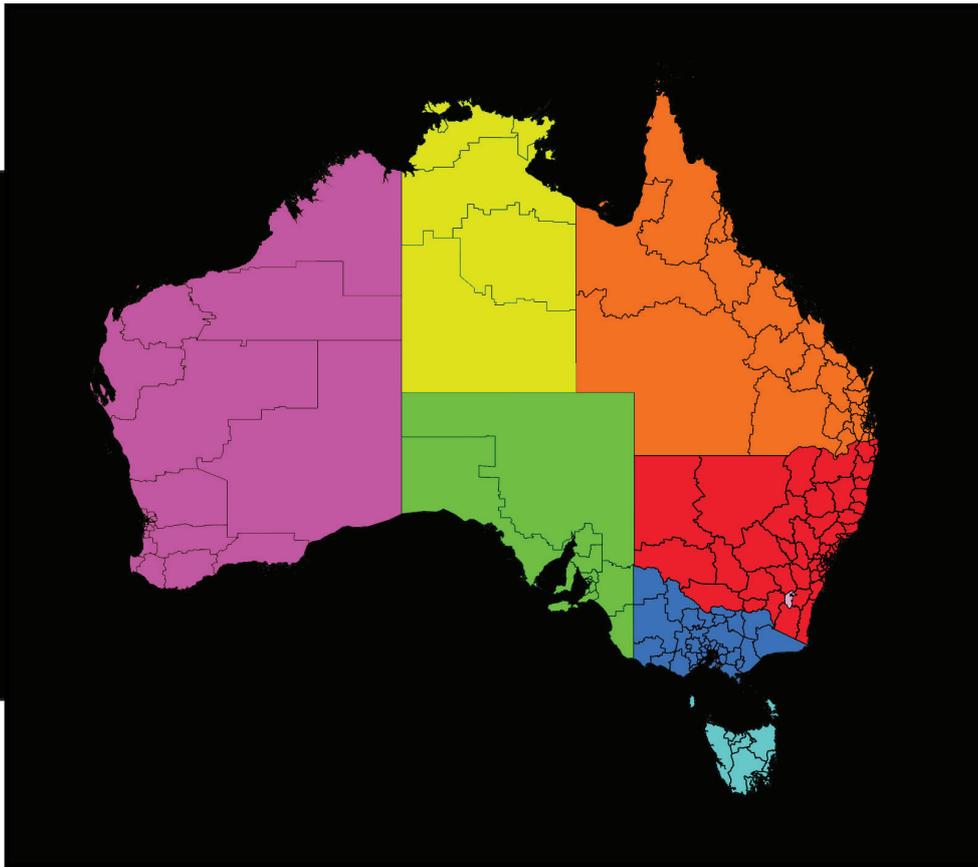


Needle Syringe Program National Minimum Data Collection

NT
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QLD
NSW
ACT
TAS

National Data Report 2019



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Needle Syringe Program National Minimum Data Collection

NATIONAL DATA REPORT 2019

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for infection and immunity in society

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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.

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
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
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.

Since 2017, all jurisdictions have operated the full range of NSP outlet types, with a total of 4,182 NSPs in operation in 2019.

Australia's combined network of jurisdictional NSP services comprised 98 primary, 908 secondary and 2,836 pharmacy NSPs in June 2019. These face to face services were supplemented by 340 syringe dispensing machines (SDMs). There was an steady increase in the number of primary, secondary and pharmacy NSPs over the period 2008 to 2019, while the number of SDMs almost tripled from 118 in 2008 to 340 in 2019.

Take-home naloxone programs are gradually being introduced in Australia and this report provides data on the number of NSPs with programs to facilitate access to take-home naloxone for the first time. In 2019, take-home naloxone programs were available through 66 NSPs in five jurisdictions.

As in previous years, the majority of primary (n=66, 67%) and pharmacy

(n=1,833, 65%) NSPs were located in major cities, while the majority of secondary NSPs (n=667, 73%) and SDMs (n=225, 66%) were located outside major cities in 2019.

