Needle Syringe Program

National Minimum Data Collection

2024 National Data Report

UNSW Kirby Institute

UNSW SYDNEY

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NATIONAL DATA REPORT 2024

Prepared by
Ms Sue Heard, Dr Bradley Mathers, Dr Jisoo Amy Kwon, Professor Lisa Maher
Kirby Institute, UNSW Sydney
November 2024

ISSN 2652-9270

This publication is available at: http://www.kirby.unsw.edu.au

Kirby Institute
UNSW Sydney
Sydney NSW 2052
Australia

Telephone: 02 9385 0900 Facsimile: 02 6100 2860 International prefix: 612 Email: info@kirby.unsw.edu.au

Suggested citation: Heard S, Mathers B, Kwon JA and Maher L. Needle Syringe Program National Minimum Data Collection: National Data Report 2024. Sydney: Kirby Institute, UNSW Sydney; 2024.

The Needle Syringe Program National Minimum Data Collection project is funded by the Australian Government Department of Health and Aged Care. Kirby Institute, Faculty of Medicine, UNSW Sydney.

Acknowledgements

We would like to acknowledge the many people who have assisted with the development and implementation of the NSP NMDC project.

The project received support and input from the following members of the NSP NMDC Reference Group in 2024: Philip Hull (ACT); Kate Jennings (NSW); Susannah O'Brien (NT); Carla Gorton (QLD); Kate Kelly (SA); Myf Briggs (TAS); Kris Drew and Rob Biviano (VIC); Jude Bevan (WA); Ele Morrison (Australian Injecting and Illicit Drug Users League); Sione Crawford (Harm Reduction Victoria) and Mary Harrod (NSW Users and AIDS Association).

We also appreciate the valuable assistance provided by Steve Farrugia (ACT), Benet Brogan (QLD), Michelle Rutter (SA), Rob Knight (VIC), Hollie Chester (WA), and NSP attendees and staff and managers at NSP services.

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

The Needle Syringe Program National Minimum Data Collection (NSP NMDC) is funded by the Australian Government Department of Health and Aged Care.

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 4,708 NSPs in operation nationally in 2024.

At the end of June 2024, Australia's combined network of jurisdictional NSP services comprised 112 primary, 918 secondary and 3,220 pharmacy NSPs. These face-to-face services were supplemented by 458 syringe dispensing machines (SDMs).

Over the past five years (2020 to 2024) the number of primary, secondary and pharmacy NSPs increased by around 10%, and the number of SDMs increased 24% from 377 in 2020 to 458 in 2024.

Service provision

Based on data collected in February 2024, an estimated 2,084 occasions of service were provided each day at primary and secondary NSPs.

Data on occasions of service (OOS) were collected in late February 2024. The estimated number of OOS at primary and secondary NSPs declined between 2020 and 2021, due to the impacts of the COVID-19 pandemic,[1,2] but then plateaued between 2021 to 2024. Overall, there was a 16% decline in the estimated annual OOS observed over the last five years, from 665,000 in 2020 to 560,000 in 2024. However, the increase in overall/total distribution (see below) suggests that NSPs may be continuing to provide larger quantities of equipment per OOS.

One-third of public sector NSP OOS involved provision of health education/interventions and 10% of OOS involved a referral within or to an external agency in 2024.

Three in five (60%) attendees at public sector NSP services on the 2024 snapshot day were aged between 30 and 49 years of age. Young people (aged less than 25 years) comprised 5% and older people (aged 50 years or above) comprised 26% of NSP attendees. Almost three in four (72%) NSP attendees were male. Excluding OOS where Indigenous status was not reported, 23% of NSP attendees identified as Aboriginal and/or Torres Strait Islander.

Stimulants and hallucinogens (48%, predominantly methamphetamine) were the most commonly reported last drugs injected on the snapshot day in 2024, followed by analgesics (29%, predominantly heroin) and anabolic agents and selected hormones (12%, predominantly anabolic steroids). Stimulants and hallucinogens were the most commonly reported drugs last injected among both older people (51%), and young people (40%).

Needle and syringe distribution

In 2023/24, 54.6 million needles and syringes were distributed in Australia.

There was an 8% increase in needle and syringe distribution in 2023/24 compared to the previous twelve-month period (July 2022 to June 2023) but a 5% decrease over the five-year period 2019/20 to 2023/24. There was a 22% increase in needle and syringe distribution observed over the ten-year period from 2014/15 to 2023/24. Similarly, syringe distribution per capita among the Australian general population aged 15-64 years increased by 5% from 2022/2023 but declined by 9% over the five-year period 2019/20 to 2023/24. There was an 11% increase in per capita needle and syringe distribution over the past decade (from 2.8 syringes in 2014/15 to 3.2 syringes in 2023/24).

In 2023/24, 54.6 million syringes were distributed to an estimated population of 72,984 people who regularly inject drugs in Australia, the equivalent of 749 syringes per PWID 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 estimated injections administered by people who regularly inject drugs that were covered by a sterile syringe, was 121% in 2023/24.

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 ninth annual NSP NMDC report provides a national summary of data elements in the NSP NMDC Data Dictionary and a descriptive overview and summary data of NSP services in each jurisdiction.[8]

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 2022) 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).

NSP NMDC reports are also used for service monitoring and planning at national and jurisdictional levels which benefits both the community of people who inject drugs (PWID) and the broader 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 2023v5 provides the following definitions for NSP outlet type.[8]

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 2024, there were 4,708 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=3,220, 69%) and in all jurisdictions (Figure 2.2). Of the 1,488 public sector outlets operating nationally in 2024, 918 were secondary NSPs, 458 were SDMs

and 112 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 2024

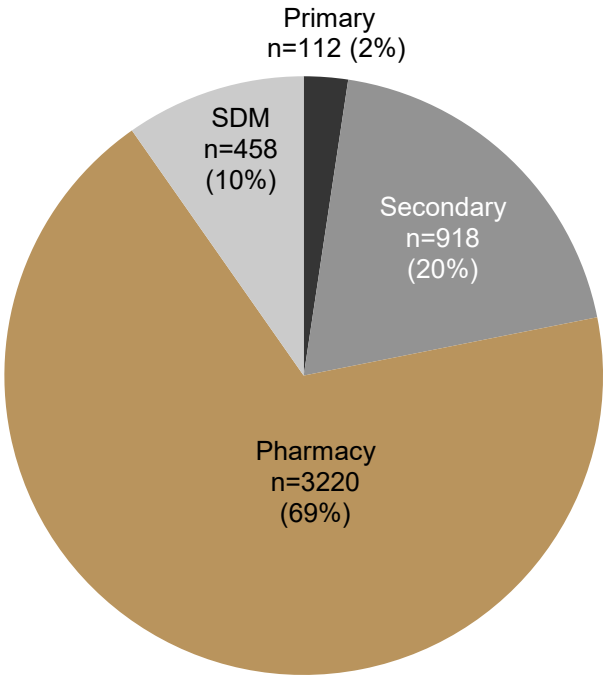
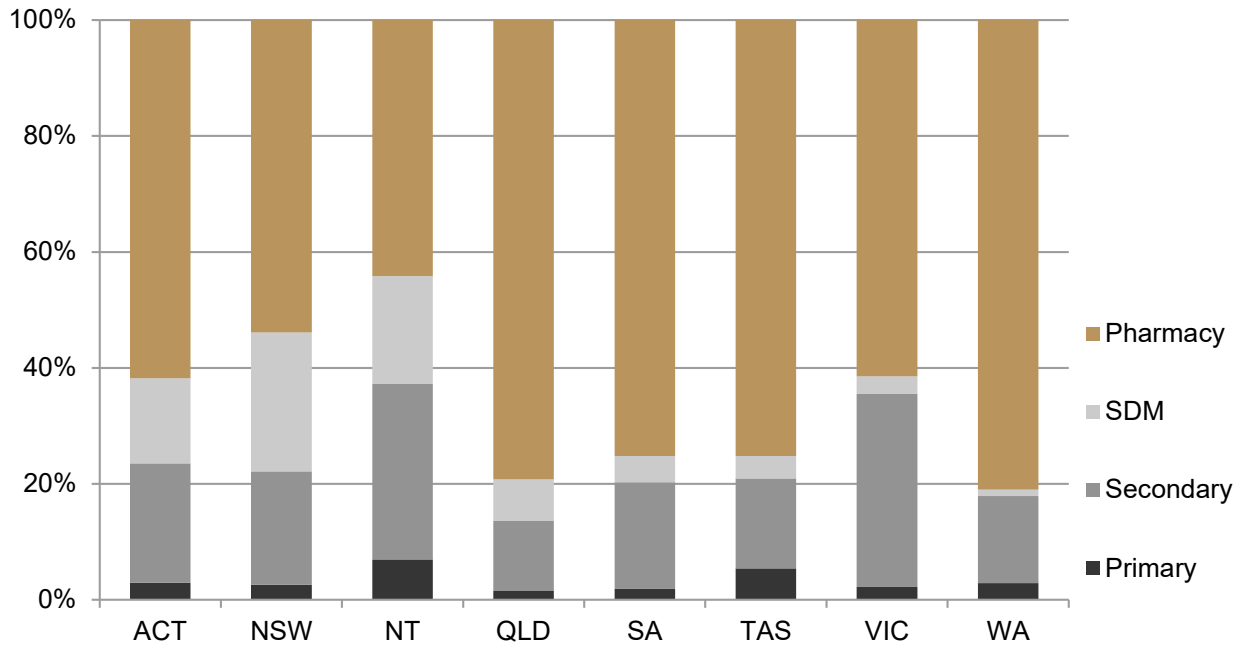


Figure 2.2 Jurisdictional NSP services (%) by outlet type in 2024



Primary and secondary NSPs predominantly operate as fixed site services, although 12 primary and 10 secondary NSPs operated as outreach services without a fixed site in 2024. A substantial proportion (n=68, 61%) of primary NSPs operate multiple modes of service delivery, including a combination of fixed site, mobile, outreach, postal, peer distribution and/or SDM services.

SDMs ensure after-hours access to sterile needles and syringes. All jurisdictions operated SDMs in 2024, with 458 SDMs in use nationally, including approximately 245 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. Almost three-quarters of Australian SDMs (72%) dispensed needles and syringes at no cost to the consumer in 2024. Among the remaining SDMs, the majority (98%) required a consumer payment of between AUD $2 and $4.

There was a 63% increase in the total number of NSP outlets over the 16-year period 2008-2024 (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 2024, including a 32% increase in the number of primary NSPs (from 85 in 2008 to 112 in 2024), a 23% increase in the number of secondary outlets (from 745 in 2008 to 918 in 2024), and a 66% increase in the number of pharmacy NSPs (from 1,934 in 2008 to 3,220 in 2024). Notably the number of SDMs operating in Australia has almost quadrupled, from 118 in 2008 to 458 in 2024 with all jurisdictions providing SDMs since 2018.

Since the inaugural NSP NMDC report in 2016[7], there has been a 34% increase in the total number of NSPs operating in Australia, from 3,509 in 2016 to 4,708 in 2024. The number of primary (102 in 2016 to 112 in 2024) and secondary NSPs (786 in 2016 to 918 in 2024) remained relatively stable over the past nine years. However, there were notable increases in the number of pharmacy NSPs (39% increase from 2,321 in 2016 to 3,220 in 2024) and SDMs (53% increase from 300 in 2016 to 458 in 2024).

Table 2.1 Number of NSP services nationally by type, 2008 and 2016-2024

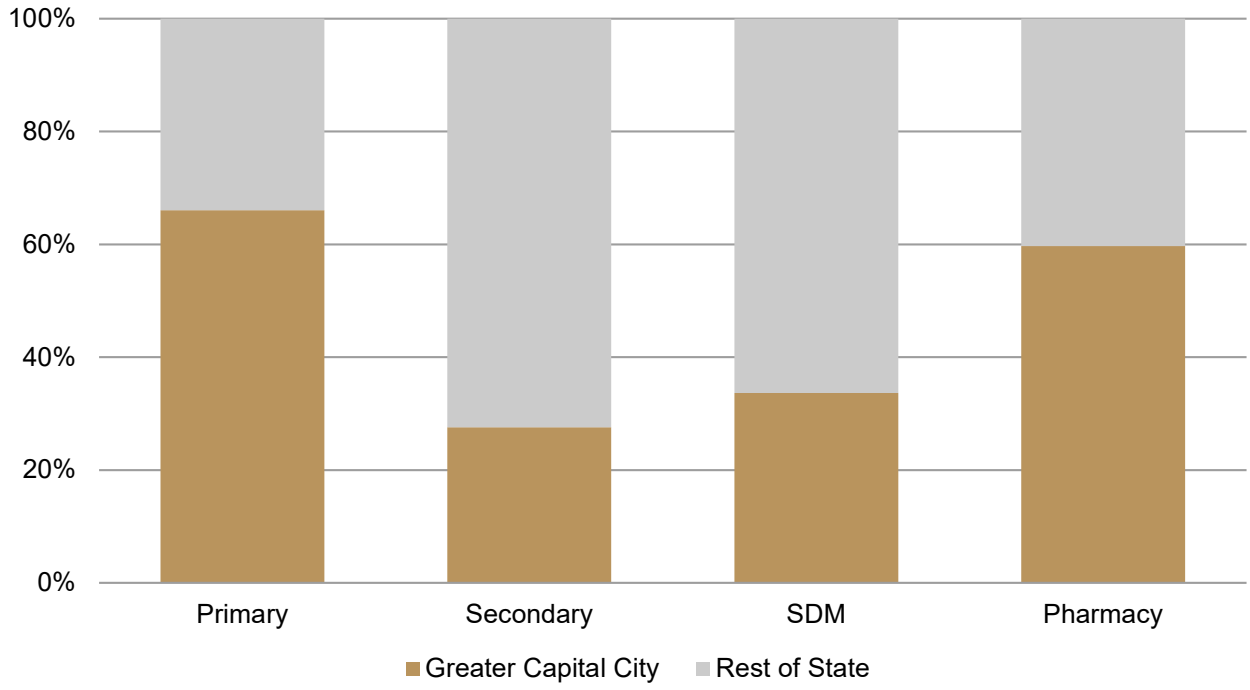
	2008[10]	2016	2017	2018	2019	2020	2021	2022	2023	2024
Primary NSP	85	102	98	101	98	104	106	109	109	112
Secondary NSP	745	786	784	774	908	811	800	833	833	918
SDM	118	300	323	344	340	377	399	414	433	458
Pharmacy	1,934	2,321	2,422	2,458	2,836	2,867	2,913	3,032	3,067	3,220
Total	2,882	3,509	3,627	3,677	4,182	4,159	4,218	4,388	4,442	4,708

Geographic coverage

The ABS ASGS Greater Capital City Statistical Areas (GCCSA) are designed to represent a socio-economic definition of each of the eight state and territory capital cities.[11] 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 NSPs (n=74, 66%) and pharmacy NSPs (n=1,923, 60%) outlets are located within greater capital city boundaries, whereas the majority of secondary NSP outlets (n=665, 72%) and SDMs (n=304, 66%) are located in the rest of each state (Figure 2.3).

Figure 2.3 NSP outlet type (%) by greater capital city statistical area nationally in 2024



The Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS) provides a geographical standard for the publication of statistics by relative remoteness.[12] The Australian Remoteness Areas categories, from least to most remote, are Major Cities, Inner Regional, Outer Regional, Remote, Very Remote, Migratory/Offshore/Shipping.

As shown in Figure 2.4, the mix of NSP outlet types varied according to geographic region by remoteness area. In 2024, approximately two thirds (n=2,059, 64%) of Australia's 3,220 pharmacy NSPs were located in major cities with pharmacies comprising the majority (81%) of NSP outlets in this ASGS area. Pharmacy NSPs were also the most common NSP outlet type in inner regional (n=712, 62%) and outer regional (n=405, 52%) areas, however significantly fewer pharmacy NSPs were located in remote (n=35, 27%) and very remote (n=9, 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=67, 52%) and very remote (n=57, 68%) areas. The proportion of SDMs also increased with remoteness area, with two thirds (n=299, 65%) of Australia's 458 SDMs located outside major cities.

The ASGS Statistical Area 3 (SA3) provides a regional breakdown of Australia with 340 SA3s nationally (excluding non-spatial SA3 special purpose codes).[12] The majority (97%) of SA3 locations in Australia have at least one NSP outlet. Figures 2.5 and 2.6 provide visual representations of the geographic coverage of primary, secondary, pharmacy and SDM NSP outlets by SA3 in Australia in 2024.

