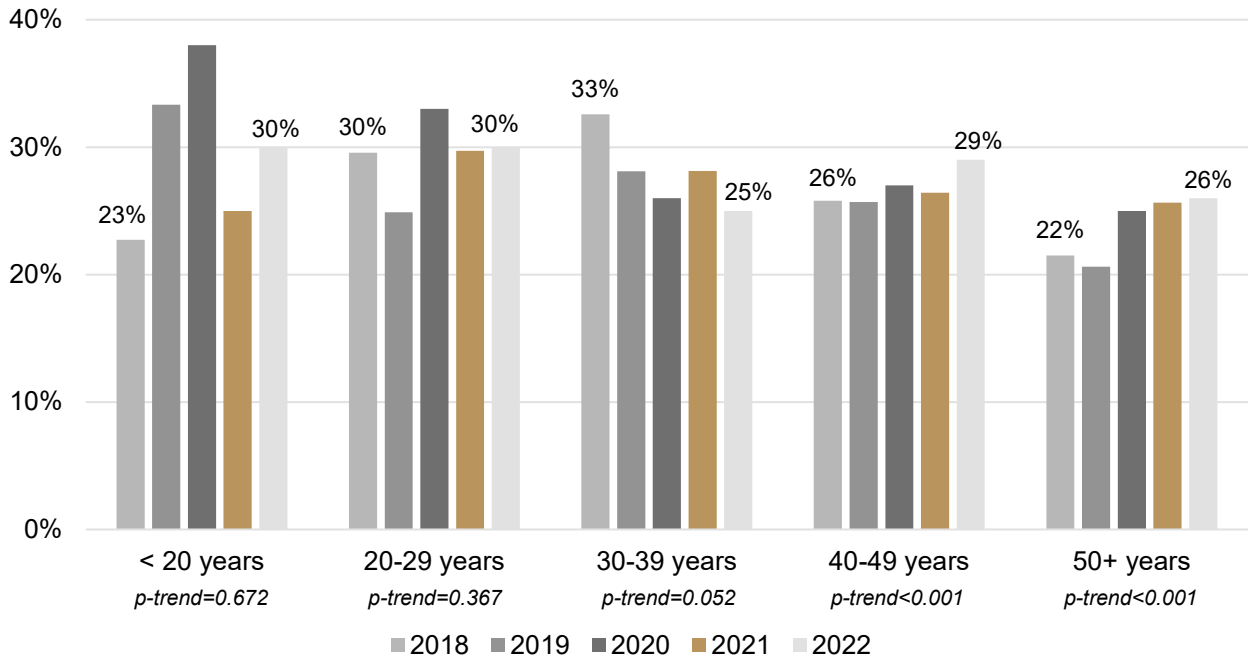
Gender

The NSP NMDC Data Dictionary[8] defined gender according to the 2016 ABS Standard for Sex and Gender Variables[15] which states gender is the distinction between male, female, and genders which are a combination of male and female, or neither male nor female, as reported by the client. All jurisdictions collected gender in 2022, with most jurisdictions (n=6) collecting this data element according to either the 2016 ABS standard or the new ABS Standard for 'Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables' released in 2021[16]. The current minimum data available to report in the NSP NMDC is the 2016 ABS standard where permissible values are: 1) Male, 2) Female and 3) Other.

Consistent with previous years, on the snapshot day in 2022, three quarters (73%) of NSP OOS recorded involved male NSP attendees and one quarter involved females. Three NSP OOS (<1%) recorded on the snapshot day in 2022 involved people who identified their gender as 'other'.

Females comprised between one fifth and one third of NSP attendees in all age groups in all years 2018 to 2022, except among NSP attendees aged <20 years, where the proportion of females ranged from 23% in 2018 to 38% in 2020. As shown in Figure 3.3, over the period 2018 to 2022 significant increases were observed in the proportion of females aged 40-49 years (p-trend<0.001) and females aged 50+ years (p-trend<0.001). The proportion of females in all other age groups was stable over this period.

Figure 3.3 National proportion female (%) by age group in 2018-2022



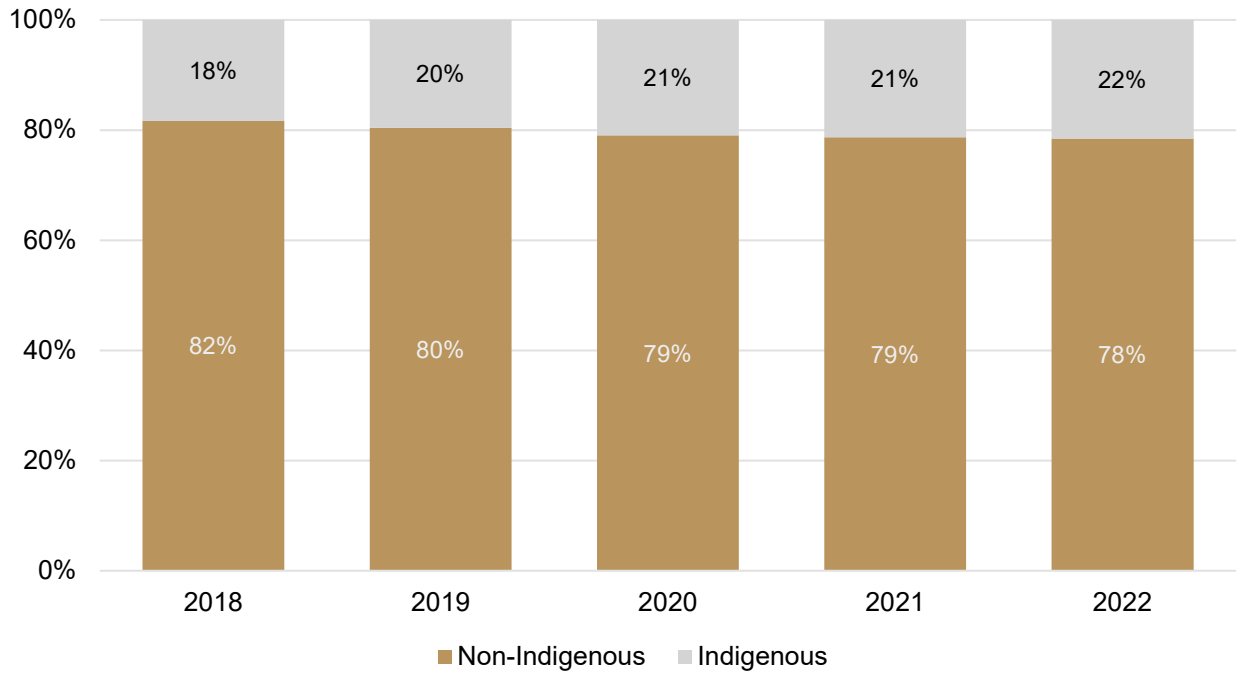
Indigenous status

The NSP NMDC Data Dictionary[8] uses the ABS Indigenous Status Standard[17], which defines Indigenous status as "Whether a person identifies as being of Aboriginal or Torres Strait Islander origin."

The permissible values are: 1) Aboriginal but not Torres Strait Islander origin, 2) Torres Strait Islander but not Aboriginal origin, 3) Both Aboriginal and Torres Strait Islander origin, 4) Neither Aboriginal nor Torres Strait Islander origin. Seven of the eight jurisdictions currently collect client-level OOS data on Indigenous status, although data collection is not aligned to the ABS standard in one of these jurisdictions. The minimum reporting in the 2022 NSP NMDC is Indigenous status as a binary response; 'Yes, Aboriginal and/or Torres Strait Islander origin' or 'Neither Aboriginal nor Torres Strait Islander origin'.

Among the seven jurisdictions where client-level OOS data on Indigenous status were collected and excluding OOS where Indigenous status was not reported, 22% (n=314) of NSP OOS on the snapshot day involved NSP attendees who identified as Aboriginal and/or Torres Strait Islander (Figure 3.4). Over the period 2018 to 2022 there was a significant increase in the proportion of attendees who identified as Aboriginal and/or Torres Strait Islander (from 18% in 2018 to 22% in 2022, p-trend=0.012).

Figure 3.4 National OOS (%) by Indigenous status in 2018-2022



Note: One jurisdiction did not collect data on Indigenous status in any years 2018-2022, and one jurisdiction did not collect data on Indigenous status between 2018-2019.

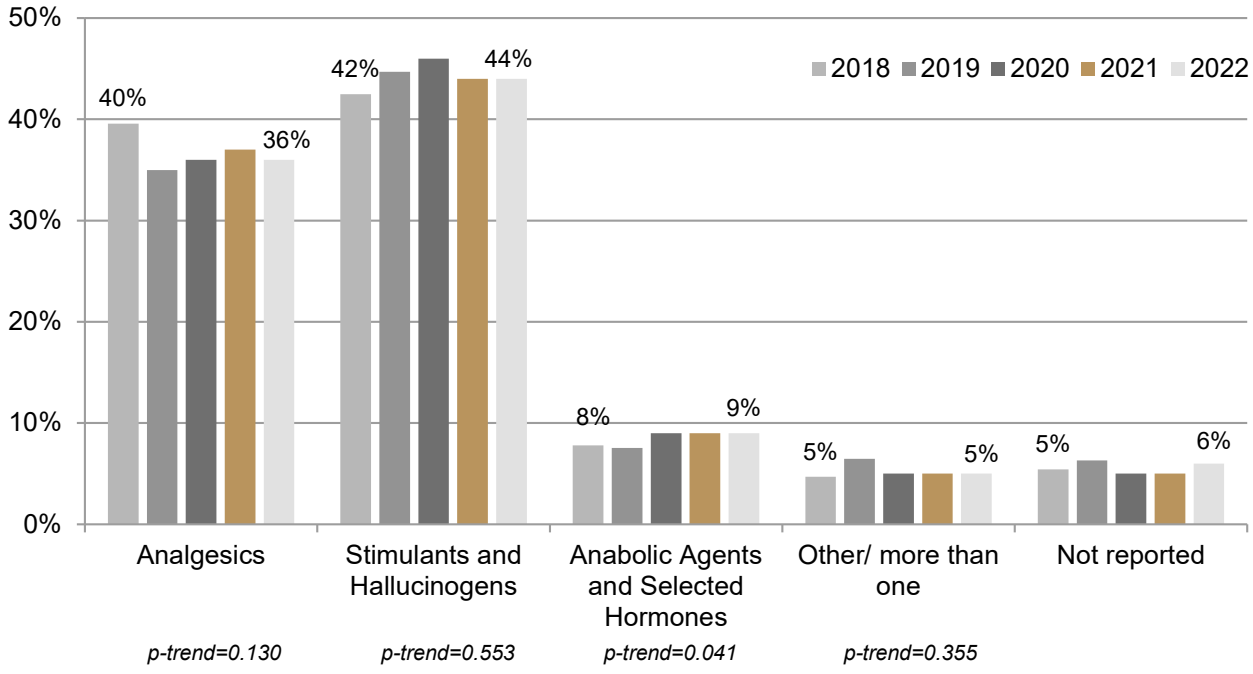
Drugs injected

The NSP NMDC uses the ABS Drugs of Concern Classification[18] Broad and Base level groups to report on the drug/s injected as defined in the NSP NMDC Data Dictionary[8]. The NSP NMDC Data Dictionary[8] defines drugs injected as the drug (or drug type), as stated by the client. Given differences in existing jurisdictional data collections, this is either the drug the client is intending to inject following the current OOS (three jurisdictions) or the drug last injected by the client on the most recent occasion of injection (four jurisdictions). One jurisdiction does not currently collect client-level OOS data on drug/s injected.

Figure 3.5 illustrates the breakdown of drugs injected by NSP attendees on the nominated snapshot day between 2018 and 2022 according to ABS Drugs of Concern Broad Groups. In 2022 Stimulants and Hallucinogens were the most commonly reported class of drugs injected for the fifth consecutive year (n=649, 44%), followed by Analgesics (n=537, 36%) and Anabolic Agents and Selected Hormones (n=140, 9%). Injecting more than one drug subtype was reported at 5% (n=68) of OOS at public sector NSPs nationally in 2022.

Over the period 2018 to 2022, a significant increase was observed in the proportion of NSP attendees who reported anabolic Agents and Selected Hormones as the class of drugs injected (p-trend=0.041). The proportion of all other classes of drugs was stable over this period.

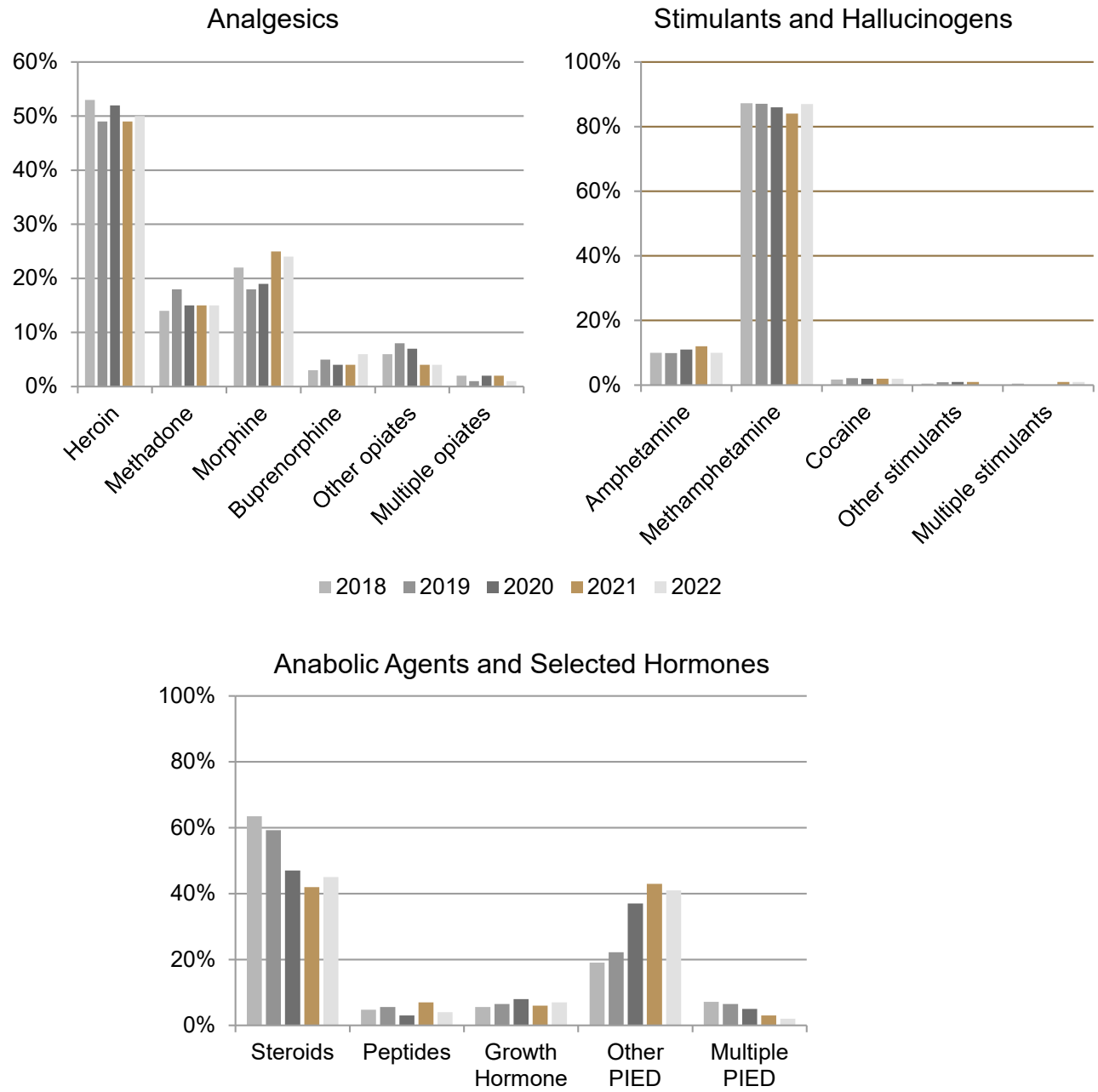
Figure 3.5 National OOS drug injected (%) by ABS Drugs of Concern Broad Groups in 2018-2022



Note: One jurisdiction did not collect data on drug injected in any years 2018-2022

Five jurisdictions collected data that aligned with the ABS Drugs of Concern Base level definitions (n=1,239 in 2022). Methamphetamine (n=440, 87%) was the most commonly reported drug injected by NSP clients in the 'Stimulants and Hallucinogens' category, while heroin (n=240, 50%) was the most commonly reported drug injected in the 'Analgesics' category (see Figure 3.6). In 2022, steroids (n=56, 45%) were the most commonly reported drug injected in the 'Anabolic Agents and Selected Hormones' category.

Figure 3.6 National OOS drug injected (%) by ABS Drugs of Concern Broad Groups and Base Groups in 2018-2022



Note: Among the five jurisdictions that collected ABS Drugs of concern at Base level units

Young people

Among n=58 young people (aged less than 25 years) attending NSPs on the snapshot day in 2022 and excluding the jurisdiction that did not collect data on drugs injected, Stimulants and Hallucinogens were the most commonly reported drug class last injected, reported by 45% of young people in 2022. This was followed by Anabolic Agents and Selected Hormones (26%) and Analgesics (21%). Five percent of young people reported injecting other drugs or more than one drug subtype and 3% did not report drug injected.

