

Needle Syringe Program National Minimum Data Collection

NATIONAL DATA REPORT 2017

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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
GARPR	Global AIDS Response Progress Reporting
GCCSA	Greater Capital City Statistical Area
NSMP	National surveillance and monitoring plan
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
RA	Remoteness area
SA	South Australia
SA1(2,3,4)	Statistical Area 1(2,3,4)
SDM	Syringe dispensing machine
PHN	Primary health network
PWID	People who inject drugs
STI	Sexually transmitted infections
TAS	Tasmania
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNSW	University of New South Wales
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 (BBV) infections and their associated morbidity, mortality and personal and social impacts.

All jurisdictions operated the full range of outlet types for the first time in 2017, with a total of 3,627 NSPs in operation.

Australia's combined network of jurisdictional NSP services comprised 98 primary, 784 secondary and 2,422 pharmacy NSPs in June 2017. These face to face services were supplemented by 323 syringe dispensing machines (SDMs). There was a steady increase in the number of primary, secondary and pharmacy NSPs over the period 2008 to 2017, while the number of SDMs tripled from 118 in 2008 to 323 in 2017.

The mix of NSP service delivery varied according to remoteness area. The majority of primary (n=68, 69%) and pharmacy (n=1,513, 62%) NSPs were located in major cities, while the majority of secondary NSPs (n=580, 74%) and SDMs (n=206, 64%) were located outside major cities in 2017.

An estimated 765,000 occasions of service were provided at primary and secondary NSPs in 2017.

Based on 2,856 NSP occasions of service (OOS) recorded at primary and secondary NSPs that participated in the NSP NMDC on the 2017 snapshot day and after accounting for services open in evenings and on weekends, an estimated 765,000 occasions of service were provided from public sector NSPs in 2017.

Two in five public sector NSP OOS involved provision of a health education intervention and one in fourteen OOS involved a referral within a service or external to another agency.

Two thirds (64%) of NSP attendees at public sector NSP services on the 2017 snapshot day were aged between 30 and 49 years of age. Young people (aged less than 25 years) comprised 6% of NSP attendees, while older people (aged 50 years or above) comprised 17% of NSP attendees. Three in four (74%) NSP attendees were male. Excluding OOS where Indigenous status was not reported, 16% of NSP attendees identified as Aboriginal and/or Torres Strait Islander.

Analgesics were the most commonly reported drugs injected in Australia in 2017.

Analgesics (heroin, other opioids and opioid substitution therapies) were the most commonly reported drugs injected on the snapshot day in 2017 (41%), followed by stimulants and hallucinogens (predominantly methamphetamine, 36%) and anabolic agents and selected hormones (predominantly anabolic steroids, 9%).

Stimulants and hallucinogens were the most commonly reported drugs injected among young people (35%), while analgesics were the most commonly reported drugs injected among older people (55%).

In 2016/17, 49 million needles and syringes were distributed in Australia.

Over the past ten years, the number of needles and syringes distributed in Australia increased by 47%, with a 22% increase over the past 5 years. Notwithstanding, slightly fewer needles and syringes were distributed in 2016/17 than in 2015/16 (49.5 million).

Per capita needle and syringe distribution among the population aged 15-64 years increased over the past five and ten year periods (from 2.4 syringes per annum in 2007/08, to 2.8 syringes per annum in 2012/13 and 3.1 syringes per annum in 2016/17).

In 2016/17, an estimated 631 syringes were distributed per 'regular' PWID in Australia, the equivalent of 1.7 each per day. We estimate that syringe coverage was 107% in 2016/17. However, in order to cover all injections with a sterile syringe, coverage of greater than 100% is required to allow for syringes utilised by non-regular PWID and syringes used for drawing up or failed injection attempts.

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 reducing blood borne viral (BBV) infections and sexually transmitted infections (STIs)^{1,2}. The aims of the National Strategies are to reduce the transmission of HIV, hepatitis B and hepatitis C, and STIs and to reduce the associated morbidity, mortality and personal and social impacts. Each National Strategy outlines a set of indicators for monitoring progress towards these aims, with reporting against these indicators through the National Surveillance and Monitoring Plan (NSMP) a key step in the implementation process³. NSPs are also a key element of the harm reduction framework outlined in the National Drug Strategy⁴.

NSPs provide a range of services that aim to prevent the transmission of BBVs, including the provision of sterile injecting equipment, safer sex materials, information and education on reducing harms associated with injection drug use and referral to a range of health and welfare services. 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 injecting equipment such as alcohol swabs and ampoules of sterile water.

In 2015, the Australian Government Department of Health engaged the Kirby Institute to develop a Needle Syringe Program National Minimum Data Collection (NSP NMDC) to support the National BBV Strategies and to complement the annual Australian Needle Syringe Program Survey (ANSPS) National Data Report.

All eight Australian States and Territories operate NSP services and collect a range of operational data, although there is varied levels of completeness and alignment across data elements. A consensus meeting of key stakeholders was held in Sydney in November 2015 to identify items for inclusion in the NSP NMDC and to investigate the potential for improving completeness and alignment over time.

The inaugural NSP NMDC 2016 National Data Report⁵ included data on the agreed elements for the 2015/16 financial year and was well received. In early 2017, the NSP NMDC Data Dictionary⁶ was developed and ratified by the project Reference Group. The purpose of the NSP NMDC Data Dictionary is to provide a framework for the reporting of NSP NMDC data elements. It is envisaged that revisions will be made to the data dictionary as required.

This second annual NSP NMDC report provides a national summary of agreed data elements in relation to i) agency-level administrative data, ii) service provision and iii) needle and syringe distribution data. This report provides a descriptive overview of NSP services in each of the jurisdictions as well as summary data for each of the three agreed data elements.

Nationally collated data will also enable reporting against key indicators outlined in the NSMP that accompanies Australia's National HIV and National Hepatitis C Strategies and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Global AIDS Response Progress Reporting (GARPR) framework. These indicators are stated as:

- Per capita number of needles and syringes distributed in the previous calendar year³
- Needles and syringes distributed per person injecting (GARPR 2015)⁷
- Needle syringe programme sites⁷

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 2017v3⁶ 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 2017, there were 3,627 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=2,422, 67%) and in all jurisdictions (Figure 2.2). Of the 1,205 public sector outlets operating nationally in 2017, 784 were secondary NSPs, 323 were SDMs

and 98 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 of blood-borne viruses and the reduction of drug-related harms to individuals and communities.

Figure 2.1 National NSP services (%) by outlet type in 2017

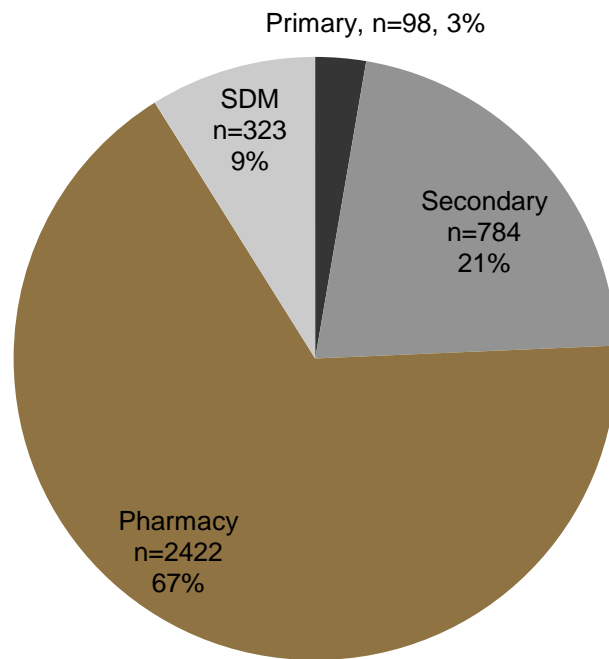
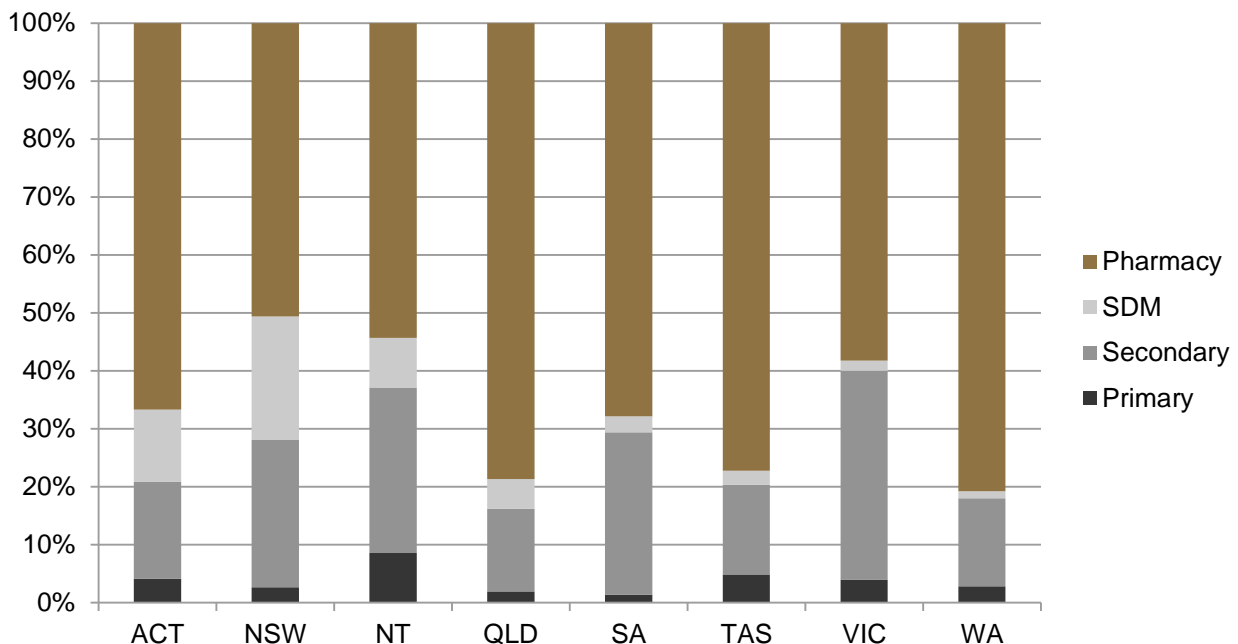


Figure 2.2 Jurisdictional NSP services (%) by outlet type in 2017



Primary and secondary NSPs predominantly operate as fixed site services, although 14 primary and 3 secondary NSPs operate outreach services without operating from a fixed site. Some primary NSPs (n=36) operate multiple modes of service delivery, including a combination of fixed site, mobile, outreach, peer distribution and/or SDM services. A total of 196 secondary outlets across Australia operate SDMs.

SDMs ensure after-hours access to sterile needles and syringes. Notably, 2017 was the first year that all jurisdictions operated SDMs, with 323 SDMs in operation nationally. SDMs predominantly dispense combined 1ml needles and syringes, although a small minority of SDMs dispense larger volume syringes and detachable needles. Just over half (53%) of SDMs dispensed needles and syringes at no cost to the consumer in 2017. Among the remaining SDMs, the majority (98%) required a consumer payment of between \$2.00 and \$4.00.

There was a 26% increase in the total number of NSP outlets over the ten-year period 2008-2017 (Table 2.1). There was an increase in all outlet types between 2008 and 2017, including a 15% increase in the number of primary NSPs (from 85 to 98), a 5% increase in the number of secondary NSPs (from 745 to 784), and a 25% increase in the number of pharmacy NSPs (from 1,934 to 2,422). Notably, the number of SDMs operating in Australia tripled, from 118 in 2008 to 323 in 2017, with four jurisdictions commencing operation of SDMs over the previous ten years.

There was also a 3% increase in the total number of NSPs operating in Australia between 2016 and 2017 (from 3,509 to 3,641). This was due to an increase in the number of pharmacy NSPs (from 2,321 to 2,422) and SDMs (from 300 to 323), while the number of primary and secondary outlets was relatively stable.

Table 2.1 Number of NSP services nationally by type, 2008, 2016 and 2017

	2008 ⁸	2016	2017
Primary NSP	85	102	98
Secondary NSP	745	786	784
SDM	118	300	323
Pharmacy	1,934	2,321	2,422
Total	2,882	3,509	3,627

Geographic coverage

The Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS)⁹ provides a geographical standard for the publication of statistics by relative remoteness. The Australian Remoteness Areas (RA) categories are 0) Major Cities, 1) Inner Regional, 2) Outer Regional, 3) Remote, 4) Very Remote, 5) Migratory/Offshore/Shipping.

As shown in Figure 2.3, the mix of NSP outlet types varied according to geographic region by remoteness area. More than half (n=1,513, 62%) of Australia's 2,422 pharmacy NSPs were located in major cities with pharmacies comprising the majority (80%) of NSP outlets in this ASGS area. Pharmacy NSPs were also the most common NSP outlet type in inner regional (n=531, 61%) and outer regional (n=342, 50%) areas, however significantly fewer pharmacy

NSPs were located in remote (n=30, 28%) and very remote (n=6, 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=60, 57%) and very remote (n=44, 79%) areas. Similarly, the proportion of SDMs increased with remoteness area, with around two thirds (n=206, 64%) of Australia's 323 SDMs located outside major cities.

The ASGS¹⁰ Statistical Area 3 (SA3) provides a regional breakdown of Australia with 336 SA3s nationally. The majority (96%) of SA3 in Australia have at least one NSP outlet. Figures 2.4 and 2.5 provide visual representations of the geographic coverage of primary, secondary, pharmacy and SDM NSP outlets by SA3 in Australia in 2017.