Figure 2.4 NSP outlet type (%) by remoteness area nationally in 2024

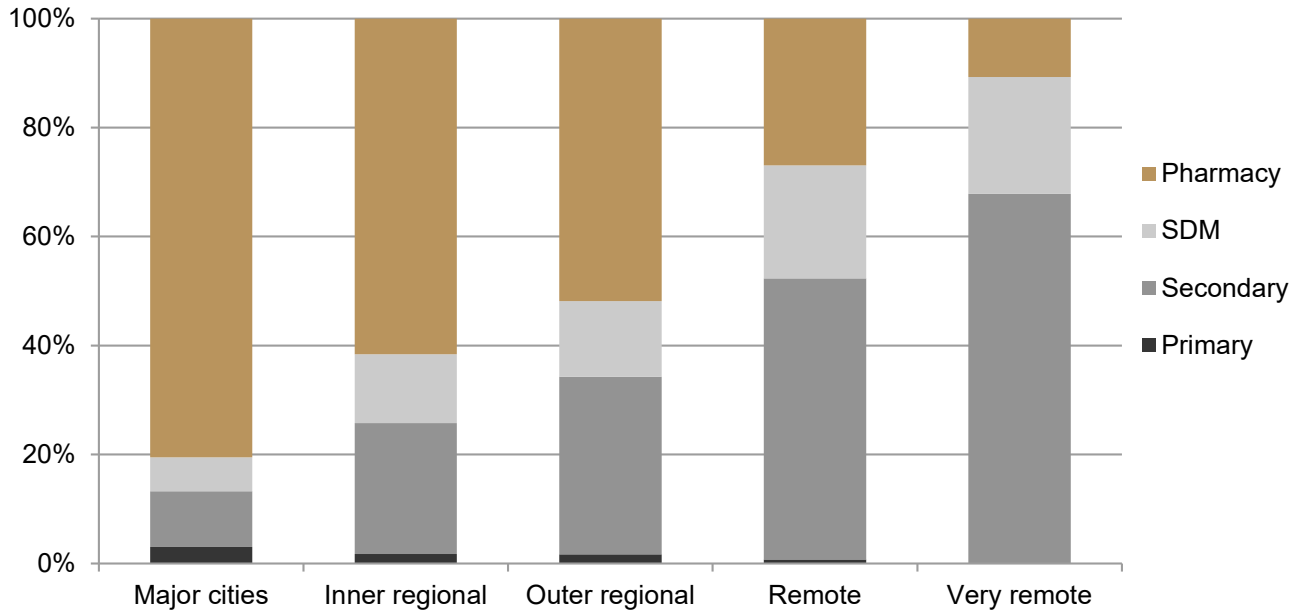


Figure 2.5 Number of NSPs by outlet type and SA3 nationally in 2024

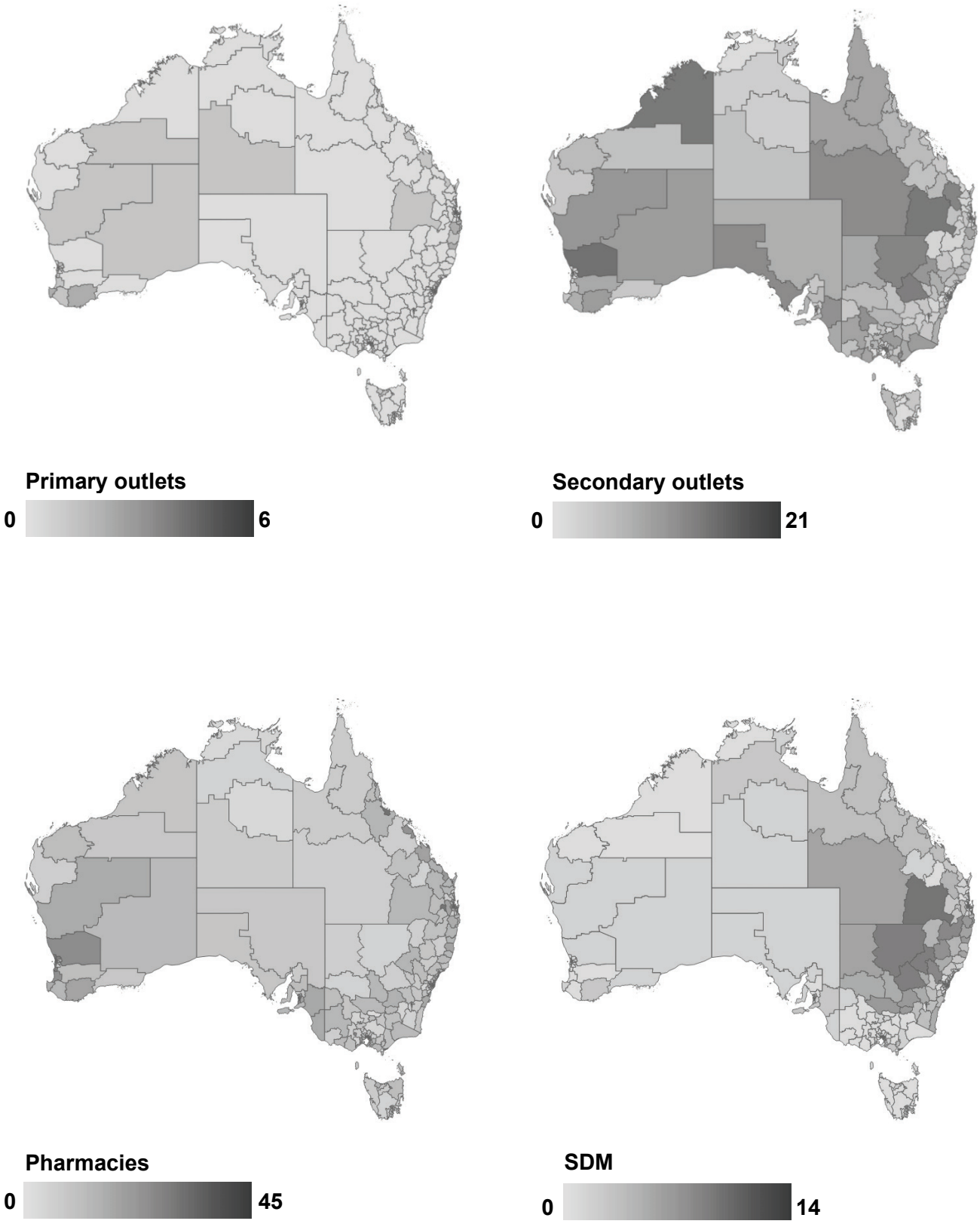
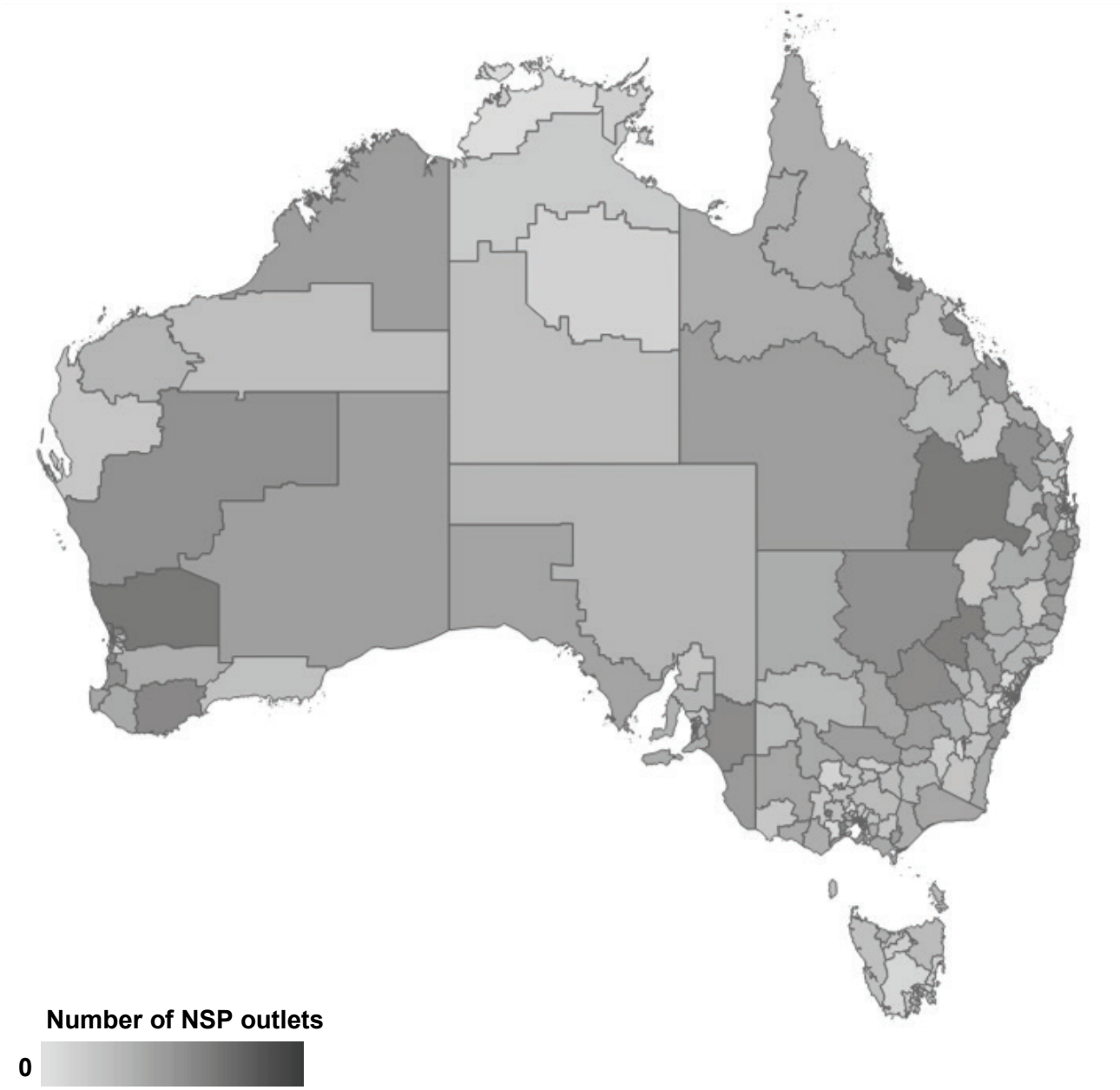


Figure 2.6 Total number of NSP outlets by SA3 nationally in 2024



3. Service Provision

NSP occasions of service

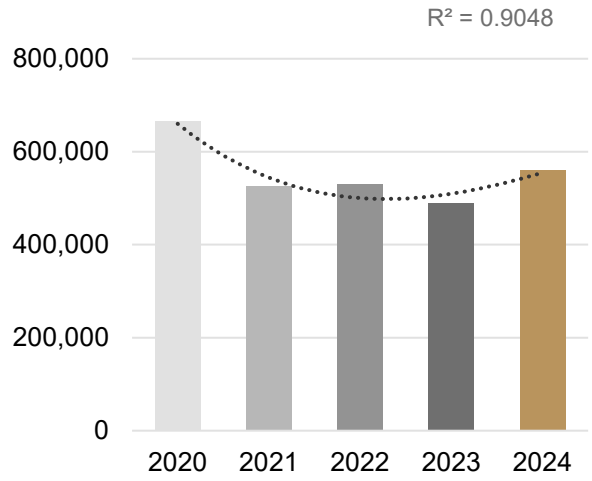
All jurisdictions collect client-level occasions of service (OOS) data. In 2015, the NSP NMDC National Reference Group agreed on four client-level OOS data elements (age, gender, Indigenous status and drug injected) and two service-level OOS data elements (health education/ interventions and referrals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

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.

Every year jurisdictional client-level OOS data were collected on a nominated snapshot day during the last week of February. 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 2020 to 2024 (range n=54 to 98).

Nationally, there were 2,084 OOS recorded at participating public sector NSPs in Australia on the nominated snapshot day in February 2024. This equates to an estimated 560,000 OOS provided by public sector NSP services throughout 2024. As shown in Figure 3.1 the estimated number of OOS at primary and secondary NSPs declined by 21% between 2020 and 2021 and has remained relatively stable since. This initial 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 16% decline in the estimated annual OOS observed over the last five years, from 665,000 in 2020 to 560,000 in 2024.

Figure 3.1 National OOS, 2020-2024

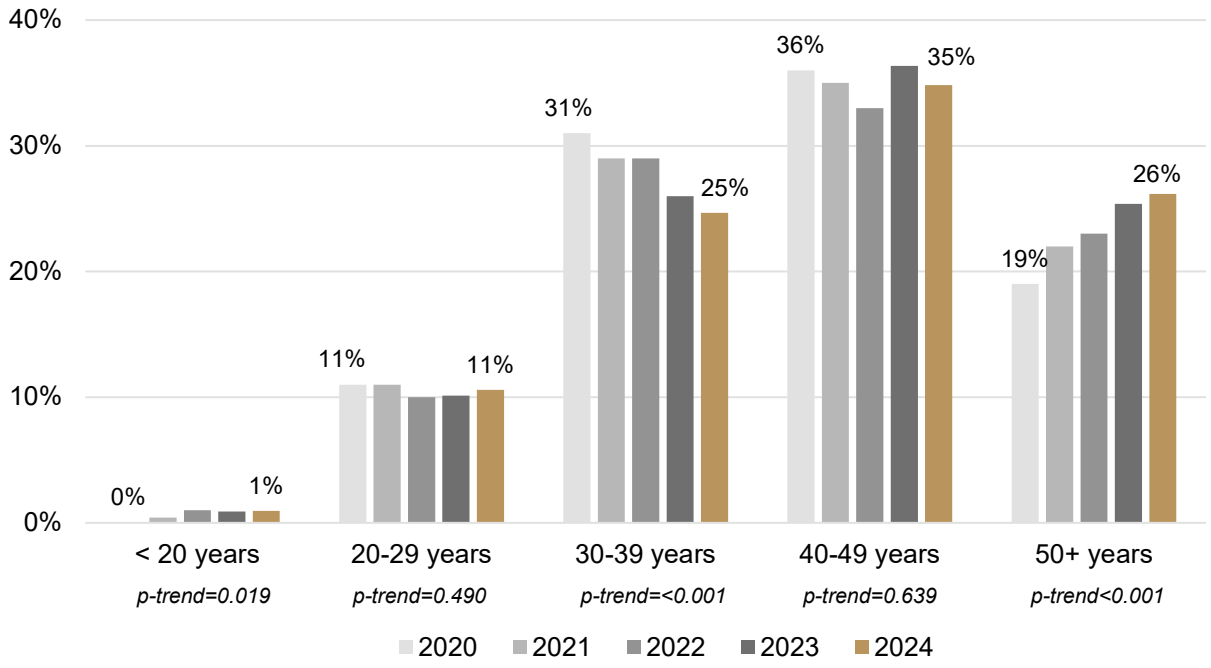


Age

The NSP NMDC Data Dictionary defines age according to the ABS Age Standard (AGEP: age of the NSP client in a single year). [8,13] All jurisdictions collected 'age' as a data element in 2024. Most jurisdictions collected age in years (AGEP), however two jurisdictions collected this by age group only. Accordingly, in the NSP NMDC age is reported by 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 from 2020 to 2022 and some adjustment of data was necessary (see Appendix A: Methodological Notes).

Three in five (60%) OOS at public sector NSPs on the 2024 snapshot day involved NSP attendees aged 30-49 years (25% aged 30-39 years and 35% aged 40-49 years). One in four (26%) OOS involved NSP attendees who were aged 50 years or older and one in ten (11%) involved NSP attendees aged 20-29 years. One percent of OOS in 2024 involved attendees aged less than 20 years. Young people (aged less than 25 years) comprised five percent (n=103) of OOS at public sector NSPs nationally in 2024. As shown in Figure 3.2, based on the ABS AGE10P grouping, over the period 2020 to 2024 statistically significant increases were observed in the proportion of NSP attendees aged 50 years and over (p-trend<0.001) and those aged less than 20 (p-trend=0.019). Conversely a significant decline was observed in the proportion of NSP attendees aged 30-39 years (p-trend<0.001). The proportion of NSP attendees aged 20-29 years (p=0.490) and 40-49 years (p-trend=0.639) were stable between the years 2020 and 2024.

Figure 3.2 OOS (%) by age group nationally, 2020-2024



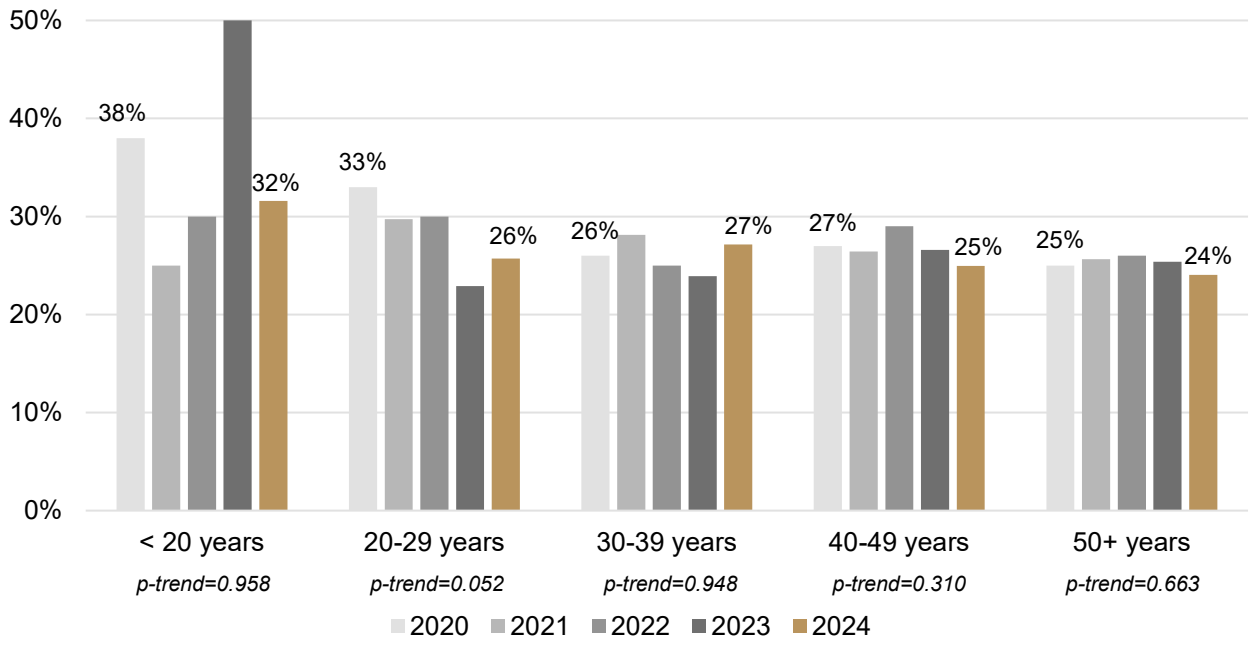
Gender

The NSP NMDC Data Dictionary defined gender according to the 2016 ABS Standard for Sex and Gender Variables 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.[14] All jurisdictions collected gender in 2024, 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.[15] 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 2024, almost three quarters (72%) of NSP OOS recorded involved male NSP attendees and one quarter involved females. There were 26 NSP OOS (1%) recorded on the snapshot day in 2024 that 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 2020 to 2024. As shown in Figure 3.3, over the period 2020 to 2024 a significant decrease was observed in the proportion of females aged 20-29 years (p-trend=0.052), however the proportion of females in all other age groups was stable over this period.

Figure 3.3 Proportion OOS female (%) by age group nationally, 2020-2024



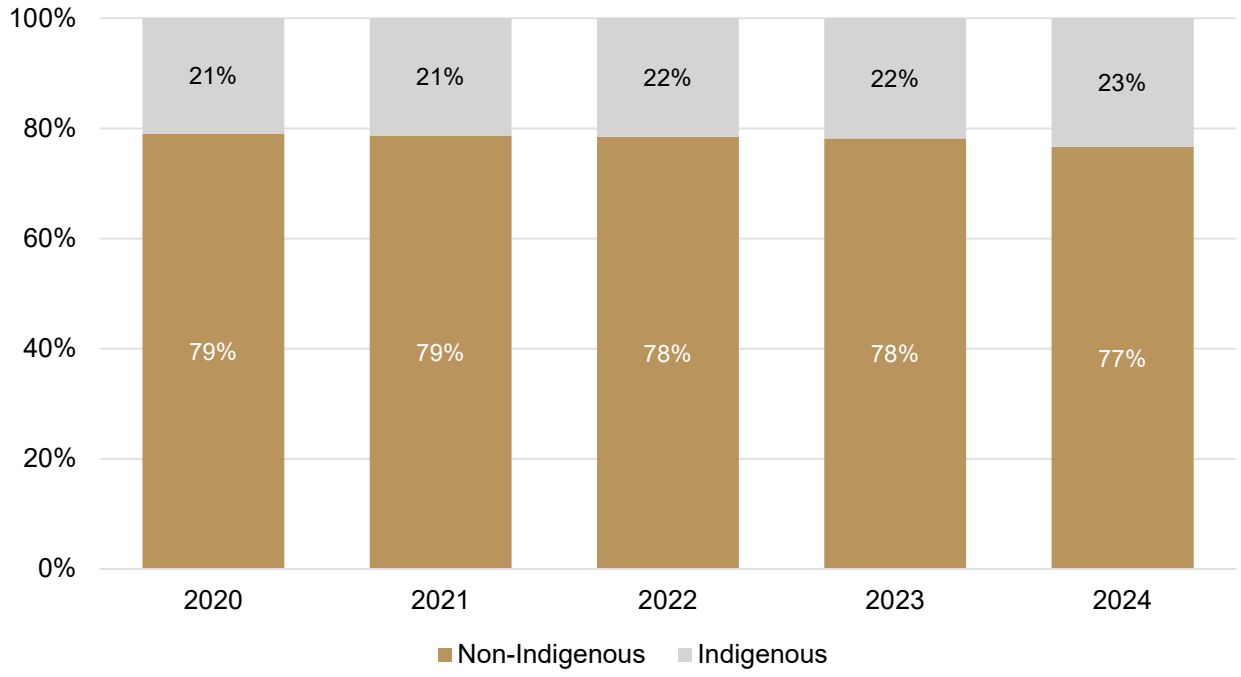
Indigenous status

The NSP NMDC Data Dictionary uses the ABS Indigenous Status Standard, which defines Indigenous status as "Whether a person identifies as being of Aboriginal or Torres Strait Islander origin."[16]

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. All 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 2024 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'.

Excluding OOS where Indigenous status was not reported, 23% (n=305) of NSP OOS on the 2024 snapshot day involved NSP attendees who identified as Aboriginal and/or Torres Strait Islander (Figure 3.4). Over the period 2020 to 2024 the proportion of attendees who identified as Aboriginal and/or Torres Strait Islander was stable (range 21% in 2020 to 23% in 2024, p-trend=0.126).