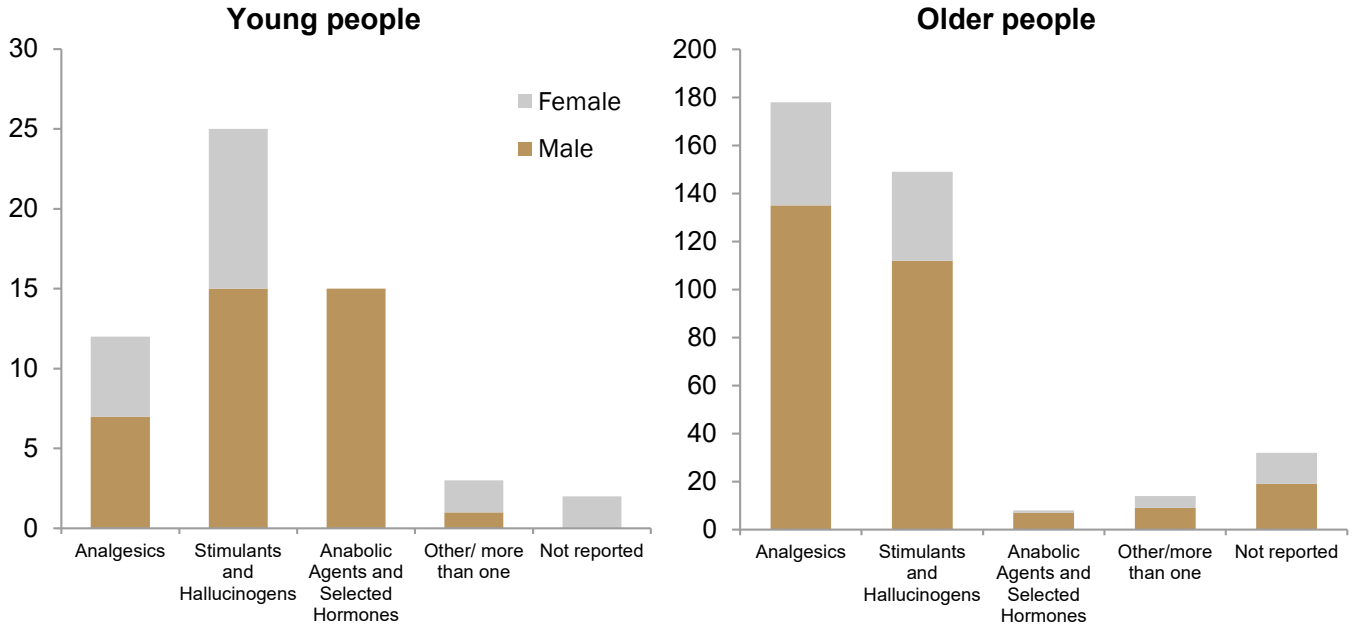
Men accounted for 70% of OOS involving a young person in 2022. Men comprised 58% of young people who injected Analgesics, 58% of those who injected Stimulants and Hallucinogens and 100% of those who injected Anabolic Agents and Selected Hormones (Figure 3.7).

Older people

The NSP NMDC defines older people as those aged 50 years and over. Among n=384 OOS involving older people on the snapshot day in 2022 and excluding the jurisdiction that did not collect data on drugs injected, 47% reported injecting Analgesics, 39% reported injecting Stimulants and Hallucinogens and 2% reported injecting Anabolic Agents and Selected Hormones. Four percent of older people reported injecting more than one drug and 8% did not report the drug injected.

Consistent with previous years, men comprised the majority (73%) of OOS that involved older people. Men comprised 75% of older people who injected Analgesics, 74% of those who injected Stimulants and Hallucinogens and 88% of those who injected Anabolic Agents and Selected Hormones (Figure 3.7).

Figure 3.7 National OOS among young people (aged <25 years) and older people (aged ≥50 years) by gender and drug injected in 2022



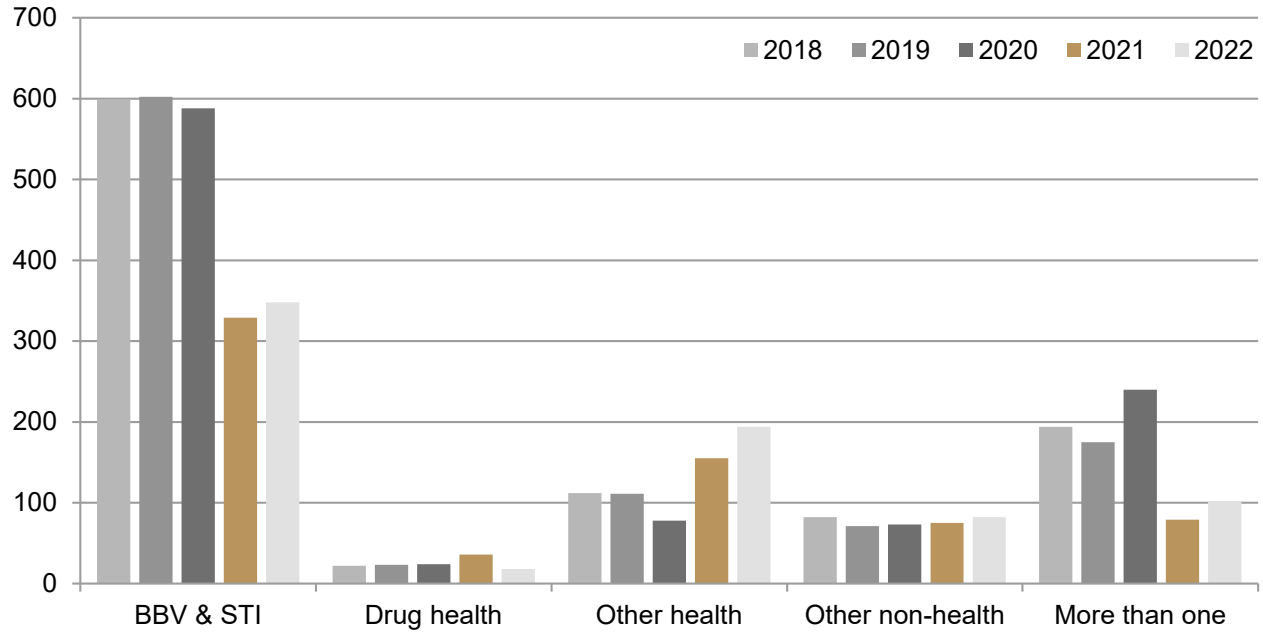
Health education/interventions provided

A health education/intervention is defined as the provision of information, education or a brief intervention to a client by NSP staff at an occasion of service. Given some inconsistency in the way this data element is currently collected in jurisdictions, the NSP NMDC uses a two-level hierarchical structure to collate health education/ intervention(s) into broad groups. It should also be noted that not all secondary NSP services have the capacity to provide a range of health education/interventions to PWID who attend their services.

Where detailed data on health education/ intervention were available, data were recoded into the five broad groups defined in the NSP NMDC Data Dictionary[8]: 1) BBV and STI, 2) Drug health, 3) Other health, 4) Other non-health and 5) Peer-based.

Among NSP services that collected data on the provision of health education/ interventions in 2022, two fifths (43%) of OOS at public sector NSPs included the provision of health education/ interventions. This was slightly higher than the 40% of OOS that included provision of health education/interventions in 2021. As shown in Figure 3.8, one in two (n=348, 47%) health education/interventions related to BBVs and STIs (including safer injection practices and vein care) in 2022, a decline from 59% in 2018 (p-trend<0.001). One in four OOS included the provision of other health education/ interventions (n=194, 26%), an increase from 11% in 2018 (p-trend<0.001). One in ten OOS involved more than one health (n=102, 14%) or other non-health (n=82, 11%) education/interventions, while 2% (n=18) were related to drug health education/interventions in 2022.

Figure 3.8 National NSP OOS health education/interventions in 2018-2022



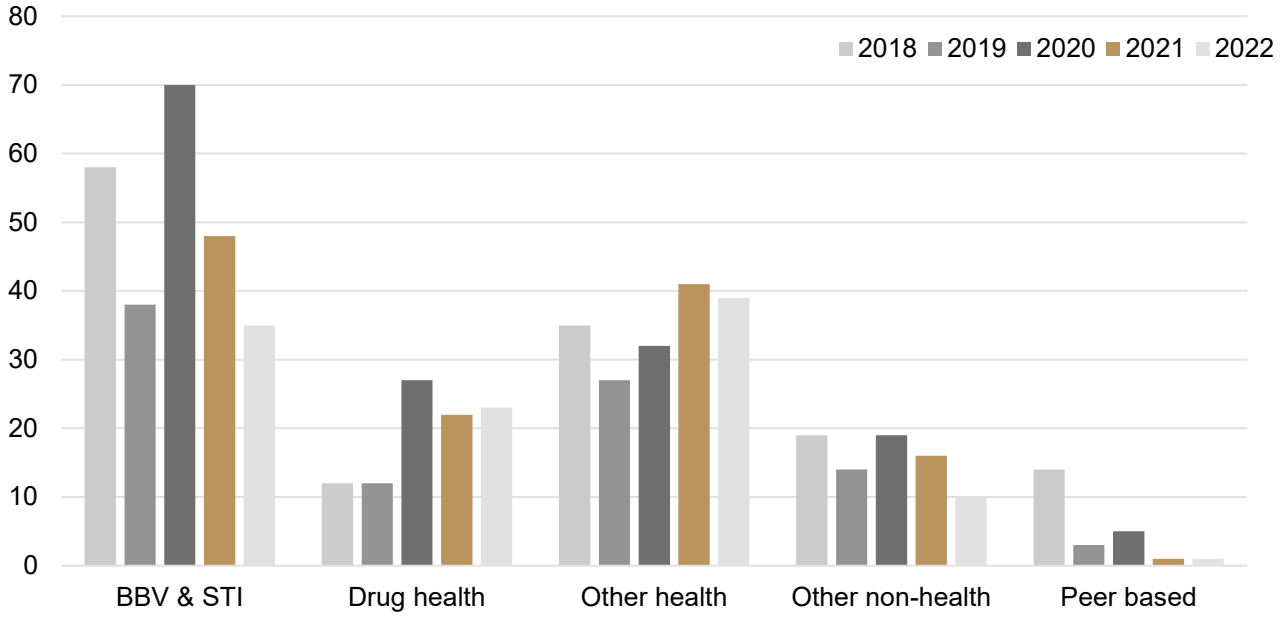
Referrals

Primary and secondary NSP services also provide attendees with referrals to a range of health, welfare, legal and other agencies. The NSP NMDC Data Dictionary[8] defines referral as "The type of service or agency to which a client is referred during a NSP service contact."

As with health education/interventions and described previously, the NSP NMDC uses a two-level hierarchical structure to collate referrals due to some inconsistency in the way this data element is currently collected at the jurisdictional level. The hierarchical structure of this data element enables recoding of existing jurisdictional data into broad groups. Although all jurisdictions collect this data element, a minority of secondary NSP services have the capacity to provide or collect referral data. The NSP NMDC project recoded referral data into the following five broad groups: 1) BBV and STI, 2) Drug health, 3) Other health, 4) Other non-health and 5) Peer-based.

Of the NSP services that recorded data on referrals on the snapshot day in 2022, one in twelve (n=113, 8%) OOS at public sector NSPs involved the provision of a referral. Approximately one in three (n=39, 35%) referrals were made to other health services, while a further one in three (n=35, 31%) were made to BBV and STI services, and one in five (n=23, 20%) were made to drug health services. Smaller proportions of referrals were made to other non-health services (n=10, 9%) or peer-based services (n=1, 1%). Multiple referrals were provided by a minority of NSP OOS that involved a referral (n=5, 4%). Figure 3.9 shows the national NSP OOS referral destination in 2018 to 2022.

Figure 3.9 National NSP OOS referral destination in 2018-2022



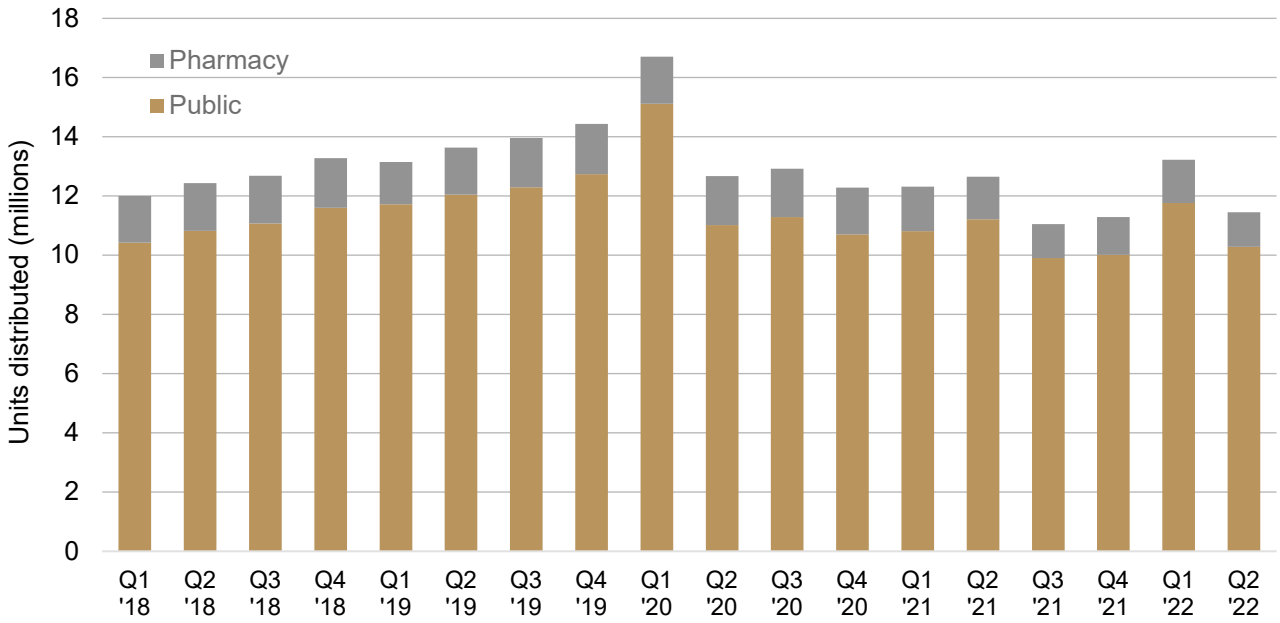
4. Needle and Syringe Distribution

The NSP NMDC used the NSP NMDC Data Dictionary[8] definition for 'Needles and syringes distributed' which includes a description of 1) combined needle and syringe, 2) syringe without needle and 3) needle without syringe. Because injection requires both a needle and a syringe, the Data Dictionary guide states "the total number of needles and syringes is obtained using the calculation: 'Combined needle and syringe' + 'syringe without needle' to avoid double counting".

The NSP NDMC reports needle and syringe distribution by financial year. This report covers the period July 2021 to June 2022, during the global COVID-19 pandemic. Known pandemic impacts on needle and syringe distribution include a) stockpiling of injecting equipment following the declaration of a global pandemic in March 2020, b) encouragement of clients to procure sufficient quantities of injecting equipment to manage the impacts of COVID-19 public health measures, such as lockdowns and c) modifications to NSP operating procedures to ensure social distancing[2].

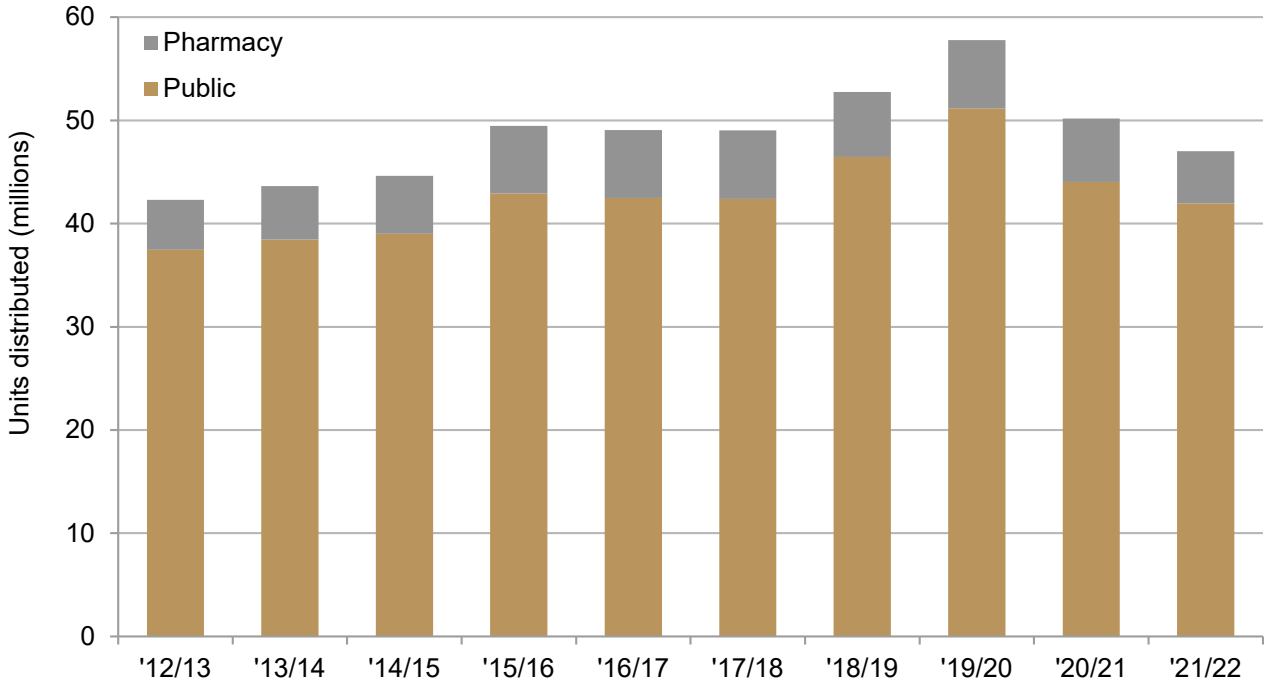
As shown in Figure 4.1, public sector needle and syringe distribution was inflated in the January to March quarter of 2020 largely due to stockpiling that resulted from concerns regarding the potential for COVID-19 disruptions to supply chains and/or service delivery. Quarterly needle and syringe distribution was subsequently stable over the period June 2020 to July 2022, albeit at ~12.1 million needles and syringes distributed per quarter, more than two million lower than the ~14.4 million distributed per quarter in 2019/2020.

Figure 4.1 National needle and syringe distribution by public and pharmacy sector NSP, 2018-2022 by quarter



In 2021/22, 47.0 million needles and syringes were distributed nationally in Australia (Figure 4.2). Although this represents a 6% decrease compared to the previous twelve-month period (July 2020 to June 2021) and a 4% decrease in needle and syringe distribution over the five-year period 2017/18 to 2021/22, there was an 11% increase over the ten-year period from 2012/13 to 2021/22. In 2021/22, the public and pharmacy sectors dispensed 42.0 million (89%) and 5.0 million (11%) needles and syringes respectively.