Figure 2.3 National NSPs (%) by outlet type and remoteness area in 2017

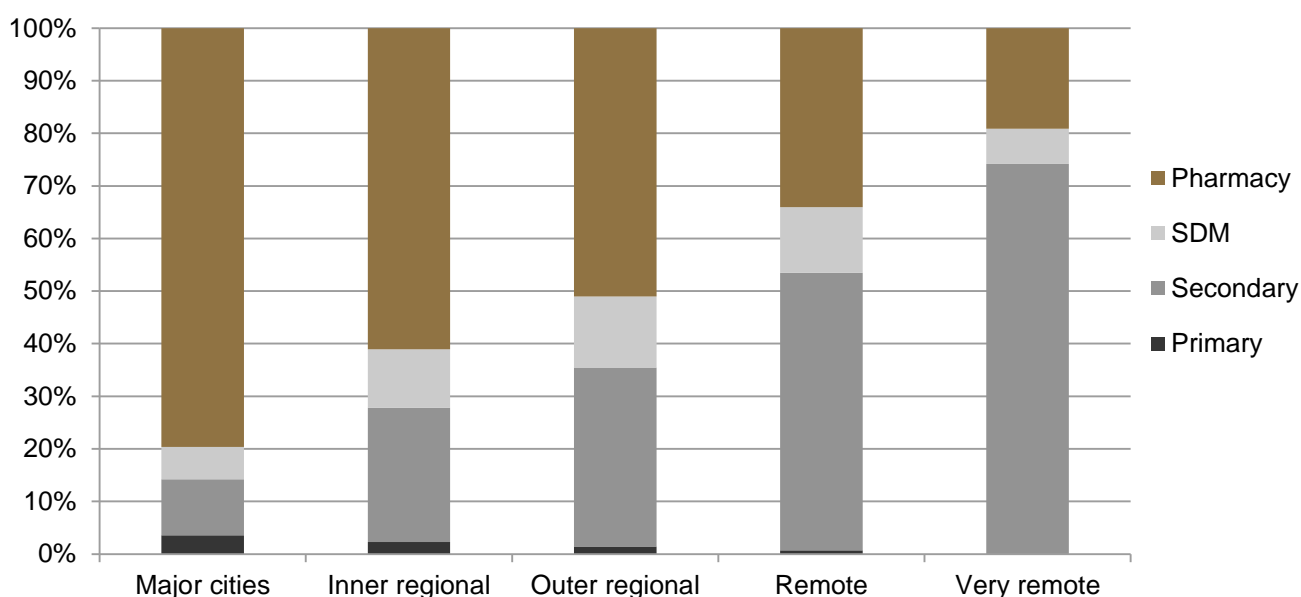
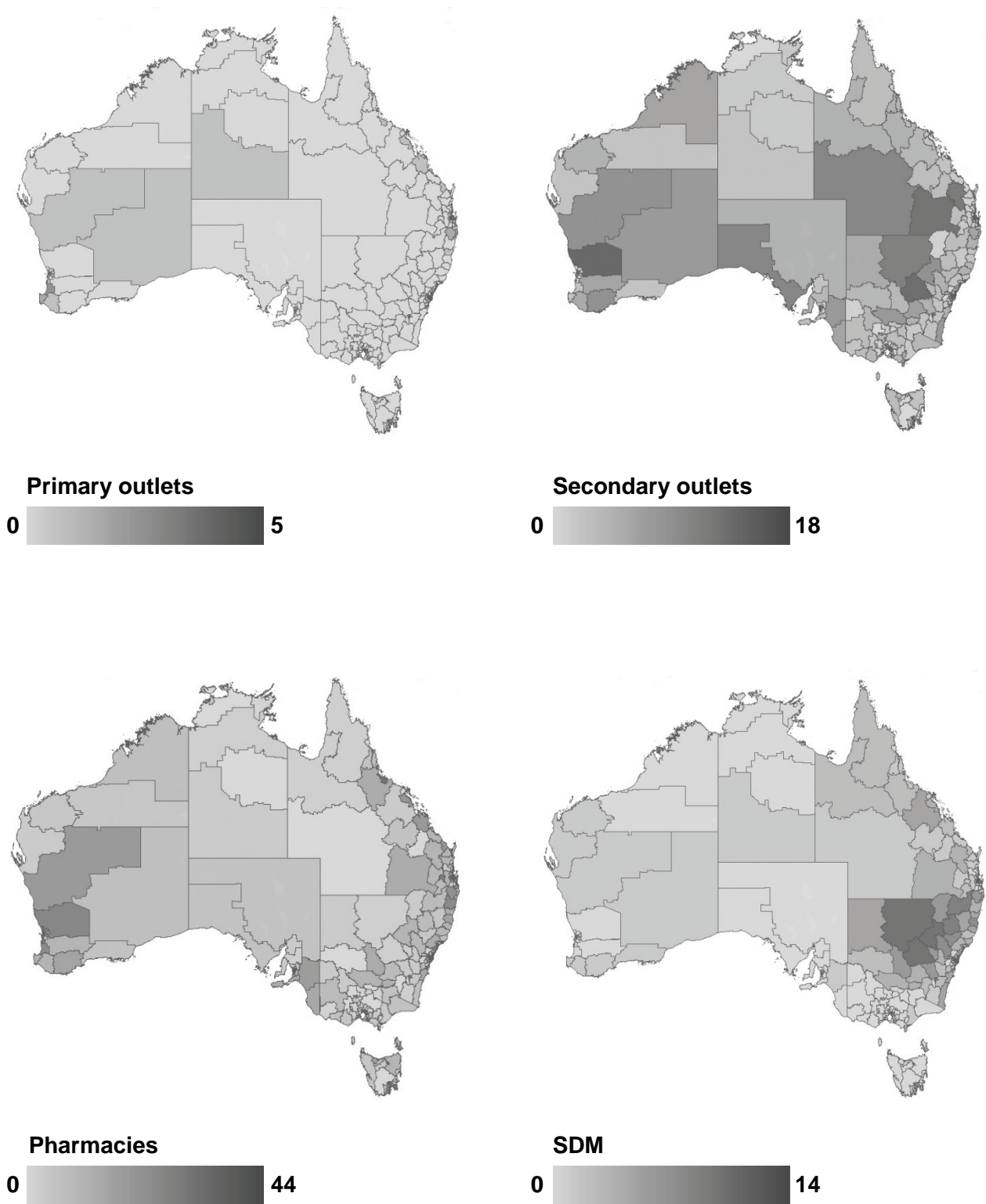


Figure 2.4 National number of NSPs by outlet type and SA3 in 2017

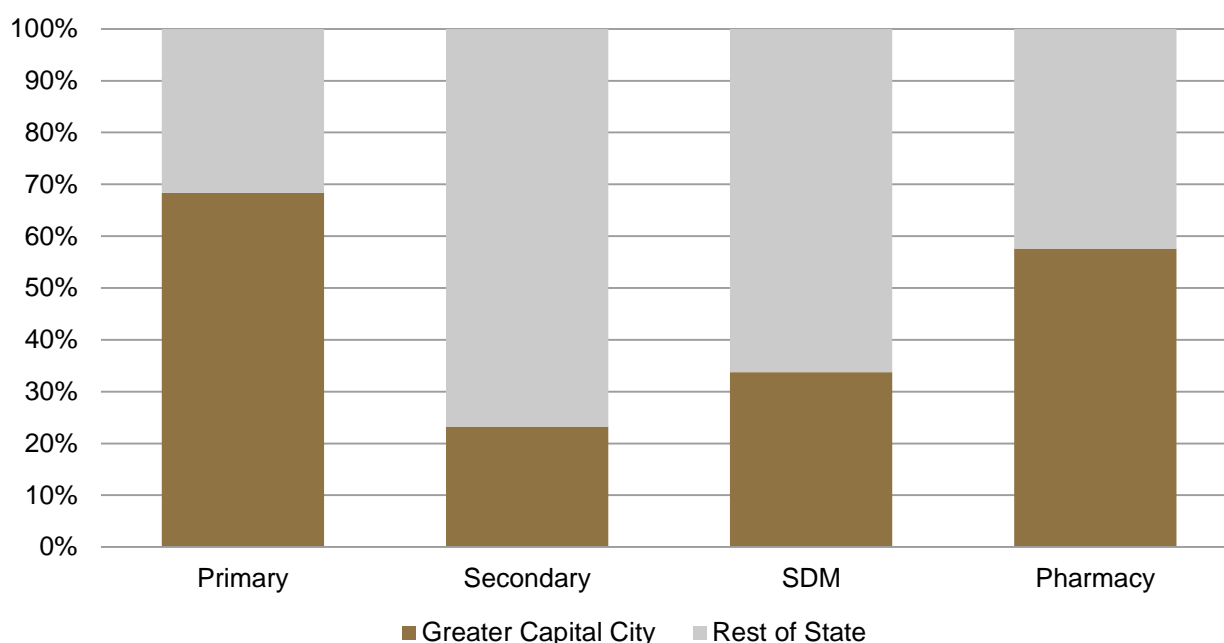


The ABS ASGS Greater Capital City Statistical Areas (GCCSA)¹⁰ are designed to represent a socio-economic definition of each of the eight State and Territory capital cities. This means the greater capital city boundary includes people who regularly socialise, shop or work within the city, but live in the small towns and rural areas surrounding the city. It does not define the built-up edge of the city. There are 8 regions representing each of the Australian State and Territory capital cities and 8 regions covering the rest of

each S/T. There is only one GCCSA for the ACT and one for the Other Territories of Jervis Bay, Christmas Island and Cocos (Keeling) Islands.

As occurred with remoteness areas described previously, the majority of primary (n=67, 70%) and pharmacy (n=1395, 58%) NSP outlets are located within greater capital city boundaries, whereas the majority of secondary NSP outlets (n=602, 77%) and SDMs (n=214, 66%) are located in the rest of the state.

Figure 2.6 National NSPs (%) by outlet type and greater capital city statistical area in 2017



3. Service Provision

NSP occasions of service

In Australia, data collected for each NSP client occasion of service (OOS) varies. Although most jurisdictions routinely collect client-level OOS data, data collection methods and definitions are not nationally aligned and data collection varies according to outlet type. For example, relatively few secondary outlets collect client-level OOS data and client-level data is not collected from SDMs or pharmacy NSPs.

Despite these limitations, the NSP NMDC consensus meeting recommended collection of client-level OOS data and 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. These data elements were reported in the NSP NMDC 2016 National Data Report⁵ and in 2017 the project reference group endorsed the continuation of reporting these data elements.

The NSP NMDC Data Dictionary⁶ defines a needle syringe program 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 NDMC client-level and service-level OOS data elements.

Jurisdictional client-level OOS data was collected on a nominated snapshot day during the last week of February 2017. It should be noted that in 2017 client-level OOS data were not collected from every NSP outlet in all jurisdictions.

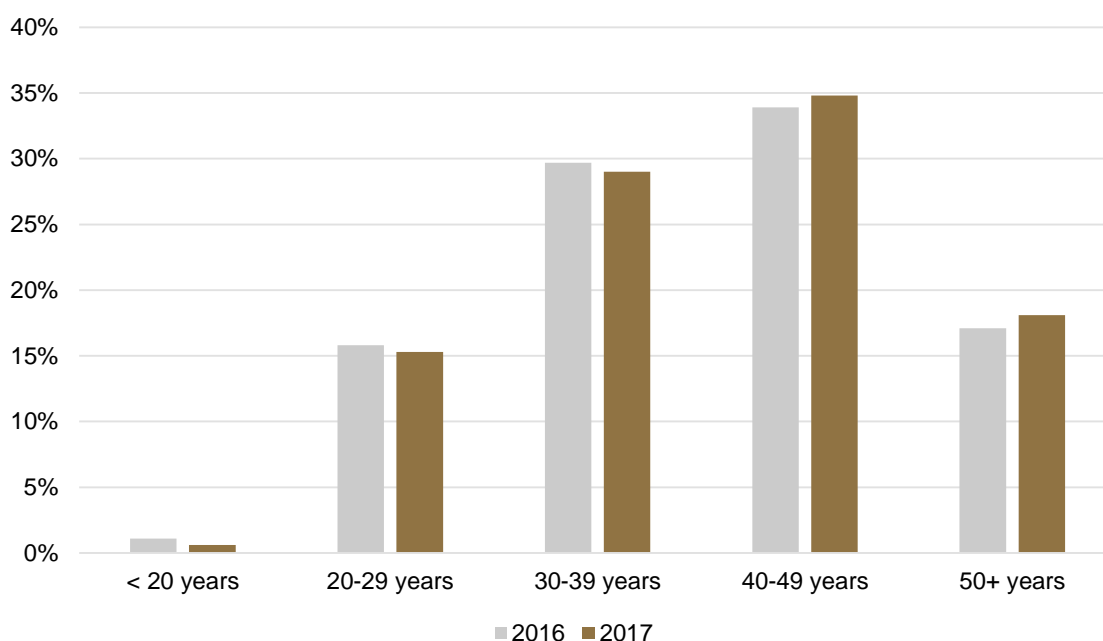
Nationally, there were 2,856 OOS recorded at participating public sector NSPs in Australia on the nominated snapshot day in February 2017. After accounting for NSPs that provide services on weekends, an estimated 765,000 public sector NSP OOS were provided in 2017. It should be noted that client level data were unavailable for 59 public sector OOS and these OOS were excluded from the following analysis.

Age

The NSP NMDC Data Dictionary⁶ defines age according to the ABS Age Standard¹¹ as AGEP (age of the NSP client in single years). Although all jurisdictions collected 'age' as a data element, only five jurisdictions collected age in single years (AGEP). Three jurisdictions collected age group and the minimum data available to report in the NSP NMDC is ten-year age groups (AGE10P). It should also be noted that there was some misalignment with AGE10P and the age group categories collected in two jurisdictions and some adjustment of data was necessary (see Appendix A: Methodological Notes).

Approximately one third (33%) of OOS at public sector NSPs on the 2017 snapshot day involved NSP attendees aged 30-39 years and a further third (31%) were aged 40-49 years. Seventeen percent of OOS involved NSP attendees who were aged 50 years or older and fifteen percent involved NSP attendees aged 20-29 years, with one percent aged less than 20 years. Young people (aged less than 25 years) comprised six percent (n=174) of OOS at public sector NSPs nationally in 2017. As shown in Figure 3.1, the age breakdown of NSP attendees in 2017 was comparable to 2016.

Figure 3.1 National OOS (%) by age group in 2016 and 2017



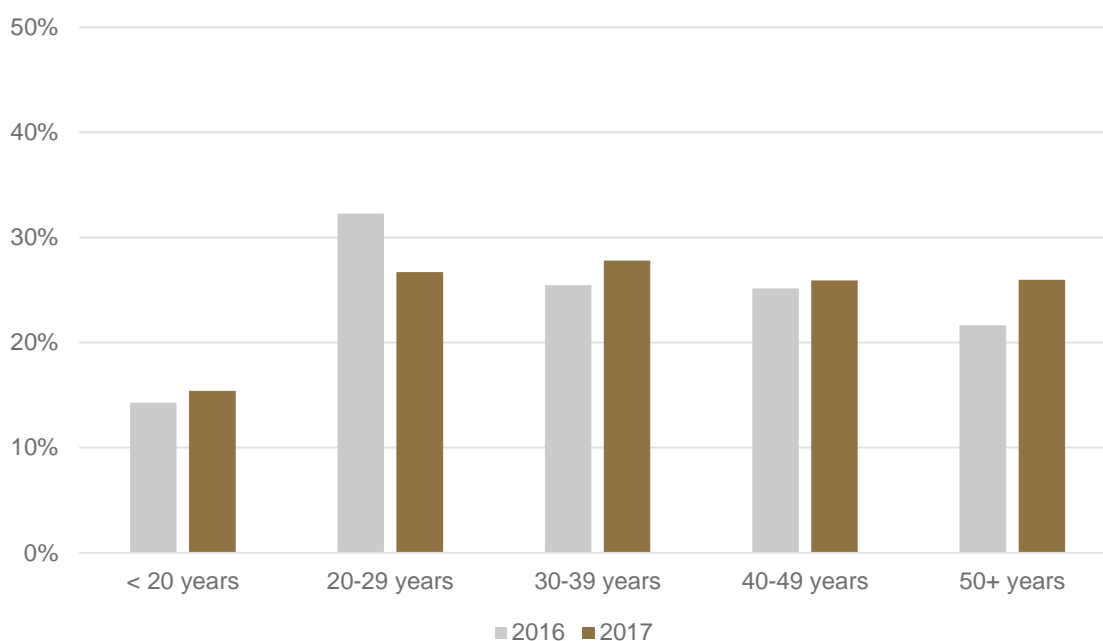
Gender

The NSP NMDC Data Dictionary⁶ defines gender as per the ABS Standard for Sex and Gender Variables¹² 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. Although jurisdictional data collections for this element are not universally aligned (see Appendix A: Methodological Notes), the 2017 NSP NMDC reports 'gender' according to the ABS standard where permissible values are: 1) Male, 2) Female and 3) Other.