Figure 3.4 OOS (%) by Indigenous status nationally, 2020-2024



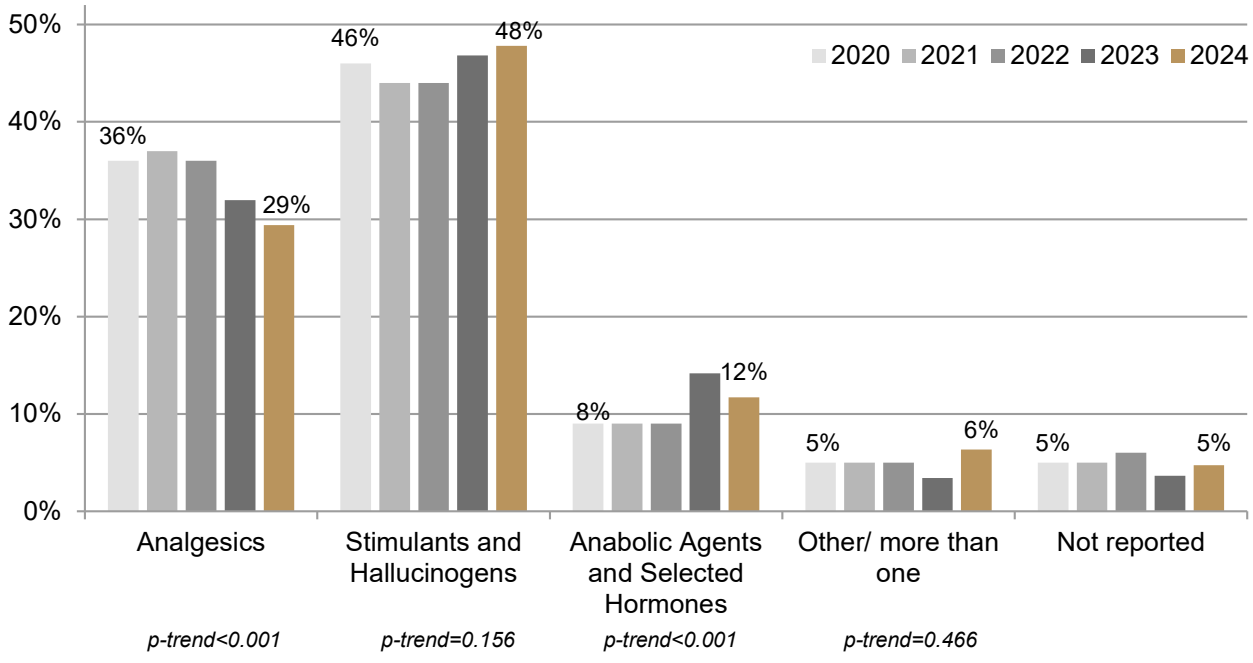
Note: One jurisdiction did not collect data on Indigenous status in any years 2020-2022

Drugs injected

The NSP NMDC uses the ABS Drugs of Concern Classification Broad and Base level groups to report on drug/s injected as defined in the NSP NMDC Data Dictionary.[17] The NSP NMDC Data Dictionary 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 (five jurisdictions). One jurisdiction did not have all sites collecting client-level OOS data on drug/s injected in 2024.

Figure 3.5 illustrates the breakdown of drugs injected by NSP attendees on the nominated snapshot day between 2020 and 2024 according to ABS Drugs of Concern Broad Groups. In 2024 Stimulants and Hallucinogens were the most commonly reported class of drugs injected for the seventh consecutive year (n=626, 48%, stable trend p=0.156), followed by Analgesics (n=385, 29%, significant decrease p<0.001) and Anabolic Agents and Selected Hormones (n=153, 12%, significant increase p<0.001). Injecting more than one drug subtype was stable (p=0.466), being reported at 6% (n=83) of OOS at public sector NSPs nationally in 2024.

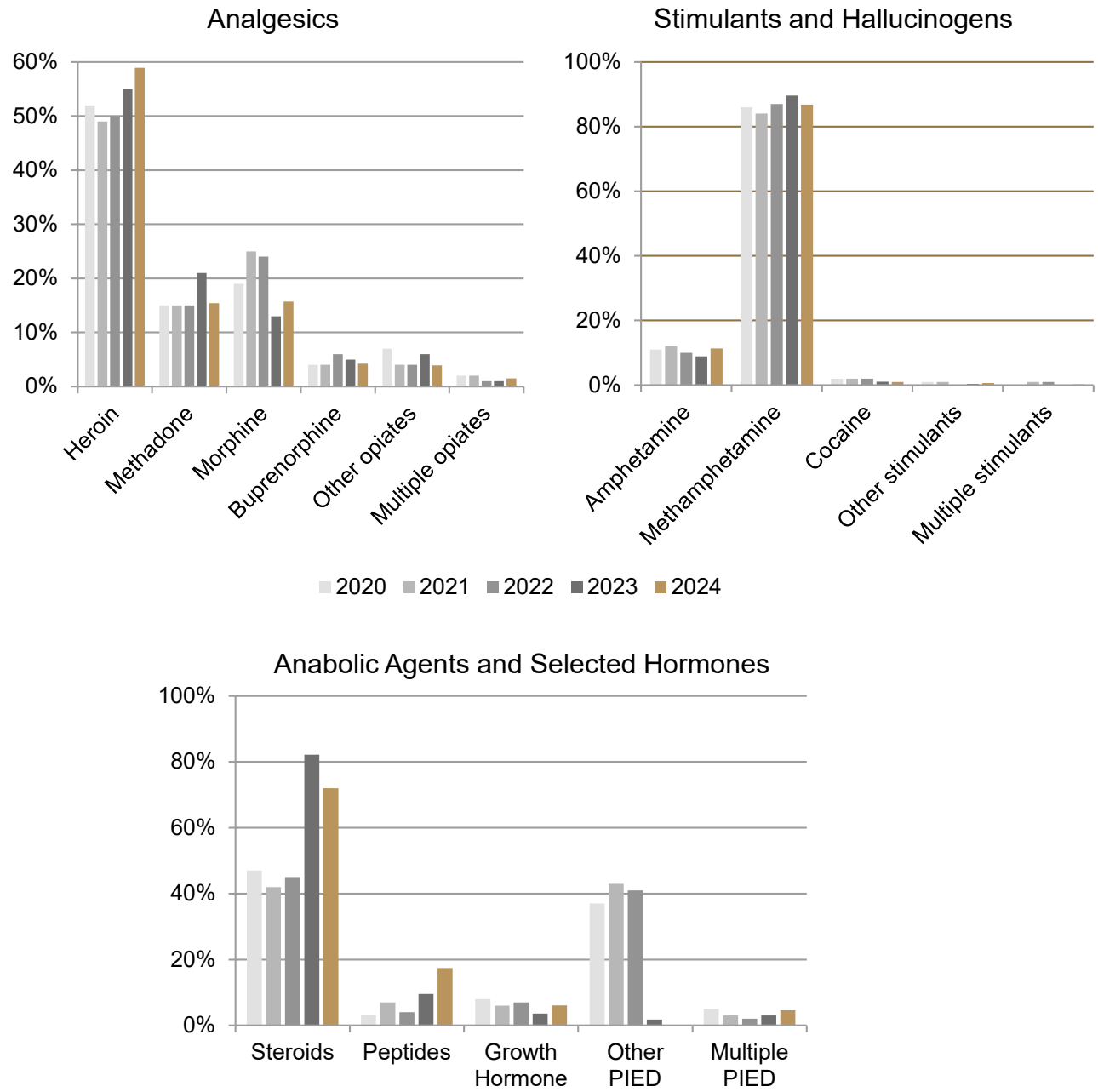
Figure 3.5 OOS drug injected (%) by ABS Drugs of Concern Broad Groups nationally, 2020-2024



Note: One jurisdiction did not collect data on drug injected in any years 2020-2022

Six jurisdictions collected data that aligned with the ABS Drugs of Concern Base level definitions (n=1,067 in 2024). Heroin (n=195, 58%) was the most commonly reported drug injected in the 'Analgesics' category, while the most commonly reported drug injected by NSP clients in the 'Stimulants and Hallucinogens' category was methamphetamine (n=428, 87%, Figure 3.6). In 2024, steroids (n=95, 72%) were the most commonly reported drug injected in the 'Anabolic Agents and Selected Hormones' category.

Figure 3.6 OOS drug injected (%) by ABS Drugs of Concern Broad Groups and Base Groups nationally, 2020-2024



Note: Among the six jurisdictions that collected ABS Drugs of Concern at Base level units

Young people

Among the 103 young people aged less than 25 years who made up 5% of the sample attending NSPs on the snapshot day in 2024 and excluding OOS for which drug injected was not collected, Stimulants and Hallucinogens were the most commonly reported drug class last injected, reported by 40% of young people in 2024. This was followed by Anabolic Agents and Selected Hormones (37%) and Analgesics (16%). Four percent of young people reported injecting more than one drug and two percent did not report drug injected.

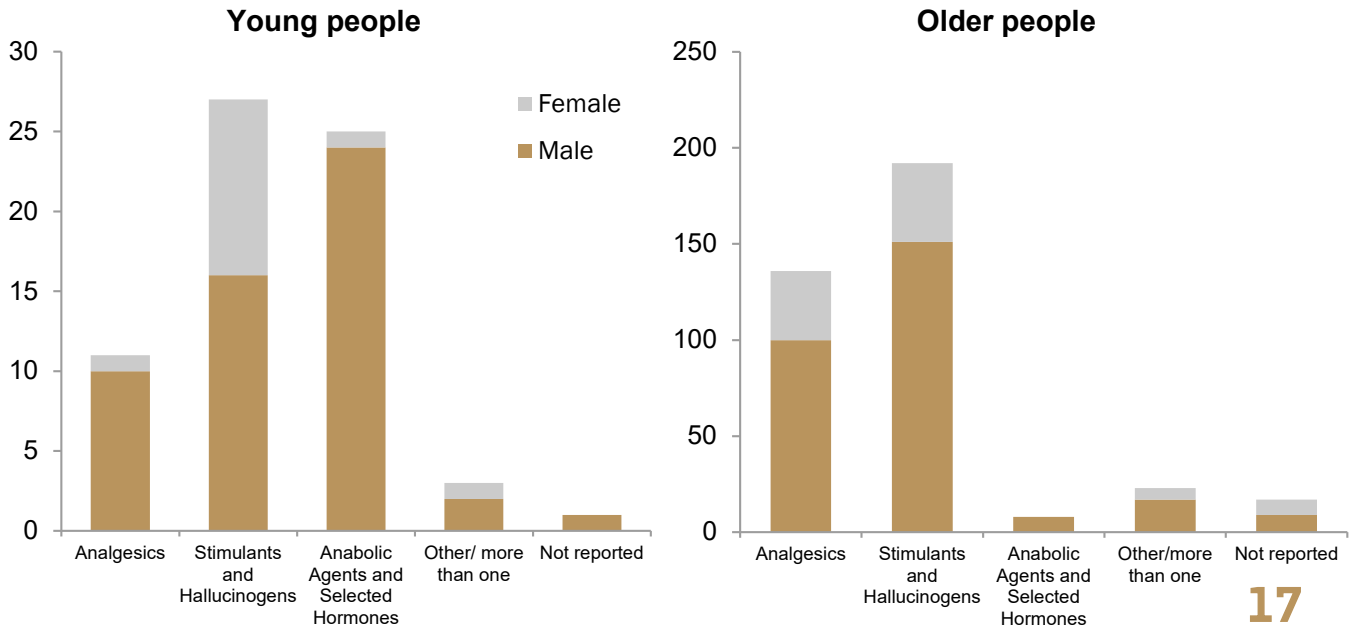
Men accounted for 71% of OOS involving a young person in 2024. Men comprised 92% of young people who injected Analgesics, 59% of those who injected Stimulants and Hallucinogens and 96% of those who injected Anabolic Agents and Selected Hormones (Figure 3.7).

Older people

The NSP NMDC defines older people as those aged 50 years and over. Among n= 381 OOS involving older people on the snapshot day in 2024 and excluding the OOS that did not collect data on drugs injected, 51% reported injecting Stimulants and Hallucinogens, 36% reported injecting Analgesics and 2% reported injecting Anabolic Agents and Selected Hormones. Six percent of older people reported injecting more than one drug and five percent did not report drug injected.

Consistent with previous years, men comprised the majority (74%) of OOS that involved older people. Men comprised 78% of older people who injected Stimulants and Hallucinogens, 73% of those who injected Analgesics and 100% of those who injected Anabolic Agents and Selected Hormones (Figure 3.7).

Figure 3.7 OOS among young people (aged <25 years) and older people (aged ≥50 years) by gender and drug injected in 2024 nationally



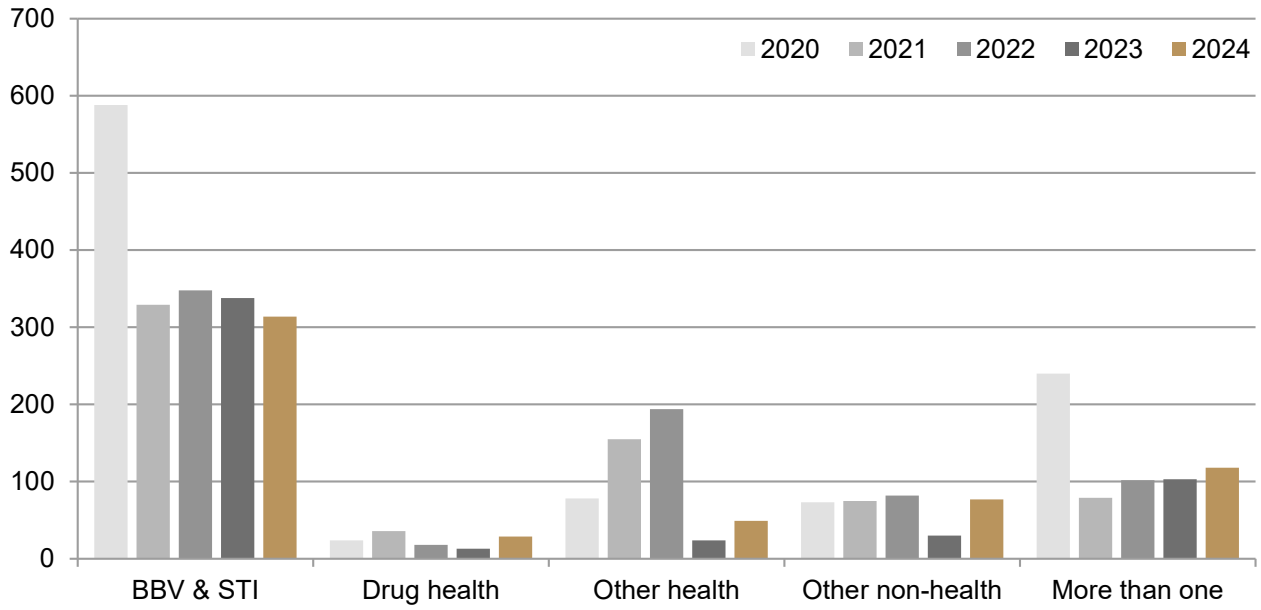
Health education/interventions provided

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

Among NSP services that collected data on the provision of health education/ interventions in 2024, one third (34%, n=625) of OOS at public sector NSPs included the provision of health education/ interventions. This represents a decrease in the proportion of OOS that included provision of health education/ interventions over the past five years (from 45% in 2020 to 34% in 2024, p<0.001). As shown in Figure 3.8, half (n=314, 53%) of health education/ interventions related to BBVs and STIs (including safer injection practices and vein care) in 2024. One in five OOS included the provision of more than one health education/ interventions (n=118, 20%). Other non-health (n=77, 13%), other health (n=49, 8%) and drug health (n=29, 5%) made up the remainder of health education/ interventions in 2024.

Figure 3.8 National NSP OOS health education/interventions, 2020-2024



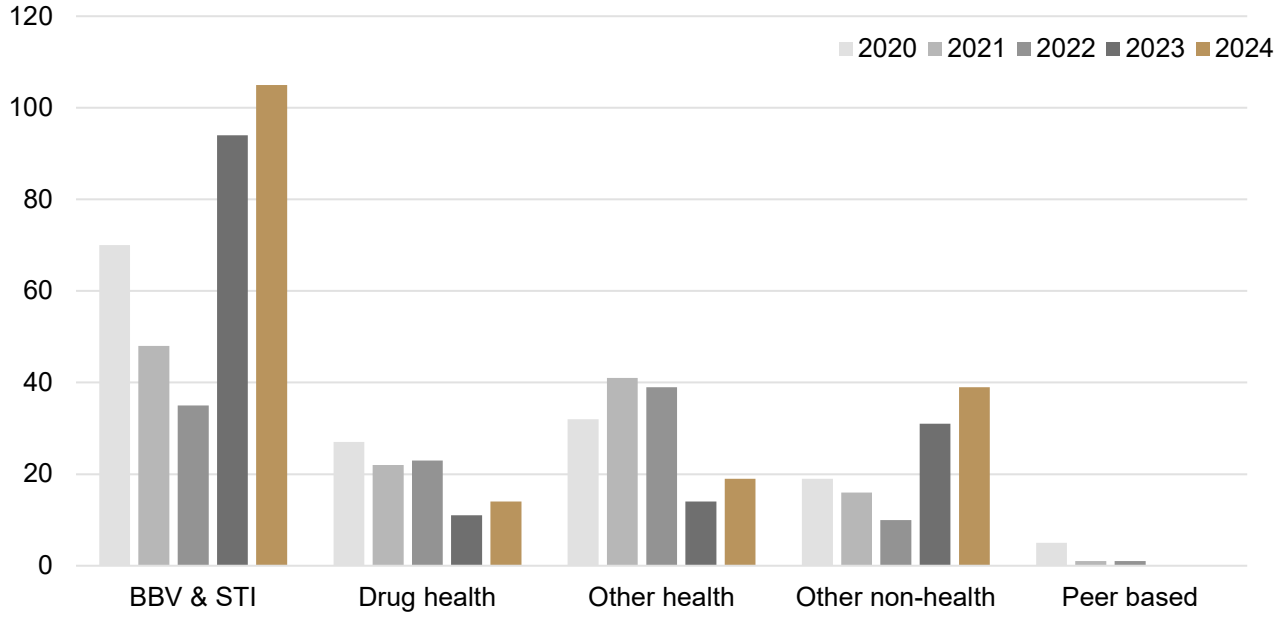
Referrals

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 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, principally from primary outlets, only 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 2024, one in ten (n=191, 10%) OOS at public sector NSPs involved the provision of a referral. Just over half (n=105, 55%) of referrals were made to BBV and STI services, while a further one in five (n=39, 20%) were made to other non-health services. Smaller proportions of referrals were made to other health services (n=19, 10%) or drug health services (n=14, 8%). Multiple referrals were provided for a minority of NSP OOS that involved a referral (n=13, 7%). Figure 3.9 shows national NSP OOS referral destinations from 2020 to 2024.