Figure 4.2 National needle and syringe distribution by public and pharmacy sector NSP, 2012/13-2021/22



Per capita needle and syringe distribution

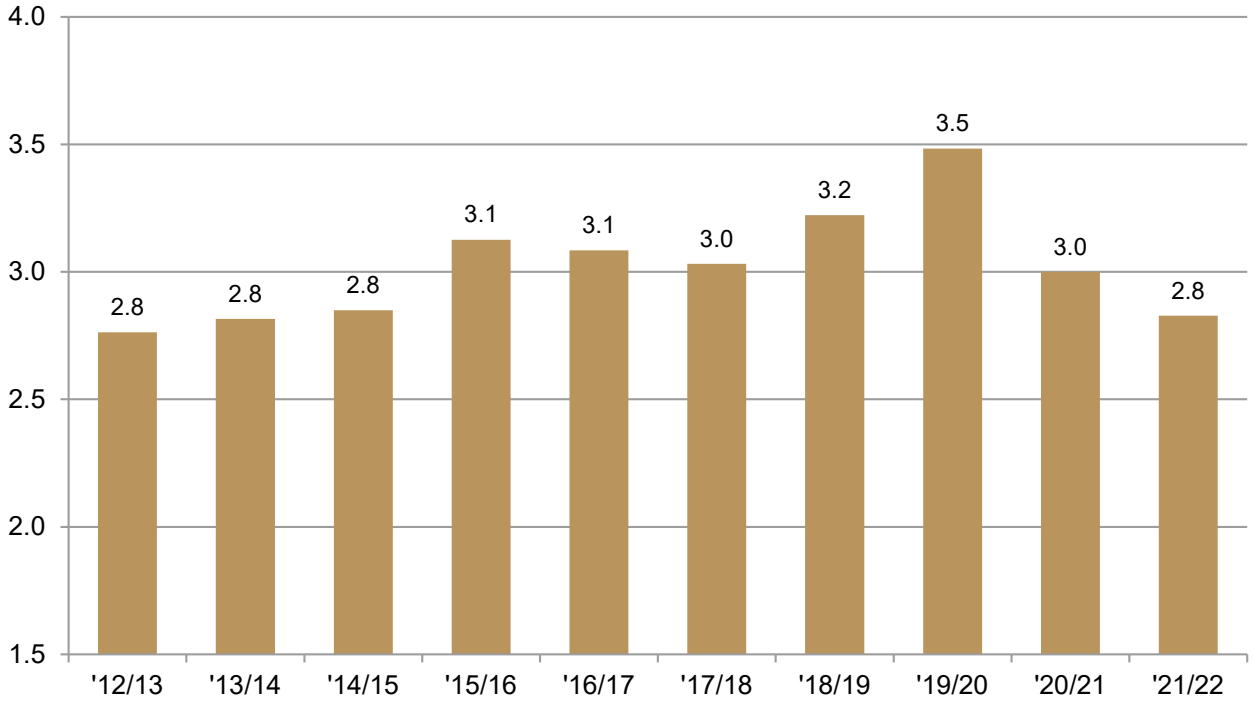
Per capita needle and syringe distribution was calculated by dividing the number of needles and syringes distributed by the Australian population aged 15-64 years. The denominator excluded children (aged less than 15 years) and older people (65 years and older) as injection drug use is less prevalent in these age groups. Calendar year ABS population data was converted to financial year by calculating the mean of the population estimate in consecutive calendar years. The per capita rate of needles and syringes distributed nationally increased by 2% over the ten-year period from 2012/13-2021/22, however there was a 7% decline over the five-year period from 2017/18 to 2021/22 and a 6% decline between 2020/21 and 2021/22 (Table 4.1 and Figure 4.3).

Table 4.1 National syringe distribution and per capita syringes distributed, 2012/13-2021/22

Year	Needle and syringe distribution (millions)			Per capita needles/syringes
	Public	Pharmacy	Total	
2012/13	37.4	4.8	42.3	2.8
2013/14	38.5	5.2	43.6	2.8
2014/15	39.0	5.6	44.6	2.8
2015/16	42.9	6.5	49.5	3.1
2016/17	42.5	6.6	49.1	3.1
2017/18	42.4	6.6	49.0	3.0
2018/19	46.4	6.3	52.8	3.2
2019/20	51.2	6.6	57.8	3.5
2020/21	44.0	6.1	50.2	3.0
2021/22	42.0	5.0	47.0	2.8

Notes: Denominator for per capita needles and syringes is the population aged 15-64 years.
Totals may not add up due to rounding

Figure 4.3 Per capita needle and syringe distribution, 2012/13-2021/22



Note: Denominator for per capita needles and syringes is the population aged 15-64 years.

Syringe distribution per PWID

UNAIDS Global AIDS Monitoring includes 'needles and syringes distributed per person who injects drugs' as one of the key indicators for reporting on the global AIDS response[9]. UNAIDS defines syringe coverage as 'low' (<100 syringes per PWID per annum), 'medium' (100-200 syringes per PWID per annum) and 'high' (>200 syringes per PWID per annum)[19]. In addition, the World Health Organization Global Health Sector Strategy on Viral Hepatitis, 2016–2021[20] has set a target of 300 syringes per PWID per annum by 2030.

Building on previous methods used to estimate the Australian PWID population size[21], a method to generate annual estimates of the PWID population size was developed by Kwon and colleagues[22].

PWID were defined as people who had injected drugs in the previous 12 months and included people who inject drugs on a regular basis (defined as people who had injected for at least 12 months, an average of 10 times per month, with injecting in most months) and people who inject drugs occasionally (defined as people who injected at least once in the last 12 months, but not frequently enough to be considered a person who injects drugs on a regular basis).

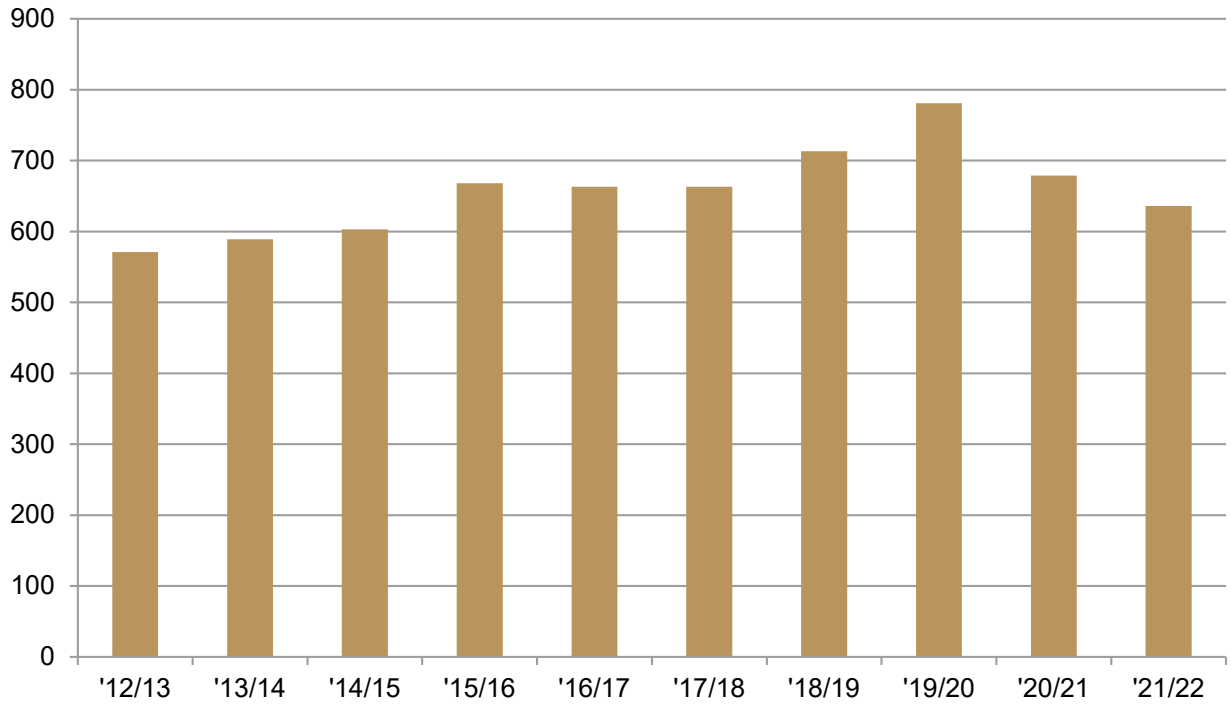
As in previous years, the NSP NMDC used a range of annually updated data sources to estimate trends in the size of the Australian population of people who inject drugs on a regular basis (see Methodological Notes, Appendix A).

There were an estimated 73,911 people who inject drugs on a regular basis in Australia in 2021/22 and this population was stable over the past decade (Table 4.2). The mean number of syringes per PWID was calculated by dividing the number of syringes distributed by the estimated number of people who inject drugs on a regular basis in each financial year. As shown in Figure 4.4, although there was an 11% increase in syringes distributed per PWID between 2012/13 and 2021/22, the number of syringes per PWID declined by 6% between 2020/21 and 2021/22. In 2021/22 an estimated 636 syringes were distributed per person who injects drugs on a regular basis, the equivalent of 1.7 syringes per day and exceeding the UNAIDS definition of high syringe coverage by three-fold.

Table 4.2 National syringe distribution per PWID*, 2012/13-2021/22

Year	Number of people who inject on regular basis*	Syringes distributed (millions)	Syringes per PWID*
2012/13	74,090	42.3	571
2013/14	74,066	43.6	589
2014/15	74,045	44.6	603
2015/16	74,026	49.5	668
2016/17	74,008	49.1	663
2017/18	73,961	49.0	663
2018/19	73,947	52.8	713
2019/20	73,935	57.8	781
2020/21	73,922	50.2	679
2021/22	73,911	47.0	636

Figure 4.4 National syringe coverage per PWID*, 2012/13-2021/22



*Note: * Syringes per PWID includes people who inject on a regular basis and excludes those who inject occasionally*

Syringe coverage per injection

Although the calculation of the mean number of syringes distributed per PWID is a useful tool to monitor trends over time, it does not take frequency of injection into account. Additional analyses were conducted to assess the extent to which demand for sterile syringes was met. Data on frequency of injection was obtained from the Australian NSP Survey[23] (ANSPS) and the methodology described in Kwon et al[22] estimated the number of sterile syringes required to cover all injections among people who inject drugs on a regular basis (assuming one sterile syringe was used per injection).

The following assumptions were used: injection >3 times per day required a mean of 5 (range 4-6) syringes per day, injection 2-3 times per day required a mean of 2.5 (range 2-3) syringes per day, injection once per day required one syringe per day, injection more than weekly but not daily required a mean of 3.5 (range 2-60) syringes per week and injection monthly but not weekly required a mean of 0.5 (range 0.3-0.9) syringes per week.

As shown in Figure 4.5, there were some changes in the frequency of injection reported among ANSPS respondents over the past 5 years. Among those who reported injection in the previous month, the proportion who reported injecting more than once per day declined (p-trend=0.007), with a concomitant increase in the proportion who reported injecting less than daily (p-trend=0.003). The proportion of respondents who reported injecting once per day remained stable (p-trend=0.670) over the past five years.

Figure 4.5 Frequency of injection among ANSPS respondents (%), 2012-2021

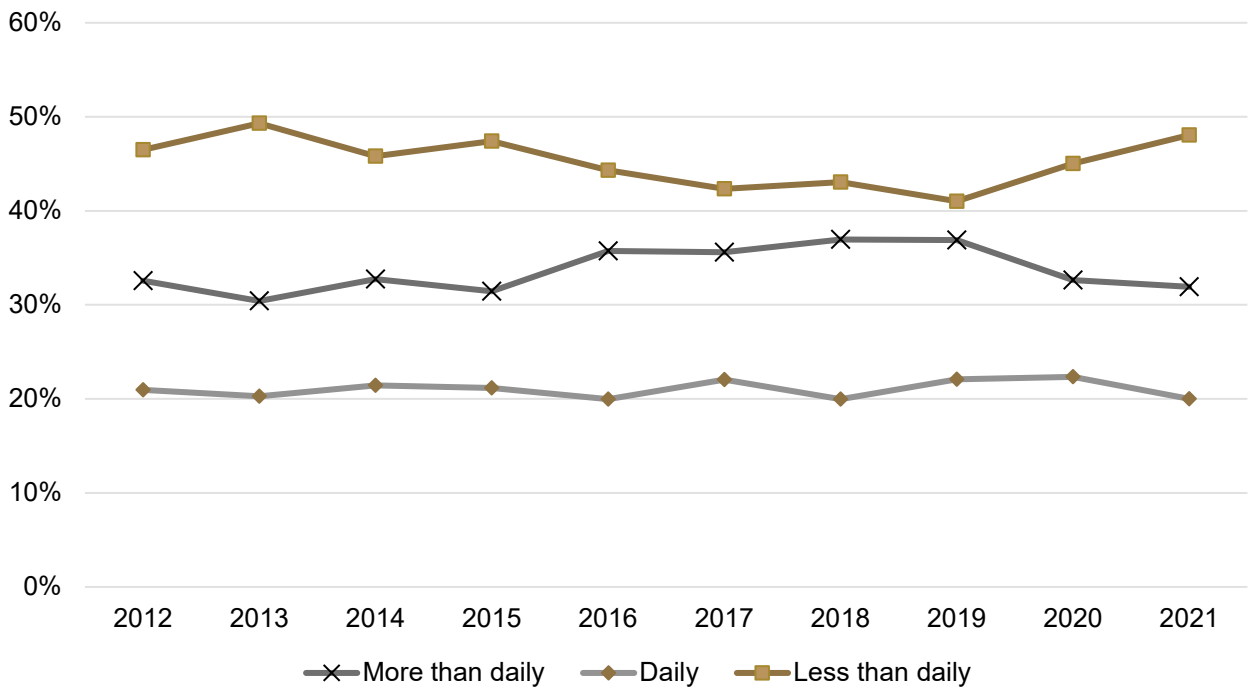
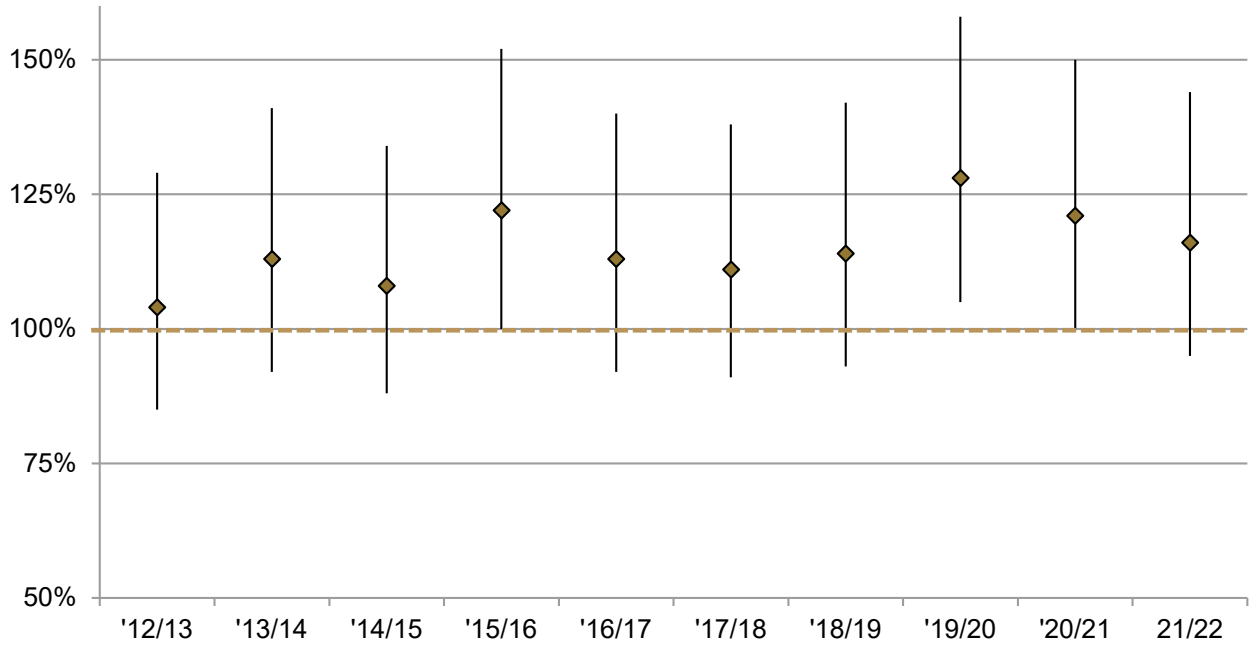


Figure 4.6 shows the mid-point and lower/upper syringe coverage estimates over the period 2012/13 to 2021/22. Syringe coverage was 100% or higher in all years 2012/13 to 2021/2022. It is important to note that syringe coverage of greater than 100% is required to accommodate syringes utilised by people who inject drugs occasionally and syringes that are not used for an injection (for example, drawing up needles/syringes, wastage, failed injection attempts or stockpiling).

Syringe coverage per injection among the population of people who inject drugs on a regular basis remained high at 116% in 2021/22. Although this represents a 9% decline in syringe coverage compared to 2019/20 (127%), syringe coverage was likely artificially inflated in 2019/20 due to stockpiling of syringes that occurred when COVID-19 was declared a global pandemic in March 2020 (see Figure 4.1).

Figure 4.6 Mid-point, upper and lower estimates of the proportion of injections covered by a sterile syringe among PWID*, 2012/13-2021/22



*Note: * Syringe coverage among people who inject on a regular basis (excluding those who inject occasionally)*

5. Future Directions

This is the seventh annual National Data Report for the NSP NMDC project. The NSP NMDC Data Dictionary developed in 2017 was updated in 2019 to reflect improvements in national alignment. and provides the framework for national collection of NSP NMDC data elements. The NSP NMDC Data Dictionary is a working document that will be updated as required, after consultation with the NSP NMDC Reference Group.

Data from 2008 was used as the baseline to assess temporal trends in the number and type of NSP services (Section 2), as data from intermediary years (2009-2015) is unavailable. Available historical data was used to present past decade temporal trends in needle and syringe distribution (Section 4). Since 2019, the NSP NMDC has included data on the provision of programs to facilitate access to take-home naloxone (Section 2).

Alignment of data collected in jurisdictions has improved for several data elements, most notably in relation to client-level OOS data elements (Section 3, Service provision). The NSP NMDC project and key stakeholders were aware of misalignment in multiple data elements when the NSP NMDC data elements were agreed in 2015. The limitations of data elements that remain misaligned are discussed in Methodological Notes at Appendix A.

The NSP NMDC Reference Group will continue to provide input into the feasibility and practicality of collecting and reporting additional elements such as the extent to which ancillary injecting equipment is provided through NSP services and the potential for additional disaggregation of needle and syringe distribution by provider type as outlined in the UNAIDS Global AIDS Monitoring 2020 framework.

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Appendix A: Methodological Notes

Data collection

The following data were provided by each state and territory Health Department:

1) Agency-level administrative data, including outlet type and location of all NSPs operating at 30 June 2022.
2) Demographic and drug use data for attendees at public sector (primary and secondary) NSPs on a snapshot day February in 2022.
3) Quarterly needle syringe distribution data by public and pharmacy sector.

Ethical approval for the NSP NMDC was obtained from the UNSW Sydney Human Research Ethics Committee-A. Formal written permission to access jurisdictional data was sought and obtained from state and territory Health Departments.