On the snapshot day in 2017, around three quarters (74%) of NSP OOS involved male NSP attendees nationally and this was consistent with data collected in 2016 (73% male). A minority (<0.01%) of NSP OOS involved people who identified their gender as 'other'.

Women comprised around one quarter of NSP attendees in all age groups in 2016 and 2017, except among NSP attendees aged <20 years, where women comprised a minority (15%) of NSP attendees.

Figure 3.2 National proportion female (%) by age group in 2016 and 2017



Indigenous status

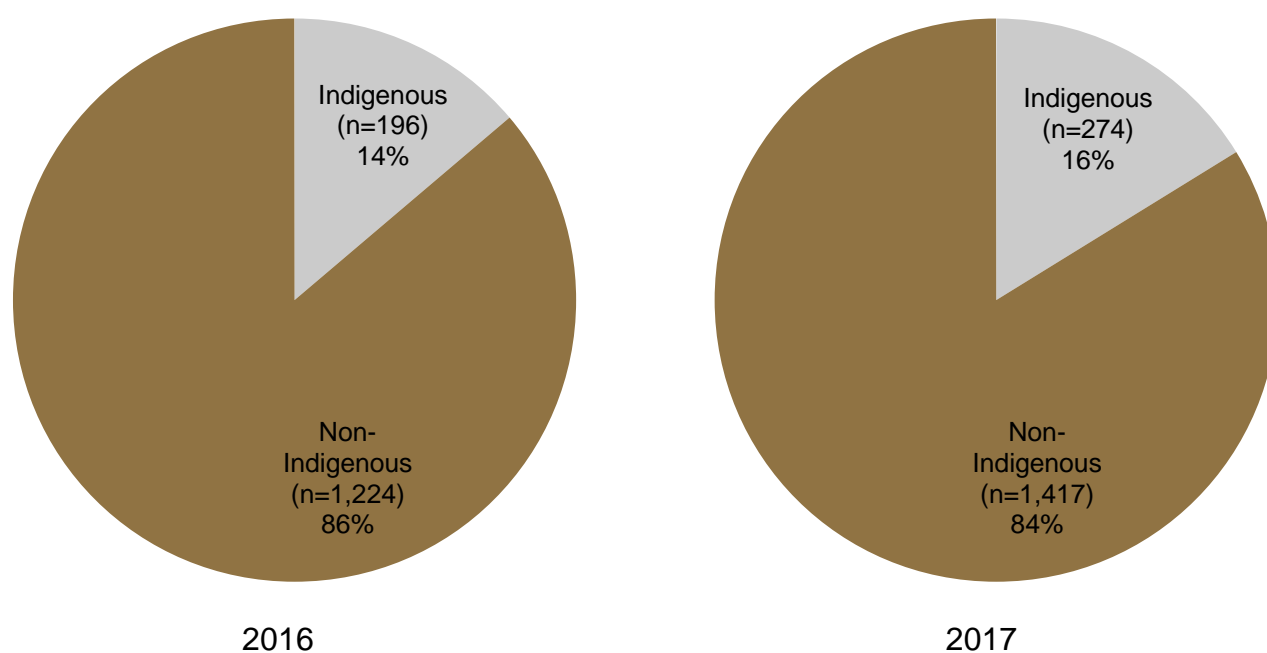
The NSP NMDC Data Dictionary⁶ uses the ABS Indigenous Status Standard¹³, which define Indigenous status as “Whether a person identifies as being of Aboriginal or Torres Strait Islander origin.”

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. Six 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 2017 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 six jurisdictions where client-level OOS data on Indigenous status was collected and excluding OOS where Indigenous status was not reported, 16% (n=274) of NSP OOS on the snapshot day involved NSP attendees who identified as Aboriginal and/or Torres Strait Islander (Figure 3.3). This was comparable to the proportion of NSP attendees who identified as Indigenous in 2016 (n=196, 14%, p=0.060).

Figure 3.3 National OOS (%) by Indigenous status in 2016 and 2017



Drugs injected

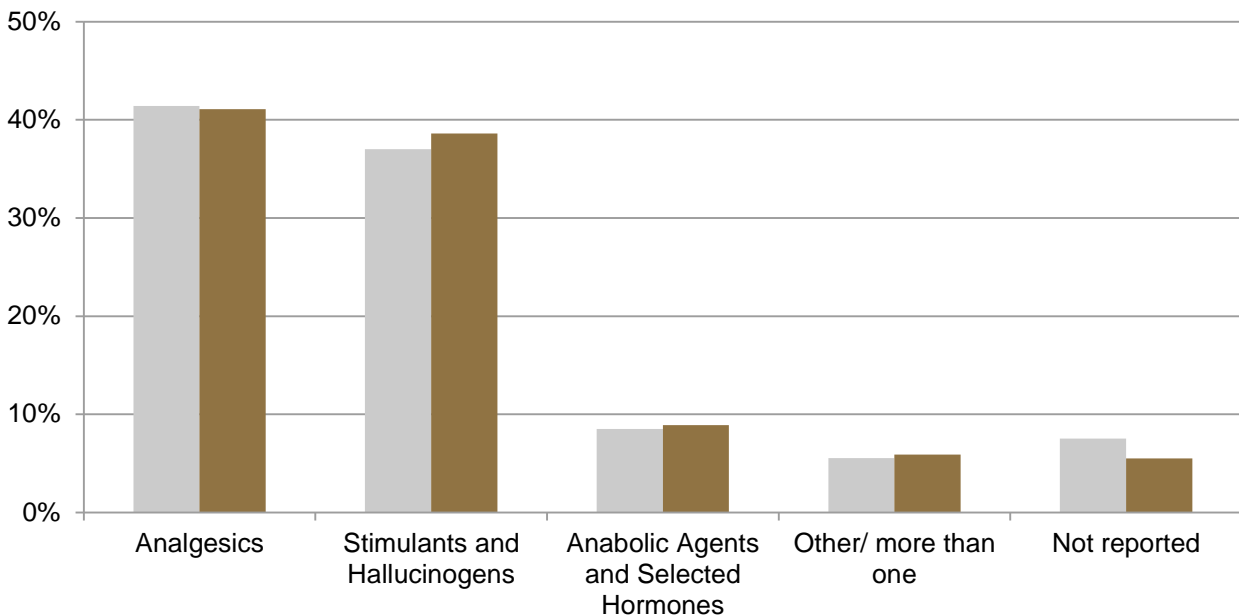
The NSP NMDC uses the ABS Drugs of Concern Classification¹⁴ Broad and Base level groups to report on the drug/s injected as defined in the NSP NMDC Data Dictionary⁶.

The NSP NMDC Data Dictionary⁶ 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 occasion of service (3 jurisdictions) or the drug last injected by the client on the most recent occasion of injection (4 jurisdictions). One jurisdiction does not

currently collect client-level OOS data on the type of substance injected.

Figure 3.4 illustrates the breakdown of drugs injected by NSP attendees on the nominated snapshot day according to ABS Drugs of Concern Broad groups in 2016 and 2017. In 2017, analgesics were the most common class of drugs injected nationally (n=821, 41%), followed by Stimulants and Hallucinogens (n=770, 36%) and Anabolic Agents and Selected Hormones (n=178, 9%). One hundred and seventeen OOS (6%) involved people who reported injecting more than one drug subtype.

Figure 3.4 National OOS drug injected (%) by ABS Drugs of Concern Broad Groups in 2016 and 2017

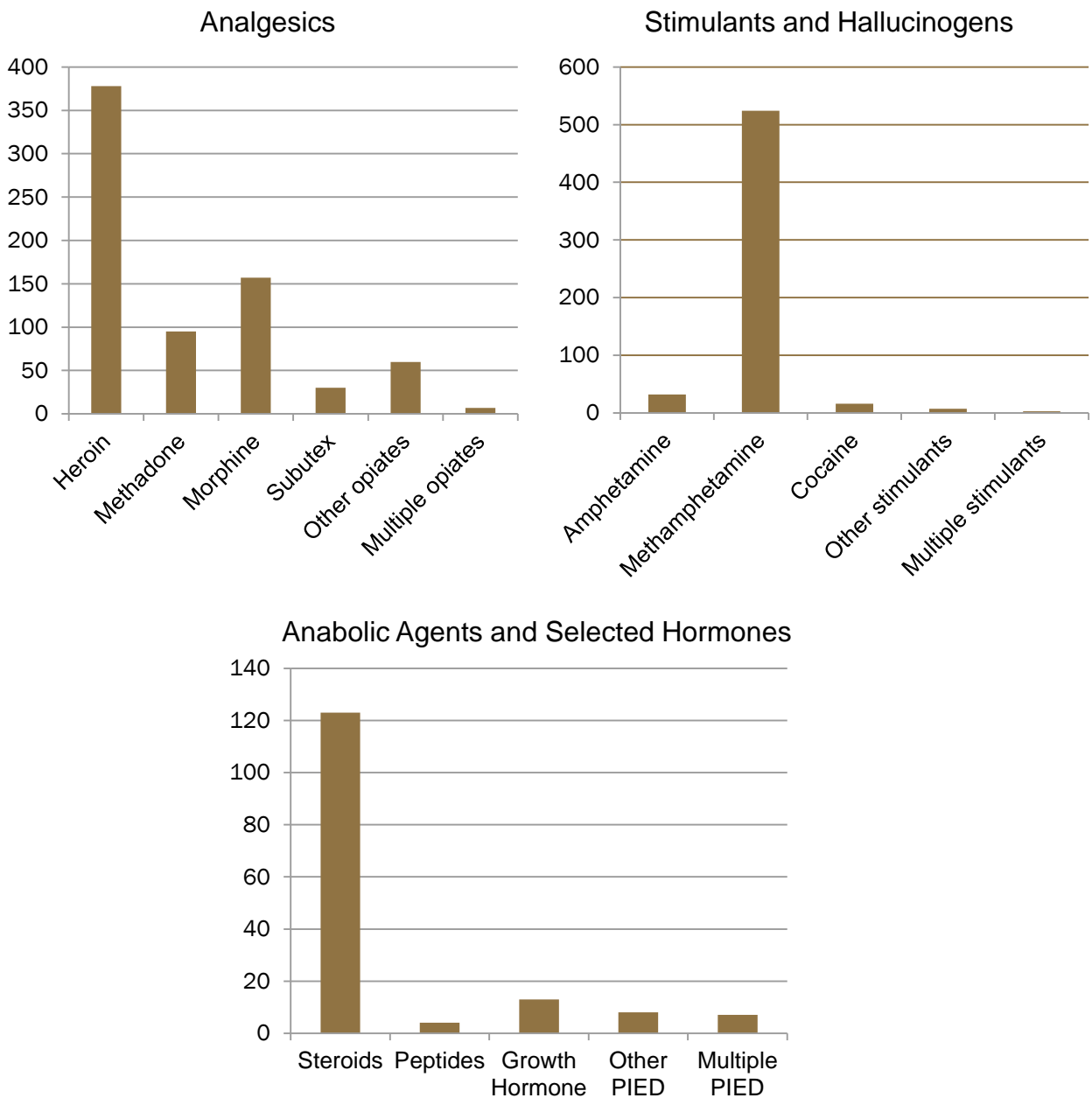


Note: One jurisdiction did not collect data on drug injected in 2016 or 2017

In the five jurisdictions where data on ABS Drugs of Concern at Base level units were available, heroin (n=381, 52%) was the most commonly reported ‘Analgesics’ drug injected, methamphetamine (n=524,

90%) the most reported ‘Stimulants and Hallucinogens’ drug injected and steroids (n=123, 79%) the most reported ‘Anabolic Agents and Selected Hormones’ drug injected (see Figure 3.5).

Figure 3.5 National OOS drug injected by ABS Drugs of Concern Broad groups and Base groups in 2017



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

Young people

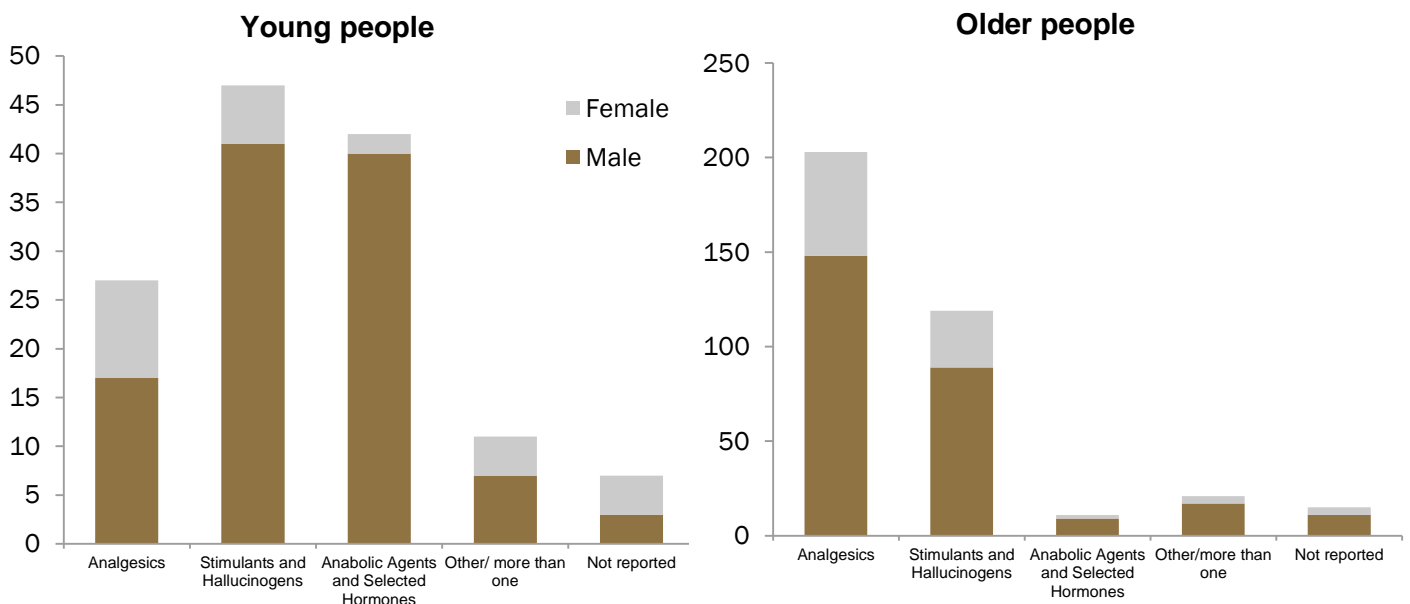
Among young people (aged less than 25 years) attending NSPs on the snapshot day and excluding the jurisdiction that did not collect data on drugs injected, 35% of OOS involving young people reported injecting Stimulants and Hallucinogens, 31% reported injecting Anabolic Agents and Selected Hormones and 20% reported injecting Analgesics. A minority of OOS involved young people (8%) who reported injecting other drugs or more than one drug and 5% did not report drug(s) injected.

As previously stated, the majority of OOS involving young people in 2017 involved young men (79%). Men comprised 63% of young people who injected Analgesics, 87% of those who injected Stimulants and Hallucinogens and 95% of those who injected Anabolic Agents and Selected Hormones (Figure 3.6).