Figure 3.9 National NSP OOS referral destinations, 2020-2024



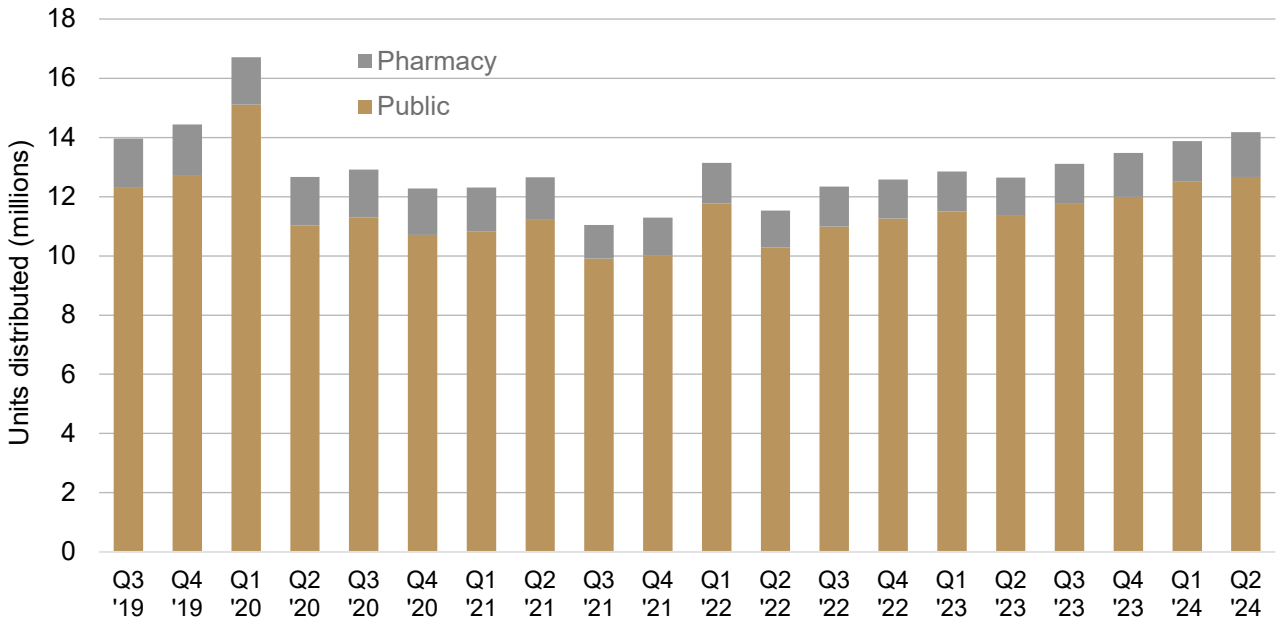
4. Needle and Syringe Distribution

The NSP NMDC used the NSP NMDC Data Dictionary 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.[8] 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. The most recent reporting period from July 2023 to June 2024 covers the period following the global COVID-19 pandemic. Known pandemic impacts on needle and syringe distribution included 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]

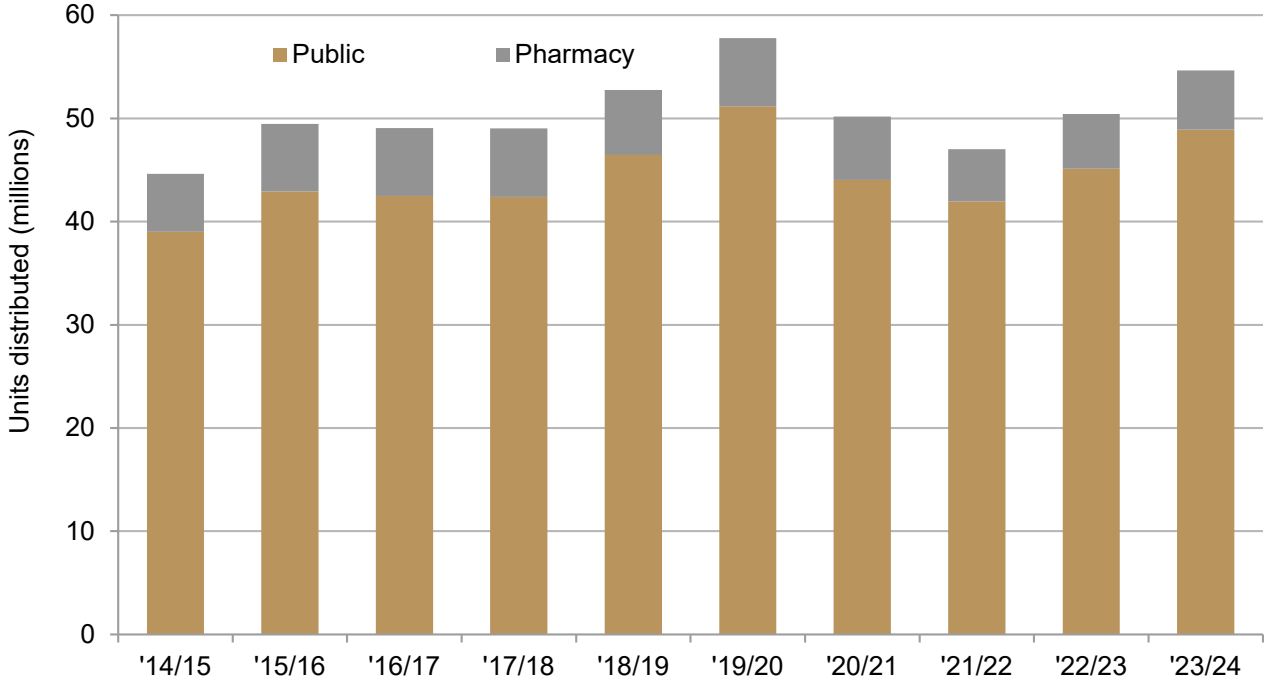
As shown in Figure 4.1, public sector needle and syringe distribution was inflated in the January to March quarter of 2020 largely due to stockpiling that resulted from concerns regarding the potential for COVID-19 disruptions to supply chains and/or service delivery. Quarterly needle and syringe distribution was subsequently stable over the past four years from July 2020 to June 2024, albeit at ~12.6 million needles and syringes distributed per quarter, compared to the ~14.4 million distributed per quarter in 2019/2020.

Figure 4.1 National needle and syringe distribution by public and pharmacy sector NSP, 2019/20-2023/24 by quarter



In 2023/24, 54.6 million needles and syringes were distributed nationally in Australia (Figure 4.2). This represents an 8% increase compared to the previous twelve-month period (July 2022 to June 2023) but a 5% decrease in needle and syringe distribution over the five-year period 2019/20 to 2023/24. There was a 22% increase in distribution over the ten-year period from 2014/15 to 2023/24. In 2023/24, the public and pharmacy sectors dispensed 48.9 million (90%) and 5.7 million (10%) needles and syringes respectively.

Figure 4.2 National needle and syringe distribution by public and pharmacy sector NSP, 2014/15-2023/24



Per capita needle and syringe distribution

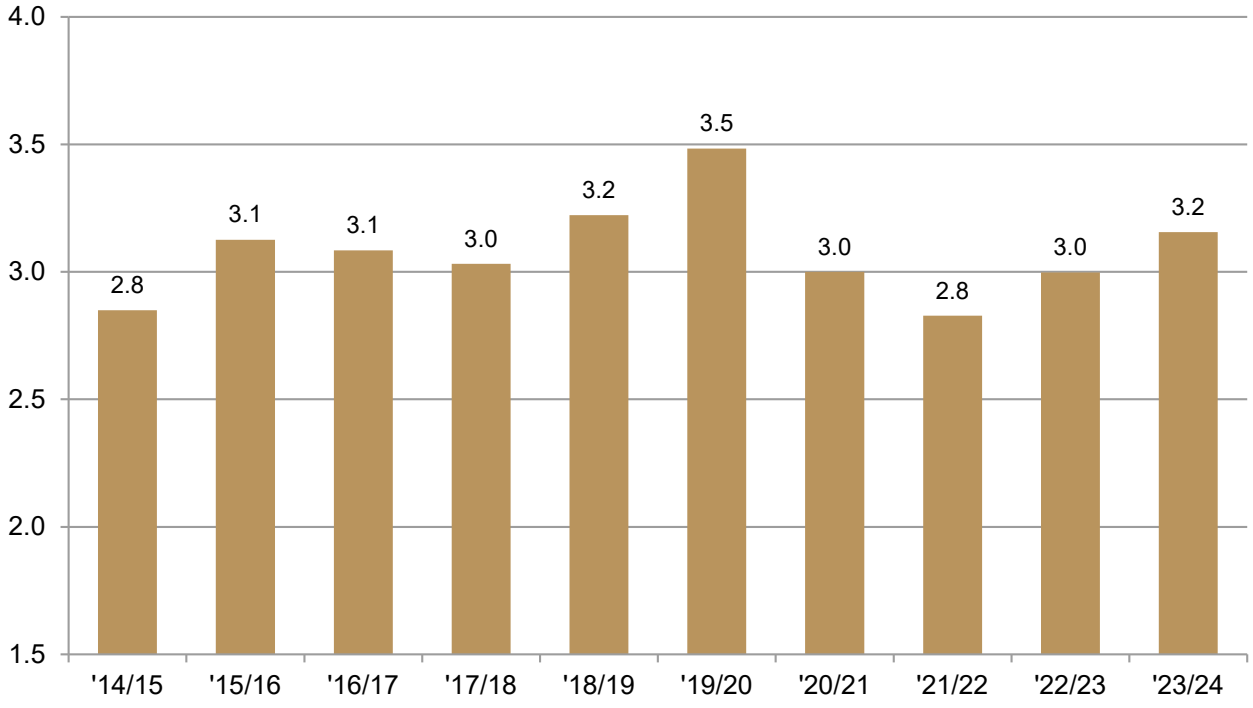
Per capita needle and syringe distribution was calculated by dividing the number of needles and syringes distributed by the Australian population aged 15-64 years. The denominator excluded children (aged less than 15 years) and older people (65 years and older) as injection drug use is less prevalent 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 11% over the ten-year period from 2014/15-2023/24, however there was a 9% decline over the five-year period from 2019/20 to 2023/24. There was a 5% increase between 2022/23 and 2023/24 (Table 4.1 and Figure 4.3).

Table 4.1 National syringe distribution and per capita syringes distributed, 2014/15-2023/24

Year	Needle and syringe distribution (millions)			Per capita needles/syringes
	Public	Pharmacy	Total	
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
2022/23	45.1	5.3	50.4	3.0
2023/24	48.9	5.7	54.6	3.2

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, 2014/15-2023/24



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] For the purpose of HIV programming, WHO defines 'low' syringe coverage as <100 syringes per PWID per annum), 'medium' as 100-200 syringes per PWID per annum and 'high' syringe coverage as >200 syringes per PWID per annum.[18] In addition, the World Health Organization 2022-2030 Global Health Sector Strategy on Viral Hepatitis, has set a target of 300 syringes per PWID per annum by 2030.[19]

Building on previous methods used to estimate the Australian PWID population size, a method to generate annual estimates of the PWID population size was developed by Kwon and colleagues.[20,21]

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).

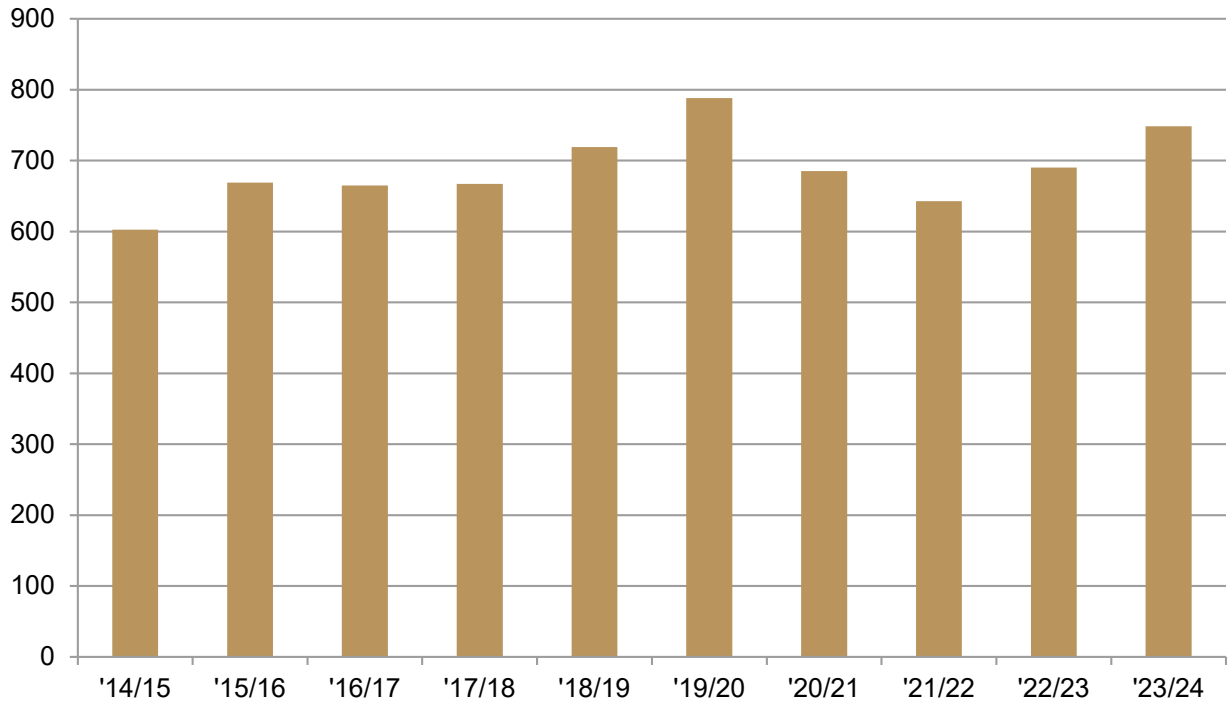
As in previous years, the NSP NMDC used a range of annually updated data sources to estimate trends in the size of the Australian population of regular PWID (see Methodological Notes, Appendix A).

There were an estimated 72,984 people who inject drugs on a regular basis in Australia in 2023/24, consistent with estimates 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, there was a 20% increase in syringes distributed per PWID between 2014/15 and 2023/24, however the number of syringes per PWID declined by 5% between 2019/20 and 2023/24. In 2023/24 an estimated 749 syringes were distributed per person who injects drugs on a regular basis, the equivalent of 2.0 syringes per day and exceeding the WHO/UNAIDS definition of high syringe coverage by more than three-fold.

Table 4.2 National syringe distribution per PWID*, 2014/15-2023/24

Year	Number of people who inject on regular basis*	Syringes distributed (millions)	Syringes per PWID*
2014/15	74,045	44.6	603
2015/16	73,912	49.5	669
2016/17	73,789	49.1	665
2017/18	73,472	49.0	667
2018/19	73,379	52.8	719
2019/20	73,291	57.8	788
2020/21	73,209	50.2	685
2021/22	73,130	47.0	643
2022/23	73,056	50.4	690
2023/24	72,984	54.6	749

Figure 4.4 National syringe coverage per PWID* per year, 2014/15-2023/24



*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 in NSP service provision over time, it does not take frequency of injection among PWID and coverage of all individual injections with sterile equipment 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 (ANSPS) and the methodology described in Kwon et al estimated the number of sterile syringes required to cover all injections among people who inject drugs on a regular basis (assuming one sterile syringe is required to be used per injection). [21, 22]

The following assumptions were made: 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 2-6) 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, while there were changes in the frequency of injection reported among ANSPS respondents over the past five years, these were not statistically significant. Among those who reported injection in the previous month, the proportion who reported injecting more than once per day (p-trend=0.462), the proportion who reported injecting less than daily (p-trend=0.768) and the proportion who reported injecting once per day, were all stable (p-trend=0.224) over the past five years.

Figure 4.5 Frequency of injection among ANSPS respondents (%), 2014-2023

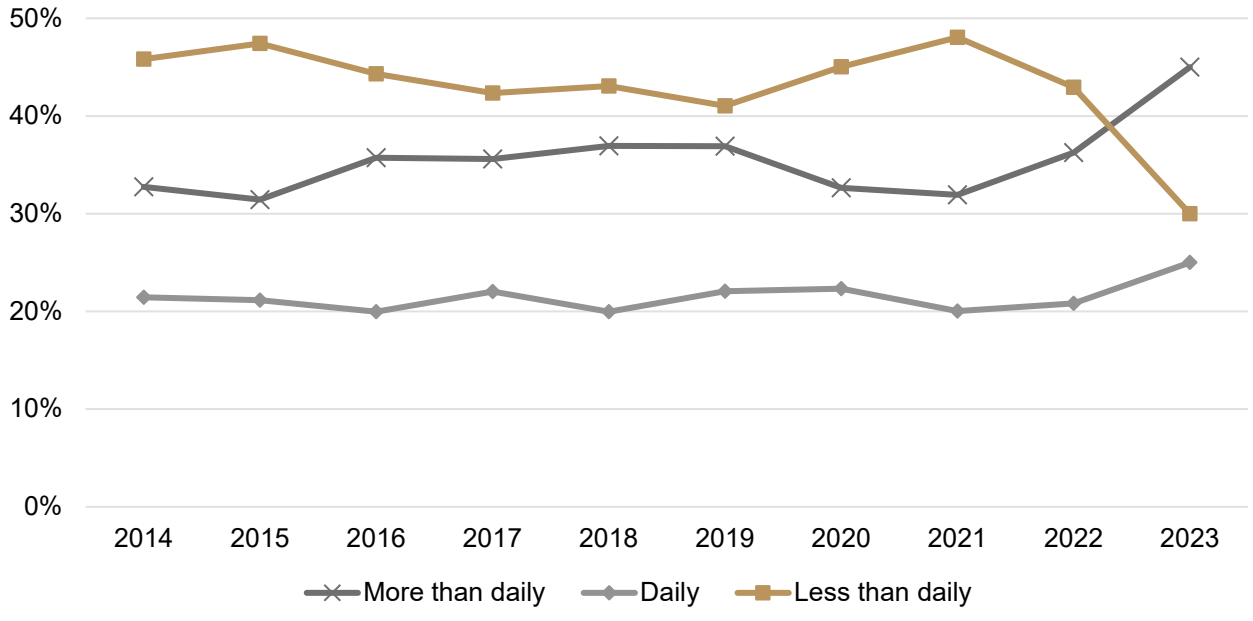
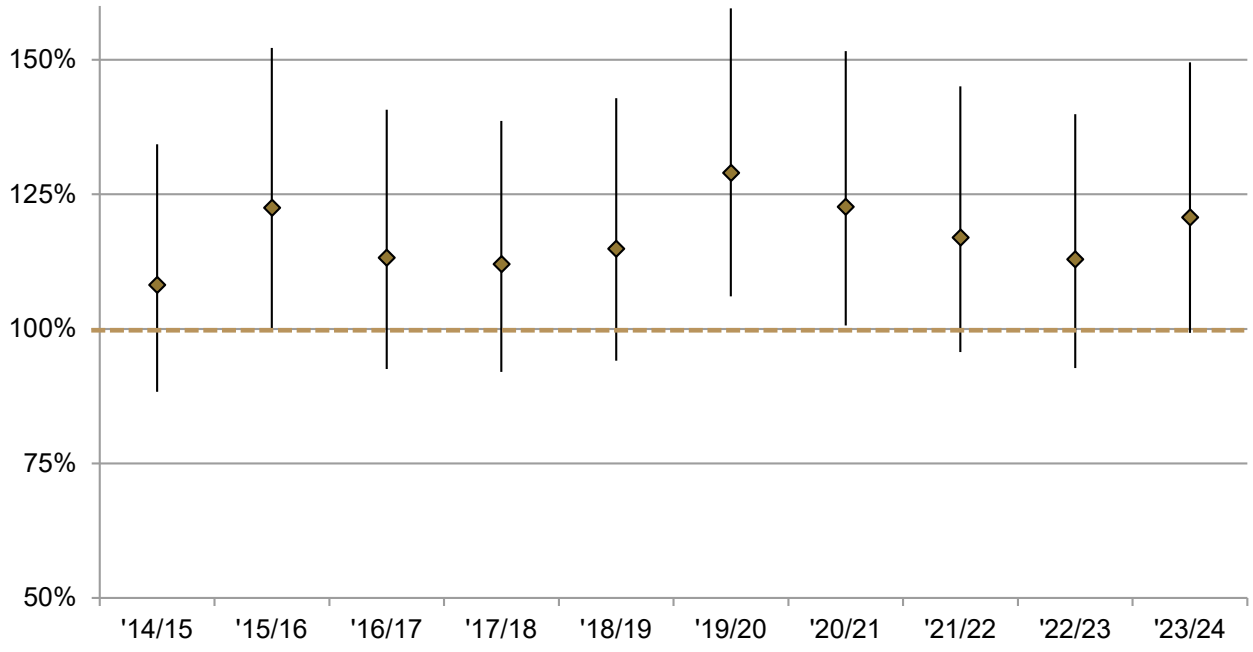


Figure 4.6 shows the mid-point and lower/upper syringe coverage estimates over the period 2014/15 to 2023/24. Syringe coverage was 100% or higher in all years 2014/15 to 2023/24. It is important to note that syringe coverage of greater than 100% is required to accommodate syringes utilised by people 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 121% in 2023/24. Although this represents a 6% decline in syringe coverage since the high of 129% in 2019/20, syringe coverage was likely artificially inflated in 2019/20 due to stockpiling of syringes that occurred at the start of the COVID-19 pandemic (see Figure 4.1).