Data analysis

Data coding, cleaning and analysis was conducted using Microsoft Excel, version 2209 (Build 15629.20208, Microsoft Office 365 Apps for enterprise (Microsoft Corporation, Redmond WA) and Stata/IC version 14.2 (StataCorp LP, College Station TX).

In 2022, geocoding of NSP outlet locations used street address, suburb, postcode and state to obtain latitude, longitude and SA1. Concordance tables from the ABS and Australian Government Department of Health determined RA, GCCSA, SA2, SA3, SA4 and Primary Health Network based on the SA1 values.

Data comparison notes and limitations

The data presented in the seventh annual NSP NMDC are subject to limitations and data may need to be converted from financial to calendar year for external reporting. Although overall alignment and completion of NSP NMDC data elements was high in 2022, exceptions are highlighted below.

Some jurisdictions use additional categories to describe the NSP outlet type (for example 'Enhanced Primary' and 'Enhanced Secondary'). In consultation with the relevant jurisdictions and in line with recommendations from the NSP NMDC Reference Group, these NSPs were recoded to the most appropriate 'primary' or 'secondary' definition.

The count of NSPs comprised the total of primary + secondary + pharmacy + SDMs. Where NSP outlets also had SDM(s) these were counted as separate NSPs for the purpose of the NSP NMDC. Historical data on the number of NSPs was obtained from NSP Return on Investment 2 report[10].

Age group categories were not aligned with ABS AGE10P or young people (aged <25 years) in two jurisdictions in 2018 and one jurisdiction in all subsequent years. Data was adjusted, on a proportional basis using age distributions from remaining jurisdictions. These adjustments may have resulted in a slight over-estimate of the proportion of young people.

One jurisdiction did not collect data on Indigenous status in any years (2018 to 2022), and one jurisdiction did not collect data on Indigenous status between 2018 to 2019. Five jurisdictions collected data as per the ABS definition, while one jurisdiction collected Indigenous status as a binary yes/no. One jurisdiction did not collect data on drug injected in any years 2018 to 2022. Two jurisdictions collected drug injected where data aligned with ABS Drugs of Concern Broad Groups but did not align with Base Groups.

The capacity for secondary NSP outlets to provide health education interventions and referrals may be limited and secondary outlets do not generally collect this information. One jurisdiction provided collated quarterly data for health education interventions and referrals and an estimate of the mean number of daily health education interventions and referrals was generated. It should also be noted that NSP services provide a range of health education interventions to a wide range of external agencies and to the general community. Not all interventions are included in the NSP NMDC minimum data elements, as agreed by the project Reference Group, and are beyond the scope of this report.

One jurisdiction provided data on the number of combined needles and syringes plus needles distributed without syringes. This inconsistency would have minimal impact on the total number of needles and syringes distributed or temporal trends in syringe distribution or syringe coverage.

PWID estimates

PWID population size estimates to 2005 were calculated by Razali et al (2007)[21]. The NSP NMDC project used the method described by Kwon et al (2019)[22] to estimate relative change in the Australian population of people who inject drugs on a regular basis from 2005 using the following indicators (Tables A1-A6):

A1) Lifetime and recent (last 12 months) injection of illicit drugs.

A2) Illicit drug arrests for amphetamine-type stimulants, heroin/other opioids, cocaine and steroids.

A3) ATS, heroin and steroid seizures

A4) Unintentional deaths due to opioids among those aged 15-54 years.

A5) Opioid-related hospitalisations among those aged 10-59 years.

A6) HCV notifications among 15-24 years.

Given each of these six indicators is an incomplete measure of probable trends in injection drug use, a best estimate was generated using a combined mean of all indicators. This was used to calculate the relative change in injection drug use since 2005, with log function used to obtain a smooth fit of the data (Figure A.1). Estimates of the Australian population of people who inject drugs on a regular basis 2000/01 to 2021/22 are presented in Figure A.2. As shown in Tables A1-A6, there is a lag in the availability of data for some indicators and it should be noted that illicit drug arrests and seizures data for 2020/21 were not available at time of publication of this report.

Table A.1 National lifetime and recent (past 12 months) injection of illicit drugs (%) among people aged 14 years or older, 2001-2019

	2001	2004	2007	2010	2013	2016	2019
Lifetime inject	1.8	1.9	1.9	1.76	1.5	1.6	1.5
Recent inject	0.6	0.4	0.5	0.43	0.3	0.3	0.3

Source: *National Drug Strategy Household Survey 2020*

Note: *The National Drug Strategy Household Survey (NDSHS) is undertaken every three years*

Table A.2 National number of illicit drug arrests, 2005/06-2019/20

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'15/16	'16/17	'17/18	'18/19	'19/20
ATS	11,848	15,216	16,047	16,452	13,982	12,897	16,828	22,189	26,269	35,468	47,625	47,531	44,887	46,437	49,638
Heroin/ opioids	2,249	2,164	2,279	2,693	2,767	2,551	2,714	2,463	2,771	3,227	2,975	2,970	3,029	3,129	3,514
Cocaine	396	699	669	848	1,244	839	995	1,282	1,466	2,092	2,592	3,366	4,325	5,016	5,393
Steroids	67	142	163	214	314	365	511	661	936	1,210	1,297	1,244	1,201	1,264	1,160

Source: *Illicit Drug Data Report, Australian Crime Commission (2005/06-2019/20).*

Note: *2020/2021 data not available as of November 2022*

Table A.3 National number of illicit drug seizures, 2005/06-2019/20

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'15/16	'16/17	'17/18	'18/19	'19/20
ATS	9,987	13,243	13,097	13,300	10,543	11,212	15,191	21,056	26,805	32,768	39,014	37,351	37,093	38,250	39,204
Heroin	1,298	1,476	1,411	1,691	1,582	1,700	1,758	1,584	1,598	1,914	2,081	1,951	1,977	2,080	2,230
Steroid	58	91	104	113	134	205	208	331	357	529	509	474	448	391	369

Source: *Illicit Drug Data Report, Australian Crime Commission (2005/06-2019/20). Note: Includes only those seizures for which a drug weight was recorded.*

Note: *2020/2021 data not available as of November 2022*

Table A.4 National number of unintentional deaths due to opioids among those aged 15-54 years, 2005-2020

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Unintentional deaths due to opioids	369	300	356	492	558	603	605	557	597	703	778	859	911	855	709	677

Source: *Chrzanowska, A., Man, N., Sutherland, R., Degenhardt, L., & Peacock, A. (2022). Trends in overdose and other drug-induced deaths in Australia,1997-2020. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. Available at https://drugtrends.shinyapps.io/deaths_2020 (accessed 27 October 2022).*

Note: *2021 data not available as of November 2022.*

Table A.5 National number of opioid-related hospitalisations among those aged 10-59 years, 2005/06-2020/21

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'15/16	'16/17	'17/18	'18/19	'19/20	'20/21
Hospitalisations	5,129	6,044	6,608	6,646	6,906	6,863	6,883	6,792	7,339	7,407	7,686	7,298	7,104	6,922	6,028	5,475

Source: *Chrzanowska, A., Man, N., Sutherland, R., Degenhardt, L. & Peacock, A. (2022). Trends in drug-related hospitalisations in Australia, 1999-2021. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney DOI: 10.26190/wrsv-3b78 (accessed 27 October 2022).*

Table A.6 Number of new diagnoses of hepatitis C virus infection among people aged 15-24 years, 2005/06-2020/21

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'15/16	'16/17	'17/18	'18/19	'19/20	'20/21
NNDSS	1,711	1,493	1,372	1,309	1,214	1,158	1,139	1,233	1,210	1,137	1,151	1,120	1,044	1,031	1,007	857

Source: *National Notifiable Diseases Surveillance System 2005-2020, Australian Government Department of Health.*

Figure A.1: Relative change in PWID indicators, 2004/05-2020/2021

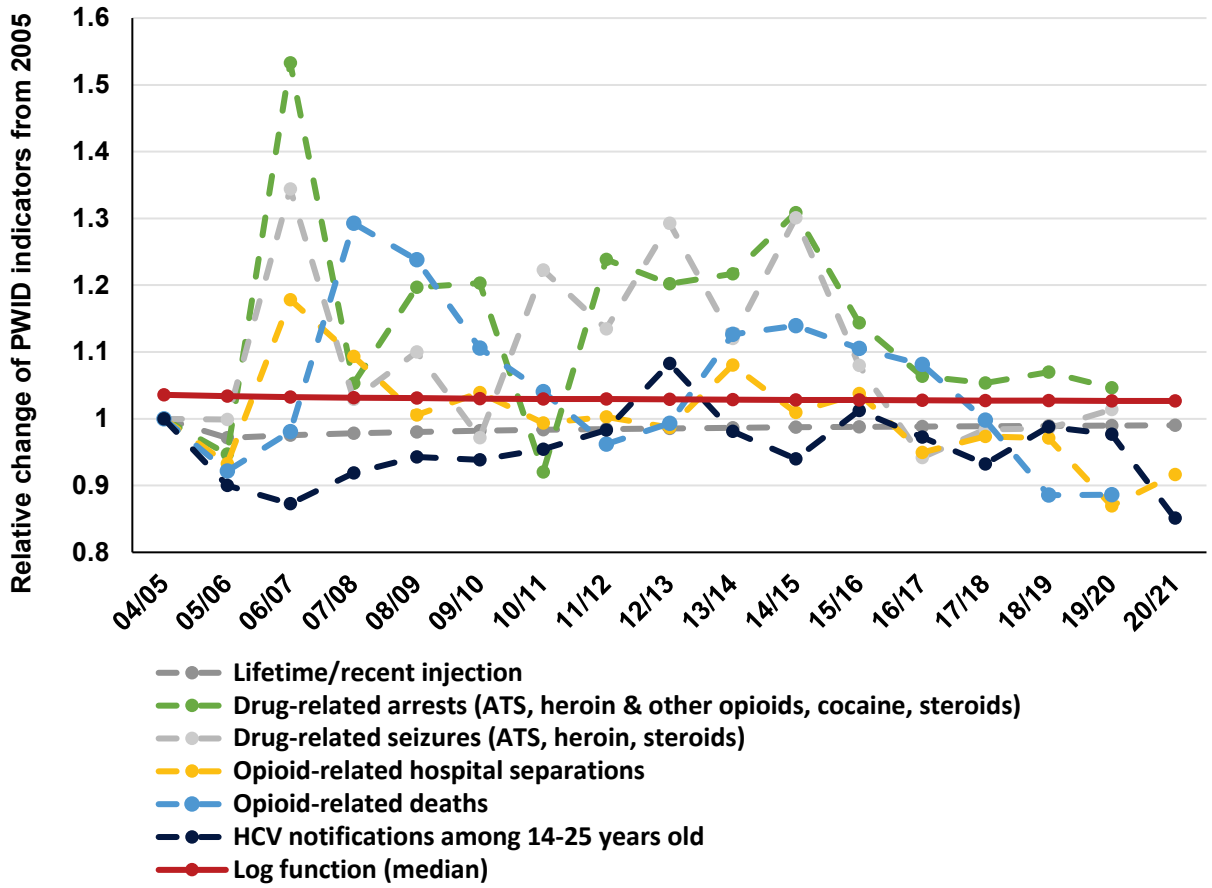
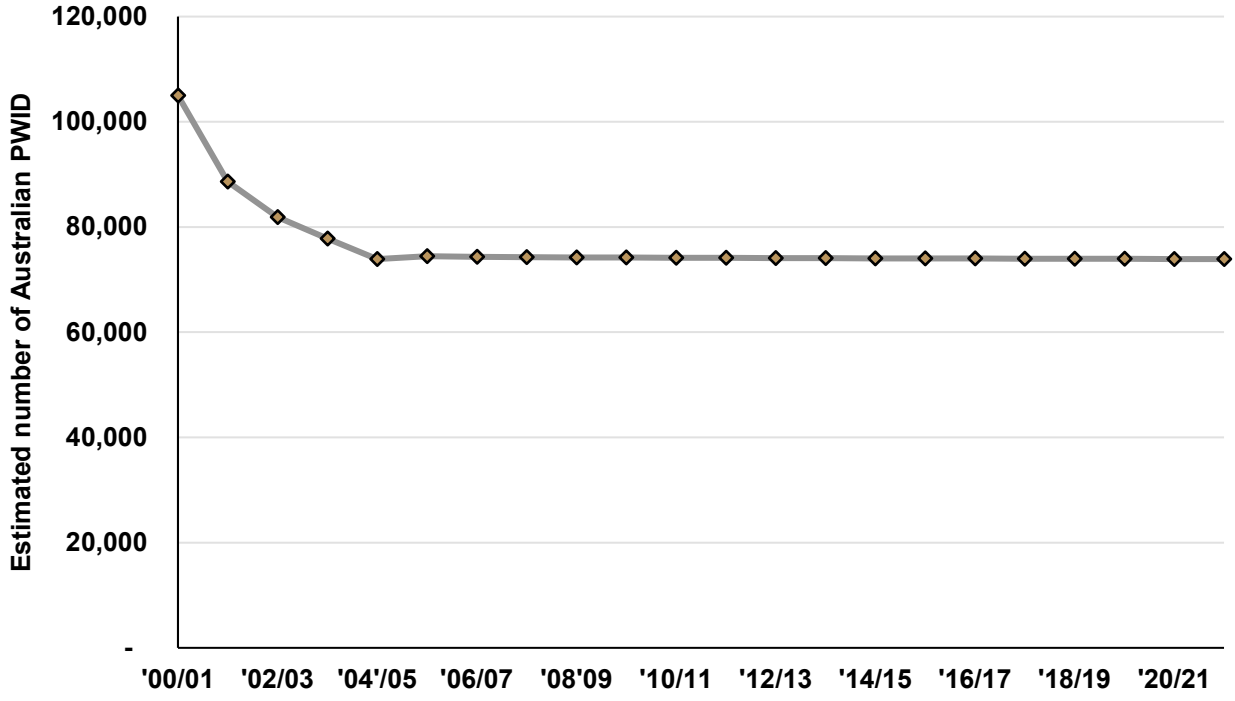


Figure A.2: Trends in the estimated number of people who inject drugs on a regular basis in Australia, 2000/01-2021/22



Appendix B:

National and Jurisdictional Tables

B.1 National

Table B.1.1 Needle and syringe distribution by public and pharmacy sector, 2012/13–2021/22

National	Public	%	Pharmacy	%	Total
2012/13	37,446,914	89%	4,837,457	11%	42,284,371
2013/14	38,457,733	88%	5,168,366	12%	43,626,099
2014/15	38,995,375	87%	5,627,125	13%	44,622,500
2015/16	42,925,047	87%	6,533,048	13%	49,458,095
2016/17	42,493,174	87%	6,558,299	13%	49,051,473
2017/18	42,387,670	86%	6,627,160	14%	49,014,830
2018/19	46,442,981	88%	6,309,051	12%	52,752,032
2019/20	51,162,160	89%	6,606,336	11%	57,768,496
2020/21	44,028,257	88%	6,136,646	12%	50,164,903
2021/22	41,968,549	89%	5,042,088	11%	47,010,637

Note – 2017/18 and 2018/19 data updated in 2020, 2019/20 and 2020/21 data updated in 2022

Table B.1.2 NSP outlet type and method by public and pharmacy sector, 2018-2022

National	**2018**	**2019**	**2020**	**2021**	**2022**
NSP outlet type (%)	n=3,677	n=4,182	n=4,159	n=4,218	n=4,388
Primary	101 (3)	98 (2)	104 (3)	106 (3)	109 (3)
Secondary	774 (21)	908 (22)	811 (19)	800 (19)	833 (19)
SDM	344 (9)	340 (8)	377 (9)	399 (9)	414 (9)
Pharmacy	2,458 (67)	2,836 (68)	2,867 (69)	2,913 (69)	3,032 (69)
*Public sector NSP^*	n=1,219	n=1,346	n=1,292	n=1,305	n=1,356
Fixed	858 (70)	988 (73)	893 (69)	884 (69)	920 (68)
Outreach/mobile	56 (5)	65 (5)	74 (6)	91 (7)	93 (7)
SDM free	107 (9)	111 (8)	175 (14)	200 (15)	219 (16)
SDM chute	72 (6)	72 (5)	72 (6)	67 (5)	64 (5)
SDM cost	165 (14)	157 (12)	130 (10)	132 (10)	131 (10)
Peer distribution	23 (2)	23 (2)	23 (2)	23 (2)	23 (2)
Naloxone*	-- --	66 (7)	169 (18)	189 (21)	199 (21)
Pharmacy sector (fixed)	2,458 (100)	2,836 (100)	2,867 (100)	2,913 (100)	3,032 (100)

^ Public sector NSPs may have more than one NSP outlet method
-- Not collected
** % denominator = primary + secondary*

Table B.1.3 Occasion of service-level data, 2018-2022

National	2018		2019		2020		2021		2022	
Client-level	n=2,573		n=2,512		n=2,392		n=1,876		n=1,910	
Age (%)										
<20 years	26	(1)	18	(1)	12	(1)	8	(<1)	14	(1)
20-29 years	353	(14)	506	(20)	258	(11)	212	(11)	201	(10)
30-39 years	805	(31)	815	(32)	753	(31)	537	(29)	564	(29)
40-49 years	846	(33)	474	(30)	860	(36)	662	(35)	629	(33)
50+ years	481	(19)	383	(15)	466	(19)	421	(22)	442	(23)
Not reported	62	(2)	43	(2)	43	(2)	36	(2)	60	(3)
Aged <25 (%)	141	(5)	98	(4)	93	(4)	68	(3)	71	(4)
Gender (%)										
Male	1856	(72)	1823	(73)	1743	(73)	1348	(72)	1394	(73)
Female	690	(27)	646	(26)	625	(26)	505	(27)	481	(25)
Other	3	(<1)	5	(<1)	8	(<1)	5	(<1)	3	(<1)
Not reported	24	(<1)	38	(2)	16	(1)	18	(1)	32	(2)
Indigenous status (%)^										
Yes (Aboriginal or TSI or both)	297	(17)	285	(18)	365	(20)	315	(21)	314	(21)
No	1321	(75)	1170	(73)	1378	(76)	1165	(77)	1143	(77)
Not reported	138	(8)	155	(10)	62	(3)	36	(2)	32	(2)
Drug injected (%)^										
Analgesics	750	(40)	589	(35)	645	(36)	566	(37)	537	(36)
Stimulants and Hallucinogens	805	(42)	752	(45)	832	(46)	675	(44)	649	(44)
Anabolic agents	148	(8)	127	(8)	156	(9)	135	(9)	140	(9)
Other	89	(5)	109	(6)	99	(5)	74	(5)	68	(5)
Not reported	103	(5)	106	(6)	84	(5)	76	(5)	96	(6)
Service-level										
Health education/intervention (%)^										
Yes	1029	(42)	1087	(47)	1034	(45)	737	(40)	800	(43)
No	1422	(58)	1248	(53)	1278	(55)	1086	(60)	1063	(57)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	599	(59)	602	(61)	588	(60)	329	(49)	348	(47)
Drug health	22	(2)	23	(2)	24	(2)	36	(5)	18	(2)
Other health	112	(11)	111	(11)	78	(8)	155	(23)	194	(26)
Other non-health	82	(8)	71	(7)	73	(6)	75	(11)	82	(11)
More than one	194	(19)	175	(18)	240	(24)	79	(12)	102	(14)
Not reported	0	(0)	2	(<1)	0	(0)	2	(<1)	0	(0)
Referral (%)^										
Yes	146	(8)	96	(6)	164	(10)	139	(9)	113	(8)
No	1643	(91)	1477	(94)	1475	(90)	1334	(91)	1330	(92)
Not reported	17	(1)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)^										
BBV & STI	58	(40)	38	(40)	70	(43)	48	(35)	35	(31)
Drug health	12	(8)	12	(13)	27	(16)	23	(17)	23	(20)
Other health	35	(24)	27	(28)	32	(20)	42	(30)	39	(35)
Other non-health	19	(13)	14	(15)	19	(12)	16	(12)	10	(9)
Peer based	14	(10)	3	(3)	5	(3)	1	(1)	1	(1)
More than one	4	(3)	2	(2)	10	(6)	9	(6)	5	(4)
Not reported	4	(3)	0	(0)	1	(1)	0	(0)	0	(0)

^ Not collected in all jurisdictions.