Older people

NSP NMDC defines older people as those over the age of 50 years. Among OOS involving older people and excluding the jurisdiction that did not collect data on drugs injected, the majority (55%) of older people reported injecting Analgesics, 32% reported injecting Stimulants and Hallucinogens and 3% reported injecting Anabolic Agents and Selected Hormones. Four percent of older people did not report the drug injected and 6% reported injecting more than one drug. Men comprised the majority of OOS that involved older people in all ABS Drugs of Concern Broad Groups (Figure 3.6).

Figure 3.6 National OOS among young people (aged <25 years) and older people (aged ≥50 years) by gender and drug injected in 2017



Health education/interventions provided

The NSP NMDC Data Dictionary⁶ defines health education/intervention as “The type of intervention(s) provided, including provision of information, education or brief intervention that is provided to a client by NSP staff at an occasion of service”.

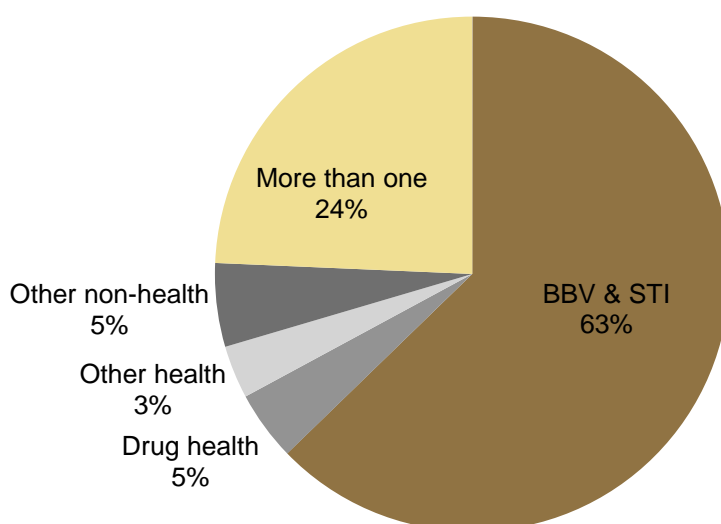
The guide for use states “The NSP NMDC uses a two-level hierarchical structure to record health education/intervention(s). There is some inconsistency in the way this data element is currently collected in jurisdictions and the hierarchical structure of this data element enables recoding of existing jurisdictional data into broad groups”.

Primary and some secondary NSP services have the capacity to provide a range of health education/interventions to PWID who attend their services. The minimum possible reporting for this data element in the NSP NDMC is the

provision of a NSP health education/intervention as a binary response: ‘Yes, health education/intervention provided’ or ‘No, health education/intervention not provided’.

Among NSP services that collected data on provision of health education/interventions, more than two fifths (43%) of NSP OOS included the provision of a health education/intervention. Where NSP services collected detailed data on the type of health education/intervention, data was recoded into four broad groups as defined in the NSP NMDC Data Dictionary: 1) BBV & STI, 2) Drug health, 3) Other health and 4) Other non-health. Two thirds (63%) of health education interventions provided at NSP services related to BBV and STI, including safer injection practices, prevention of transmission and vein care and one quarter (24%) involved more than one health education/intervention (Figure 3.7).

Figure 3.7 National NSP OOS (%) health education interventions in 2017



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 Dictionary⁶ defines referral as “The type of service or agency to which a client is referred during a NSP service contact.”

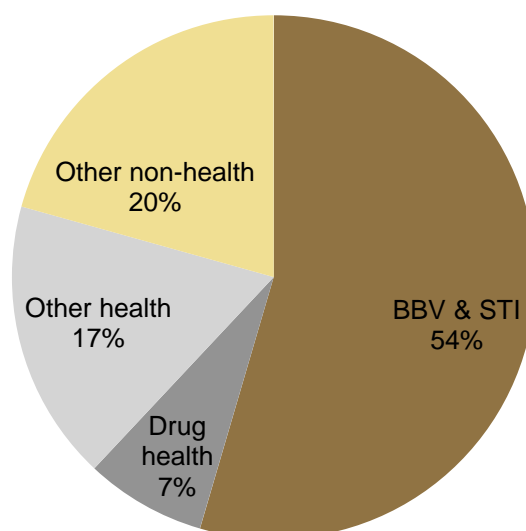
As with the health education/interventions section described previously, the NSP NMDC uses a two-level hierarchical structure to record referrals as there is some inconsistency in the way this data element is currently collected in jurisdictions and the hierarchical structure of this data element enables recoding of existing jurisdictional data into broad groups.

All jurisdictions collect this data element however not all secondary NSP services collect data on referral.

Where NSP services collect data on referral, the NSP NMDC project recoded these data into five broad groups used to describe referrals: 1) BBV & STI, 2) Drug health, 3) Other health, 4) Other non-health and 5) Peer based.

On the snapshot day in 2017, of the NSP services that record data on referral, seven percent (n=122) of NSP OOS involved a referral. More than half (n=66, 54%) of referrals were made to BBV & STI services, 17% (n=21) to other health services, 20% (n=25) to other non-health services and 7% (n=9) of referrals were made to drug health services (Figure 3.8). It should be noted that referral category 5) Peer based, was added to the NSP NDMC Data Dictionary in early 2017 and referrals, including within peer-based organisations, may not have been adequately captured in 2017.

Figure 3.8 National NSP OOS (%) referral destination in 2017

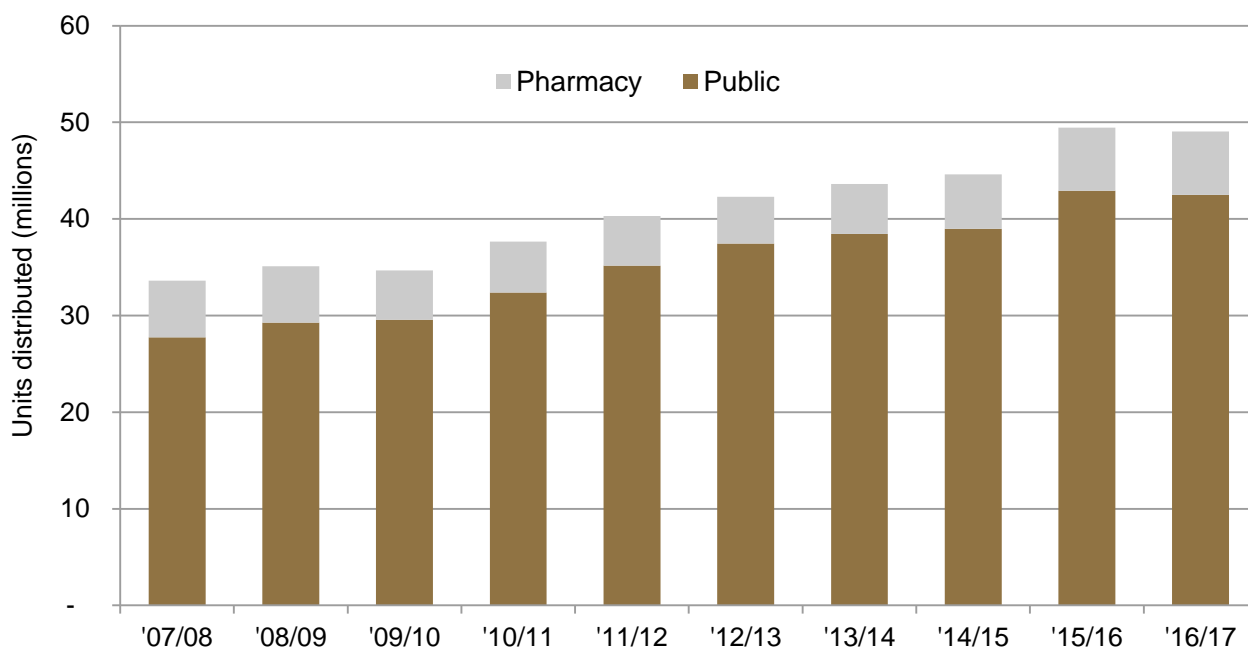


4. Needle and Syringe Distribution

The NSP NMDC used the NSP NMDC Data Dictionary⁶ 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. As GARPR requires a count of the total number of syringes distributed (excluding needles distributed without syringes), the Data Dictionary guide for use states "the total number of needles and syringes is obtained using the calculation: 'Combined needle and syringe' + 'syringe without needle'."

In the 2016/17 financial year, 49 million needles and syringes were distributed nationally in Australia (Figure 4.1). This represents a 22% increase over the five-year period 2012/13 to 2016/17 and a 47% increase over the ten-year period from 2007/08 to 2016/17. However, the number of needles and syringes distributed declined from 49.5 in 2015/16 to 49 million in 2016/17. The majority of needles and syringes were distributed through public sector NSPs in all years (range 83% to 89%). In 2016/17, 13% of needles and syringes were dispensed through the pharmacy NSP sector.

Figure 4.1 National needle and syringe distribution by public and pharmacy sector NSP, 2007/08-2016/17



Per capita needle and syringe distribution

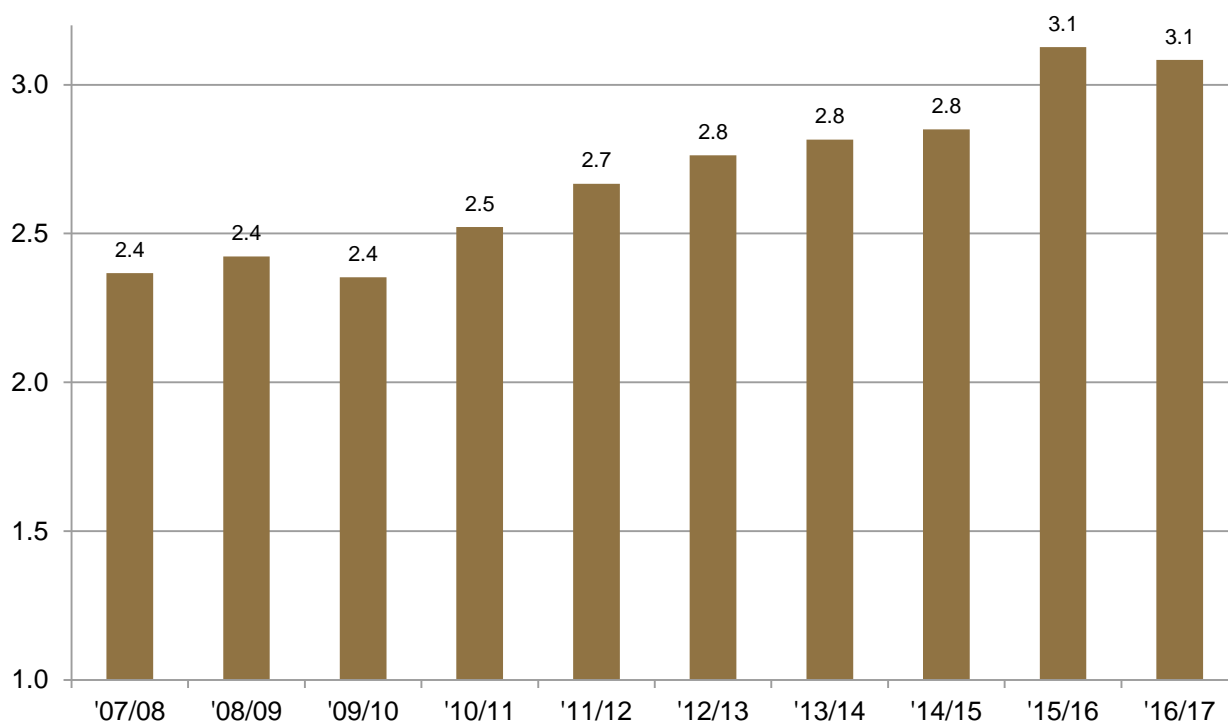
Per capita needle and syringe distribution is calculated by dividing the number of needles and syringes distributed by the Australian population aged 15-64 years. The denominator excludes children (aged less than 14 years) and older people (65 years and older) as injection drug use is less prevalent 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 29% over the ten-year period from 2007/08-2016/17 and 11% over the five-year period from 2012/13 to 2016/17 (Table 4.1 and Figure 4.2). As in 2016, 3.1 needles and syringes were distributed per person aged 15-64 years in 2017.

Table 4.1 National syringe distribution and per capita syringes distributed, 2007/08-2016/17

Year	Needle and syringe distribution (millions)			Per capita needles/syringes
	Public	Pharmacy	Total*	
2007/08	27.8	5.8	33.6	2.4
2008/09	29.3	5.8	35.1	2.4
2009/10	29.6	5.1	34.7	2.4
2010/11	32.4	5.3	37.6	2.5
2011/12	35.2	5.1	40.3	2.7
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	42.4	6.6	49.0	3.1

* Total may not add up due to rounding

Figure 4.2 Per capita needle and syringe distribution, 2007/08-2016/17

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

Syringe distribution per PWID

The UNAIDS GARPR framework⁷ includes 'Needles and syringes distributed per person injecting' as one of the key indicators for reporting on the Global AIDS Response. UNAIDS defines 'low' syringe coverage as <100 syringes per PWID per annum, 'medium' coverage as 100-200 syringes per PWID per annum and 'high' coverage as >200 syringes per PWID per annum¹⁵.

Annual estimates of the Australian PWID population size over the period 1970 to 2005 were published in 2007¹⁶. PWID were defined as people who had injected in the previous 12 months and included 'regular' PWID (defined as people who had injected for at least 12 months, an average of 10 times per month, with

injecting in most months) and 'occasional' PWID (defined as people who injected at least once in the last 12 months, but not frequently enough to be considered a regular PWID).

As in 2016⁵, the NSP NMDC used a range of updated data sources to estimate trends in the size of the 'regular' PWID population in Australian from 2006 to 2017 using the methodology developed by Razali et al¹⁶ (see Methodological Notes, Appendix A). Calendar year PWID population estimates were converted to financial year estimates by calculating the mean of the estimate in consecutive calendar years.