Figure 4.6 Mid, upper and lower-point estimates of the proportion of injections covered by a sterile syringe among PWID*, 2014/15-2023/24



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

5. Future Directions

This is the ninth annual National Data Report for the NSP NMDC project. The NSP NMDC Data Dictionary developed in 2017 was updated in 2019 and again in 2023 to reflect improvements in national alignment. The NSP NMDC Data Dictionary provides the framework for national collection of NSP NMDC data elements and is a working document that will be updated as required, after consultation with the NSP NMDC Reference Group.

Data from 2008 were 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) was unavailable. Available historical data were used to present past decade temporal trends in needle and syringe distribution (Section 4).

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 2023 framework.

In 2024 the Kirby Institute sought and was granted a one-year no-cost extension for the NSP NMDC which will enable production of a ten-year report in late 2025. A proposal to integrate the NSP NMDC and the ANSPS into a new, combined population and programmatic sentinel surveillance system is currently being developed.

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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 2024.
2) Demographic and drug use data for attendees at public sector (primary and secondary) NSPs on a snapshot day in February 2024.
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 2410 (Build 18129.20116, Microsoft Office 365 Apps for enterprise (Microsoft Corporation, Redmond WA) and Stata/IC version 18.5 (StataCorp LP, College Station TX).

In 2024, 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 ninth 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 2024, 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 in one jurisdiction in years 2020 to 2022 and young people (aged <25 years) in all 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 years 2020 to 2022. Since 2023, seven 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 years 2020 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. 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. Historical needle and syringe distribution data occasionally updated by jurisdictions means current data may be different to previously published data.

PWID population size estimates

PWID population size estimates to 2005 were calculated by Razali et al (2007).[20] The NSP NMDC project used the method described by Kwon et al (2019)[21] 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 2023/24 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 2021/22 to present 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, 2001-2022/23

	2001	2004	2007	2010	2013	2016	2019	2022/23
Lifetime inject	1.8	1.9	1.9	1.76	1.5	1.6	1.5	1.4
Recent inject	0.6	0.4	0.5	0.43	0.3	0.3	0.3	0.2

Source: *National Drug Strategy Household Survey 2022-2023*

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

Table A.2 National number of illicit drug arrests, 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
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	35,885
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	2,826
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	5,958
Steroids	67	142	163	214	314	365	511	661	936	1,210	1,297	1,244	1,201	1,264	1,160	1,320

Source: *Illicit Drug Data Report, Australian Crime Commission (2005/06-2020/21).*

Note: *2021/2022 data not available as of November 2024*

Table A.3 National number of illicit drug seizures, 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
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	26,525
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	1,624
Steroid	58	91	104	113	134	205	208	331	357	529	509	474	448	391	369	318

Source: *Illicit Drug Data Report, Australian Crime Commission (2005/06-2020/21). Note: Includes only those seizures for which a drug weight was recorded.*

Note: *2021/2022 data not available as of November 2024*

Table A.4 National number of unintentional deaths due to opioids among those aged 15-54 years, 2005-2022

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Unintentional deaths due to opioids	374	295	366	495	560	606	612	561	600	706	782	869	916	894	802	808	682	727

Source: *Chrzanowska A, Man N, Sutherland R, Degenhardt L & Peacock A. (2024) Trends in overdose and other drug-induced deaths in Australia, 2003-2022. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. Available at https://www.unsw.edu.au/research/ndarc/resources/trends-drug-induced-deaths-australia-2003-2022 (accessed 29 August 2024)*

Table A.5 National number of opioid-related hospitalisations among those aged 10-59 years, 2005/06-2021/22

	'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	'21/22
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	4,652

Source: *Chrzanowska, A, Man, N, Sutherland, R, Degenhardt, L, Peacock, A. (2024) Trends in drug-related hospitalisation in Australia, 2002-2022. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. Available from: https://doi.org/10.26190/unsworks/30193 (accessed 19 August 2024)*

Table A.6 Number of new diagnoses of hepatitis C virus infection among people aged 15-24 years, 2005/06-2022/23

	'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	'21/22	'22/23
NNDSS	1,648	1,336	1,264	1,276	1,144	1,204	1,117	1,309	1,200	1,191	1,091	1,066	1,254	964	1,081	828	682	801

Source: *National Notifiable Diseases Surveillance System 2005-2023, Australian Government Department of Health. https://nindss.health.gov.au/pbi-dashboard/ (accessed 19 August 2024)*

Figure A.1: Relative change in PWID indicators, 2004/05-2022/2023

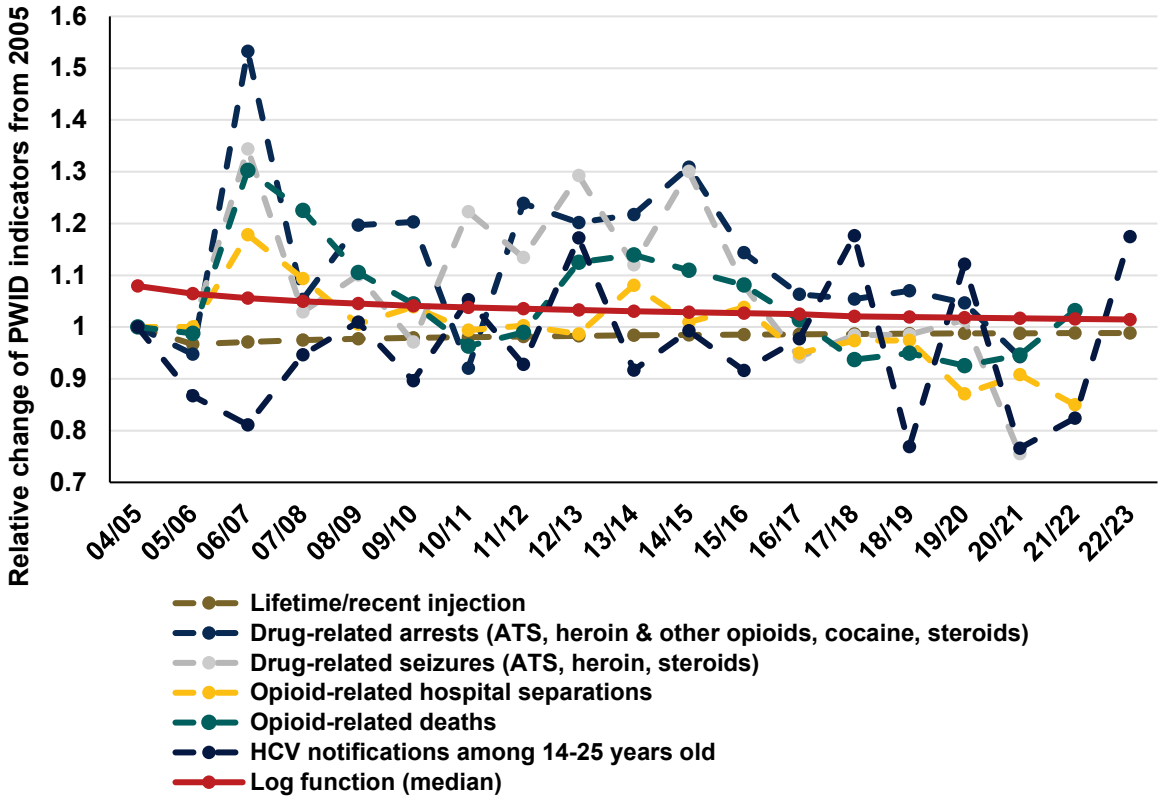
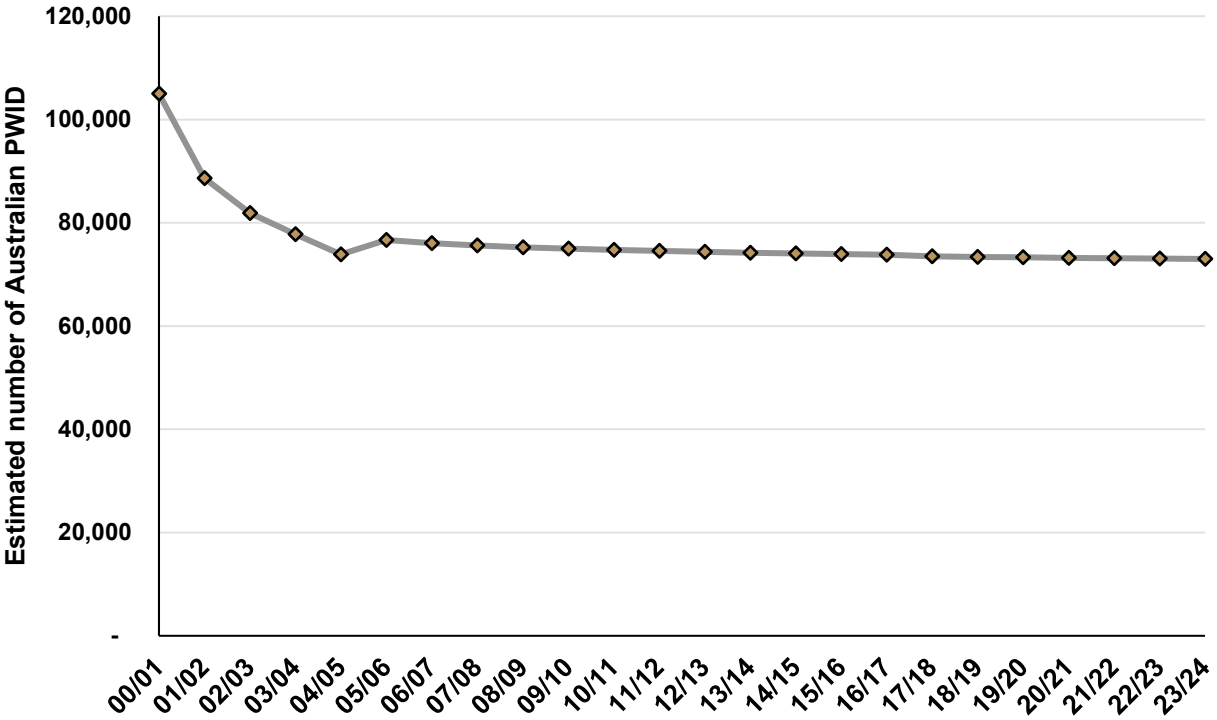


Figure A.2: Trends in the estimated number of people who inject drugs on a regular basis in Australia, 2000/01-2023/24



Appendix B:

National and Jurisdictional Tables

B.1 National

Table B.1.1 Needle and syringe distribution by public and pharmacy sector, 2014/15–2023/24

National	Public	%	Pharmacy	%	Total
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
2022/23	45,122,422	90%	5,292,817	10%	50,415,239
2023/24	48,914,499	90%	5,723,735	10%	54,638,234

Note – 2017/18 and 2018/19 data updated in 2020, 2019/20 and 2020/21 data updated in 2022, 2021/22 and 2022/23 data updated in 2024

Table B.1.2 NSP outlet type and method by public and pharmacy sector, 2020-2024

National	**2020**	**2021**	**2022**	**2023**	**2024**
NSP outlet type (%)	n=4,159	n=4,218	n=4,388	n=4,442	n=4,708
Primary	104 (3)	106 (3)	109 (3)	109 (2)	112 (2)
Secondary	811 (19)	800 (19)	833 (19)	833 (19)	918 (20)
SDM	377 (9)	399 (9)	414 (9)	433 (10)	458 (10)
Pharmacy	2,867 (69)	2,913 (69)	3,032 (69)	3,067 (69)	3,220 (69)
*Public sector NSP^*	n=1,292	n=1,305	n=1,356	n=1,375	n=1,488
Fixed	893 (69)	884 (69)	920 (68)	922 (67)	1007 (68)
Outreach/mobile	74 (6)	91 (7)	93 (7)	94 (7)	91 (6)
SDM free	175 (14)	200 (15)	219 (16)	230 (17)	240 (16)
SDM chute	72 (6)	67 (5)	64 (5)	75 (5)	86 (6)
SDM cost	130 (10)	132 (10)	131 (10)	128 (9)	133 (9)
Peer distribution	23 (2)	23 (2)	23 (2)	23 (2)	23 (2)
Postal*	-- --	-- --	-- --	28 (3)	27 (3)
Pharmacy sector (fixed)	2,867 (100)	2,913 (100)	3,032 (100)	3,067 (100)	3,220 (100)

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

Table B.1.3 Occasions of service-level data, 2020-2024

National	2020		2021		2022		2023		2024	
Client-level	n=2,392		n=1,876		n=1,910		n=1,769		n=1,986	
Age (%)										
<20 years	12	(1)	8	(<1)	14	(1)	16	(1)	19	(1)
20-29 years	258	(11)	212	(11)	201	(10)	179	(10)	210	(11)
30-39 years	753	(31)	537	(29)	564	(29)	460	(26)	490	(25)
40-49 years	860	(36)	662	(35)	629	(33)	643	(36)	692	(35)
50+ years	466	(19)	421	(22)	442	(23)	449	(25)	520	(26)
Not reported	43	(2)	36	(2)	60	(3)	22	(1)	55	(3)
Aged <25 (%)	93	(4)	68	(3)	71	(4)	66	(4)	103	(5)
Gender (%)										
Male	1743	(73)	1348	(72)	1394	(73)	1254	(71)	1433	(72)
Female	625	(26)	505	(27)	481	(25)	448	(25)	498	(25)
Other	8	(<1)	5	(<1)	3	(<1)	6	(<1)	26	(1)
Not reported	16	(1)	18	(1)	32	(2)	61	(3)	29	(1)
Indigenous status (%)^										
Yes (Aboriginal or TSI or both)	365	(20)	315	(21)	314	(21)	314	(21)	305	(22)
No	1378	(76)	1165	(77)	1143	(77)	1125	(75)	1002	(71)
Not reported	62	(3)	36	(2)	32	(2)	59	(4)	99	(7)
Drug injected (%)^										
Analgesics	645	(36)	566	(37)	537	(36)	422	(32)	385	(29)
Stimulants and Hallucinogens	832	(46)	675	(44)	649	(44)	618	(47)	626	(48)
Anabolic agents	156	(9)	135	(9)	140	(9)	187	(14)	153	(12)
Other	99	(5)	74	(5)	68	(5)	45	(3)	83	(6)
Not reported	84	(5)	76	(5)	96	(6)	48	(4)	62	(5)
Service-level										
Health education/intervention (%)^										
Yes	1034	(45)	737	(40)	800	(43)	516	(32)	625	(34)
No	1278	(55)	1086	(60)	1063	(57)	1084	(66)	1192	(66)
Not reported	0	(0)	0	(0)	0	(0)	34	(2)	0	(0)
Health education/intervention type (%)^										
BBV & STI	588	(60)	329	(49)	348	(47)	338	(67)	314	(53)
Drug health	24	(2)	36	(5)	18	(2)	13	(3)	29	(5)
Other health	78	(8)	155	(23)	194	(26)	24	(5)	49	(8)
Other non-health	73	(6)	75	(11)	82	(11)	30	(6)	77	(13)
More than one	240	(24)	79	(12)	102	(14)	103	(20)	118	(20)
Not reported	0	(0)	2	(<1)	0	(0)	0	(0)	0	(0)
Referral (%)^										
Yes	164	(10)	139	(9)	113	(8)	160	(10)	191	(10)
No	1475	(90)	1334	(91)	1330	(92)	1474	(90)	1723	(90)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)^										
BBV & STI	70	(43)	48	(35)	35	(31)	94	(59)	105	(55)
Drug health	27	(16)	23	(17)	23	(20)	11	(7)	14	(8)
Other health	32	(20)	42	(30)	39	(35)	14	(9)	19	(10)
Other non-health	19	(12)	16	(12)	10	(9)	31	(19)	39	(20)
Peer based	5	(3)	1	(1)	1	(1)	0	(0)	0	(0)
More than one	10	(6)	9	(6)	5	(4)	10	(6)	13	(7)
Not reported	1	(1)	0	(0)	0	(0)	0	(0)	1	(1)

^ 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 (~472,000 residents in 2024). 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 14 secondary NSPs and 42 pharmacy NSP outlets. There are 10 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, 2014/15–2023/24

ACT	Public	%	Pharmacy	%	Total
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
2022/23	773,494	93%	62,400	7%	835,894
2023/24	833,807	93%	59,760	7%	893,567

^ 2016/17 - 2023/24 public sector data includes combined 1ml + syringes as per NSP NMDC Data Dictionary, previous years were combined 1ml only

Table B.2.2 NSP outlet type and method by public and pharmacy sector, 2020-2024

ACT	2020		2021		2022		2023		2024	
NSP outlet type (%)	n=55		n=60		n=63		n=68		n=68	
Primary	2	(4)	2	(3)	2	(3)	2	(3)	2	(3)
Secondary	10	(18)	11	(18)	11	(17)	14	(21)	14	(21)
SDM	6	(11)	8	(13)	8	(13)	10	(15)	10	(15)
Pharmacy	37	(67)	39	(65)	42	(67)	42	(62)	42	(62)
NSP outlet method (%)										
*Public sector NSP^*	n=18		n=21		n=21		n=26		n=26	
Fixed	12	(67)	13	(62)	13	(62)	16	(62)	16	(62)
Outreach/mobile	0	(0)	4	(19)	4	(19)	4	(15)	4	(15)
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	(33)	8	(38)	8	(38)	10	(38)	10	(38)
Peer distribution	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Postal*	--	--	--	--	--	--	2	(13)	2	(13)
Pharmacy sector (fixed)	37	(100)	39	(100)	42	(100)	42	(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 2024