B.2 Australian Capital Territory

Description of NSP services in Australian Capital Territory

The Australian Capital Territory (ACT) has the smallest land area of the eight states and territories and has the second smallest population (~453,000 residents in 2022). Two primary NSPs operate in the ACT, operated by Directions Health Services and providing an extended range of injecting equipment and other support services to people who inject drugs. Services include information and education on issues relating to safe injecting practices and health, and referrals to a range of health and social services, including drug treatment services. Programs to facilitate access to take-home naloxone are available through 3 public sector NSPs (2 primary and 1 secondary) in the ACT. A more limited range of injecting equipment is available through 11 secondary NSPs and 42 pharmacy NSP outlets. There are 8 SDMs in the ACT, located outside health centres. These machines contain '4 packs' (including 4 x sterile 1ml combined needle and syringe, swabs, water, spoons and cotton wool within a safe disposal container), available for $2 per pack and enabling 24-hour access to sterile injecting equipment. Client-level OOS data are collected at both primary NSPs and some secondary NSPs. Collated monthly data are provided to ACT Health Directorate on a 6-monthly basis.

Table B.2.1 Needle and syringe distribution by public and pharmacy sector, 2012/13–2021/22

ACT	Public	%	Pharmacy	%	Total
2012/13	547,748	87%	80,400	13%	628,148
2013/14	529,244	87%	76,800	13%	606,044
2014/15	536,412	89%	63,120	11%	599,532
2015/16	542,772	88%	71,520	12%	614,292
2016/17	756,034	91%	73,440	9%	829,474
2017/18	836,031	92%	71,520	8%	907,551
2018/19	824,076	93%	61,920	7%	885,996
2019/20	867,544	91%	82,320	9%	949,864
2020/21	934,667	91%	96,030	9%	1,030,697
2021/22	717,387	92%	58,560	8%	775,947

^ 2016/17 - 2021/22 public sector data includes combined 1ml + syringes as per NSP NMDC Data Dictionary[8], previous years were combined 1ml only

Table B.2.2 NSP outlet type and method by public and pharmacy sector, 2018-2022

ACT	2018	2019	2020	2021	2022
NSP outlet type (%)	n=51	n=48	n=55	n=60	n=63
Primary	2 (4)	2 (4)	2 (4)	2 (3)	2 (3)
Secondary	9 (18)	9 (19)	10 (18)	11 (18)	11 (17)
SDM	6 (12)	6 (13)	6 (11)	8 (13)	8 (13)
Pharmacy	34 (67)	31 (65)	37 (67)	39 (65)	42 (67)
NSP outlet method (%)					
*Public sector NSP^*	n=17	n=17	n=18	n=21	n=21
Fixed	11 (65)	11 (65)	12 (67)	13 (62)	13 (62)
Outreach/mobile	0 (0)	0 (0)	0 (0)	4 (19)	4 (19)
SDM free	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	6 (35)	6 (35)	6 (33)	8 (38)	8 (38)
Peer distribution	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Naloxone*	-- --	0 (0)	3 (25)	3 (23)	3 (23)
Pharmacy sector (fixed)	34 (100)	31 (100)	37 (100)	39 (100)	42 (100)

^ Public sector NSPs may have more than one NSP outlet method
-- Not collected
** % denominator = primary + secondary*

Figure B.2.1 Total number of NSP outlets by SA3 in 2022

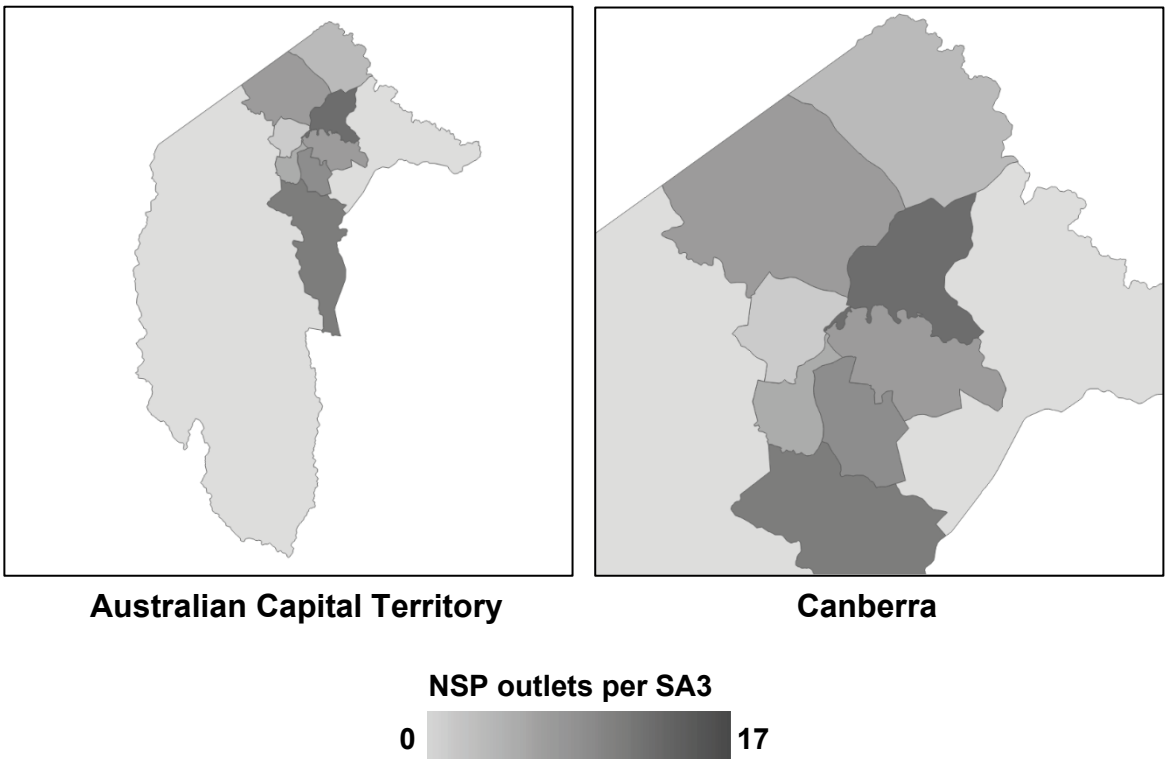


Table B.2.3 Occasion of service-level data, 2018-2022

Australian Capital Territory	2018		2019		2020		2021		2022	
Client-level	n=109		n=133		n=67		n=58		n=111	
Age (%)										
<20 years	1	(1)	0	(0)	1	(1)	0	(0)	0	(0)
20-29 years	10	(9)	19	(14)	11	(16)	10	(17)	10	(9)
30-39 years	31	(28)	42	(32)	12	(18)	10	(17)	30	(27)
40-49 years	33	(30)	46	(35)	23	(34)	19	(33)	40	(36)
50+ years	34	(31)	25	(19)	20	(30)	19	(33)	31	(28)
Not reported	0	(0)	1	(1)	0	(0)	0	(0)	0	(0)
Aged <25 (%)	5	(5)	2	(2)	4	(6)	4	(7)	0	(0)
Gender (%)										
Male	81	(74)	103	(77)	47	(70)	44	(76)	80	(72)
Female	28	(26)	30	(23)	20	(30)	14	(24)	31	(28)
Other	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Indigenous status (%)										
Yes (Aboriginal or TSI or both)	4	(6)	10	(19)	12	(18)	6	(10)	12	(11)
No	58	(89)	39	(72)	50	(75)	52	(90)	99	(89)
Not reported	3	(5)	5	(9)	5	(7)	0	(0)	0	(0)
Drug injected (%)										
Analgesics	29	(45)	21	(39)	32	(48)	24	(41)	38	(34)
Stimulants and Hallucinogens	24	(37)	24	(44)	22	(33)	14	(24)	28	(25)
Anabolic agents	2	(3)	2	(4)	5	(7)	6	(10)	3	(3)
Other	2	(3)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	8	(12)	7	(13)	8	(12)	14	(24)	42	(38)
Service-level										
Health education/intervention (%)										
Yes	54	(83)	34	(63)	52	(78)	48	(98)	77	(69)
No	11	(17)	20	(37)	15	(22)	1	(2)	34	(31)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Drug health	0	(0)	0	(0)	0	(0)	2	(4)	1	(1)
Other health	9	(17)	11	(32)	13	(25)	11	(23)	32	(42)
Other non-health	44	(81)	23	(68)	35	(67)	35	(73)	44	(57)
More than one	1	(2)	0	(0)	4	(8)	0	(0)	0	(0)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral (%)										
Yes	0	(0)	0	(0)	0	(0)	2	(4)	2	(2)
No	54	(100)	54	(100)	67	(100)	47	(96)	109	(98)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)										
BBV & STI	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Drug health	0	(0)	0	(0)	0	(0)	1	(50)	0	(0)
Other health	0	(0)	0	(0)	0	(0)	1	(50)	0	(0)
Other non-health	0	(0)	0	(0)	0	(0)	0	(0)	2	(100)
Peer based	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
More than one	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)

B.3 New South Wales

Description of NSP services in New South Wales

New South Wales (NSW) is the most populous of Australia's eight states and territories, with ~8.1 million people residing in NSW in 2022. NSW Health is responsible for the operation of the NSP via Local Health Districts and non-government organisations. There are 31 primary outlets, 245 secondary outlets, 615 pharmacy NSPs and 273 SDMs in NSW. The extensive network of SDMs (including internal dispensing chutes) are predominantly located in or near community health centres and hospital emergency departments. Cost of injecting equipment at SDMs is typically free or provided at a cost of up to $4.00. Programs to facilitate access to take-home naloxone are available through 36 public sector NSPs (27 primary and 9 secondary) in New South Wales. Client-level OOS data are collected through the Ministry of Health BRISE funded NSW NSP Enhanced Data Collection (NNEDC) project. The NNEDC collects data from ~50 NSPs, including all primary NSPs and some secondary NSPs over a two-week period in late February/early March. NSP NMDC data elements included in the NNEDC are: age, gender, Indigenous status and drug injected. NSW Health provides collated quarterly data on needle and syringe distribution and health education/interventions and referrals.

Table B.3.1 Needle and syringe distribution by public and pharmacy sector, 2012/13–2021/22

NSW	Public	%	Pharmacy	%	Total
2012/13	10,230,040	87%	1,572,380	13%	11,802,420
2013/14	10,743,583	87%	1,554,514	13%	12,298,097
2014/15	11,324,378	89%	1,419,126	11%	12,743,504
2015/16	12,114,913	88%	1,705,015	12%	13,819,928
2016/17	12,189,626	87%	1,744,002	13%	13,933,628
2017/18	12,288,628	87%	1,842,141	13%	14,130,769
2018/19	13,146,005	88%	1,772,934	12%	14,918,939
2019/20	13,812,598	88%	1,809,363	12%	15,621,961
2020/21	13,324,366	90%	1,480,242	10%	14,804,608
2021/22	13,755,564	91%	1,301,326	9%	15,056,890

Table B.3.2 NSP outlet type and method by public and pharmacy sector, 2018-2022

New South Wales	2018		2019		2020#		2021		2022	
NSP outlet type (%)	n=1,092		n=1,168		n=1,145		n=1,152		n=1,164	
Primary	31	(3)	32	(3)	29	(3)	29	(3)	31	(3)
Secondary	288	(26)	342	(29)	257	(22)	254	(22)	245	(21)
SDM	233	(21)	231	(20)	269	(23)	274	(24)	273	(23)
Pharmacy	540	(49)	563	(48)	590	(52)	595	(52)	615	(53)
NSP outlet method (%)										
*Public sector NSP^*	n=552		n=605		n=555		n=557		n=549	
Fixed	317	(57)	369	(61)	280	(50)	277	(50)	272	(50)
Outreach/mobile	10	(2)	10	(2)	17	(3)	27	(5)	25	(5)
SDM free	85	(15)	91	(15)	156	(28)	171	(31)	173	(32)
SDM chute	72	(13)	72	(12)	72	(13)	67	(12)	64	(12)
SDM cost	76	(14)	68	(11)	41	(7)	36	(6)	36	(7)
Peer distribution	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Naloxone*	--	--	3	(<1)	20	(7)	31	(11)	36	(13)
Pharmacy sector (fixed)	540	(100)	563	(100)	590	(100)	595	(100)	615	(100)

^ Public sector NSPs may have more than one NSP outlet method

-- Not collected

** % denominator = primary + secondary*

 # includes temporary changes due to the COVID-19 response

Figure B.3.1 Total number of NSP outlets by SA3 in 2022

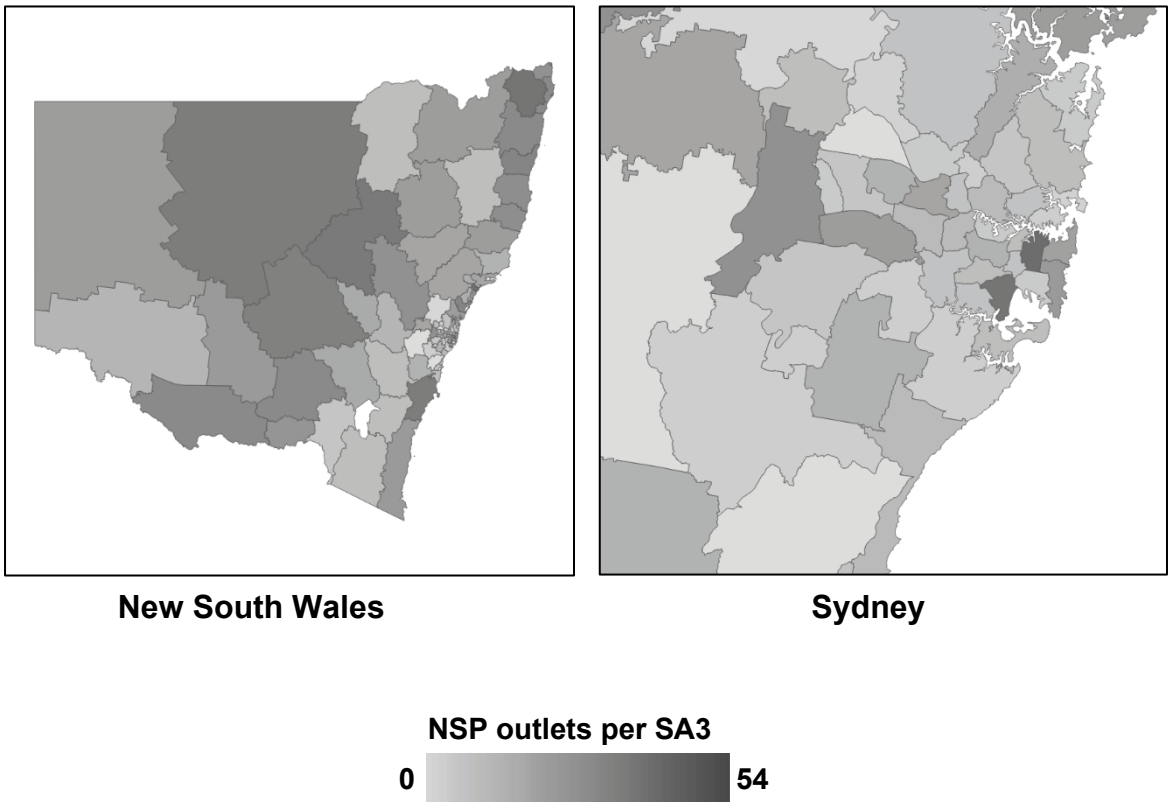


Table B.3.3 Occasion of service-level data, 2018-2022

New South Wales	2018		2019		2020		2021		2022	
Client-level	n=495		n=427		n=436		n=336		n=316	
Age (%)										
<20 years	2	(<1)	1	(<1)	2	(<1)	1	(<1)	0	(0)
20-29 years	66	(13)	56	(13)	50	(11)	43	(13)	39	(12)
30-39 years	132	(27)	116	(27)	128	(29)	70	(21)	74	(23)
40-49 years	149	(30)	143	(33)	133	(31)	112	(33)	88	(31)
50+ years	116	(23)	86	(20)	107	(25)	93	(28)	85	(27)
Not reported	30	(6)	25	(6)	16	(4)	17	(5)	15	(6)
Aged <25 (%)	25	(5)	15	(4)	24	(6)	9	(3)	11	(3)
Gender (%)										
Male	364	(74)	312	(73)	331	(76)	247	(74)	240	(76)
Female	123	(25)	106	(25)	95	(22)	81	(24)	70	(22)
Other	2	(<1)	3	(<1)	5	(1)	3	(1)	2	(1)
Not reported	6	(1)	6	(1)	5	(1)	5	(1)	4	(1)
Indigenous status (%)										
Yes (Aboriginal or TSI or both)	106	(21)	84	(20)	88	(20)	70	(21)	73	(23)
No	357	(72)	319	(75)	334	(77)	259	(77)	242	(77)
Not reported	32	(6)	24	(6)	14	(3)	7	(2)	1	(<1)
Drug injected (%)										
Analgesics	237	(48)	198	(46)	193	(44)	165	(49)	136	(43)
Stimulants and Hallucinogens	145	(29)	130	(30)	136	(31)	99	(29)	100	(32)
Anabolic agents	54	(11)	49	(11)	74	(17)	45	(13)	51	(16)
Other	20	(4)	15	(4)	22	(5)	18	(5)	19	(6)
Not reported	39	(8)	35	(8)	11	(3)	9	(3)	10	(3)
Service-level										
Health education/intervention (%)										
Yes	240	(48)	208	(49)	211	(49)	171	(51)	138	(44)
No	255	(52)	219	(51)	219	(51)	165	(49)	178	(56)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	224	(93)	189	(91)	203	(96)	159	(93)	129	(93)
Drug health	1	(<1)	1	(<1)	1	(<1)	2	(1)	3	(2)
Other health	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Other non-health	15	(6)	18	(9)	7	(3)	10	(6)	6	(4)
More than one	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral (%)										
Yes	76	(15)	31	(7)	65	(14)	54	(16)	24	(8)
No	419	(85)	396	(93)	396	(86)	282	(84)	292	(92)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)										
BBV & STI	36	(47)	15	(48)	43	(66)	29	(54)	12	(50)
Drug health	8	(11)	3	(10)	6	(9)	10	(19)	7	(29)
Other health	15	(20)	6	(19)	8	(12)	6	(11)	2	(8)
Other non-health	17	(22)	7	(23)	8	(12)	9	(17)	3	(13)
Peer based	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
More than one	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)

B.4 Northern Territory

Description of NSP services in Northern Territory

The Northern Territory has the third largest land area of Australia's eight states and territories but has the smallest population at ~249,000 residents in 2022. There are 3 primary outlets, 12 secondary outlets, 21 pharmacy NSPs and 8 SDMs (known as After Hours Dispensing Units (ADUs)). All of the primary NSP outlets are operated by the Northern Territory AIDS and Hepatitis Council (NTAHC) and provide a broad range of injecting equipment alongside information, support and referral services for PWID and facilities for the safe disposal of used injecting equipment. Programs to facilitate access to take-home naloxone are available through 2 public sector primary NSPs in the NT. Secondary and pharmacy–based outlets typically provide a limited range of sterile injecting equipment and disposal facilities. ADUs were introduced in late 2016 and injecting equipment is accessed through tokens which are obtained free of charge from NSP services in the NT or from packs previously obtained from an ADU. Non-identifiable client-level and service–level OOS data are collected at all primary and most secondary NSP services in the NT and line-item data are provided to NT Government Department of Health on a monthly basis.