There were an estimated 77,732 'regular' PWID in Australia in 2016/17, with the

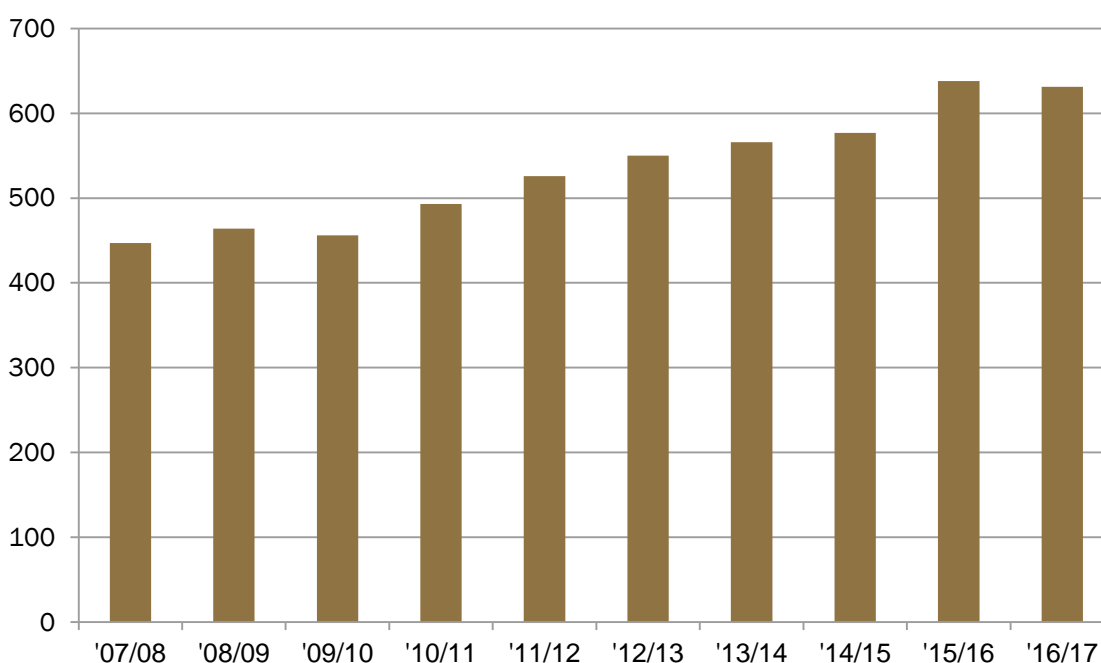
population relatively stable over the past decade (range 75,081 in 2007/08 to 77,732 in 2016/17, Table 4.2). The mean number of syringes per 'regular' PWID is calculated by dividing the number of syringes distributed by the estimated 'regular' PWID population in each

financial year. As shown in Figure 4.3, syringe coverage increased by 43% between 2007/08 and 2015/16. In 2016/17 an estimated 631 syringes were distributed per 'regular' PWID, the equivalent on 1.7 syringes per day.

Table 4.2 National syringe distribution per 'regular' PWID, 2007/08-2016/17

Year	Number of 'regular' PWID	Syringes distributed (millions)	Syringes per 'regular' PWID
2007/08	75,081	33.6	447
2008/09	75,583	35.1	464
2009/10	75,993	34.7	456
2010/11	76,340	37.6	493
2011/12	76,640	40.3	526
2012/13	76,905	42.3	550
2013/14	77,142	43.6	566
2014/15	77,357	44.6	577
2015/16	77,552	49.5	638
2016/17	77,732	49.0	631

Figure 4.3 National syringe coverage per 'regular' PWID, 2007/08-2016/17



Note: Syringes per 'regular' PWID does not account for syringes distributed to 'occasional' PWID.

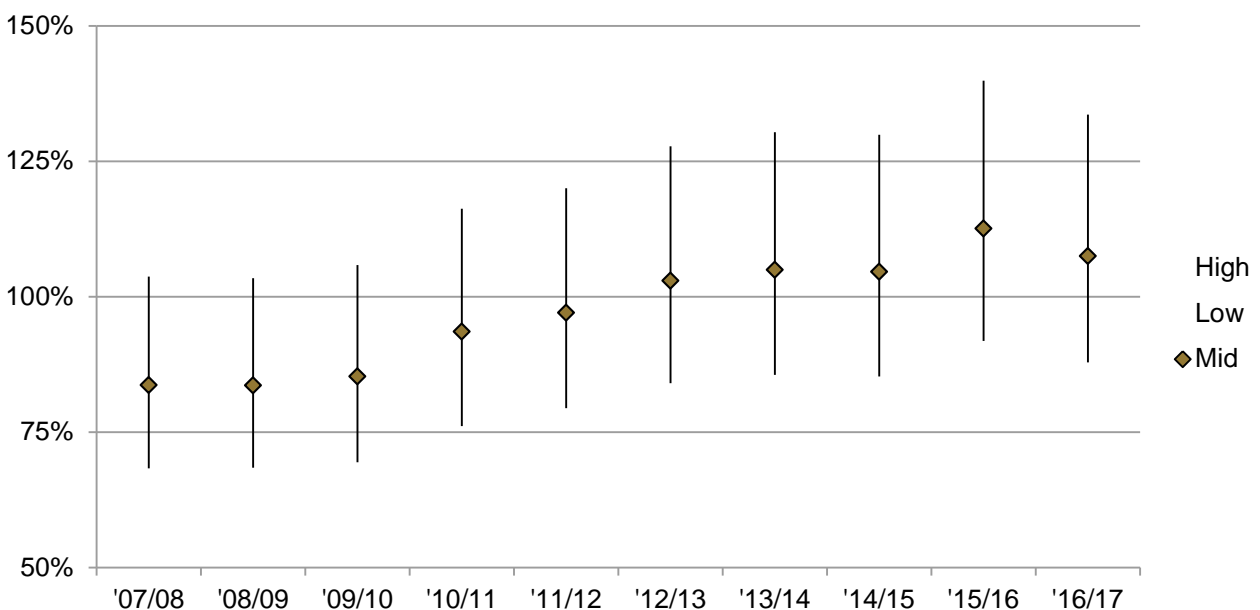
While calculating the mean number of syringes per PWID is a useful tool to monitor trends over time, it does not take into account frequency of injection at the individual level. In order to assess the extent to which demand for sterile syringes was met, additional analyses were conducted. We used data on frequency of injection from the Australian NSP Survey¹⁷ and the methodology from the *Return on Investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia report*⁸ to estimate the number of sterile syringes required to cover all injections among ‘regular’ PWID where one sterile syringe was used per injection.

The following assumptions were used: injection >3 times per day required a mean of 5 syringes per day (range 4-6 syringes), injection 2-3 times per day required a mean of 2.5 syringes per day

(range 2-3 syringes), injection once per day required one syringe per day, injection more than weekly but not daily required a mean of 3.5 syringes per week (range 2-6 syringes per week) and injection monthly but not weekly required a mean of 0.5 syringes per week (range 0.3-0.9 syringes per week).

Figure 4.4 shows the mid-point and lower/upper syringe coverage estimate over the period 2007/08 to 2016/17. Syringe coverage increased over time, with the mid-point estimate reaching 100% for the first time in 2012/13. It should be noted that syringe coverage of greater than 100% is required to allow for syringes utilised by non-regular PWID and syringes that are not used for an injection (for example drawing up needles/syringes or failed injection attempts). Among ‘regular’ PWID, syringe coverage was 107% in 2016/17.

Figure 4.4 Mid-point, upper and lower estimates of the proportion of injections covered by a sterile syringe among ‘regular’ PWID, 2007/08-2016/17



5. Future Directions

This is the second annual National Data Report for the NSP NMDC project. Following on from the 2016 report, this report investigated temporal trends over 10 years in the number and type of NSP services (Section 2) and needle and syringe distribution (Section 4). For the first time, this project presents service provision data over a two-year period (Section 3). The project has the capacity to liaise with the Australian Government Department of Health to report on NSMP and GARPR indicators, including converting data from financial to calendar years as required.

As discussed in Appendix A (Methodological Notes), data collected in jurisdictions is aligned or complete for all 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 these issues when NSP NMDC data elements were agreed in 2015, with a view to investigating opportunities to improve alignment and completion over time. The NSP NMDC Data Dictionary developed in early 2017 will continue to provide a framework for future improvements in national alignment of NSP NMDC data elements.

The NSP NMDC will also consider obtaining more detailed agency-level administrative data, for example the extent to which ancillary injecting equipment is provided through NSP services. In future reports, the NSP NMDC will also conduct additional analyses to assess the validity of client-level OOS data (demographic characteristics and drug use) collected on the snapshot day by comparing these results to the Australian NSP Survey and annual data collections in jurisdictions where data are electronically available.

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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 2017.
- 2) Demographic and drug use data for NSP attendees at public sector (primary and secondary) NSPs on a snapshot day in the last week of February in 2017.
- 3) Quarterly needle and 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 14.0.7184.5000, Microsoft Office Professional Plus 2010 (Microsoft Corporation, Redmond WA) and Stata/IC version 14.2 (StataCorp LP, College Station TX).

In 2017, geocoding of NSP outlet locations was conducted using data for street address, suburb, postcode and state to obtain latitude, longitude and SA1. Concordance tables from the ABS

and Australian Government Department of Health were used to determine RA, GCCSA, SA2, SA3, SA4 and Primary Health Network (PHN) based on the SA1 values.

Notes and limitations

The data presented in the second annual NSP NMDC are subject to limitations. Not all jurisdictions collected all data elements and not all data elements were nationally aligned in 2017.

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

The number of NSPs was counted as the total of primary + secondary + pharmacy + SDMs. If a primary or secondary NSP outlet 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 report⁸.

Age group categories were not aligned with ABS AGE10P or young people (aged <25 years) in two jurisdictions. 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 in 2016 and 2017.

Two jurisdictions did not collect data on the Indigenous status of NSP attendees and these jurisdictions were excluded from analysis for this data element. 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 drugs injected and this jurisdiction was excluded from analysis for this data element.

It should be noted that 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 for this jurisdiction.

Primary NSP services provide a range of health education interventions to a wide range of external agencies and to the general community (for example information sessions on sharps disposal). These interventions were not included as agreed minimum data elements by the project Reference Group and are beyond the scope of this report.

One jurisdiction was unable to provide data on needle and syringe distribution in 2016/17 and estimates were calculated

as a mean of needle and syringe distribution that occurred in the previous four years. Further, one jurisdiction provided data on the number of syringes distributed without needles. These inconsistencies would have minimal impact on the total number of needles and syringes distributed in 2017 or on temporal trends in syringe distribution.

PWID estimates

PWID population size estimates to 2005 were calculated by Razali et al (2007)¹⁶. The NSP NMDC project used the following data sources to estimate relative changes in the Australian population of 'regular' PWID between 2004/05 and 2015/16:

- 1) Lifetime and recent (last 12 months) injection of illicit drugs (Table A.1)
- 2) Illicit drug arrests for amphetamine-type stimulants, heroin/other opioids, cocaine and steroids (Table A.2)
- 3) ATS, heroin and steroid seizures (Table A.3)
- 4) Accidental deaths due to opioids (Table A.4)
- 5) Opioid-related hospital admissions/separations per million persons aged 15-54 years (Table A.5).

Given each of these five 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 and to estimate the Australian population of 'regular' PWID over the period 2006 to 2016. Log function was used to obtain a smooth fit of the data (Figure A.1).

Table A.1 National lifetime and recent (past 12 months) injection of illicit drugs (%) among people aged 14 years or older, 2001-2016

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

Source: National Drug Strategy Household Survey 2016.

Table A.2 National number of illicit drug arrests, 2005/06-2015/16

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'15/16
ATS	11,848	15,216	16,047	16,452	13,982	12,897	16,828	22,189	26,269	35,468	47,625
Heroin/opioids	2,249	2,164	2,279	2,693	2,767	2,551	2,714	2,463	2,771	3,227	2,975
Cocaine	396	699	669	848	1,244	839	995	1,282	1,466	2,092	2,592
Steroids	67	142	163	214	314	365	511	661	936	1,210	1,297

Source: Illicit Drug Data Report, Australian Crime Commission (2005/06-2015/16)

Table A.3 National number of illicit drug seizures, 2005/06-2015/16

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'15/16
ATS	9,987	13,243	13,097	13,300	10,543	11,212	15,191	21,056	26,805	32,768	39,014
Heroin	1,298	1,476	1,411	1,691	1,582	1,700	1,758	1,584	1,598	1,914	2,081
Steroid	58	91	104	113	134	205	208	331	357	529	509

Sources: Illicit Drug Data Report, Australian Crime Commission (2005/06-2015/16). Note: Includes only those seizures for which a drug weight was recorded.

Table A.4 National number of accidental deaths due to opioids among those aged 15-54 years, 2005-2013

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Accidental deaths due to opioids	374	381	360	500	563	613	617	564	597

Source: Roxburgh, A. and Burns, L. (2017). Accidental drug-induced deaths due to opioids in Australia, 2013. Sydney: National Drug and Alcohol Research Centre.

Table A.5 Number of principal opioid-related hospital admissions/separations per million persons aged 15-54 years, 2005/06-2014/15

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15
Admissions	444	437	441	463	413	416	416	433	459	475
Separations	390	445	450	446	473	460	438	439	466	475

Sources: Australian Drug Trends 2015. Findings from the Illicit Drug Reporting System (IDRS); Roxburgh, A. and Burns, L. (2017). Drug-related hospital stays in Australia, 1993-2015. Sydney: National Drug and Alcohol Research Centre.