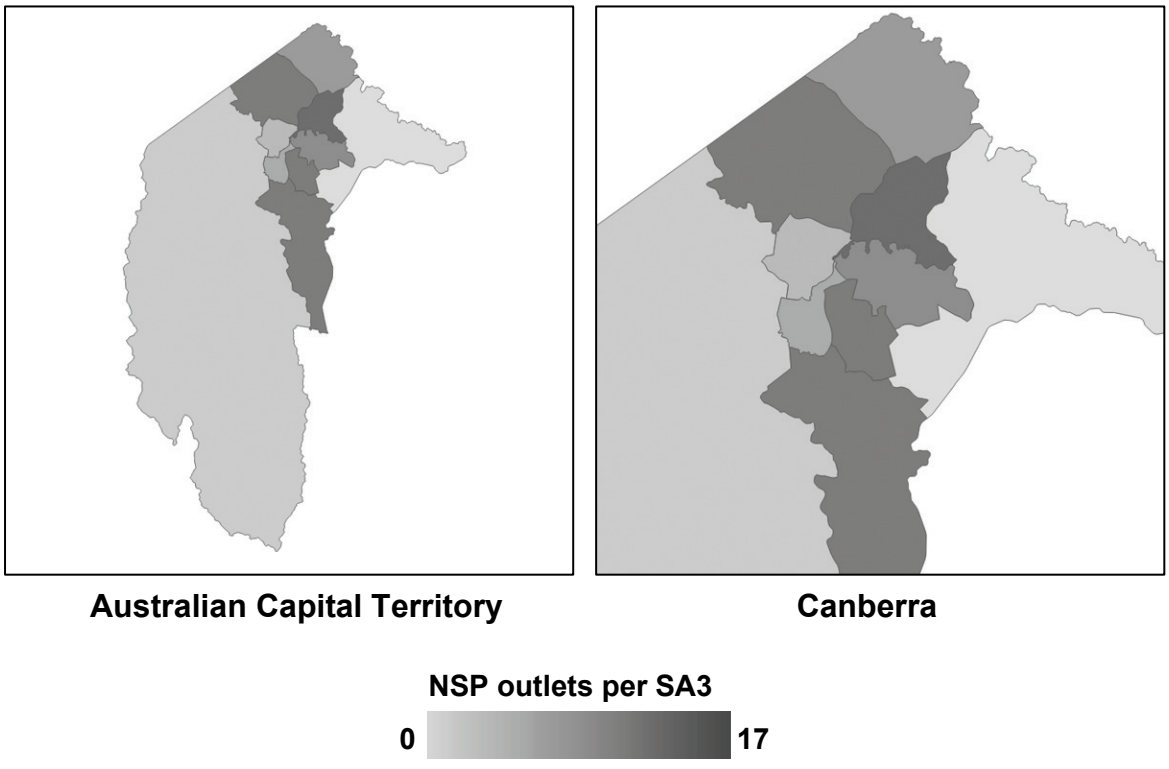


Table B.2.3 Occasions of service-level data, 2020-2024

Australian Capital Territory	2020		2021		2022		2023		2024	
Client-level	n=67		n=58		n=111		n=167		n=130	
Age (%)										
<20 years	1	(1)	0	(0)	0	(0)	2	(1)	1	(1)
20-29 years	11	(16)	10	(17)	10	(9)	13	(8)	17	(13)
30-39 years	12	(18)	10	(17)	30	(27)	45	(27)	33	(25)
40-49 years	23	(34)	19	(33)	40	(36)	69	(41)	44	(34)
50+ years	20	(30)	19	(33)	31	(28)	38	(23)	35	(27)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Aged <25 (%)	4	(6)	4	(7)	0	(0)	4	(2)	7	(5)
Gender (%)										
Male	47	(70)	44	(76)	80	(72)	116	(69)	95	(73)
Female	20	(30)	14	(24)	31	(28)	51	(31)	35	(27)
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)	12	(18)	6	(10)	12	(11)	9	(5)	5	(9)
No	50	(75)	52	(90)	99	(89)	158	(95)	52	(90)
Not reported	5	(7)	0	(0)	0	(0)	0	(0)	1	(2)
Drug injected (%)^										
Analgesics	32	(48)	24	(41)	38	(34)	9	(28)	23	(40)
Stimulants and Hallucinogens	22	(33)	14	(24)	28	(25)	14	(44)	27	(47)
Anabolic agents	5	(7)	6	(10)	3	(3)	4	(13)	3	(5)
Other	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	8	(12)	14	(24)	42	(38)	5	(16)	5	(9)
Service-level										
Health education/intervention (%)^										
Yes	52	(78)	48	(98)	77	(69)	32	(100)	58	(100)
No	15	(22)	1	(2)	34	(31)	0	(0)	0	(0)
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)	2	(4)	1	(1)	0	(0)	0	(0)
Other health	13	(25)	11	(23)	32	(42)	16	(50)	26	(45)
Other non-health	35	(67)	35	(73)	44	(57)	16	(50)	32	(55)
More than one	4	(8)	0	(0)	0	(0)	0	(0)	0	(0)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral (%)^										
Yes	0	(0)	2	(4)	2	(2)	0	(0)	7	(12)
No	67	(100)	47	(96)	109	(98)	32	(100)	51	(88)
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)	1	(50)	0	(0)	0	(0)	0	(0)
Other health	0	(0)	1	(50)	0	(0)	0	(0)	6	(86)
Other non-health	0	(0)	0	(0)	2	(100)	0	(0)	1	(14)
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)

^ Not collected in all sites.

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 ~8.4 million people residing in NSW in 2024. NSW Health is responsible for the operation of the NSP via Local Health Districts and non-government organisations. There are 32 primary outlets, 242 secondary outlets, 666 pharmacy NSPs and 298 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 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, 2014/15–2023/24

NSW	Public	%	Pharmacy	%	Total
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
2022/23	13,288,659	92%	1,232,342	8%	14,521,001
2023/24	14,375,360	91%	1,441,847	9%	15,817,207

Table B.3.2 NSP outlet type and method by public and pharmacy sector, 2020-2024

New South Wales	2020		2021		2022		2023		2024	
NSP outlet type (%)	n=1,145		n=1,152		n=1,164		n=1,194		n=1,236	
Primary	29	(3)	29	(3)	31	(3)	31	(3)	32	(3)
Secondary	257	(22)	254	(22)	245	(21)	240	(20)	242	(20)
SDM	269	(23)	274	(24)	273	(23)	287	(24)	296	(24)
Pharmacy	590	(52)	595	(52)	615	(53)	636	(53)	666	(54)
NSP outlet method (%)										
*Public sector NSP^*	n=555		n=557		n=549		n=558		n=570	
Fixed	280	(50)	277	(50)	272	(50)	267	(48)	269	(48)
Outreach/mobile	17	(3)	27	(5)	25	(5)	26	(5)	28	(5)
SDM free	156	(28)	171	(31)	173	(32)	175	(31)	177	(32)
SDM chute	72	(13)	67	(12)	64	(12)	75	(13)	83	(15)
SDM cost	41	(7)	36	(6)	36	(7)	37	(7)	37	(7)
Peer distribution	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Postal*	--	--	--	--	--	--	5	(2)	5	(1)
Pharmacy sector (fixed)	590	(100)	595	(100)	615	(100)	636	(100)	666	(100)

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

-- Not collected

** % denominator = primary + secondary*

Figure B.3.1 Total number of NSP outlets by SA3 in 2024

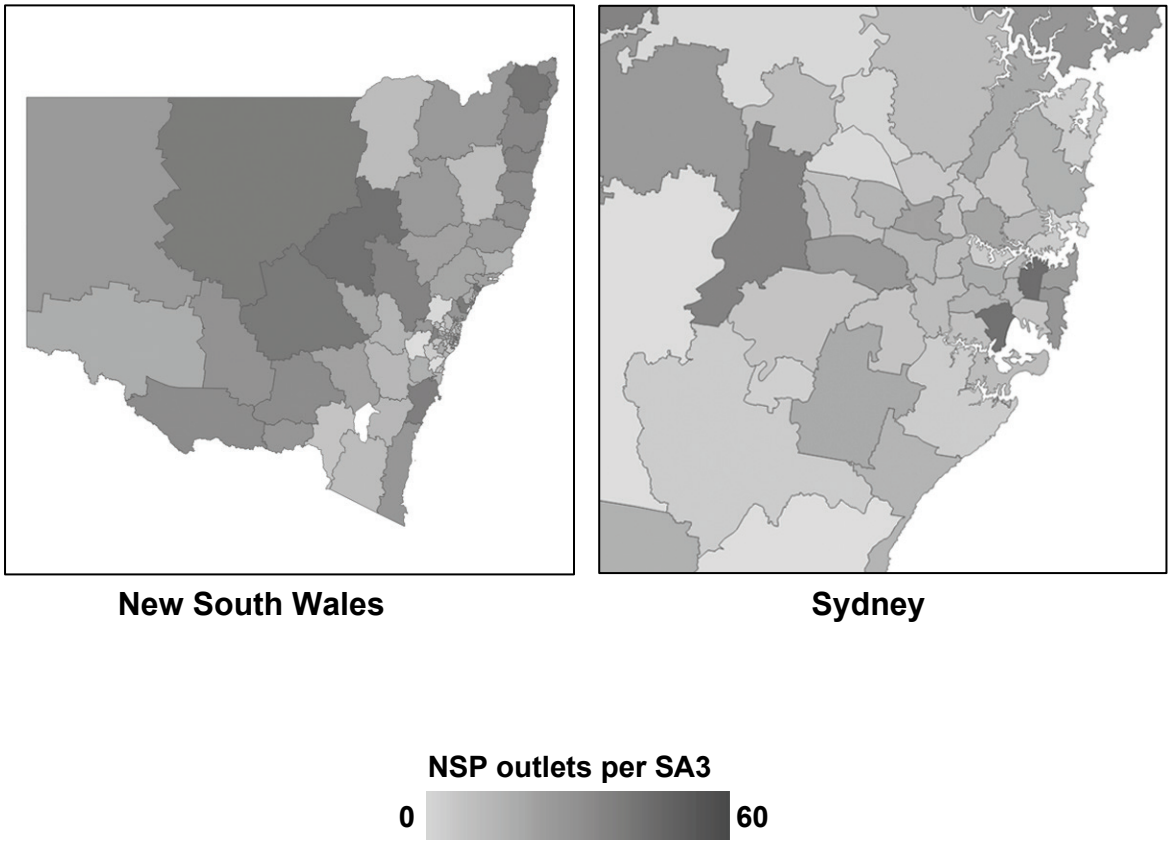


Table B.3.3 Occasions of service-level data, 2020-2024

New South Wales	2020		2021		2022		2023		2024	
Client-level	n=436		n=336		n=316		n=347		n=295	
Age (%)										
<20 years	2	(<1)	1	(<1)	0	(0)	5	(1)	2	(1)
20-29 years	50	(11)	43	(13)	39	(12)	41	(12)	32	(11)
30-39 years	128	(29)	70	(21)	74	(23)	79	(23)	75	(25)
40-49 years	133	(31)	112	(33)	88	(31)	103	(30)	87	(29)
50+ years	107	(25)	93	(28)	85	(27)	108	(31)	82	(28)
Not reported	16	(4)	17	(5)	15	(6)	11	(3)	17	(6)
Aged <25 (%)	24	(6)	9	(3)	11	(3)	18	(5)	16	(5)
Gender (%)										
Male	331	(76)	247	(74)	240	(76)	254	(73)	214	(73)
Female	95	(22)	81	(24)	70	(22)	81	(23)	75	(25)
Other	5	(1)	3	(1)	2	(1)	5	(1)	2	(1)
Not reported	5	(1)	5	(1)	4	(1)	7	(2)	4	(1)
Indigenous status (%)										
Yes (Aboriginal or TSI or both)	88	(20)	70	(21)	73	(23)	87	(25)	75	(25)
No	334	(77)	259	(77)	242	(77)	254	(73)	210	(71)
Not reported	14	(3)	7	(2)	1	(<1)	6	(2)	10	(3)
Drug injected (%)										
Analgesics	193	(44)	165	(49)	136	(43)	151	(44)	126	(43)
Stimulants and Hallucinogens	136	(31)	99	(29)	100	(32)	113	(33)	107	(36)
Anabolic agents	74	(17)	45	(13)	51	(16)	61	(18)	38	(13)
Other	22	(5)	18	(5)	19	(6)	15	(4)	9	(3)
Not reported	11	(3)	9	(3)	10	(3)	7	(2)	15	(5)
Service-level										
Health education/intervention (%)										
Yes	211	(49)	171	(51)	138	(44)	174	(50)	192	(65)
No	219	(51)	165	(49)	178	(56)	173	(50)	103	(35)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	203	(96)	159	(93)	129	(93)	164	(94)	171	(89)
Drug health	1	(<1)	2	(1)	3	(2)	3	(2)	3	(2)
Other health	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Other non-health	7	(3)	10	(6)	6	(4)	7	(4)	18	(9)
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	65	(14)	54	(16)	24	(8)	53	(15)	56	(19)
No	396	(86)	282	(84)	292	(92)	294	(85)	239	(81)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)										
BBV & STI	43	(66)	29	(54)	12	(50)	38	(72)	44	(78)
Drug health	6	(9)	10	(19)	7	(29)	5	(9)	3	(6)
Other health	8	(12)	6	(11)	2	(8)	3	(12)	3	(5)
Other non-health	8	(12)	9	(17)	3	(13)	7	(12)	6	(10)
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 ~254,000 residents in 2024. There are 3 primary outlets, 13 secondary outlets, 19 pharmacy NSPs and 8 SDMs (known as After Hours Dispensing Units (ADUs)). All 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. ADUs were introduced in late 2016 and injecting equipment is accessed free of charge from these units. The majority of ADUs in the NT are free vending, i.e no tokens required. Non-identifiable client-level and service–level OOS data are collected at all primary and some 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, 2014/15-2023/24

NT	Public	%	Pharmacy	%	Total
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
2022/23	357,087	98%	6,895	2%	363,982
2023/24	448,903	97%	11,820	3%	460,723

Table B.4.2 NSP outlet type and method by public and pharmacy sector, 2020-2024

Northern Territory	2020		2021		2022		2023		2024	
NSP outlet type (%)	n=40		n=35		n=44		n=44		n=43	
Primary	3	(8)	3	(9)	3	(7)	3	(7)	3	(7)
Secondary	10	(25)	10	(29)	12	(27)	12	(27)	13	(30)
SDM	4	(10)	6	(17)	8	(18)	8	(18)	8	(19)
Pharmacy	23	(58)	16	(46)	21	(48)	21	(48)	19	(44)
NSP outlet method (%)										
*Public sector NSP^*	n=17		n=19		n=23		n=23		n=24	
Fixed	13	(76)	13	(68)	15	(65)	15	(65)	16	(67)
Outreach/mobile	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM free	4	(24)	6	(32)	8	(35)	8	(35)	8	(33)
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)
Postal*	--	--	--	--	--	--	1	(7)	0	(0)
Pharmacy sector (fixed)	23	(100)	16	(100)	21	(100)	21	(100)	19	(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 2024

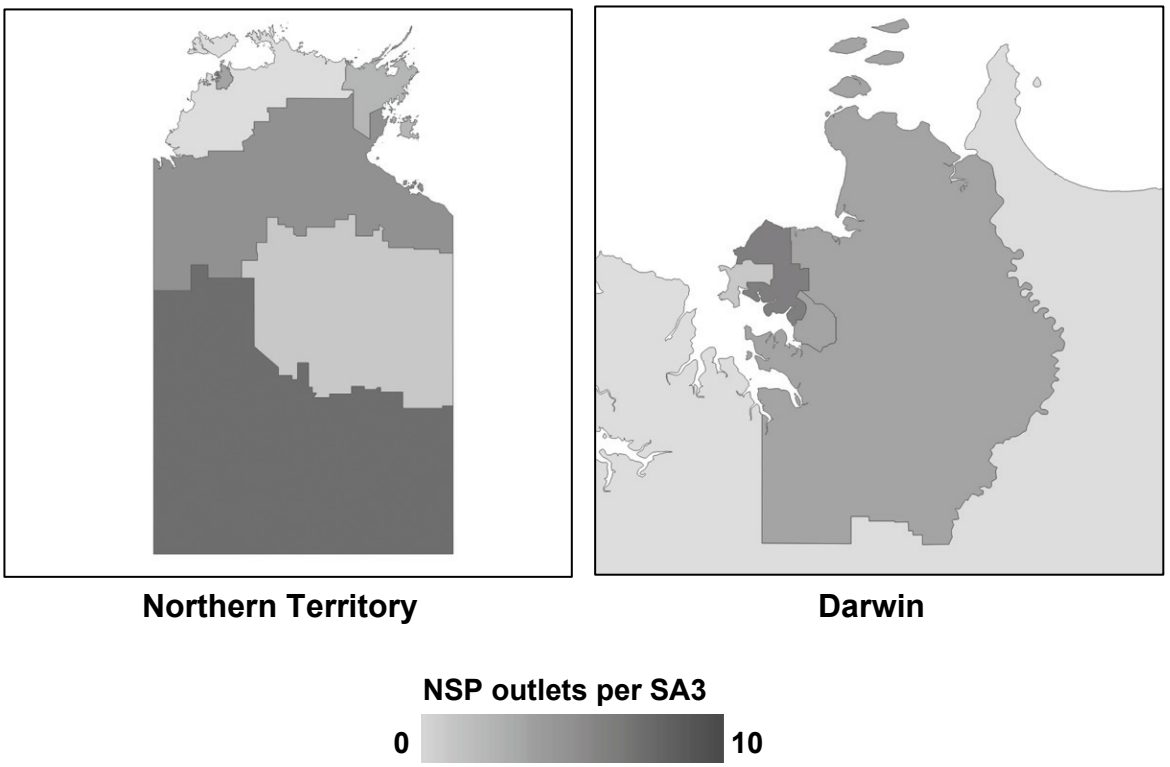


Table B.4.3 Occasions of service-level data, 2020-2024

Northern Territory	2020		2021		2022		2023		2024	
Client-level	n=45		n=33		n=28		n=25		n=32	
Age (%)										
<20 years	0	(0)	0	(0)	0	(0)	0	(0)	1	(3)
20-29 years	4	(9)	3	(9)	4	(14)	3	(12)	6	(19)
30-39 years	14	(31)	12	(36)	12	(43)	5	(20)	10	(31)
40-49 years	13	(29)	11	(33)	6	(21)	9	(36)	8	(25)
50+ years	13	(29)	7	(21)	6	(21)	8	(32)	7	(22)
Not reported	1	(2)	0	(0)	0	(0)	0	(0)	0	(0)
Aged <25 (%)	4	(9)	3	(9)	4	(14)	3	(12)	4	(13)
Gender (%)										
Male	33	(73)	26	(79)	19	(68)	18	(72)	21	(66)
Female	12	(27)	7	(21)	9	(32)	7	(28)	11	(34)
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)	17	(38)	13	(39)	11	(39)	9	(36)	12	(38)
No	27	(60)	20	(61)	17	(61)	16	(64)	20	(63)
Not reported	1	(2)	0	(0)	0	(0)	0	(0)	0	(0)
Drug injected (%)										
Analgesics	10	(22)	6	(18)	5	(18)	2	(8)	5	(16)
Stimulants and Hallucinogens	22	(49)	21	(64)	20	(71)	17	(68)	20	(63)
Anabolic agents	1	(2)	3	(9)	1	(4)	2	(8)	2	(6)
Other	5	(11)	1	(3)	2	(7)	1	(4)	5	(16)
Not reported	7	(16)	2	(6)	0	(0)	3	(12)	0	(0)
Service-level										
Health education/intervention (%)										
Yes	8	(18)	7	(21)	0	(0)	2	(8)	2	(6)
No	37	(82)	26	(79)	28	(100)	23	(92)	30	(94)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	7	(88)	7	(100)	0	(0)	2	(100)	2	(100)
Drug health	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Other health	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Other non-health	1	(13)	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)
Referral (%)										
Yes	1	(2)	0	(0)	0	(0)	0	(0)	0	(0)
No	44	(98)	33	(100)	28	(100)	25	(100)	32	(100)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)										
BBV & STI	1	(100)	0	(0)	0	(0)	0	(0)	0	(0)
Drug health	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Other health	0	(0)	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 ~5.5 million residents in 2024. Queensland NSP (QNSP) supports a network of 19 primary NSPs, 141 secondary NSPs, 935 pharmacy NSPs and 85 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 (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, 2014/15-2023/24

QLD	Public	%	Pharmacy	%	Total
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
2022/23	9,375,920	81%	2,265,425	19%	11,641,345
2023/24	10,536,360	81%	2,421,450	19%	12,957,810