Table B.4.1 Needle and syringe distribution by public and pharmacy sector, 2012/13-2021/22

NT	Public	%	Pharmacy	%	Total
2012/13	454,481	93%	32,285	7%	486,766
2013/14	523,915	95%	30,340	5%	554,255
2014/15	533,278	96%	22,560	4%	555,838
2015/16	542,584	95%	27,165	5%	569,749
2016/17	526,591	97%	17,270	3%	543,861
2017/18	458,193	97%	14,619	3%	472,812
2018/19	421,780	98%	9,650	2%	431,430
2019/20	427,534	97%	15,175	3%	442,709
2020/21	361,728	99%	4,710	1%	366,438
2021/22	289,619	99%	1,916	1%	291,535

Table B.4.2 NSP outlet type and method by public and pharmacy sector, 2018-2022

Northern Territory	2018		2019		2020		2021		2022	
NSP outlet type (%)	n=37		n=40		n=40		n=35		n=44	
Primary	3	(8)	3	(8)	3	(8)	3	(9)	3	(7)
Secondary	10	(27)	10	(25)	10	(25)	10	(29)	12	(27)
SDM	3	(8)	4	(10)	4	(10)	6	(17)	8	(18)
Pharmacy	21	(57)	23	(58)	23	(58)	16	(46)	21	(48)
NSP outlet method (%)										
*Public sector NSP^*	n=16		n=17		n=17		n=19		n=23	
Fixed	13	(81)	13	(76)	13	(76)	13	(68)	15	(65)
Outreach/mobile	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM free	3	(19)	4	(24)	4	(24)	6	(32)	8	(35)
SDM chute	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM cost	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Peer distribution	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Naloxone*	--	--	3	(18)	3	(18)	2	(15)	2	(13)
Pharmacy sector (fixed)	21	(100)	23	(100)	23	(100)	16	(100)	21	(100)

^ Public sector NSPs may have more than one NSP outlet method

-- Not collected

** % denominator = primary + secondary*

Figure B.4.1 Total number of NSP outlets by SA3 in 2022

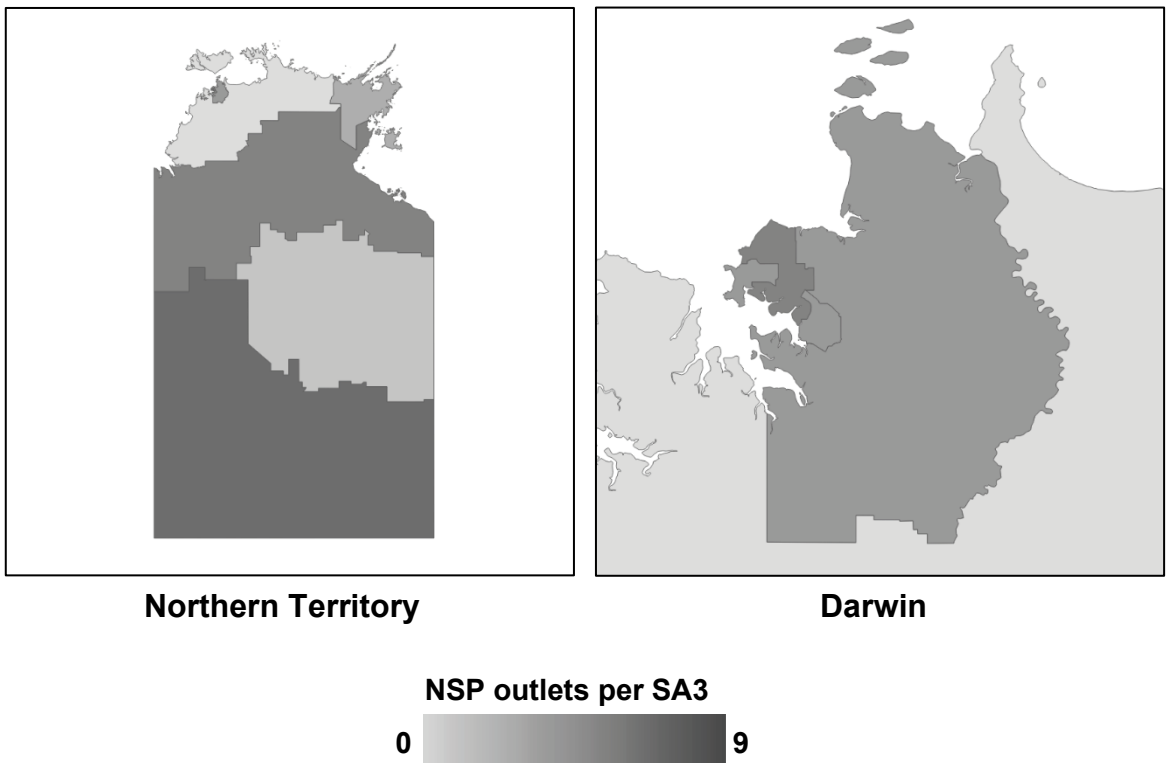


Table B.4.3 Occasion of service-level data, 2018-2022

Northern Territory	2018		2019		2020		2021		2022	
Client-level	n=47		n=45		n=45		n=33		n=28	
Age (%)										
<20 years	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
20-29 years	8	(17)	5	(11)	4	(9)	3	(9)	4	(14)
30-39 years	12	(26)	15	(33)	14	(31)	12	(36)	12	(43)
40-49 years	15	(32)	12	(27)	13	(29)	11	(33)	6	(21)
50+ years	12	(26)	13	(29)	13	(29)	7	(21)	6	(21)
Not reported	0	(0)	0	(0)	1	(2)	0	(0)	0	(0)
Aged <25 (%)	8	(17)	5	(11)	4	(9)	3	(9)	4	(14)
Gender (%)										
Male	34	(72)	33	(73)	33	(73)	26	(79)	19	(68)
Female	13	(28)	12	(27)	12	(27)	7	(21)	9	(32)
Other	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Indigenous status (%)										
Yes (Aboriginal or TSI or both)	8	(17)	12	(27)	17	(38)	13	(39)	11	(39)
No	39	(83)	33	(73)	27	(60)	20	(61)	17	(61)
Not reported	0	(0)	0	(0)	1	(2)	0	(0)	0	(0)
Drug injected (%)										
Analgesics	20	(43)	12	(27)	10	(22)	6	(18)	5	(18)
Stimulants and Hallucinogens	19	(40)	23	(51)	22	(49)	21	(64)	20	(71)
Anabolic agents	6	(13)	3	(7)	1	(2)	3	(9)	1	(4)
Other	1	(2)	3	(7)	5	(11)	1	(3)	2	(7)
Not reported	1	(2)	4	(9)	7	(16)	2	(6)	0	(0)
Service-level										
Health education/intervention (%)										
Yes	12	(26)	13	(29)	8	(18)	7	(21)	0	(0)
No	35	(74)	32	(71)	37	(82)	26	(79)	28	(100)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	10	(83)	11	(85)	7	(88)	7	(100)	0	(0)
Drug health	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Other health	2	(17)	0	(0)	0	(0)	0	(0)	0	(0)
Other non-health	0	(0)	2	(15)	1	(13)	0	(0)	0	(0)
More than one	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral (%)										
Yes	1	(2)	0	(0)	1	(2)	0	(0)	0	(0)
No	46	(98)	45	(100)	44	(98)	33	(100)	28	(100)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)										
BBV & STI	0	(0)	0	(0)	1	(100)	0	(0)	0	(0)
Drug health	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Other health	1	(100)	0	(0)	0	(0)	0	(0)	0	(0)
Other non-health	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Peer based	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
More than one	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)

B.5 Queensland

Description of NSP services in Queensland

Queensland has the second largest land area of Australia's eight states and territories and has the third largest population, with ~5.2 million residents in 2022. Queensland NSP (QNSP) supports a network of 20 primary NSPs, 117 secondary NSPs, 873 pharmacy NSPs and 70 SDMs. QNSP provides sterile injecting equipment, facilitates the safe disposal of used injecting equipment and improves access and referral to drug treatment programs, health care and other health services. SDMs provide sterile injecting equipment at a fixed cost of $2 per pack. Programs to facilitate access to take-home naloxone are available through 9 public sector primary NSPs in Queensland. The Queensland NSP Minimum Data Set (QNSPMDS) is a state-wide standardised data collection system that provides core data about program activities. QMDS requires the collection of non-identifiable client-level and service–level OOS data at all primary and some secondary NSPs throughout Queensland. Line-item OOS data are entered directly into the QNSPMDS database via Power Apps and displayed on QNSPMDS Power Bi dashboard.

Table B.5.1 Needle and syringe distribution by public and pharmacy sector, 2012/13-2021/22

QLD	Public	%	Pharmacy	%	Total
2012/13	8,221,400	94%	546,121	6%	8,767,521
2013/14	8,662,985	90%	1,000,650	10%	9,663,635
2014/15	8,213,475	84%	1,545,610	16%	9,759,085
2015/16	8,781,445	81%	2,077,635	19%	10,859,080
2016/17	8,088,324	80%	2,030,975	20%	10,119,299
2017/18	8,454,980	80%	2,145,925	20%	10,600,905
2018/19	9,274,875	80%	2,267,300	20%	11,542,175
2019/20	11,417,580	82%	2,478,125	18%	13,895,705
2020/21	9,123,690	79%	2,411,825	21%	11,535,515
2021/22	9,208,160	81%	2,220,575	19%	11,428,735

Table B.5.2 NSP outlet type and method by public and pharmacy sector, 2018-2022

Queensland	2018		2019		2020		2021		2022	
NSP outlet type (%)	n=962		n=1,027		n=1,027		n=1,050		n=1,080	
Primary	19	(2)	19	(2)	19	(2)	20	(2)	20	(2)
Secondary	129	(13)	132	(13)	132	(13)	117	(11)	117	(11)
SDM	62	(6)	63	(6)	63	(6)	70	(7)	70	(6)
Pharmacy	752	(78)	813	(79)	813	(79)	843	(80)	873	(81)
NSP outlet method (%)										
*Public sector NSP^*	n=210		n=214		n=214		n=207		n=207	
Fixed	148	(70)	151	(71)	151	(71)	137	(66)	137	(66)
Outreach/mobile	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM free	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM chute	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM cost	62	(30)	63	(29)	63	(29)	70	(34)	70	(34)
Peer distribution	6	(3)	6	(3)	6	(3)	6	(3)	6	(3)
Naloxone*	--	--	9	(6)	9	(6)	9	(7)	9	(7)
Pharmacy sector (fixed)	752	(100)	813	(100)	813	(100)	843	(100)	873	(100)

^ Public sector NSPs may have more than one NSP outlet method

-- Not collected

** % denominator = primary + secondary*

Figure B.5.1 Total number of NSP outlets by SA3 in 2022

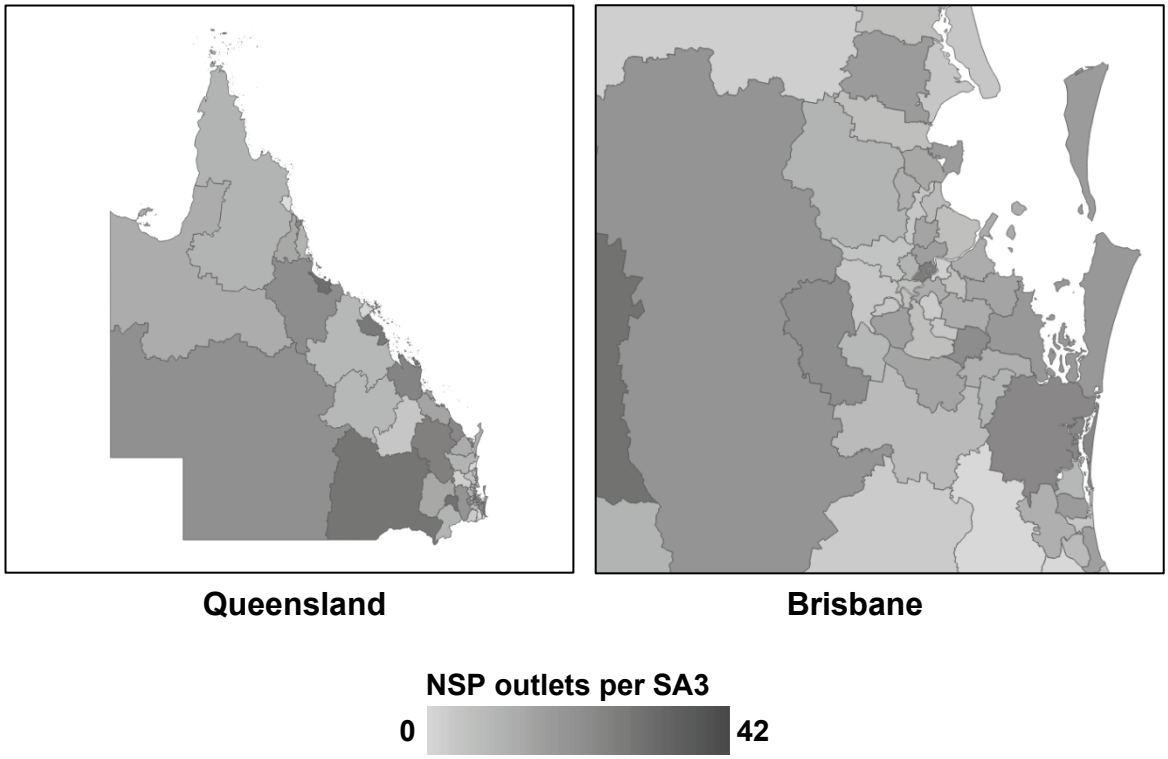


Table B.5.3 Occasion of service-level data, 2018-2022

Queensland	2018		2019		2020		2021		2022	
Client-level	n=681		n=644		n=729		n=637		n=637~	
Age (%)										
<20 years	11	(2)	6	(1)	5	(1)	7	(1)	7	(1)
20-29 years	119	(17)	75	(12)	91	(12)	70	(11)	70	(11)
30-39 years	233	(34)	231	(36)	219	(30)	180	(28)	180	(28)
40-49 years	228	(33)	216	(34)	286	(39)	227	(36)	227	(36)
50+ years	87	(13)	106	(16)	125	(17)	143	(22)	143	(22)
Not reported	3	(<1)	10	(2)	3	(<1)	10	(2)	10	(2)
Aged <25 (%)	40	(6)	26	(4)	29	(4)	30	(5)	30	(5)
Gender (%)										
Male	500	(73)	481	(75)	554	(76)	465	(73)	465	(73)
Female	181	(27)	161	(25)	174	(24)	164	(26)	164	(26)
Other	0	(0)	0	(0)	0	(0)	1	(<1)	1	(<1)
Not reported	0	(0)	2	(<1)	1	(<1)	7	(1)	7	(1)
Indigenous status (%)										
Yes (Aboriginal or TSI or both)	91	(13)	94	(15)	125	(17)	135	(21)	135	(21)
No	530	(78)	482	(75)	583	(80)	479	(75)	479	(75)
Not reported	60	(9)	68	(11)	21	(3)	23	(4)	23	(4)
Drug injected (%)										
Analgesics	285	(42)	248	(39)	288	(40)	261	(41)	261	(41)
Stimulants and Hallucinogens	282	(41)	271	(42)	305	(42)	269	(42)	269	(42)
Anabolic agents	57	(8)	52	(8)	61	(8)	57	(9)	57	(9)
Other	37	(5)	43	(7)	44	(6)	31	(5)	31	(5)
Not reported	20	(3)	30	(5)	31	(4)	19	(3)	19	(3)
Service-level										
Health education/intervention (%)										
Yes	223	(33)	270	(42)	264	(36)	198	(31)	198	(31)
No	458	(67)	374	(58)	465	(64)	439	(69)	439	(69)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	163	(73)	216	(80)	125	(47)	96	(48)	96	(48)
Drug health	3	(1)	8	(3)	10	(4)	11	(6)	11	(6)
Other health	10	(4)	15	(6)	27	(10)	41	(21)	41	(21)
Other non-health	18	(8)	19	(7)	20	(8)	28	(14)	28	(14)
More than one	29	(13)	12	(4)	82	(31)	22	(11)	22	(11)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral (%)										
Yes	21	(3)	16	(2)	41	(6)	29	(5)	29	(5)
No	660	(97)	628	(98)	688	(94)	608	(95)	608	(95)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)										
BBV & STI	8	(38)	6	(38)	13	(32)	9	(31)	9	(31)
Drug health	1	(5)	4	(25)	7	(17)	9	(31)	9	(31)
Other health	7	(33)	2	(13)	7	(17)	5	(17)	5	(17)
Other non-health	0	(0)	2	(13)	9	(22)	5	(17)	5	(17)
Peer based	1	(5)	2	(13)	5	(12)	1	(3)	1	(3)
More than one	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	4	(19)	0	(0)	0	(0)	0	(0)	0	(0)

~ Estimate based on 2021 data

B.6 South Australia

Description of NSP services in South Australia

South Australia (SA) has the fourth largest land area of Australia's eight states and territories and is the fifth most populous, with ~1.8 million residents in 2022. The 'Clean Needle Program' provides a range of services to people who inject drugs including the distribution of sterile needles and syringes and disposal equipment, the provision of information and education about safer injecting practices and safe disposal practices, and referral to a variety of services such as drug treatment, health, legal, and social services. Programs to facilitate access to take-home naloxone are available through all public sector CNPs (8 primary and 77 secondary) in South Australia. CNP services are provided at a range of sites in metropolitan and regional South Australia with 8 primary outlets, 77 secondary outlets, 301 pharmacy NSPs and 16 SDMs. SDMs dispense packs at a cost of $2 per pack and provide 24 hr access to sterile injecting equipment. Non-identifiable client-level and service–level OOS data are collected at all primary and most secondary NSPs throughout South Australia. Line-item OOS data are provided to SA Health on a monthly basis. OOS data collection in SA includes all NSP NMDC data elements; with Health education/ interventions recorded as a binary (yes/no) response.