Figure A.1: Relative changes in PWID indicators 2004/05-2015/16

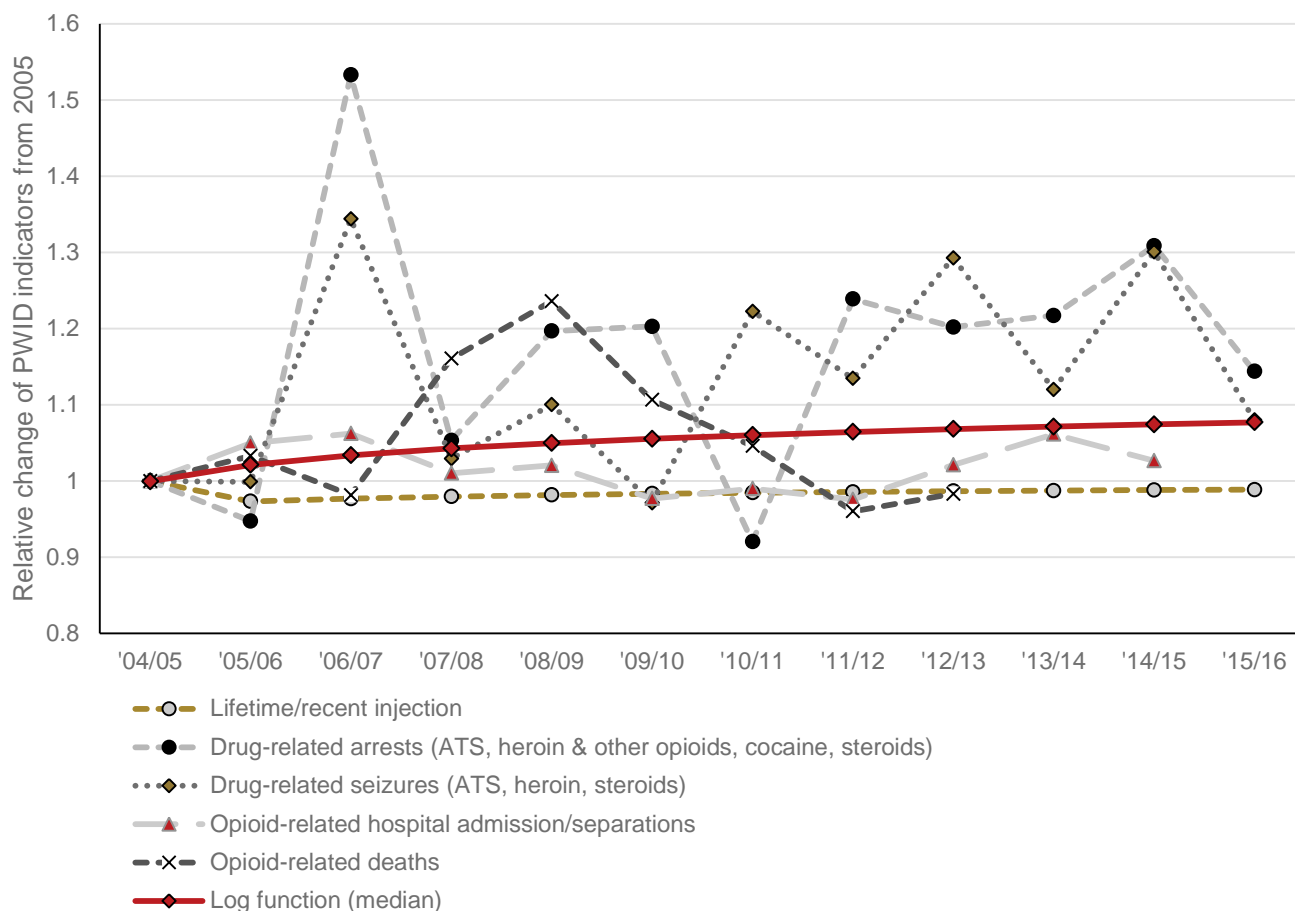
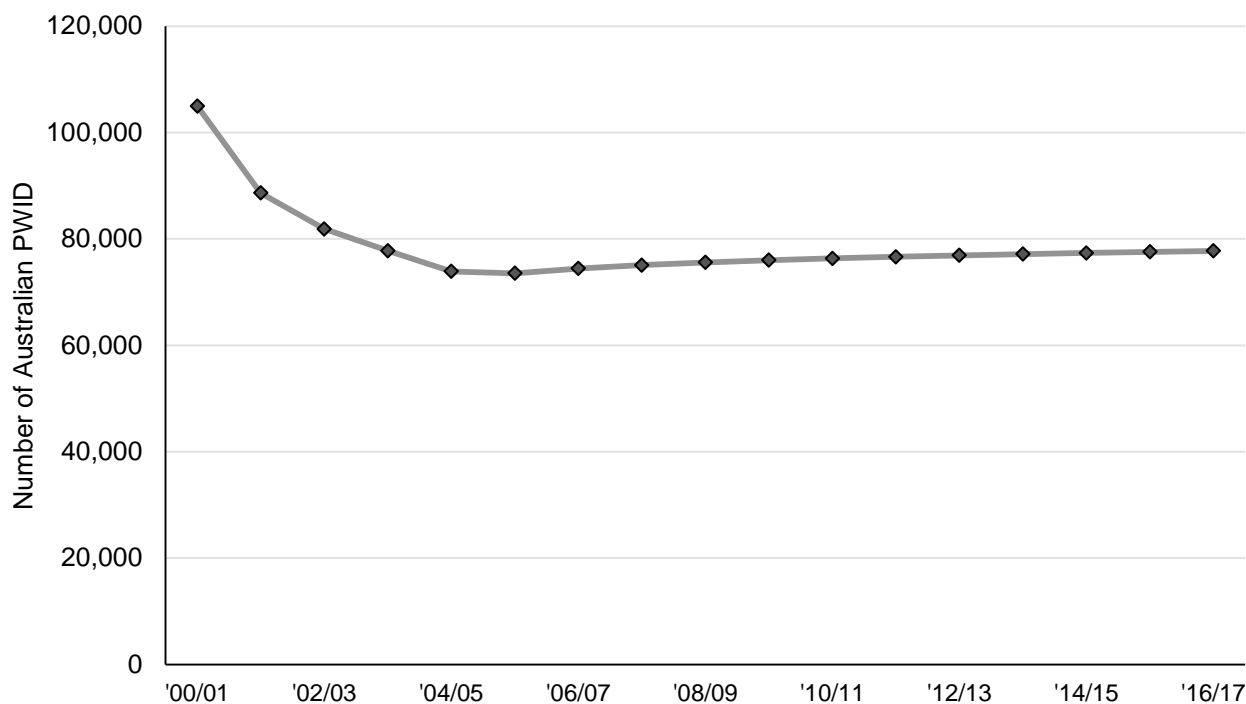


Figure A.2: Trends in estimated number of 'regular' PWID in Australia 2000/01-2016/17



Appendix B:

National and Jurisdictional Tables

B.1 National

Table B.1.1 Needle and syringe distribution by public and pharmacy sector, 2007/08–2016/17

National	Public	%	Pharmacy	%	Total
2007/08	27,755,877	83%	5,842,008	17%	33,597,885
2008/09	29,260,715	83%	5,845,429	17%	35,106,144
2009/10	29,572,199	85%	5,114,160	15%	34,686,359
2010/11	32,373,749	86%	5,275,136	14%	37,648,885
2011/12	35,179,620	87%	5,131,160	13%	40,310,780
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

Table B.1.2 NSP outlet type and method by public and pharmacy sector, 2016 and 2017

National NSP outlet type (%)	2016 n=3,509	2017 n=3,627	National NSP outlet method (%)	2016	2017
Primary	102 (3)	98 (3)	Public sector NSP [^]	n=1,188	n=1,202
Secondary	786 (22)	784 (22)	Fixed	867 (73)	859 (71)
SDM	300 (9)	323 (9)	Outreach/mobile	52 (5)	49 (4)
Pharmacy	2,321 (66)	2,422 (67)	SDM free	93 (8)	98 (8)
			SDM chute	74 (6)	74 (6)
			SDM cost	134 (11)	151 (13)
			Peer distribution	-- --	23 (2)
			Pharmacy sector (fixed)	2,321 (100)	2,422 (100)

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

-- Not collected

Table B.1.3 Occasion of service-level data, 2016 and 2017

National Client-level	2016 n=2625	2017 n=2797	National Service-level	2016 n=2625	2017 n=2797
Age (%)			Health education/intervention (%)^		
<20 years	30 (1)	18 (1)	Yes	1188 (45)	1077 (43)
20-29 years	414 (16)	429 (15)	No	1403 (53)	1439 (57)
30-39 years	779 (30)	936 (33)	Not reported	34 (1)	1 (<1)
40-49 years	890 (34)	880 (31)	Health education/intervention type (%)^		
50+ years	448 (17)	475 (17)	BBV & STI	-- --	645 (63)
Not reported	64 (2)	59 (2)	Drug health	-- --	45 (4)
Aged <25 (%)	190 (7)	174 (6)	Other health	-- --	34 (3)
Gender (%)			Other non-health	-- --	54 (5)
Male	1925 (73)	2081 (74)	More than one	-- --	250 (24)
Female	665 (25)	699 (25)	Not reported	-- --	0 (0)
Other	7 (<1)	2 (<1)	Referral (%)^		
Not reported	28 (1)	15 (<1)	Yes	142 (9)	122 (7)
Indigenous status (%)^			No	1483 (89)	1611 (87)
Yes (Aboriginal or TSI or both)	196 (12)	274 (15)	Not reported	34 (2)	128 (7)
No	1224 (74)	1417 (76)	Referral type (%)^		
Not reported	239 (14)	165 (9)	BBV & STI	43 (30)	66 (54)
Drug injected (%)^			Drug health	9 (6)	9 (7)
Analgesics	687 (41)	821 (41)	Other health	30 (21)	21 (17)
Stimulants and Hallucinogens	614 (37)	770 (36)	Other non-health	60 (42)	25 (20)
Anabolic agents	141 (9)	178 (9)	Peer based	0 (0)	1 (1)
Other	92 (6)	117 (6)			
Not reported	125 (8)	110 (6)			

^ Not collected in all jurisdictions. Health education/intervention type not collated in 2016

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 (~365,000 residents in 2017). 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. A more limited range of injecting equipment is available through 8 secondary NSPs and 32 pharmacy NSP outlets. There are 6 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 on a 6 monthly basis.

Table B.2.1 Needle and syringe distribution by public and pharmacy sector, 2007/08–2016/17

ACT	Public	%	Pharmacy	%	Total
2007/08	412,955	80%	103,800	20%	516,755
2008/09	482,746	82%	102,600	18%	585,346
2009/10	546,866	87%	81,800	13%	628,666
2010/11	540,051	87%	77,400	13%	617,451
2011/12	529,326	87%	81,200	13%	610,526
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

[^] 2016/17 public sector data includes combined 1ml + syringes as per NSPS NMDC Data Dictionary⁶, previous years were combined 1ml only

Table B.2.2 NSP outlet type and method by public and pharmacy sector, 2016 and 2017

ACT	2016	2017	ACT	2016	2017
NSP outlet type (%)	n=46	n=48	NSP outlet method (%)		
Primary	2 (4)	2 (4)	<i>Public sector NSP[^]</i>	n=16	n=16
Secondary	8 (17)	8 (17)	Fixed	10 (63)	10 (63)
SDM	6 (13)	6 (13)	Outreach/mobile	0 (0)	0 (0)
Pharmacy	30 (65)	32 (67)	SDM free	0 (0)	0 (0)
			SDM chute	0 (0)	0 (0)
			SDM cost	6 (17)	6 (17)
			Peer distribution	-- --	0 0
			<i>Pharmacy sector (fixed)</i>	30 (100)	32 (100)

[^] Public sector NSPs may have more than one NSP outlet method -- Not collected

Figure B.2.1 Total number of NSP outlets by SA3 in 2017

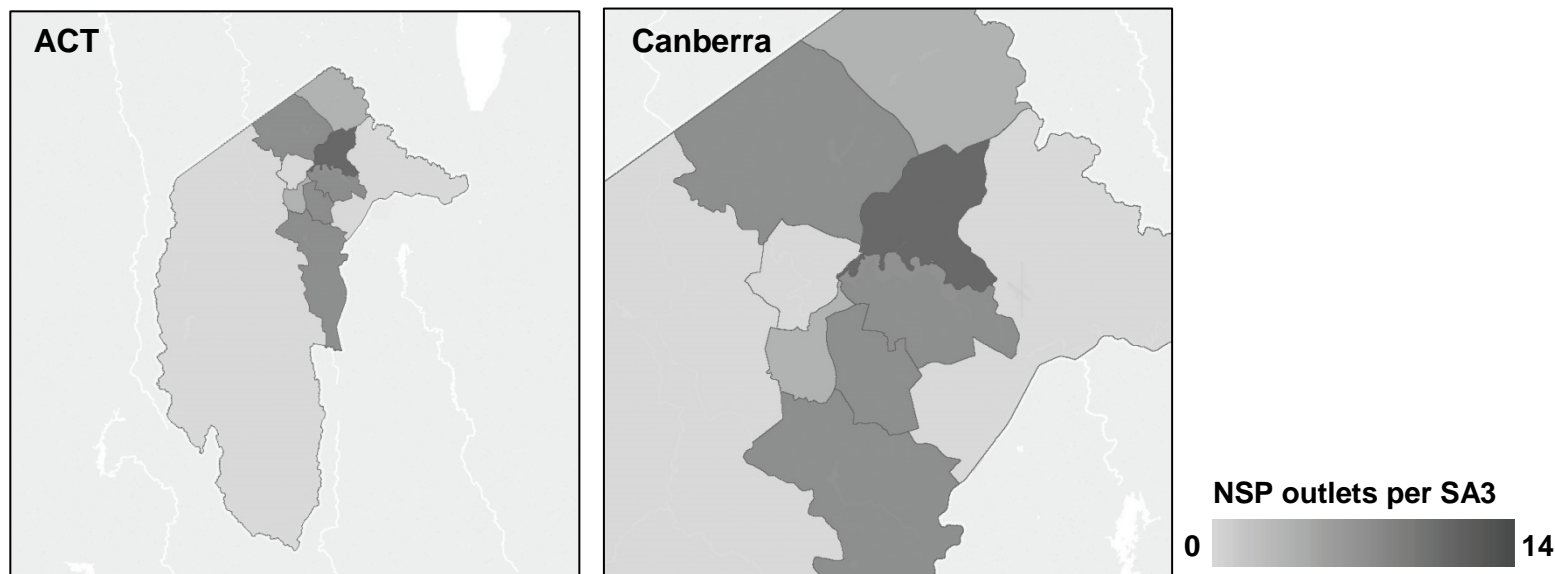


Table B.2.3 Occasion of service-level data, 2016 and 2017

ACT Client-level	2016 n=67	2017 n=106	ACT Service-level	2016 n=67	2017 n=106
Age (%)			Health education/intervention (%)		
<20 years	1 (1)	0 (0)	Yes	18 (27)	14 (26)
20-29 years	6 (9)	17 (16)	No	49 (73)	40 (74)
30-39 years	19 (28)	30 (28)	Not reported	0 (0)	0 (0)
40-49 years	26 (39)	39 (37)			
50+ years	15 (22)	19 (18)	Referral (%)		
Not reported	0 (0)	1 (1)	Yes	1 (1)	11 (20)
Aged <25	2 (3)	8 (8)	No	66 (99)	43 (80)
			Not reported	0 (0)	0 (0)
Gender (%)			Referral type (%)		
Male	54 (81)	73 (69)	BBV & STI	0 (0)	9 (82)
Female	13 (19)	33 (31)	Drug health	0 (0)	1 (9)
Other	0 (0)	0 (0)	Other health	1 (100)	0 (0)
Not reported	0 (0)	0 (0)	Other non-health	0 (0)	0 (0)
Indigenous status (%)			Peer based	0 (0)	1 (9)
Yes (Aboriginal or TSI or both)	5 (7)	6 (6)	Not reported	0 (0)	0 (0)
No	49 (73)	33 (31)			
Not reported	13 (19)	67 (63)			
Drug injected (%)					
Analgesics	28 (42)	21 (39)			
Stimulants and Hallucinogens	14 (21)	9 (17)			
Anabolic agents	6 (9)	2 (4)			
Other	1 (3)	1 (2)			
Not reported	16 (24)	21 (39)			

Note: Health education/intervention type not collected in the ACT

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 ~7.3 million people residing in NSW. The NSW Ministry of Health is responsible for the operation of the NSP via Local Health Districts and non-government organisations. There are 30 primary outlets, 287 secondary outlets, 571 pharmacy NSPs and 240 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. 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 Ministry of 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, 2007/08–2016/17

NSW	Public	%	Pharmacy	%	Total
2007/08	6,713,808	81%	1,576,078	19%	8,289,886
2008/09	7,233,830	80%	1,764,267	20%	8,998,097
2009/10	7,514,508	84%	1,454,312	16%	8,968,820
2010/11	8,400,515	84%	1,574,684	16%	9,975,199
2011/12	9,444,001	85%	1,607,376	15%	11,051,377
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

Table B.3.2 NSP outlet type and method by public and pharmacy sector, 2016 and 2017

NSW	2016	2017	NSW	2016	2017
NSP outlet type (%)	n=1,073	n=1,128*	NSP outlet method (%)		
Primary	30 (3)	30 (3)	<i>Public sector NSP[^]</i>	n=555	n=557
Secondary	286 (27)	287 (25)	Fixed	314 (61)	314 (61)
SDM	239 (22)	240 (21)	Outreach/mobile	6 (2)	6 (2)
Pharmacy	518 (48)	571 (51)	SDM free	87 (16)	87 (16)
			SDM chute	74 (12)	74 (12)
			SDM cost	79 (19)	79 (19)
			Peer distribution	-- --	-- --
			<i>Pharmacy sector (fixed)</i>	518 (100)	571 (100)