Table B.5.2 NSP outlet type and method by public and pharmacy sector, 2020-2024

Queensland	2020		2021		2022		2023		2024	
NSP outlet type (%)	n=1,027		n=1,050		n=1,080		n=1,099		n=1,180	
Primary	19	(2)	20	(2)	20	(2)	20	(2)	19	(2)
Secondary	132	(13)	117	(11)	117	(11)	117	(11)	141	(12)
SDM	63	(6)	70	(7)	70	(6)	70	(6)	85	(6)
Pharmacy	813	(79)	843	(80)	873	(81)	892	(81)	935	(80)
NSP outlet method (%)										
*Public sector NSP^*	n=214		n=207		n=207		n=207		n=245	
Fixed	151	(71)	137	(66)	137	(66)	137	(66)	159	(65)
Outreach/mobile	0	(0)	0	(0)	0	(0)	0	(0)	1	(<1)
SDM free	0	(0)	0	(0)	0	(0)	0	(0)	1	(<1)
SDM chute	0	(0)	0	(0)	0	(0)	0	(0)	3	(1)
SDM cost	63	(29)	70	(34)	70	(34)	70	(34)	81	(33)
Peer distribution	6	(3)	6	(3)	6	(3)	6	(3)	6	(3)
Postal*	--	--	--	--	--	--	4	(3)	4	(3)
Pharmacy sector (fixed)	813	(100)	843	(100)	873	(100)	892	(100)	935	(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 2024

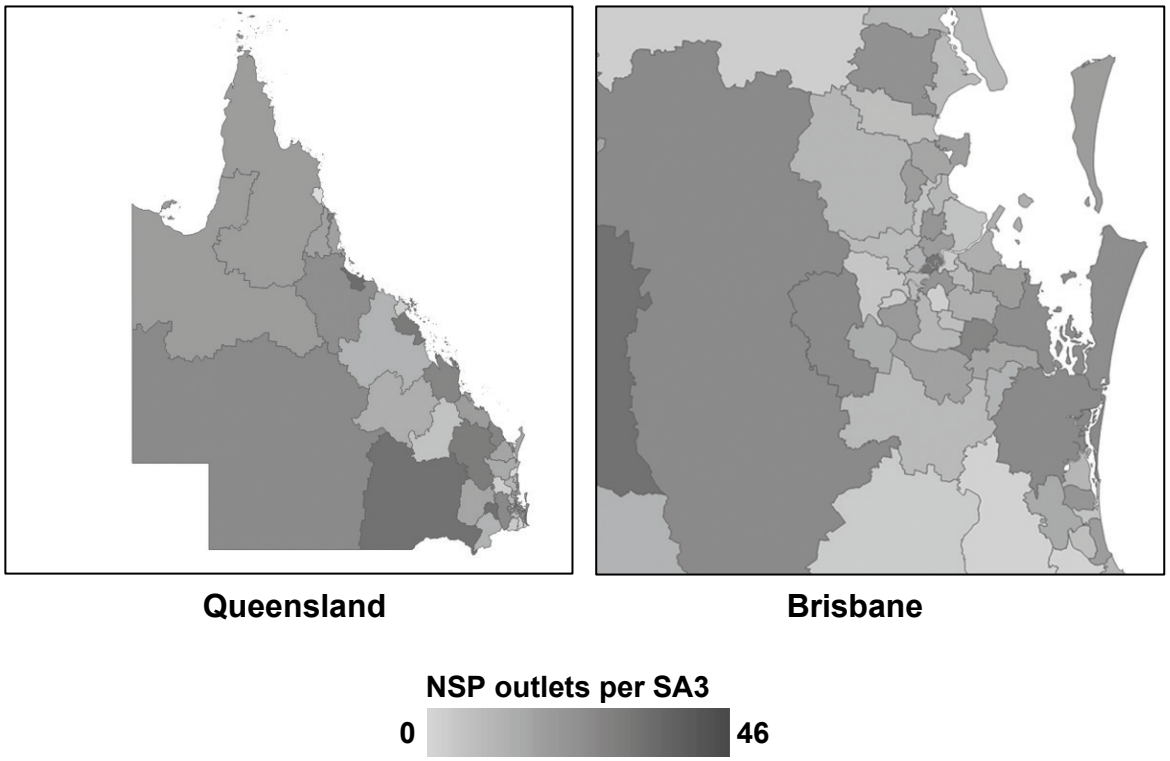


Table B.5.3 Occasions of service-level data, 2020-2024

Queensland	2020		2021		2022		2023		2024	
Client-level	n=729		n=637		n=637~		n=461		n=449	
Age (%)										
<20 years	5	(1)	7	(1)	7	(1)	4	(1)	1	(<1)
20-29 years	91	(12)	70	(11)	70	(11)	52	(11)	46	(10)
30-39 years	219	(30)	180	(28)	180	(28)	135	(29)	120	(27)
40-49 years	286	(39)	227	(36)	227	(36)	174	(38)	162	(36)
50+ years	125	(17)	143	(22)	143	(22)	96	(21)	118	(26)
Not reported	3	(<1)	10	(2)	10	(2)	0	(0)	2	(<1)
Aged <25 (%)	29	(4)	30	(5)	30	(5)	17	(4)	17	(4)
Gender (%)										
Male	554	(76)	465	(73)	465	(73)	346	(75)	345	(77)
Female	174	(24)	164	(26)	164	(26)	115	(25)	104	(23)
Other	0	(0)	1	(<1)	1	(<1)	0	(0)	0	(0)
Not reported	1	(<1)	7	(1)	7	(1)	0	(0)	0	(0)
Indigenous status (%)										
Yes (Aboriginal or TSI or both)	125	(17)	135	(21)	135	(21)	93	(20)	74	(16)
No	583	(80)	479	(75)	479	(75)	368	(80)	372	(83)
Not reported	21	(3)	23	(4)	23	(4)	0	(0)	3	(1)
Drug injected (%)										
Analgesics	288	(40)	261	(41)	261	(41)	133	(29)	109	(24)
Stimulants and Hallucinogens	305	(42)	269	(42)	269	(42)	225	(49)	225	(50)
Anabolic agents	61	(8)	57	(9)	57	(9)	80	(17)	65	(14)
Other	44	(6)	31	(5)	31	(5)	16	(3)	37	(8)
Not reported	31	(4)	19	(3)	19	(3)	7	(2)	13	(3)
Service-level										
Health education/intervention (%)										
Yes	264	(36)	198	(31)	198	(31)	179	(39)	166	(37)
No	465	(64)	439	(69)	439	(69)	282	(61)	283	(63)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	125	(47)	96	(48)	96	(48)	98	(55)	71	(43)
Drug health	10	(4)	11	(6)	11	(6)	7	(4)	8	(5)
Other health	27	(10)	41	(21)	41	(21)	3	(2)	9	(5)
Other non-health	20	(8)	28	(14)	28	(14)	3	(2)	15	(9)
More than one	82	(31)	22	(11)	22	(11)	68	(38)	63	(38)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral (%)										
Yes	41	(6)	29	(5)	29	(5)	19	(4)	17	(4)
No	688	(94)	608	(95)	608	(95)	442	(96)	432	(96)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)										
BBV & STI	13	(32)	9	(31)	9	(31)	5	(26)	6	(35)
Drug health	7	(17)	9	(31)	9	(31)	2	(11)	3	(18)
Other health	7	(17)	5	(17)	5	(17)	4	(21)	3	(18)
Other non-health	9	(22)	5	(17)	5	(17)	8	(42)	5	(29)
Peer based	5	(12)	1	(3)	1	(3)	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)

~ 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 ~1.87 million residents in 2024. The needle syringe program (formerly known as '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. NSP services are provided at a range of sites in metropolitan and regional South Australia with 8 primary outlets, 77 secondary outlets, 315 pharmacy NSPs and 19 SDMs. SDMs dispense packs for free 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, 2014/15-2023/24

SA	Public	%	Pharmacy	%	Total
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
2022/23	3,068,765	95%	145,600	5%	3,214,365
2023/24	2,611,593	94%	158,500	6%	2,770,093

Table B.6.2 NSP outlet type and method by public and pharmacy sector, 2020-2024

South Australia	2020		2021		2022		2023		2024	
NSP outlet type (%)	n=380		n=394		n=402		n=419		n=419	
Primary	8	(2)	8	(2)	8	(2)	8	(2)	8	(2)
Secondary	77	(20)	78	(20)	77	(19)	77	(18)	77	(18)
SDM	8	(2)	14	(4)	16	(4)	19	(5)	19	(5)
Pharmacy	287	(76)	294	(75)	301	(75)	315	(75)	315	(75)
NSP outlet method (%)										
*Public sector NSP^*	n=93		n=100		n=101		n=104		n=104	
Fixed	84	(90)	85	(85)	84	(83)	84	(81)	83	(80)
Outreach/mobile	4	(4)	4	(4)	4	(4)	4	(4)	4	(4)
SDM free	0	(0)	6	(6)	8	(8)	13	(13)	19	(18)
SDM chute	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM cost	8	(9)	8	(8)	8	(8)	6	(6)	0	(0)
Peer distribution	10	(11)	10	(10)	10	(10)	10	(10)	10	(10)
Postal*	--	--	--	--	--	--	0	(0)	0	(0)
Pharmacy sector (fixed)	287	(100)	294	(100)	301	(100)	315	(100)	315	(100)

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

Figure B.6.1 Total number of NSP outlets by SA3 in 2024

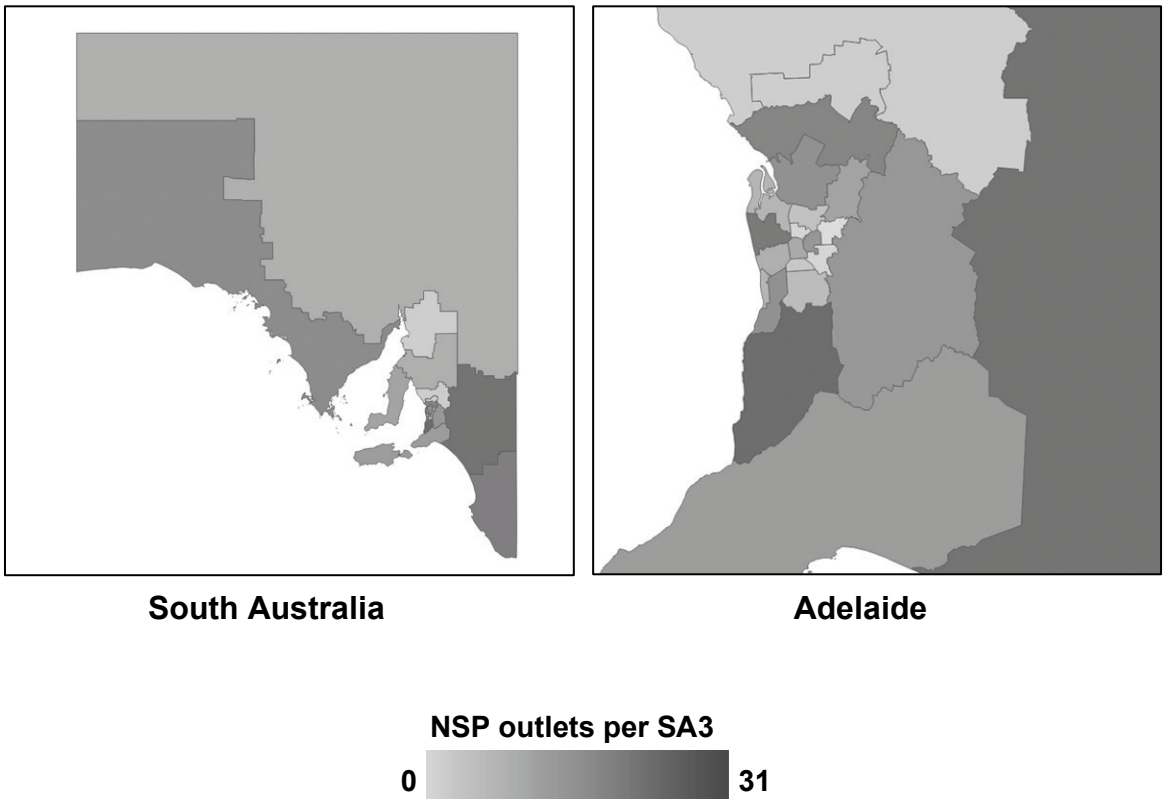


Table B.6.3 Occasions of service-level data, 2020-2024

South Australia	2020		2021		2022		2023		2024	
Client-level	n=269		n=226		n=221		n=222		n=210	
Age (%)										
<20 years	0	(0)	0	(0)	0	(0)	2	(1)	3	(1)
20-29 years	21	(8)	12	(5)	16	(7)	14	(6)	14	(7)
30-39 years	78	(29)	52	(23)	49	(22)	47	(21)	34	(16)
40-49 years	92	(34)	97	(43)	80	(36)	89	(40)	87	(41)
50+ years	68	(25)	62	(27)	76	(34)	70	(32)	72	(34)
Not reported	10	(4)	3	(1)	0	(0)	0	(0)	0	(0)
Aged <25 (%)	9	(3)	6	(3)	8	(4)	6	(3)	8	(4)
Gender (%)										
Male	167	(62)	154	(68)	148	(67)	130	(59)	159	(76)
Female	102	(38)	71	(31)	73	(33)	53	(24)	48	(23)
Other	0	(0)	1	(<1)	0	(0)	0	(0)	3	(1)
Not reported	0	(0)	0	(0)	0	(0)	39	(18)	0	(0)
Indigenous status (%)^										
Yes (Aboriginal or TSI or both)	65	(25)	40	(18)	43	(20)	58	(26)	84	(40)
No	174	(67)	176	(82)	170	(77)	157	(71)	126	(60)
Not reported	19	(7)	0	(0)	7	(3)	7	(3)	0	(0)
Drug injected (%)^										
Analgesics	44	(16)	59	(26)	49	(22)	57	(26)	49	(23)
Stimulants and Hallucinogens	173	(64)	123	(54)	126	(57)	126	(57)	113	(54)
Anabolic agents	8	(3)	14	(6)	14	(6)	15	(7)	19	(9)
Other	19	(7)	13	(6)	12	(5)	4	(2)	6	(3)
Not reported	25	(9)	17	(8)	20	(9)	20	(9)	23	(11)
Service-level										
Health education/intervention (%)^										
Yes	31	(16)	61	(34)	56	(32)	8	(4)	38	(34)
No	164	(84)	121	(66)	118	(68)	180	(81)	75	(66)
Not reported	0	(0)	0	(0)	0	(0)	34	(15)	0	(0)
Referral (%)^										
Yes	23	(12)	42	(23)	39	(22)	45	(20)	52	(25)
No	172	(88)	140	(77)	135	(78)	177	(80)	158	(75)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)^										
BBV & STI	4	(17)	4	(10)	2	(5)	22	(49)	28	(54)
Drug health	3	(13)	0	(0)	3	(8)	2	(4)	1	(2)
Other health	6	(26)	29	(69)	31	(79)	5	(11)	1	(2)
Other non-health	0	(0)	0	(0)	0	(0)	13	(29)	19	(37)
Peer based	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
More than one	10	(43)	9	(21)	3	(8)	3	(7)	3	(6)
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 ~575,000 in 2024. 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 7 primary outlets, 20 secondary outlets, 97 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 is accessed in real-time by the Tasmanian Department of Health.

Table B.7.1 Needle and syringe distribution by public and pharmacy sector, 2014/15-2023/24

TAS	Public	%	Pharmacy	%	Total
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
2022/23	787,850	92%	71,200	8%	859,050
2023/24	866,721	93%	69,823	7%	936,544

- data not available

Note: includes updated data for 2019/20, 2020/21 and 2022/23

Table B.7.2 NSP outlet type and method by public and pharmacy sector, 2020-2024

Tasmania	2020		2021		2022		2023		2024	
NSP outlet type (%)	n=125		n=121		n=124		n=130		n=129	
Primary	7	(6)	7	(6)	7	(6)	7	(5)	7	(5)
Secondary	18	(14)	19	(16)	21	(17)	21	(16)	20	(16)
SDM	6	(5)	5	(4)	5	(4)	5	(4)	5	(4)
Pharmacy	94	(75)	90	(74)	91	(73)	97	(75)	97	(75)
NSP outlet method (%)										
*Public sector NSP^*	n=31		n=31		n=33		n=33		n=32	
Fixed	25	(81)	26	(84)	26	(79)	28	(85)	27	(84)
Outreach/mobile	0	(0)	0	(0)	2	(6)	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	6	(19)	5	(16)	5	(15)	5	(15)	5	(16)
Peer distribution	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Postal*	--	--	--	--	--	--	2	(7)	2	(6)
Pharmacy sector (fixed)	94	(100)	90	(100)	91	(100)	97	(100)	97	(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 2024

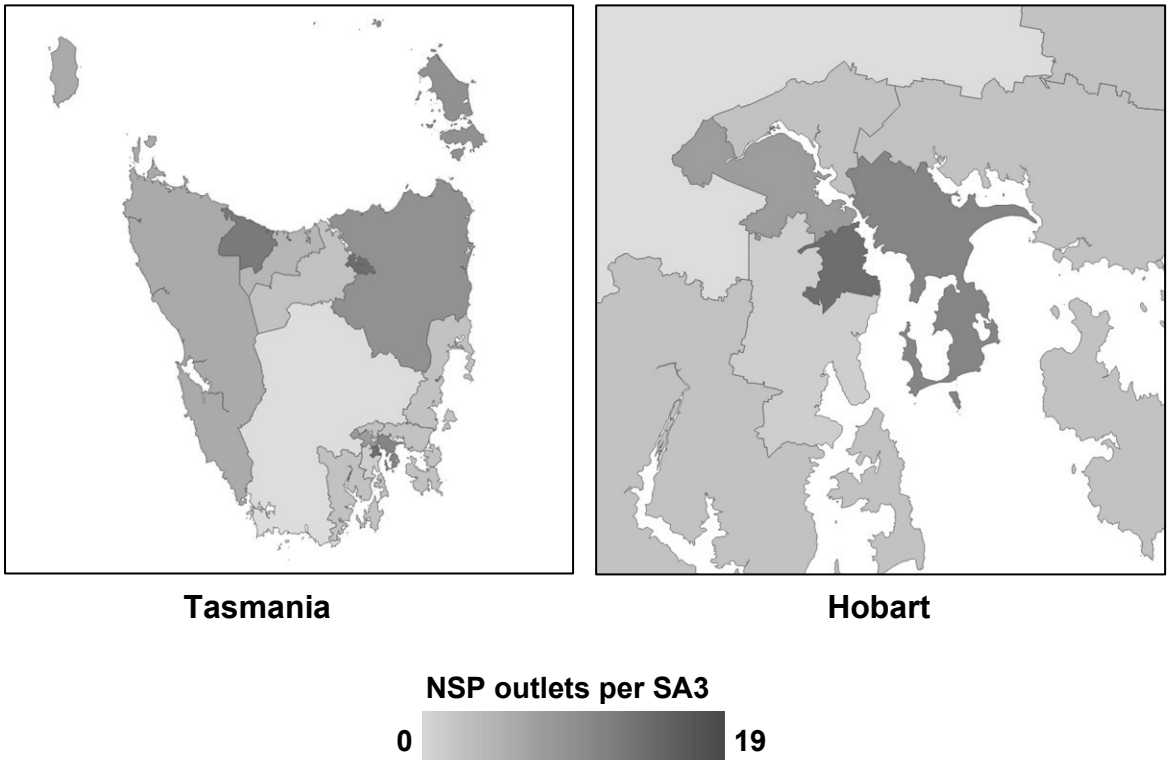


Table B.7.3 Occasions of service-level data, 2020-2024

Tasmania	2020		2021		2022		2023		2024	
Client-level	n=86		n=71		n=69		n=78		n=65	
Age (%)										
<20 years	0	(0)	0	(0)	0	(0)	0	(0)	1	(2)
20-29 years	6	(7)	7	(10)	2	(3)	7	(9)	4	(6)
30-39 years	24	(28)	26	(37)	23	(33)	18	(23)	15	(23)
40-49 years	29	(34)	21	(30)	22	(32)	27	(35)	30	(46)
50+ years	27	(31)	16	(23)	22	(32)	26	(33)	15	(23)
Not reported	0	(0)	1	(1)	0	(0)	0	(0)	0	(0)
Aged <25	4	(5)	1	(1)	1	(1)	1	(1)	2	(3)
Gender (%)										
Male	68	(79)	47	(66)	49	(71)	51	(65)	45	(69)
Female	18	(21)	24	(34)	20	(29)	27	(35)	20	(31)
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)	10	(12)	11	(15)	12	(17)	12	(15)	10	(15)
No	76	(88)	60	(85)	57	(83)	66	(85)	55	(85)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Drug injected (%)										
Analgesics	28	(33)	22	(31)	24	(35)	38	(49)	16	(25)
Stimulants and Hallucinogens	51	(59)	43	(61)	39	(57)	31	(40)	41	(63)
Anabolic agents	2	(2)	0	(0)	4	(6)	3	(4)	4	(6)
Other	5	(6)	5	(7)	1	(1)	3	(4)	4	(6)
Not reported	0	(0)	1	(1)	1	(1)	3	(4)	0	(0)
Service-level										
Health education/intervention (%)										
Yes	22	(26)	31	(44)	32	(46)	30	(38)	32	(49)
No	64	(74)	40	(56)	37	(54)	48	(62)	33	(51)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	5	(23)	9	(29)	11	(34)	24	(80)	13	(41)
Drug health	3	(14)	2	(6)	0	(0)	0	(0)	1	(3)
Other health	3	(14)	9	(29)	1	(3)	0	(0)	0	(0)
Other non-health	8	(36)	0	(0)	2	(6)	1	(3)	4	(13)
More than one	3	(14)	11	(35)	18	(56)	5	(17)	14	(44)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral (%)										
Yes	2	(2)	2	(3)	12	(17)	7	(9)	7	(11)
No	84	(98)	69	(97)	57	(83)	71	(91)	58	(89)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)										
BBV & STI	1	(50)	0	(0)	8	(67)	6	(86)	6	(86)
Drug health	0	(0)	1	(50)	1	(8)	0	(0)	0	(0)
Other health	1	(50)	1	(50)	1	(8)	0	(0)	1	(14)
Other non-health	0	(0)	0	(0)	0	(0)	1	(14)	0	(0)
Peer based	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
More than one	0	(0)	0	(0)	2	(17)	0	(0)	0	(0)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)