Table B.6.1 Needle and syringe distribution by public and pharmacy sector, 2012/13-2021/22

SA	Public	%	Pharmacy	%	Total
2012/13	3,303,580	95%	181,500	5%	3,485,080
2013/14	2,987,753	96%	140,700	4%	3,128,453
2014/15	2,948,020	95%	140,400	5%	3,088,420
2015/16	3,598,090	96%	161,800	4%	3,759,890
2016/17	3,765,034	96%	139,900	4%	3,904,934
2017/18	3,634,366	96%	164,500	4%	3,798,866
2018/19	4,063,762	96%	173,700	4%	4,237,462
2019/20	4,100,184	96%	188,900	4%	4,289,084
2020/21	3,423,350	95%	180,200	5%	3,603,550
2021/22	2,815,023	95%	140,900	5%	2,955,923

Table B.6.2 NSP outlet type and method by public and pharmacy sector, 2018-2022

South Australia	2018		2019		2020		2021		2022	
NSP outlet type (%)	n=289		n=380		n=380		n=394		n=402	
Primary	3	(1)	2	(1)	8	(2)	8	(2)	8	(2)
Secondary	82	(28)	84	(22)	77	(20)	78	(20)	77	(19)
SDM	8	(3)	8	(2)	8	(2)	14	(4)	16	(4)
Pharmacy	196~	(68)	286	(75)	287	(76)	294	(75)	301	(75)
NSP outlet method (%)										
*Public sector NSP^*	n=93		n=94		n=93		n=100		n=101	
Fixed	84	(90)	85	(90)	84	(90)	85	(85)	84	(83)
Outreach/mobile	4	(4)	4	(4)	4	(4)	4	(4)	4	(4)
SDM free	0	(0)	0	(0)	0	(0)	6	(6)	8	(8)
SDM chute	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM cost	8	(9)	8	(9)	8	(9)	8	(8)	8	(8)
Peer distribution	10	(11)	10	(11)	10	(11)	10	(10)	10	(10)
Naloxone*	--	--	0	(0)	85	(100)	86	(100)	85	(100)
Pharmacy sector (fixed)	196	(100)	286	(100)	287	(100)	294	(100)	301	(100)

^ Public sector NSPs may have more than one NSP outlet method

-- Not collected

~ Estimate based on 2017 data

** % denominator = primary + secondary*

Figure B.6.1 Total number of NSP outlets by SA3 in 2022

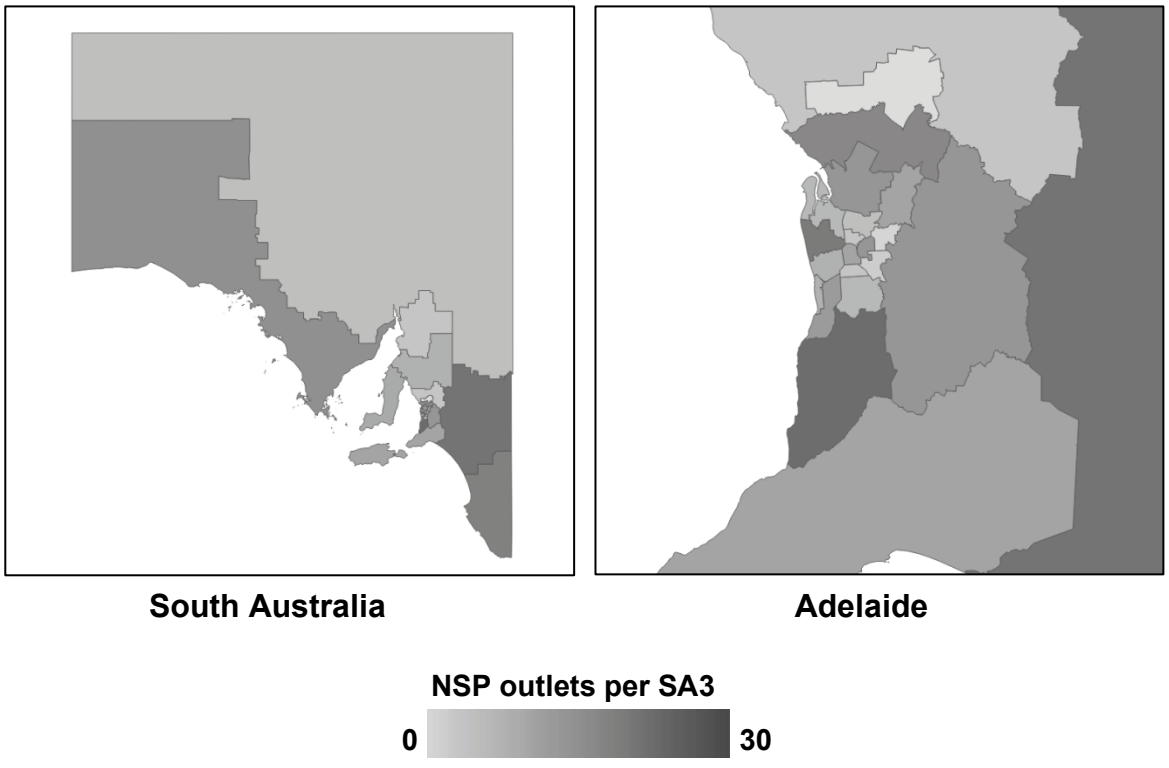


Table B.6.3 Occasion of service-level data, 2018-2022

South Australia	2018		2019		2020		2021		2022	
Client-level	n=279		n=267		n=269		n=226		n=221	
Age (%)										
<20 years	1	(<1)	2	(1)	0	(0)	0	(0)	0	(0)
20-29 years	22	(8)	24	(9)	21	(8)	12	(5)	16	(7)
30-39 years	87	(31)	86	(32)	78	(29)	52	(23)	49	(22)
40-49 years	104	(37)	86	(32)	92	(34)	97	(43)	80	(36)
50+ years	60	(22)	68	(25)	68	(25)	62	(27)	76	(34)
Not reported	5	(2)	1	(<1)	10	(4)	3	(1)	0	(0)
Aged <25 (%)	8	(3)	15	(6)	9	(3)	6	(3)	8	(4)
Gender (%)										
Male	192	(69)	178	(67)	167	(62)	154	(68)	148	(67)
Female	86	(31)	87	(33)	102	(38)	71	(31)	73	(33)
Other	0	(0)	0	(0)	0	(0)	1	(<1)	0	(0)
Not reported	1	(<1)	2	(1)	0	(0)	0	(0)	0	(0)
Indigenous status (%)^										
Yes (Aboriginal or TSI or both)	52	(20)	43	(16)	65	(25)	40	(18)	43	(20)
No	181	(68)	176	(66)	174	(67)	176	(82)	170	(77)
Not reported	33	(12)	48	(18)	19	(7)	0	(0)	7	(3)
Drug injected (%)^										
Analgesics	65	(23)	41	(15)	44	(16)	59	(26)	49	(22)
Stimulants and Hallucinogens	157	(56)	164	(61)	173	(64)	123	(54)	126	(57)
Anabolic agents	16	(6)	16	(6)	8	(3)	14	(6)	14	(6)
Other	17	(6)	22	(8)	19	(7)	13	(6)	12	(5)
Not reported	24	(9)	24	(9)	25	(9)	17	(8)	20	(9)
Service-level										
Health education/intervention (%)^										
Yes	20	(10)	103	(61)	31	(16)	61	(34)	56	(32)
No	181	(90)	66	(39)	164	(84)	121	(66)	118	(68)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral (%)^										
Yes	8	(4)	14	(8)	23	(12)	42	(23)	39	(22)
No	193	(96)	155	(92)	172	(88)	140	(77)	135	(78)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)^										
BBV & STI	4	(50)	5	(36)	4	(17)	4	(10)	2	(5)
Drug health	1	(13)	0	(0)	3	(13)	0	(0)	3	(8)
Other health	2	(25)	6	(43)	6	(26)	29	(69)	31	(79)
Other non-health	1	(13)	1	(7)	0	(0)	0	(0)	0	(0)
Peer based	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
More than one	0	(0)	2	(14)	10	(43)	9	(21)	3	(8)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)

Note: ^Not collected at all sites. Health education/intervention in South Australia collected as Yes/No

B.7 Tasmania

Description of NSP services in Tasmania

Tasmania has the second smallest land area of Australia's eight states and territories, with a resident population of ~568,000 in 2022. NSP services are delivered through a combination of primary, secondary, pharmacy and SDMs. The NSP operates through a wide range of service providers, including community health services, community service organisations, neighbourhood/community houses, Aboriginal health services, regional hospitals, councils, youth organisations and pharmacies. Programs to facilitate access to take-home naloxone are available through 9 public sector NSPs (all 7 primary outlets and two secondary outlets) in Tasmania. There are 7 primary outlets, 21 secondary outlets, 91 pharmacy NSPs and 5 SDMs in Tasmania. Non-identifiable client and service–level OOS data are collected at all primary NSPs and some secondary NSPs in Tasmania. Line-item OOS data are provided to the Tasmanian Department of Health and Human Services on a monthly basis.

Table B.7.1 Needle and syringe distribution by public and pharmacy sector, 2012/13-2021/22

TAS	Public	%	Pharmacy	%	Total
2012/13	943,280	100%	-	0%	943,280
2013/14	933,160	100%	-	0%	933,160
2014/15	976,980	100%	-	0%	976,980
2015/16	907,670	100%	-	0%	907,670
2016/17	784,230	90%	91,552	10%	875,782
2017/18	743,612	90%	86,280	10%	829,892
2018/19	753,360	89%	90,540	11%	843,900
2019/20	814,430	90%	87,340	10%	901,770
2020/21	655,150	88%	86,000	12%	741,150
2021/22	621,650	90%	67,010	10%	688,660

- data not available

Note: includes updated data for 2019/20 and 2020/21

Table B.7.2 NSP outlet type and method by public and pharmacy sector, 2018-2022

Tasmania	2018		2019		2020		2021		2022	
NSP outlet type (%)	n=110		n=117		n=125		n=121		n=124	
Primary	8	(7)	7	(6)	7	(6)	7	(6)	7	(6)
Secondary	14	(13)	17	(15)	18	(14)	19	(16)	21	(17)
SDM	6	(5)	7	(6)	6	(5)	5	(4)	5	(4)
Pharmacy	82	(75)	86	(74)	94	(75)	90	(74)	91	(73)
NSP outlet method (%)										
*Public sector NSP^*	n=28		n=31		n=31		n=31		n=33	
Fixed	22	(79)	24	(78)	25	(81)	26	(84)	26	(79)
Outreach/mobile	0	(0)	0	(0)	0	(0)	0	(0)	2	(6)
SDM free	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM chute	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM cost	6	(21)	7	(23)	6	(19)	5	(16)	5	(15)
Peer distribution	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Naloxone*	--	--	0	(0)	0	(0)	8	(31)	9	(32)
Pharmacy sector (fixed)	82	(100)	86	(100)	94	(100)	90	(100)	91	(100)

^ Public sector NSPs may have more than one NSP outlet method

-- Not collected

** % denominator = primary + secondary*

Figure B.7.1 Total number of NSP outlets by SA3 in 2022

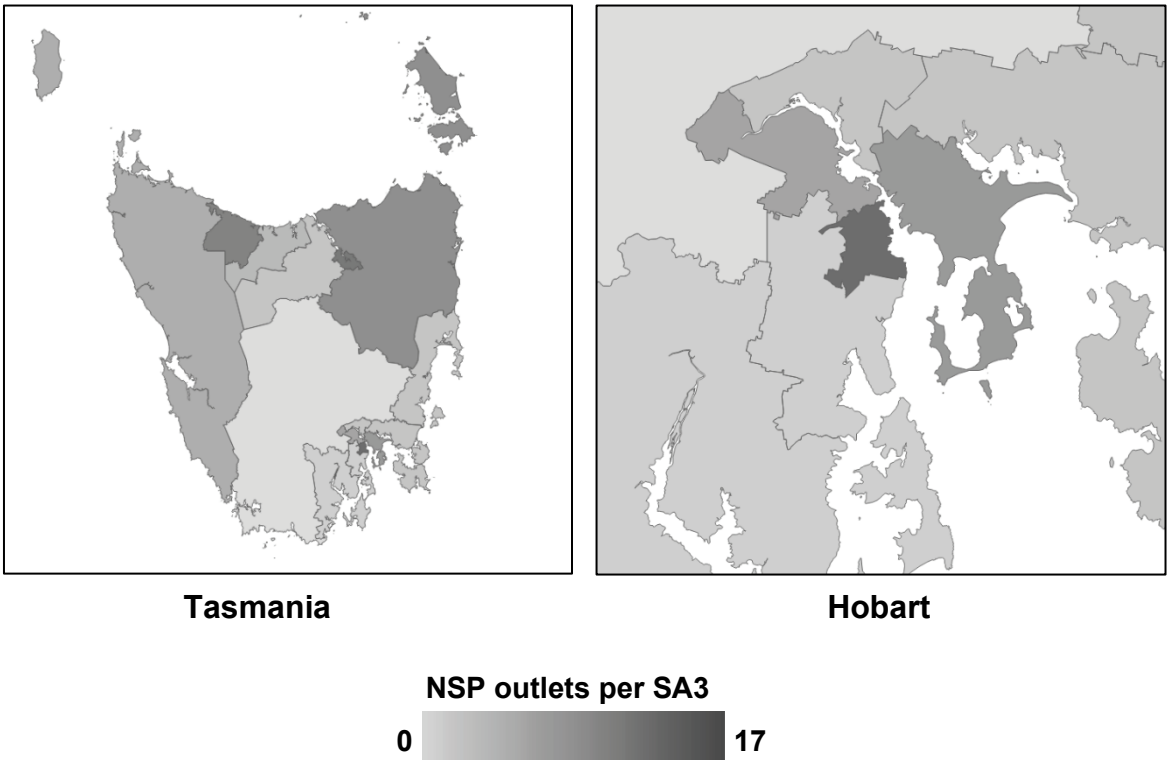


Table B.7.3 Occasion of service-level data, 2018-2022

Tasmania	2018		2019		2020		2021		2022	
Client-level	n=126		n=73		n=86		n=71		n=69	
Age (%)										
<20 years	2	(2)	0	(0)	0	(0)	0	(0)	0	(0)
20-29 years	21	(17)	7	(10)	6	(7)	7	(10)	2	(3)
30-39 years	39	(31)	23	(32)	24	(28)	26	(37)	23	(33)
40-49 years	37	(29)	28	(38)	29	(34)	21	(30)	22	(32)
50+ years	24	(19)	14	(19)	27	(31)	16	(23)	22	(32)
Not reported	3	(2)	1	(1)	0	(0)	1	(1)	0	(0)
Aged <25	9	(7)	2	(3)	4	(5)	1	(1)	1	(1)
Gender (%)										
Male	83	(66)	60	(82)	68	(79)	47	(66)	49	(71)
Female	41	(33)	13	(18)	18	(21)	24	(34)	20	(29)
Other	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	2	(2)	0	(0)	0	(0)	0	(0)	0	(0)
Indigenous status (%)										
Yes (Aboriginal or TSI or both)	--	--	--	--	10	(12)	11	(15)	12	(17)
No	--	--	--	--	76	(88)	60	(85)	57	(83)
Not reported	--	--	--	--	0	(0)	0	(0)	0	(0)
Drug injected (%)										
Analgesics	56	(44)	27	(37)	28	(33)	22	(31)	24	(35)
Stimulants and Hallucinogens	51	(40)	34	(47)	51	(59)	43	(61)	39	(57)
Anabolic agents	3	(2)	1	(1)	2	(2)	0	(0)	4	(6)
Other	7	(6)	8	(11)	5	(6)	5	(7)	1	(1)
Not reported	9	(7)	3	(4)	0	(0)	1	(1)	1	(1)
Service-level										
Health education/intervention (%)										
Yes	70	(56)	22	(30)	22	(26)	31	(44)	32	(46)
No	56	(44)	51	(70)	64	(74)	40	(56)	37	(54)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	41	(59)	6	(27)	5	(23)	9	(29)	11	(34)
Drug health	7	(10)	3	(14)	3	(14)	2	(6)	0	(0)
Other health	10	(14)	7	(32)	3	(14)	9	(29)	1	(3)
Other non-health	3	(4)	4	(18)	8	(36)	0	(0)	2	(6)
More than one	9	(13)	2	(9)	3	(14)	11	(35)	18	(56)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral (%)										
Yes	3	(2)	1	(1)	2	(2)	2	(3)	12	(17)
No	123	(98)	72	(99)	84	(98)	69	(97)	57	(83)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)										
BBV & STI	0	(0)	0	(0)	1	(50)	0	(0)	8	(67)
Drug health	0	(0)	0	(0)	0	(0)	1	(50)	1	(8)
Other health	1	(33)	0	(0)	1	(50)	1	(50)	1	(8)
Other non-health	1	(33)	1	(100)	0	(0)	0	(0)	0	(0)
Peer based	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
More than one	1	(33)	0	(0)	0	(0)	0	(0)	2	(17)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)

Note: Indigenous status not collected in Tasmania 2018-2019.