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

-- Not collected

* Estimate based on 2015/2016 data

Figure B.3.1 Total number of NSP outlets by SA3 in 2017



Table B.3.3 Occasion of service-level data, 2016 and 2017

NSW Client-level	2016 n=394	2017 n=599	NSW Service-level	2016 n=394	2017 n=599
Age (%)			Health education/intervention (%)		
<20 years	3 (1)	2 (<1)	Yes	276 (70)	327 (55)
20-29 years	63 (16)	83 (14)	No	118 (30)	272 (45)
30-39 years	130 (33)	180 (30)	Not reported	0 (0)	0 (0)
40-49 years	120 (30)	176 (29)	Health education/intervention type (%)		
50+ years	58 (15)	135 (23)	BBV & STI	-- --	282 (86)
Not reported	20 (5)	23 (4)	Drug health	-- --	20 (6)
Aged <25	28 (7)	32 (5)	Other health	-- --	3 (1)
Gender (%)			Other non-health	-- --	22 (7)
Male	274 (70)	424 (71)	Not reported	-- --	0 (0)
Female	104 (26)	168 (28)	Referral (%)		
Other	7 (2)	2 (<1)	Yes	55 (14)	66 (11)
Not reported	9 (2)	5 (<1)	No	339 (86)	533 (89)
Indigenous status (%)			Not reported	0 (0)	0 (0)
Yes (Aboriginal or TSI or both)	75 (19)	121 (20)	Referral type (%)		
No	315 (80)	454 (76)	BBV & STI	23 (42)	34 (52)
Not reported	4 (1)	24 (4)	Drug health	8 (15)	5 (8)
Drug injected (%)			Other health	12 (22)	11 (17)
Analgesics	177 (45)	309 (52)	Other non-health	12 (22)	16 (24)
Stimulants and Hallucinogens	119 (30)	176 (29)	Peer based	0 (0)	0 (0)
Anabolic agents	55 (14)	55 (9)	Not reported	0 (0)	0 (0)
Other	29 (7)	34 (6)			
Not reported	14 (4)	25 (4)			

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 ~230,000 residents in 2017. There are 3 primary outlets, 10 secondary outlets, 19 pharmacy NSPs and 3 SDMs. 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. Secondary and pharmacy-based outlets typically provide a limited range of sterile injecting equipment and disposal facilities. SDMs were introduced in 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 a SDM. 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, 2007/08–2016/17

NT	Public	%	Pharmacy	%	Total
2007/08	362,541	96%	16,315	4%	378,856
2008/09	398,967	96%	14,815	4%	413,782
2009/10	395,406	95%	19,350	5%	414,756
2010/11	362,633	90%	40,442	10%	403,075
2011/12	388,587	92%	35,163	8%	423,750
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

Table B.4.2 NSP outlet type and method by public and pharmacy sector, 2016 and 2017

NT NSP outlet type (%)	2016 n=28	2017 n=35	NT NSP outlet method (%)	2016 n=13	2017 n=16
Primary	3 (11)	3 (9)	<i>Public sector NSP[^]</i>		
Secondary	10 (36)	10 (29)	Fixed	13 (100)	13 (81)
SDM	0 (0)	3 (9)	Outreach/mobile	0 (0)	0 (0)
Pharmacy	15 (54)	19 (54)	SDM free	0 (0)	3 (19)
			SDM chute	0 (0)	0 (0)
			SDM cost	0 (0)	0 (0)
			Peer distribution	-- --	0 (0)
			<i>Pharmacy sector (fixed)</i>	15 (100)	19 (100)

[^] Public sector NSPs may have more than one NSP outlet method -- Not collected

Figure B.4.1 Total number of NSP outlets by SA3 in 2017



Table B.4.3 Occasion of service-level data, 2016 and 2017

NT	2016	2017	NT	2016	2017
Client-level	n=62	n=39	Service-level	n=62	n=39
Age (%)			Health education/intervention (%)		
<20 years	0 (0)	0 (0)	Yes	6 (10)	4 (10)
20-29 years	16 (26)	6 (15)	No	56 (90)	35 (90)
30-39 years	21 (34)	17 (44)	Not reported	0 (0)	0 (0)
40-49 years	16 (26)	8 (21)	Health education/intervention type (%)		
50+ years	8 (13)	8 (21)	BBV & STI	-- --	4 (100)
Not reported	1 (2)	0 (0)	Drug health	-- --	0 (0)
Aged <30	16 (26)	6 (15)	Other health	-- --	0 (0)
Gender (%)			Other non-health	-- --	0 (0)
Male	48 (77)	35 (90)	More than one	-- --	0 (0)
Female	13 (21)	4 (10)	Not reported	-- --	0 (0)
Other	0 (0)	0 (0)	Referral (%)		
Not reported	1 (2)	0 (0)	Yes	0 (0)	0 (0)
Indigenous status (%)			No	62 (100)	39 (100)
Yes (Aboriginal or TSI or both)	18 (29)	6 (15)	Not reported	0 (0)	0 (0)
No	42 (68)	33 (85)	Referral type (%)		
Not reported	2 (3)	0 (0)	BBV & STI	0 (0)	0 (0)
Drug injected (%)			Drug health	0 (0)	0 (0)
Analgesics	16 (26)	14 (36)	Other health	0 (0)	0 (0)
Stimulants and Hallucinogens	24 (39)	14 (36)	Other non-health	0 (0)	0 (0)
Anabolic agents	3 (5)	7 (18)	Peer based	0 (0)	0 (0)
Other	1 (2)	0 (0)	Not reported	0 (0)	0 (0)
Not reported	18 (29)	4 (10)			

Note: Health education/intervention type not collated in 2016

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 ~4.6 million residents in 2017. Queensland NSP (QNSP) supports a network of 18 primary NSPs, 133 secondary NSPs, 734 pharmacy NSPs and 48 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. The Queensland NSP Minimum Data Set (QMDS) 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 most secondary NSPs throughout Queensland. Line item OOS data are provided to Queensland Health on a monthly basis and QMDS includes all NSP NMDC data elements.

Table B.5.1 Needle and syringe distribution by public and pharmacy sector, 2007/08–2016/17

QLD	Public	%	Pharmacy	%	Total
2007/08	5,569,405	79%	1,500,000	21%	7,069,405
2008/09	5,938,485	81%	1,383,328	19%	7,321,813
2009/10	6,165,260	84%	1,135,286	16%	7,300,546
2010/11	7,384,060	89%	943,434	11%	8,327,494
2011/12	7,923,815	92%	718,365	8%	8,642,180
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

Table B.5.2 NSP outlet type and method by public and pharmacy sector, 2016 and 2017

QLD	2016	2017	QLD	2016	2017
NSP outlet type (%)	n=880	n=933	NSP outlet method (%)		
Primary	19 (2)	18 (2)	<i>Public sector NSP[^]</i>	<i>n=183</i>	<i>n=199</i>
Secondary	133 (15)	133 (14)	Fixed	152 (83)	151 (76)
SDM	31 (4)	48 (5)	Outreach/mobile	0 (0)	0 (0)
Pharmacy	697 (79)	734 (79)	SDM free	0 (0)	0 (0)
			SDM chute	0 (0)	0 (0)
			SDM cost	31 (17)	48 (24)
			Peer distribution	-- --	6 (3)
			<i>Pharmacy sector (fixed)</i>	697 (100)	734 (100)

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

Figure B.5.1 Total number of NSP outlets by SA3 in 2017



Table B.5.3 Occasion of service-level data, 2016 and 2017

QLD	2016	2017	QLD	2016	2017
Client-level	n=689	n=800	Service-level	n=689	n=800
Age (%)			Health education/intervention (%)		
<20 years	7 (1)	7 (1)	Yes	267 (39)	304 (43)
20-29 years	116 (17)	140 (18)	No	422 (61)	402 (57)
30-39 years	249 (36)	278 (35)	Not reported	0 (0)	0 (0)
40-49 years	204 (30)	240 (30)			
50+ years	106 (15)	131 (16)	Health education/intervention type (%)		
Not reported	7 (1)	4 (1)	BBV & STI	-- --	213 (70)
Aged <25	52 (8)	66 (8)	Drug health	-- --	10 (3)
			Other health	-- --	13 (4)
Gender (%)			Other non-health	-- --	28 (9)
Male	514 (75)	596 (75)	More than one	-- --	40 (13)
Female	175 (25)	204 (25)	Not reported	-- --	0 (0)
Other	0 (0)	0 (0)			
Not reported	0 (0)	0 (0)	Referral (%)		
			Yes	21 (3)	18 (2)
Indigenous status (%)			No	668 (97)	658 (82)
Yes (Aboriginal or TSI or both)	65 (9)	88 (11)	Not reported	0 (0)	124 (16)
No	584 (85)	654 (82)			
Not reported	40 (6)	58 (7)	Referral type (%)		
			BBV & STI	15 (71)	5 (28)
Drug injected (%)			Drug health	0 (0)	3 (17)
Analgesics	325 (47)	328 (41)	Other health	5 (24)	8 (44)
Stimulants and Hallucinogens	244 (35)	311 (39)	Other non-health	1 (5)	2 (11)
Anabolic agents	55 (8)	91 (11)	Peer based	0 (0)	0 (0)
Other	34 (5)	49 (6)	Not reported	0 (0)	0 (0)
Not reported	31 (5)	21 (3)			

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 ~1.6 million residents in 2017. 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. Services are provided at a range of sites in metropolitan and regional South Australia with 4 primary outlets, 81 secondary outlets, 196 pharmacy NSPs and 8 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, 2007/08–2016/17

SA	Public	%	Pharmacy	%	Total
2007/08	2,763,030	91%	270,000	9%	3,033,030
2008/09	2,900,390	92%	240,000	8%	3,140,390
2009/10	2,461,263	92%	220,000	8%	2,681,263
2010/11	2,779,168	93%	200,000	7%	2,979,168
2011/12	3,152,280	94%	211,752	6%	3,364,032
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

Table B.6.2 NSP outlet type and method by public and pharmacy sector, 2016 and 2017

SA	2016	2017	SA	2016	2017
NSP outlet type (%)	n=313	n=289	NSP outlet method (%)		
Primary	4 (1)	4 (1)	<i>Public sector NSP[^]</i>	n=93	n=93
Secondary	81 (26)	81 (28)	Fixed	85 (91)	85 (91)
SDM	8 (3)	8 (3)	Outreach/mobile	3 (3)	3 (3)
Pharmacy	220 (70)	196 (68)	SDM free	0 (0)	0 (0)
			SDM chute	0 (0)	0 (0)
			SDM cost	8 (9)	8 (9)
			Peer distribution	-- --	10 (11)
			<i>Pharmacy sector (fixed)</i>	220 (100)	196 (100)

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

Figure B.6.1 Total number of NSP outlets by SA3 in 2017



Table B.6.3 Occasion of service-level data, 2016 and 2017

SA Client-level	2016 n=213	2017 n=279	SA Service-level	2016 n=62	2017 n=39
Age (%)			Health education/intervention (%)		
<20 years	2 (1)	1 <1	Yes	29 (14)	34 (20)
20-29 years	34 (16)	42 (15)	No	150 (70)	140 (80)
30-39 years	62 (29)	81 (29)	Not reported	34 (16)	0 (0)
40-49 years	77 (36)	108 (39)			
50+ years	33 (15)	44 (16)	Referral (%)		
Not reported	5 (2)	3 (1)	Yes	14 (7)	26 (15)
Aged <25	21 (10)	18 (6)	No	165 (77)	147 (85)
			Not reported	34 (16)	0 (0)
Gender (%)			Referral type (%)		
Male	155 (73)	211 (76)	BBV & STI	5 (36)	17 (65)
Female	57 (27)	67 (24)	Drug health	1 (7)	0 (0)
Other	0 (0)	0 (0)	Other health	5 (36)	2 (8)
Not reported	1 <1	1 <1	Other non-health	3 (21)	7 (27)
Indigenous status (%)			Peer based	0 (0)	0 (0)
Yes (Aboriginal or TSI or both)	17 (8)	31 (17)	Not reported	0 (0)	0 (0)
No	75 (35)	141 (76)			
Not reported	121 (57)	14 (8)			
Drug injected (%)					
Analgesics	56 (26)	70 (25)			
Stimulants and Hallucinogens	98 (46)	148 (53)			
Anabolic agents	11 (5)	16 (6)			
Other	15 (7)	17 (6)			
Not reported	33 (15)	28 (10)			

Note: 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 0.5 million in 2017. 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. There are 6 primary outlets, 19 secondary outlets, 95 pharmacy NSPs and 3 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. Tasmania does not collect data on Indigenous status of NSP attendees.

Table B.7.1 Needle and syringe distribution by public and pharmacy sector, 2007/08–2016/17

TAS	Public	%	Pharmacy	%	Total
2007/08	691,668	100%	-	0%	691,668
2008/09	655,277	100%	-	0%	655,277
2009/10	613,280	100%	-	0%	613,280
2010/11	644,620	100%	-	0%	644,620
2011/12	875,950	100%	-	0%	875,950
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

- data not available

Table B.7.2 NSP outlet type and method by public and pharmacy sector, 2016 and 2017

TAS	2016	2017	TAS	2016	2017
NSP outlet type (%)	n=118	n=123	NSP outlet method (%)		
Primary	7 (6)	6 (5)	<i>Public sector NSP[^]</i>	n=28	n=28
Secondary	18 (15)	19 (15)	Fixed	25 (90)	25 (90)
SDM	3 (3)	3 (2)	Outreach/mobile	0 (0)	0 (0)
Pharmacy	90 (76)	95 (77)	SDM free	0 (0)	0 (0)
			SDM chute	0 (0)	0 (0)
			SDM cost	3 (10)	3 (10)
			Peer distribution	-- --	0 (0)
			<i>Pharmacy sector (fixed)</i>	90 (100)	95 (100)