B.8 Victoria

Description of NSP services in Victoria

Victoria is the second most populous state or territory in Australia, with ~6.96 million residents in 2024. 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 20 primary outlets, 302 secondary outlets, 557 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. Non-identifiable client-level and service–level OOS data are collected at all primary and secondary NSP services in Victoria. Line-item OOS data are entered directly into the new NSP Portal (NSPP) to collect NSP transaction data in Victoria. The NSP Portal replaces both NSPISAR and paper forms and provides powerful reporting tools, at both agency and Department of Health levels. The NSP Portal went live in late 2022 and there have been a number of technical, change management and user issues which would account for any variation to data reporting over this reporting period. All NSP NMDC client-level and service-level data elements are collected.

Table B.8.1 Needle and syringe distribution by public and pharmacy sector, 2014/15-2023/24

VIC	Public	%	Pharmacy	%	Total
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
2022/23	12,286,655	95%	690,447	5%	12,977,102
2023/24	12,962,130	95%	671,876	5%	13,634,006

Table B.8.2 NSP outlet type and method by public and pharmacy sector, 2020-2024

Victoria	2020		2021		2022		2023#		2024	
NSP outlet type (%)	n=660		n=679		n=776		n=776		n=906	
Primary	17	(3)	18	(3)	18	(2)	18	(2)	20	(2)
Secondary	202	(31)	204	(30)	243	(31)	243	(31)	302	(33)
SDM	14	(2)	14	(2)	27	(3)	27	(3)	27	(3)
Pharmacy	427	(65)	443	(65)	488	(63)	488	(63)	557	(61)
NSP outlet method (%)										
*Public sector NSP^*	n=233		n=236		n=256		n=256		n=349	
Fixed	214	(92)	217	(92)	256	(100)	256	(100)	317	(91)
Outreach/mobile	37	(16)	40	(17)	42	(16)	42	(16)	36	(10)
SDM free	14	(6)	14	(6)	27	(11)	27	(11)	27	(8)
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)
Postal*	--	--	--	--	--	--	0	(0)	0	(0)
Pharmacy sector (fixed)	427	(100)	443	(100)	488	(100)	488	(100)	557	(100)

 # Estimate based on 2022 data
^ Public sector NSPs may have more than one NSP outlet method
** not collected*

Figure B.8.1 Total number of NSP outlets by SA3 in 2024

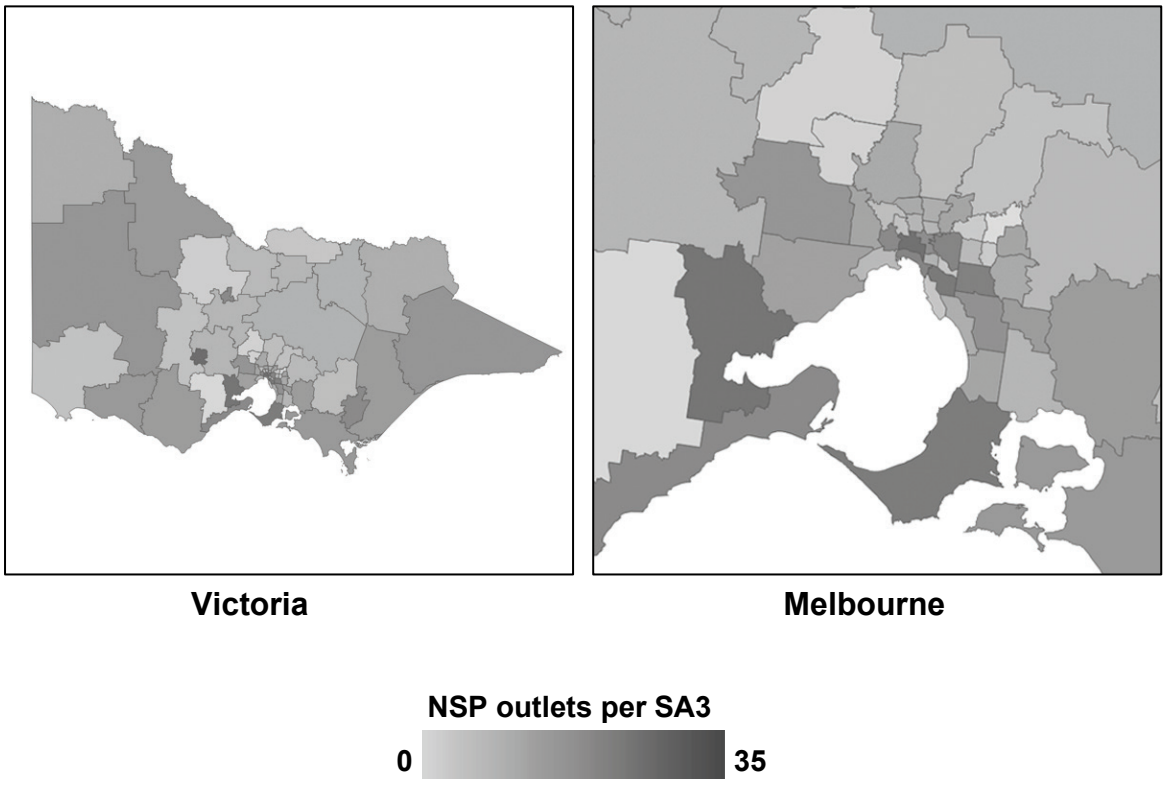


Table B.8.3 Occasions of service-level data, 2020-2024

Victoria	2020		2021		2022		2023*		2024	
Client-level	n=576		n=350		n=420		n=348		n=658	
Age (%)										
<18 years	1	(<1)	0	(0)	0	(0)				
18-20 years/ <20 years*	3	(1)	0	(0)	4	(1)	2	(1)	9	(1)
21-25 years	12	(2)	4	(1)	9	(2)				
26-30 years/ 20-29 years*	44	(8)	36	(10)	41	(10)	38	(11)	79	(12)
31-35 years/ 30-39 years*	133	(23)	89	(25)	101	(24)	102	(29)	174	(26)
36-45 years/ 40-49 years*	254	(44)	139	(40)	149	(35)	130	(37)	221	(34)
46+ years/ 50+ years*	117	(20)	77	(22)	85	(20)	65	(19)	139	(21)
Not reported	12	(2)	5	(1)	31	(7)	11	(3)	36	(5)
Aged <26/ <30 years*	16	(3)	4	(1)	13	(3)	40	(11)	88	(13)
Gender (%)										
Male	435	(76)	254	(73)	321	(76)	251	(72)	459	(70)
Female	131	(23)	90	(26)	79	(19)	82	(24)	154	(23)
Other	0	(0)	0	(0)	0	(0)	0	(0)	20	(3)
Not reported	10	(3)	6	(1)	20	(5)	15	(4)	25	(4)
Indigenous status (%)^										
Yes (Aboriginal or TSI or both)	--	--	--	--	--	--	3	(4)	4	(3)
No	--	--	--	--	--	--	29	(38)	67	(45)
Not reported	--	--	--	--	--	--	44	(58)	79	(53)
Drug injected (%)^										
Analgesics	--	--	--	--	--	--	13	(38)	22	(42)
Stimulants and Hallucinogens	--	--	--	--	--	--	6	(18)	10	(19)
Anabolic agents	--	--	--	--	--	--	13	(38)	12	(23)
Other	--	--	--	--	--	--	2	(6)	9	(17)
Not reported	--	--	--	--	--	--	0	(0)	0	(0)
Service-level										
Health education/intervention (%)^										
Yes	319	(45)	157	(45)	235	(56)	55	(16)	66	(10)
No	257	(55)	193	(55)	185	(44)	293	(84)	592	(90)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	168	(53)	18	(11)	64	(27)	37	(67)	35	(53)
Drug health	2	(1)	13	(8)	3	(1)	1	(2)	15	(23)
Other health	34	(11)	91	(58)	119	(51)	2	(4)	3	(5)
Other non-health	1	(<1)	1	(1)	0	(0)	1	(2)	4	(6)
More than one	114	(36)	34	(22)	49	(21)	14	(25)	9	(14)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral (%)^										
Yes	--	--	--	--	--	--	21	(6)	33	(5)
No	--	--	--	--	--	--	327	(94)	625	(95)
Not reported	--	--	--	--	--	--	0	(0)	0	(0)
Referral type (%)^										
BBV & STI	--	--	--	--	--	--	10	(48)	13	(39)
Drug health	--	--	--	--	--	--	1	(5)	1	(3)
Other health	--	--	--	--	--	--	1	(5)	4	(12)
Other non-health	--	--	--	--	--	--	2	(10)	5	(15)
Peer based	--	--	--	--	--	--	0	(0)	0	(0)
More than one	--	--	--	--	--	--	7	(33)	10	(30)
Not reported	--	--	--	--	--	--	0	(0)	0	(0)

Note: ^Indigenous status and drug(s) injected not collected in Victoria 2020-2022 & not collected at all sites in 2023 and 2024. Age groups collected in Victoria not aligned to AGE10P 2020-2022. Referrals and health education/ interventions in Victoria were combined and reported as health education/interventions in the NSP NMDC between 2020-2022.

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 ~2.95 million residents in 2024. NSPs are operated by both government and non-government agencies and are operated through a combination of fixed-sites, outreach, postal and mobile services. Primary NSPs operate as needle and syringe exchange programs (NSEPs) which supply sterile needles and syringes and also accept the return of used injecting equipment. Health service based secondary 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 all SDMs have no cost to the consumer. In Western Australia there are 21 primary outlets, 109 secondary outlets, 589 pharmacies and 8 SDMs. All NSPs provide safe disposal containers with all equipment distributed. 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, 2014/15–2023/24

WA	Public	%	Pharmacy	%	Total
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
2022/23	5,183,992	86%	818,508	14%	6,002,500
2023/24	6,279,625	88%	888,659	12%	7,168,284

Note: includes updated data for 2017/18, 2018/19, 2021/22 and 2022/23

Table B.9.2 NSP outlet type and method by public and pharmacy sector, 2020-2024

Western Australia	2020		2021		2022		2023		2024	
NSP outlet type (%)	n=727		n=727		n=735		n=712		n=727	
Primary	19	(3)	19	(3)	20	(3)	20	(3)	21	(3)
Secondary	105	(14)	107	(15)	107	(15)	109	(15)	109	(15)
SDM	7	(1)	8	(1)	7	(1)	7	(1)	8	(1)
Pharmacy	596	(82)	593	(82)	601	(82)	576	(81)	589	(81)
NSP outlet method (%)										
*Public sector NSP^*	n=131		n=134		n=134		n=136		n=138	
Fixed	114	(87)	116	(87)	117	(87)	119	(88)	120	(87)
Outreach/mobile	16	(12)	16	(12)	16	(12)	18	(13)	18	(13)
SDM free	1	(1)	3	(2)	3	(2)	7	(5)	8	(6)
SDM chute	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
SDM cost	6	(5)	5	(4)	4	(3)	0	(0)	0	(0)
Peer distribution	7	(5)	7	(5)	7	(5)	7	(5)	7	(5)
Postal*	--	--	--	--	--	--	14	(11)	14	(11)
Pharmacy sector (fixed)	596	(100)	593	(100)	601	(100)	576	(100)	589	(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 2024

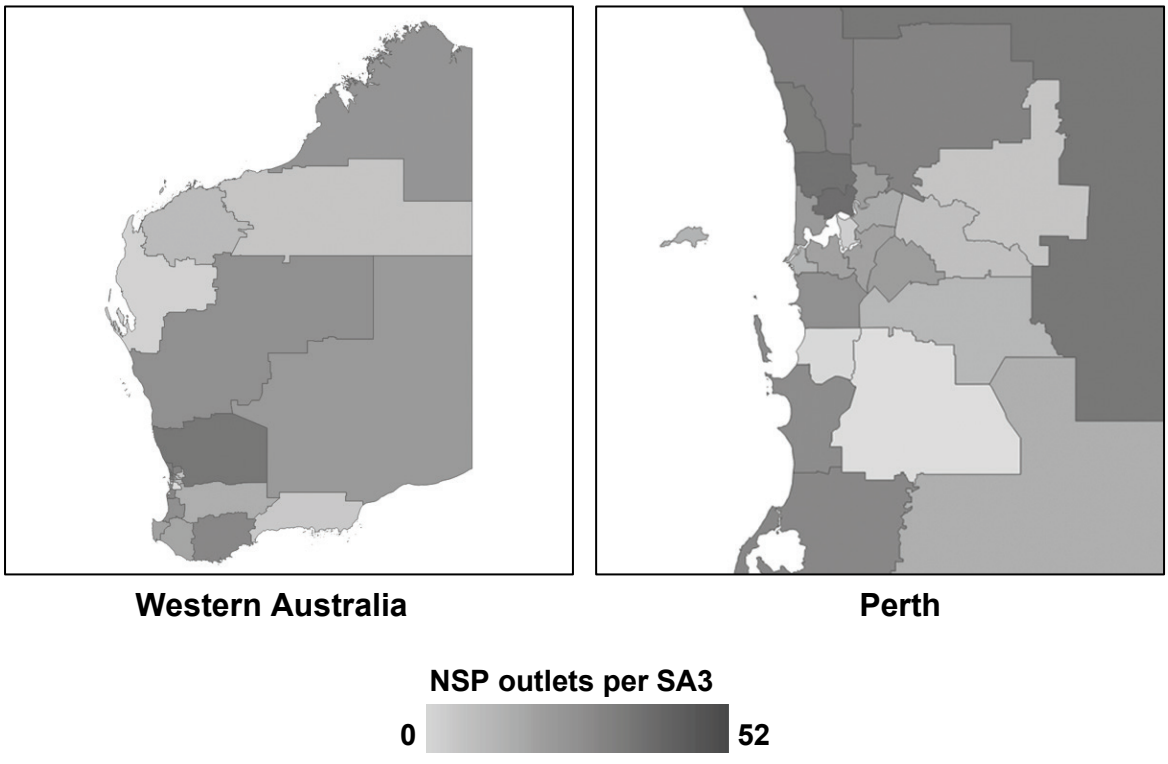


Table B.9.3 Occasions of service-level data, 2020-2024

Western Australia	2020		2021		2022		2023		2024	
Client-level	n=184		n=165		n=108		n=121		n=147	
Age (%)										
<20 years	0	(0)	0	(0)	3	(3)	1	(1)	1	(1)
20-29 years	19	(10)	27	(16)	10	(9)	11	(9)	12	(8)
30-39 years	54	(29)	50	(30)	44	(41)	29	(24)	29	(20)
40-49 years	77	(42)	56	(34)	30	(28)	42	(35)	53	(36)
50+ years	33	(18)	32	(19)	21	(19)	38	(31)	52	(35)
Not reported	1	(1)	0	(0)	0	(0)	0	(0)	0	(0)
Aged <25 (%)	3	(2)	11	(7)	4	(4)	3	(2)	5	(3)
Gender (%)										
Male	108	(59)	111	(67)	72	(67)	88	(73)	95	(65)
Female	73	(40)	54	(33)	35	(32)	32	(26)	51	(35)
Other	3	(2)	0	(0)	0	(0)	1	(1)	1	(1)
Not reported	0	(0)	0	(0)	1	(1)	0	(0)	0	(0)
Indigenous status (%)^										
Yes (Aboriginal or TSI or both)	48	(26)	40	(24)	28	(26)	43	(36)	41	(28)
No	134	(73)	119	(72)	79	(73)	77	(64)	100	(68)
Not reported	2	(1)	6	(4)	1	(1)	1	(1)	6	(4)
Drug injected (%)^										
Analgesics	50	(27)	29	(18)	24	(22)	19	(16)	35	(24)
Stimulants and Hallucinogens	123	(67)	106	(64)	67	(62)	86	(71)	83	(56)
Anabolic agents	5	(3)	10	(6)	10	(9)	9	(7)	10	(7)
Other	4	(2)	6	(4)	3	(3)	4	(3)	13	(9)
Not reported	2	(1)	14	(8)	4	(4)	3	(2)	6	(4)
Service-level										
Health education/intervention (%)^										
Yes	127	(31)	64	(39)	64	(59)	36	(30)	71	(48)
No	57	(69)	101	(61)	44	(41)	85	(70)	76	(52)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
BBV & STI	80	(63)	40	(63)	48	(75)	13	(36)	22	(31)
Drug health	8	(6)	6	(9)	0	(0)	2	(6)	2	(3)
Other health	1	(1)	3	(5)	1	(2)	3	(8)	11	(15)
Other non-health	1	(1)	1	(2)	2	(3)	2	(6)	4	(6)
More than one	37	(29)	12	(19)	13	(20)	16	(44)	32	(45)
Not reported	0	(0)	2	(3)	0	(0)	0	(0)	0	(0)
Referral (%)^										
Yes	32	(17)	10	(6)	7	(6)	15	(12)	19	(13)
No	152	(83)	155	(94)	101	(94)	106	(88)	128	(87)
Not reported	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Referral type (%)^										
BBV & STI	8	(25)	6	(60)	4	(57)	13	(87)	8	(42)
Drug health	11	(34)	2	(20)	3	(43)	1	(7)	6	(32)
Other health	10	(31)	0	(0)	0	(0)	1	(7)	1	(5)
Other non-health	2	(6)	2	(20)	0	(0)	0	(0)	3	(16)
Peer based	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
More than one	0	(0)	0	(0)	0	(0)	0	(0)	1	(5)
Not reported	1	(3)	0	(0)	0	(0)	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)'.