B.8 Victoria

Description of NSP services in Victoria

Victoria is the second most populous state or territory in Australia, with ~6.55 million residents in 2022. NSP services operate through a wide range of service providers, including funded primary NSPs, community health services, hospital accident and emergency units, municipal councils, drug treatment agencies, youth organisations and participating pharmacies. There are 18 primary outlets, 243 secondary outlets, 488 pharmacies and 27 SDMs in Victoria. Services are provided through fixed site, mobile services, outreach and foot patrol, and SDMs supply injecting equipment at no cost to the consumer. Programs to facilitate access to take-home naloxone are available through 35 public sector NSPs (13 primary and 22 secondary) in Victoria. Non-identifiable client-level and service–level OOS data are collected at all primary and secondary NSP services in Victoria. Line-item client OOS data are sent to Victorian Department of Health on a monthly basis. Health education/interventions and referrals are collected as a combined data item and Victoria does not currently collect data on drug injected or the Indigenous status of NSP attendees.

Table B.8.1 Needle and syringe distribution by public and pharmacy sector, 2012/13-2021/22

VIC	Public	%	Pharmacy	%	Total
2012/13	10,244,250	90%	1,131,895	10%	11,376,145
2013/14	10,258,550	90%	1,078,602	10%	11,337,152
2014/15	10,413,900	91%	1,044,812	9%	11,458,712
2015/16	11,808,350	91%	1,103,818	9%	12,912,168
2016/17	11,799,550	91%	1,228,677	9%	13,028,227
2017/18	11,100,050	90%	1,284,560	10%	12,384,610
2018/19	12,620,750	93%	940,139	7%	13,560,889
2019/20	14,148,860	93%	1,018,191	7%	15,167,051
2020/21	11,432,700	92%	1,027,114	8%	12,459,814
2021/22	10,625,900	95%	568,144	5%	11,194,044

Table B.8.2 NSP outlet type and method by public and pharmacy sector, 2018-2022

Victoria	2018		2019		2020		2021		2022	
NSP outlet type (%)	n=407		n=674		n=660		n=679		n=776	
Primary	16	(4)	16	(2)	17	(3)	18	(3)	18	(2)
Secondary	137	(34)	209	(31)	202	(31)	204	(30)	243	(31)
SDM	18	(4)	14	(2)	14	(2)	14	(2)	27	(3)
Pharmacy	236	(58)	435	(65)	427	(65)	443	(65)	488	(63)
NSP outlet method (%)										
*Public sector NSP^*	n=171		n=239		n=233		n=236		n=256	
Fixed	151	(88)	223	(93)	214	(92)	217	(92)	256	(100)
Outreach/mobile	24	(14)	35	(15)	37	(16)	40	(17)	42	(16)
SDM free	18	(11)	14	(6)	14	(6)	14	(6)	27	(11)
SDM chute	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM cost	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Peer distribution	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Naloxone*	--	--	37	(16)	35	(16)	35	(16)	35	(13)
Pharmacy sector (fixed)	236	(100)	435	(100)	427	(100)	443	(100)	488	(100)

^ Public sector NSPs may have more than one NSP outlet method

-- Not collected

** % denominator = primary + secondary*

Figure B.8.1 Total number of NSP outlets by SA3 in 2022

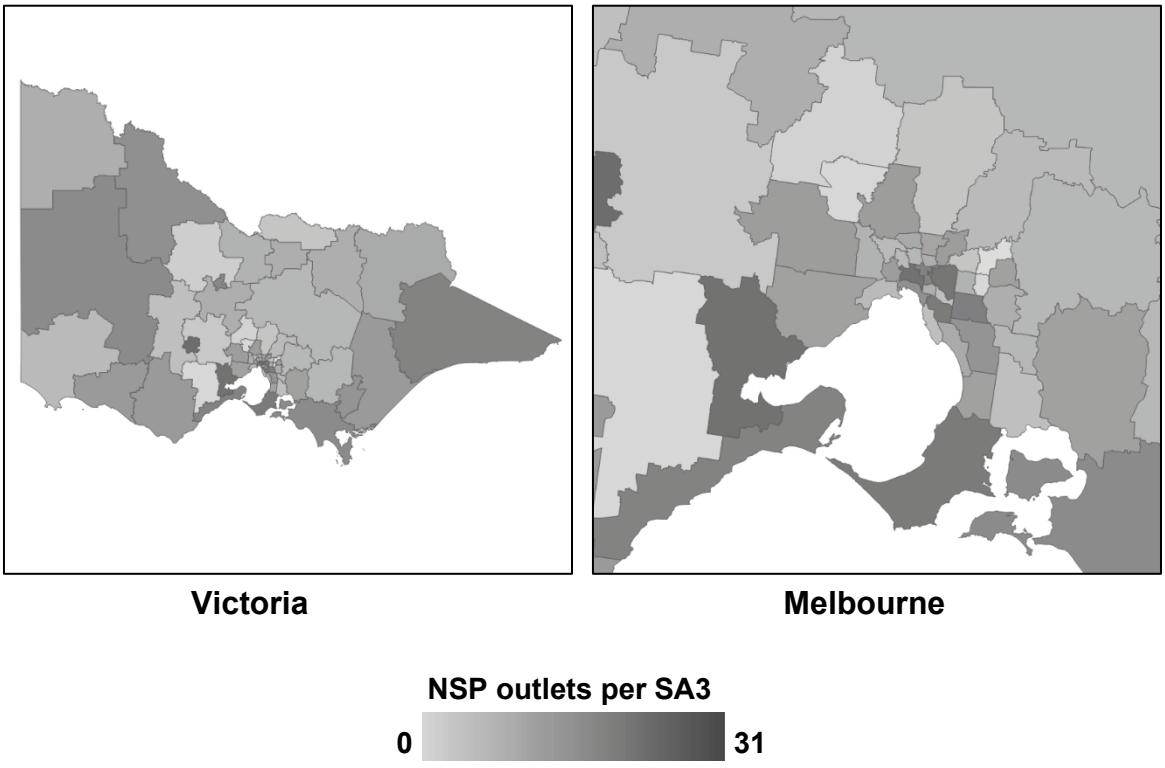


Table B.8.3 Occasion of service-level data, 2018-2022

Victoria	2018		2019		2020		2021		2022	
Client-level	n=634		n=750		n=576		n=350		n=420	
Age (%)										
<18 years	1	(<1)	3	(<1)	1	(<1)	0	(0)	0	(0)
18-20 years	3	(<1)	2	(<1)	3	(1)	0	(0)	4	(1)
21-25 years	27	(4)	23	(3)	12	(2)	4	(1)	9	(2)
26-30 years	51	(8)	70	(9)	44	(8)	36	(10)	41	(10)
31-35 years	145	(23)	210	(28)	133	(23)	89	(25)	101	(24)
36-45 years	225	(35)	255	(34)	254	(44)	139	(40)	149	(35)
46+ years	162	(26)	152	(20)	117	(20)	77	(22)	85	(20)
Not reported	20	(3)	35	(5)	12	(2)	5	(1)	31	(7)
Aged <26	31	(5)	26	(3)	16	(3)	4	(1)	13	(3)
Gender (%)										
Male	463	(73)	549	(73)	435	(76)	254	(73)	321	(76)
Female	157	(25)	173	(23)	131	(23)	90	(26)	79	(19)
Other	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	14	(2)	28	(4)	10	(3)	6	(1)	20	(5)
Service-level										
Health education/intervention (%)										
Yes	245	(39)	298	(40)	319	(45)	157	(45)	235	(56)
No	389	(61)	452	(60)	257	(55)	193	(55)	185	(44)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	58	(24)	135	(45)	168	(53)	18	(11)	64	(27)
Drug health	4	(2)	7	(2)	2	(1)	13	(8)	3	(1)
Other health	75	(31)	60	(20)	34	(11)	91	(58)	119	(51)
Other non-health	0	(0)	0	(0)	1	(<1)	1	(1)	0	(0)
More than one	108	(44)	96	(32)	114	(36)	34	(22)	49	(21)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)

Note: Indigenous status and drug(s) injected are not collected in Victoria. Age groups collected in Victoria are not aligned to AGE10P. Referrals and health education/interventions are combined and reported as health education/interventions in the NSP NMDC.

B.9 Western Australia

Description of NSP services in Western Australia

Western Australia (WA) has the largest land area of Australia's eight states and territories and is the fourth most populous jurisdiction, with ~2.75 million residents in 2022. NSPs are operated by both government and non-government agencies and include needle syringe exchange programs which supply free sterile needles and syringes upon the return of used equipment. NSPs are operated through a combination of fixed-sites, outreach and mobile services. Health service based NSPs provide sterile injecting equipment at no cost through regional hospitals, and some public health units, community health centres, community drug services and other health services. Pharmacy based NSPs are operated on a commercial basis, while four SDMs operate on a cost-recovery basis with packs available for $3 (three SDMs have no cost). In Western Australia there are 20 primary outlets, 107 secondary outlets, 601 pharmacies and 7 SDMs. Programs to facilitate access to take-home naloxone are available through 20 public sector NSPs (17 primary and 3 secondary) in Western Australia. Non-identifiable client-level and service-level OOS data are collected by selected primary and secondary NSPs on a designated snapshot day on an annual basis in Western Australia. All NSP NMDC client-level and service-level data elements are collected.

Table B.9.1 Needle and syringe distribution by public and pharmacy sector, 2012/13–2021/22

WA	Public	%	Pharmacy	%	Total
2012/13	3,502,135	73%	1,292,876	27%	4,795,011
2013/14	3,818,543	75%	1,286,760	25%	5,105,303
2014/15	4,048,932	74%	1,391,497	26%	5,440,429
2015/16	4,629,223	77%	1,386,095	23%	6,015,318
2016/17	4,583,785	79%	1,232,483	21%	5,816,268
2017/18	4,871,810	83%	1,017,615	17%	5,889,425
2018/19	5,338,373	84%	992,868	16%	6,331,241
2019/20	5,573,430	86%	926,922	14%	6,500,352
2020/21	4,772,606	85%	850,525	15%	5,623,131
2021/22	3,935,246	85%	683,657	15%	4,618,903

Note: includes updated data for 2017/18 and 2018/19

Table B.9.2 NSP outlet type and method by public and pharmacy sector, 2018-2022

Western Australia	2018		2019		2020		2021		2022	
NSP outlet type (%)	n=729		n=728		n=727		n=727		n=735	
Primary	19	(3)	17	(2)	19	(3)	19	(3)	20	(3)
Secondary	105	(14)	105	(14)	105	(14)	107	(15)	107	(15)
SDM	8	(1)	7	(1)	7	(1)	8	(1)	7	(1)
Pharmacy	597	(82)	599	(82)	596	(82)	593	(82)	601	(82)
NSP outlet method (%)										
*Public sector NSP^*	n=132		n=129		n=131		n=134		n=134	
Fixed	112	(85)	112	(87)	114	(87)	116	(87)	117	(87)
Outreach/mobile	18	(14)	16	(12)	16	(12)	16	(12)	16	(12)
SDM free	1	(1)	2	(2)	1	(1)	3	(2)	3	(2)
SDM chute	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM cost	7	(5)	5	(4)	6	(5)	5	(4)	4	(3)
Peer distribution	7	(5)	7	(5)	7	(5)	7	(5)	7	(5)
Naloxone*	--	--	14	(11)	14	(11)	15	(11)	20	(16)
Pharmacy sector (fixed)	597	(100)	599	(100)	596	(100)	593	(100)	601	(100)

^ Public sector NSPs may have more than one NSP outlet method

-- Not collected

** % denominator = primary + secondary*

Figure B.9.1 Total number of NSP outlets by SA3 in 2022

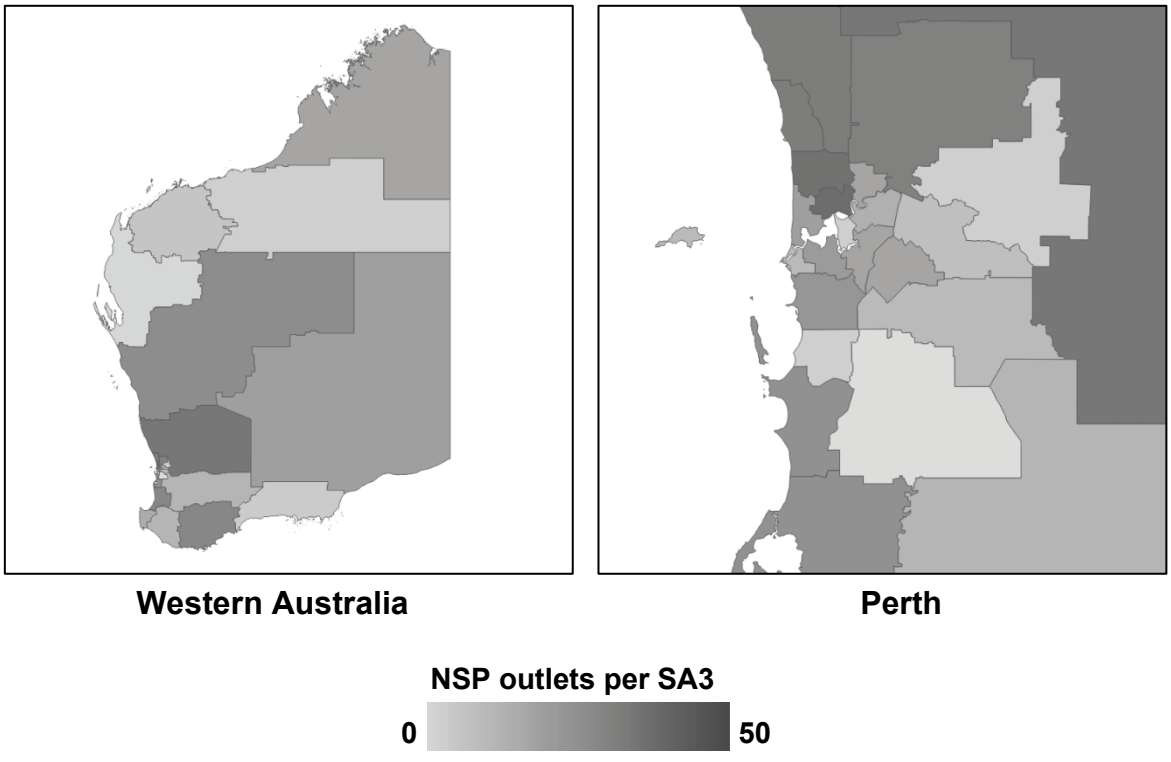


Table B.9.3 Occasion of service-level data, 2018-2022

Western Australia	2018		2019		2020		2021		2022	
Client-level	n=202		n=173		n=184		n=165		n=108	
Age (%)										
<20 years	5	(2)	4	(2)	0	(0)	0	(0)	3	(3)
20-29 years	29	(14)	17	(10)	19	(10)	27	(16)	10	(9)
30-39 years	44	(22)	47	(27)	54	(29)	50	(30)	44	(41)
40-49 years	79	(39)	64	(37)	77	(42)	56	(34)	30	(28)
50+ years	44	(22)	41	(24)	33	(18)	32	(19)	21	(19)
Not reported	1	(1)	0	(0)	1	(1)	0	(0)	0	(0)
Aged <25 (%)	15	(7)	7	(4)	3	(2)	11	(7)	4	(4)
Gender (%)										
Male	139	(69)	107	(62)	108	(59)	111	(67)	72	(67)
Female	61	(30)	64	(37)	73	(40)	54	(33)	35	(32)
Other	1	(1)	2	(1)	3	(2)	0	(0)	0	(0)
Not reported	1	(1)	0	(0)	0	(0)	0	(0)	1	(1)
Indigenous status (%)^										
Yes (Aboriginal or TSI or both)	36	(18)	42	(24)	48	(26)	40	(24)	28	(26)
No	156	(77)	121	(70)	134	(73)	119	(72)	79	(73)
Not reported	10	(5)	10	(6)	2	(1)	6	(4)	1	(1)
Drug injected (%)^										
Analgesics	58	(29)	42	(24)	50	(27)	29	(18)	24	(22)
Stimulants and Hallucinogens	127	(63)	106	(61)	123	(67)	106	(64)	67	(62)
Anabolic agents	10	(5)	4	(2)	5	(3)	10	(6)	10	(9)
Other	5	(2)	18	(10)	4	(2)	6	(4)	3	(3)
Not reported	2	(1)	3	(2)	2	(1)	14	(8)	4	(4)
Service-level										
Health education/intervention (%)^										
Yes	165	(82)	139	(80)	127	(31)	64	(39)	64	(59)
No	37	(18)	34	(20)	57	(69)	101	(61)	44	(41)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	103	(62)	45	(32)	80	(63)	40	(63)	48	(75)
Drug health	7	(4)	4	(3)	8	(6)	6	(9)	0	(0)
Other health	6	(4)	18	(13)	1	(1)	3	(5)	1	(2)
Other non-health	2	(1)	5	(4)	1	(1)	1	(2)	2	(3)
More than one	47	(28)	65	(47)	37	(29)	12	(19)	13	(20)
Not reported	0	(0)	2	(1)	0	(0)	2	(3)	0	(0)
Referral (%)^										
Yes	37	(18)	34	(21)	32	(17)	10	(6)	7	(6)
No	148	(73)	127	(79)	152	(83)	155	(94)	101	(94)
Not reported	17	(8)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)^										
BBV & STI	10	(27)	12	(35)	8	(25)	6	(60)	4	(57)
Drug health	2	(5)	5	(15)	11	(34)	2	(20)	3	(43)
Other health	9	(24)	13	(38)	10	(31)	0	(0)	0	(0)
Other non-health	0	(0)	3	(9)	2	(6)	2	(20)	0	(0)
Peer based	13	(35)	1	(3)	0	(0)	0	(0)	0	(0)
More than one	3	(8)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	0	(0)	0	(0)	1	(3)	0	(0)	0	(0)

Glossary

Broad-level drug groups from the ABS Drugs of Concern Classification[18] relevant to the NSP NMDC:

Analgesics
Broad-level drug group that includes the base-level drug groups of heroin, methadone, morphine and Subutex/buprenorphine.

Stimulants and Hallucinogens
Broad-level drug group that includes the base-level drug groups of amphetamine, methamphetamine (speed, crystal/ice, base) and cocaine.

Anabolic Agents and Selected Hormones
Broad-level drug group that includes the base-level drug groups of steroids, peptides, growth hormone and other PIEDs.

Other
Broad-level drug group that includes the base-level drug groups of Suboxone and 'Other (specified)'.