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

Figure B.7.1 Total number of NSP outlets by SA3 in 2017

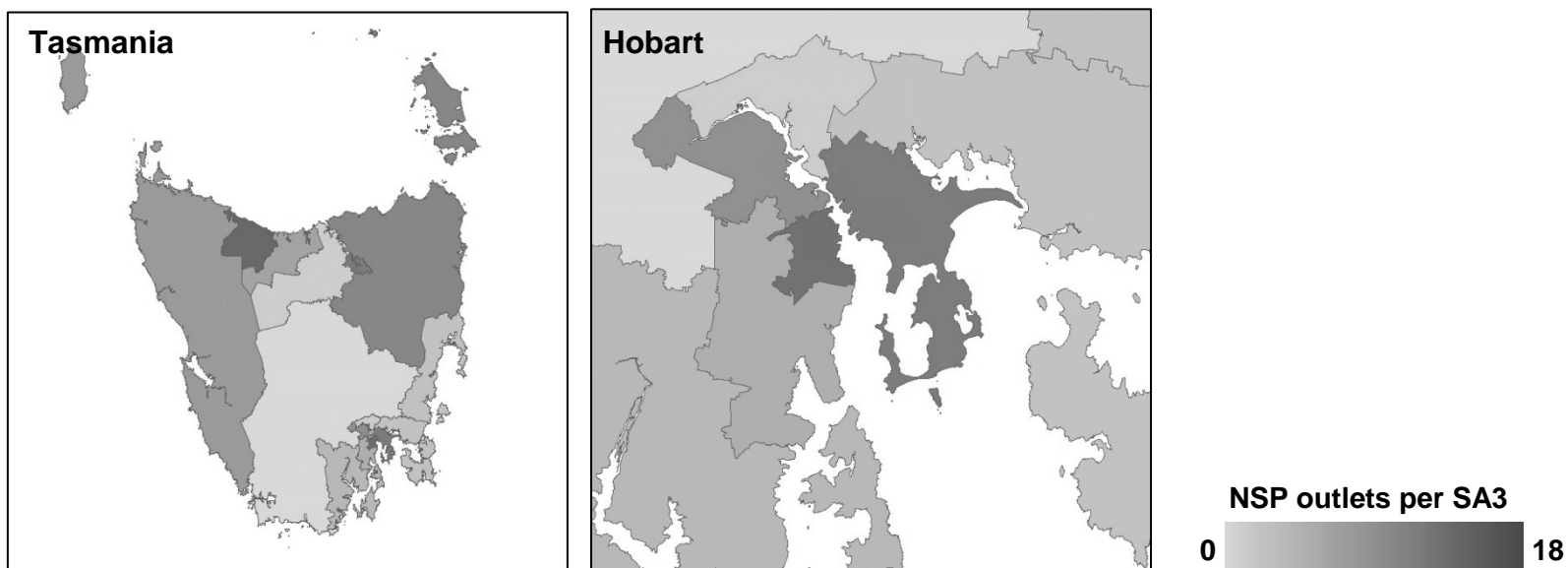


Table B.7.3 Occasion of service-level data, 2016 and 2017

TAS Client-level	2016 n=55	2017 n=99	TAS Service-level	2016 n=55	2017 n=99
Age (%)			Health education/intervention (%)		
<18 years	2 (4)	3 (3)	Yes	14 (25)	5 (7)
18-24 years	1 (2)	1 (1)	No	41 (75)	65 (93)
25-29 years	5 (9)	12 (12)	Not reported	0 (0)	0 (0)
30-34 years	10 (18)	16 (16)	Health education/intervention type (%)		
35-39 years	16 (29)	22 (22)	BBV & STI	-- --	2 (40)
40-44 years	11 (20)	16 (16)	Drug health	-- --	2 (40)
45+ years	10 (18)	25 (25)	Other health	-- --	1 (20)
Not reported	0 (0)	4 (4)	Other non-health	-- --	0 (0)
Aged <25	3 (5)	4 (4)	More than one	-- --	0 (0)
Gender (%)			Not reported	-- --	0 (0)
Male	39 (71)	78 (79)	Referral (%)		
Female	16 (29)	21 (21)	Yes	0 (0)	0 (0)
Other	0 (0)	0 (0)	No	55 (100)	70 (100)
Not reported	0 (0)	0 (0)	Not reported	0 (0)	0 (0)
Drug injected (%)			Referral type (%)		
Analgesics	27 (49)	42 (42)	BBV & STI	0 (0)	0 (0)
Stimulants and Hallucinogens	23 (42)	47 (47)	Drug health	0 (0)	0 (0)
Anabolic agents	1 (2)	0 (0)	Other health	0 (0)	0 (0)
Other	3 (5)	3 (3)	Other non-health	0 (0)	0 (0)
Not reported	1 (2)	7 (7)	Peer based	0 (0)	0 (0)
			Not reported	0 (0)	0 (0)

Note: Indigenous status not collected in Tasmania. Age groups collected in Tasmania are not aligned to AGE10P. Health education/intervention type not collated in 2016.

B.8 Victoria

Description of NSP services in Victoria

Victoria is the second most populous state and territory in Australia, with ~5.6 million residents in 2017. 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 16 primary outlets, 144 secondary outlets, 233 pharmacies and 7 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. 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 and Human Services 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, 2007/08–2016/17

VIC	Public	%	Pharmacy	%	Total
2007/08	8,591,400	90%	941,126	10%	9,532,526
2008/09	8,799,500	90%	981,155	10%	9,780,655
2009/10	8,977,950	89%	1,166,345	11%	10,144,295
2010/11	9,255,350	88%	1,267,212	12%	10,522,562
2011/12	9,683,500	89%	1,206,475	11%	10,889,975
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

Table B.8.2 NSP outlet type and method by public and pharmacy sector, 2016 and 2017

VIC	2016	2017	VIC	2016	2017
NSP outlet type (%)	n=393	n=400	NSP outlet method (%)		
Primary	17 (4)	16 (4)	<i>Public sector NSP[^]</i>	<i>n=170</i>	<i>n=167</i>
Secondary	148 (38)	144 (36)	Fixed	159 (94)	156 (93)
SDM	5 (1)	7 (2)	Outreach/mobile	30 (18)	29 (17)
Pharmacy	223 (57)	233 (58)	SDM free	5 (3)	7 (4)
			SDM chute	0 (0)	0 (0)
			SDM cost	0 (0)	0 (0)
			Peer distribution	-- --	-- --
			<i>Pharmacy sector (fixed)</i>	223 (100)	233 (100)

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

Figure B.8.1 Total number of NSP outlets by SA3 in 2017

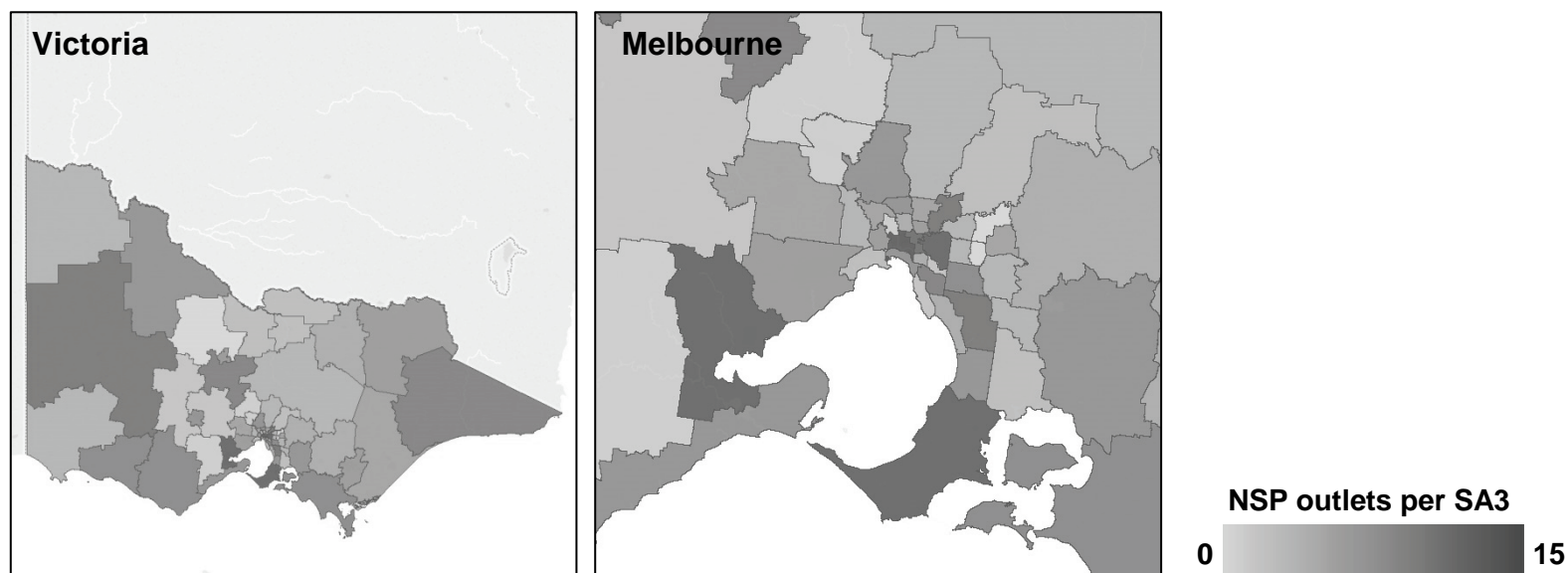


Table B.8.3 Occasion of service-level data, 2016 and 2017

VIC Client-level	2016 n=966	2017 n=749	VIC Service-level	2016 n=966	2017 n=749
Age (%)			Health education/intervention (%)		
<18 years	5 (1)	0 (0)	Yes	517 (54)	344 (46)
18-20 years	10 (1)	5 (1)	No	449 (46)	402 (54)
21-25 years	47 (5)	28 (4)	Not reported	0 (0)	0 (0)
26-30 years	104 (11)	78 (10)			
31-35 years	229 (24)	156 (21)			
36-45 years	362 (37)	334 (45)	Health education/intervention type (%)		
46+ years	178 (18)	124 (17)	BBV & STI	-- --	125 (36)
Not reported	31 (3)	24 (3)	Drug health	-- --	8 (2)
Aged <26	62 (6)	33 (4)	Other health	-- --	15 (4)
			Other non-health	-- --	0 (0)
Gender (%)			More than one	-- --	196 (57)
Male	715 (74)	580 (77)	Not reported	-- --	0 (0)
Female	234 (24)	160 (21)			
Other	0 (0)	0 (0)			
Not reported	17 (2)	9 (1)			

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. Health education/intervention type not collated in 2016.

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 ~2.3 million residents in 2017. 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 items. 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, public health units, community health centres, community drug services and other health services. Pharmacy based NSPs are operated on a commercial basis, while most SDMs operate on a cost-recovery basis with packs available for \$3 (1 SDM has no cost). In Western Australia there are 19 primary outlets, 102 secondary outlets, 542 pharmacies and 8 SDMs. 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, 2007/08–2016/17

WA	Public	%	Pharmacy	%	Total
2007/08	2,651,070	65%	1,434,689	35%	4,085,759
2008/09	2,851,520	68%	1,359,264	32%	4,210,784
2009/10	2,897,666	74%	1,037,067	26%	3,934,733
2010/11	3,007,352	72%	1,171,964	28%	4,179,316
2011/12	3,182,161	71%	1,270,829	29%	4,452,990
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

Table B.9.2 NSP outlet type and method by public and pharmacy sector, 2016 and 2017

WA	2016	2017	WA	2016	2017
NSP outlet type (%)	n=658	n=671	NSP outlet method (%)		
Primary	20 (3)	19 (3)	<i>Public sector NSP[^]</i>	<i>n=130</i>	<i>n=129</i>
Secondary	102 (6)	102 (15)	Fixed	109 (84)	108 (84)
SDM	8 (1)	8 (1)	Outreach/mobile	13 (10)	13 (10)
Pharmacy	528 (80)	542 (81)	SDM free	1 (1)	1 (1)
			SDM chute	0 (0)	0 (0)
			SDM cost	7 (5)	7 (5)
			Peer distribution	-- --	7 (5)
			<i>Pharmacy sector (fixed)</i>	528 (100)	542 (100)

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

Figure B.9.1 Total number of NSP outlets by SA3 in 2017

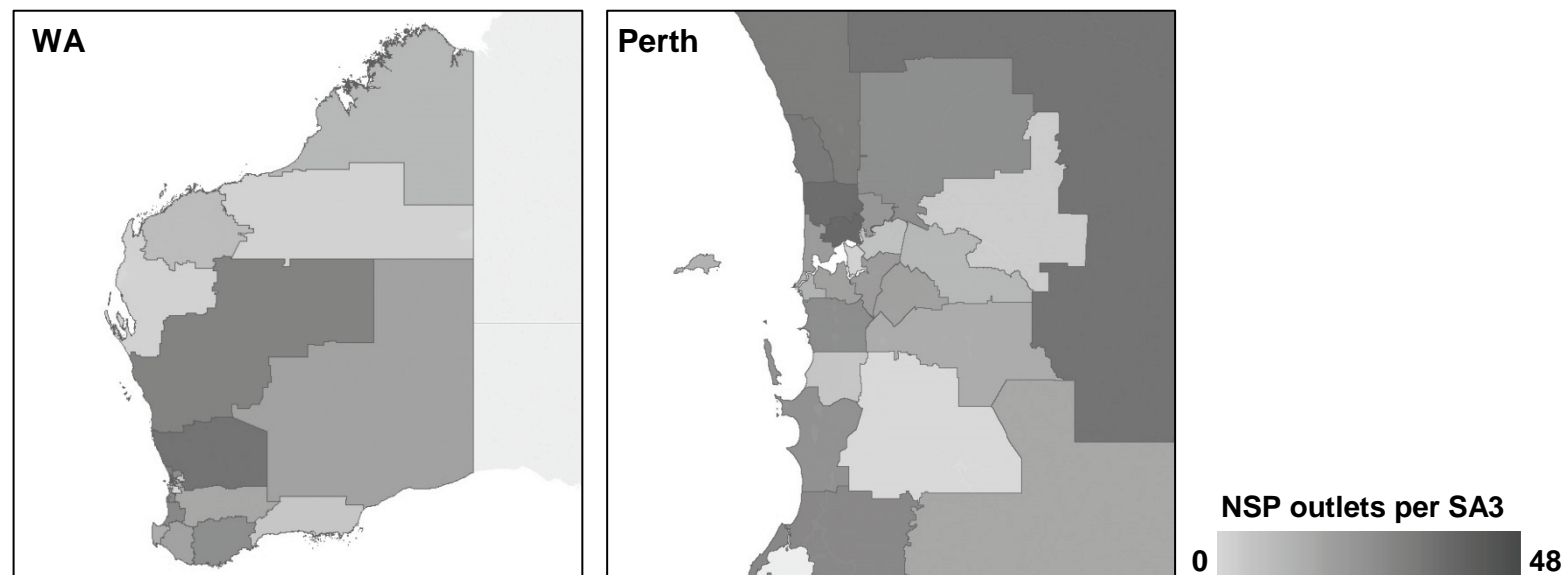


Table B.9.3 Occasion of service-level data, 2016 and 2017

WA Client-level	2016 n=179	2017 n=126	WA Service-level	2016 n=179	2017 n=126
Age (%)			Health education/intervention (%)		
<20 years	0 (0)	0 (0)	Yes	61 (34)	45 (36)
20-29 years	22 (12)	22 (17)	No	118 (66)	80 (63)
30-39 years	43 (24)	32 (25)	Not reported	0 (0)	1 (1)
40-49 years	74 (41)	46 (37)			
50+ years	40 (22)	26 (21)	Health education/intervention type (%)		
Not reported	0 (0)	0 (0)	BBV & STI	-- --	19 (43)
Aged <25	6 (3)	7 (6)	Drug health	-- --	5 (11)
			Other health	-- --	2 (5)
Gender (%)			Other non-health	-- --	4 (9)
Male	126 (70)	84 (67)	More than one	-- --	14 (32)
Female	53 (30)	42 (33)	Not reported	-- --	0 (0)
Other	0 (0)	0 (0)			
Not reported	0 (0)	0 (0)	Referral (%)		
			Yes	51 (28)	1 (1)
Indigenous status (%)			No	128 (72)	121 (96)
Yes (Aboriginal or TSI or both)	16 (9)	22 (17)	Not reported	0 (0)	4 (3)
No	159 (89)	102 (81)			
Not reported	4 (2)	2 (2)	Referral type (%)		
			BBV & STI	0 (0)	1 (100)
Drug injected (%)			Drug health	0 (0)	0 (0)
Analgesics	58 (32)	37 (29)	Other health	7 (14)	0 (0)
Stimulants and Hallucinogens	92 (51)	65 (52)	Other non-health	44 (86)	0 (0)
Anabolic agents	10 (6)	7 (6)	Peer based	0 (0)	0 (0)
Other	7 (4)	13 (10)	Not reported	0 (0)	0 (0)
Not reported	12 (7)	4 (3)			

Note: Health education/intervention type not collated in 2016