In 2019, an estimated 695,000 occasions of service were provided at primary and secondary NSPs.

Based on 2,590 NSP occasions of service (OOS) recorded at primary and secondary NSPs that participated in the NSP NMDC on the 2019 snapshot day and after accounting for services open in the evenings and on weekends, an estimated 695,000 occasions of service were provided by public sector NSPs in 2019.

Almost half of public sector NSP OOS involved provision of a health education intervention and six percent of OOS involved a referral within a service or to an external agency.

Two thirds (62%) of NSP attendees at public sector NSP services on the 2019 snapshot day were aged between 30 and 49 years of age. Young people (aged less than 25 years) comprised 4% of NSP attendees, while older people (aged 50 years or above) comprised 15% of NSP attendees. Almost three in four (73%) NSP attendees were male. Excluding OOS where Indigenous status was not reported, 20% of NSP attendees identified as Aboriginal and/or Torres Strait Islander.

Stimulants and hallucinogens were the most commonly reported drugs injected in Australia in 2019.

Stimulants and hallucinogens (45%) (predominantly methamphetamine) were the most commonly reported drugs injected on the snapshot day in 2019, followed by analgesics (heroin, other opioids and opioid substitution therapies, 35%) and anabolic agents and selected hormones (predominantly anabolic steroids, 8%).

Stimulants and hallucinogens were also the most commonly reported drugs injected among young people (47%), while analgesics were the most commonly reported drugs injected among older people (44%).

In 2018/19, 52.5 million needles and syringes were distributed in Australia.

Over the past ten years, the number of needles and syringes distributed in Australia increased by 51%, with an 18% increase over the past 5 years from 44.6 million in 2014/15 to 52.5 million in 2018/19. Similarly, per capita needle and syringe distribution among the Australian population aged 15-64 years increased from 2.8 syringes per annum in 2014/15 and 3.2 syringes per annum in 2018/19.

In 2018/19, 52.5 million syringes were distributed to an estimated population of 75,178 'regular' PWID in Australia, the equivalent of 698 each per annum or 1.9 per day. Syringe coverage, defined as the proportion of all injections (conducted by people who regularly inject drugs) covered by a sterile syringe was 107% in 2018/19. It should be noted that syringe coverage of greater than 100% is required to allow for syringes utilised by non-regular PWID and wastage, including syringes used for drawing up or failed injection attempts.

1. Introduction

Needle syringe programs (NSPs) have been in operation in Australia since 1986 and are a key component of current and previous National Strategies for reducing blood borne viral (BBV) infections and sexually transmitted infections (STIs)^{1,2}. The aims of the National Strategies are to reduce the transmission of HIV, hepatitis B and hepatitis C, and STIs and to reduce the associated morbidity, mortality and personal and social impacts. It is important to monitor progress towards aims outlined in National Strategies and it is likely that NSP related indicators will be included in the new framework for monitoring national strategies, as occurred in previous years³. NSPs are also a key element of the harm reduction framework outlined in the National Drug Strategy⁴.

NSPs provide a range of services that aim to 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 injecting 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, reported on for the first time in this report.

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 2016⁵, this fourth annual NSP NMDC report provides a national summary of data elements in the NSP NMDC Data Dictionary⁶ and provides a descriptive overview and summary data of NSP services in each jurisdiction.

Nationally collated data has also enabled reporting against key indicators outlined in the National Surveillance and Monitoring Plan 2014-2017 that accompanied Australia's National HIV and National Hepatitis C Strategies and UNAIDS global AIDS monitoring⁷. The framework for monitoring Australia's new national strategies is due be finalised in 2020, while the UNAIDS global AIDS monitoring⁷ indicator is stated: Needles and syringes distributed per person who injects drugs (Numerator: Number of needles/syringes distributed in the past 12 months by NSPs/Denominator: Number of people who inject drugs; disaggregated by cities and other administrative areas of importance).

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

2. NSP Services

NSP outlet type

In Australia, NSP services are available through a range of outlet types. The NSP NMDC Data Dictionary 2019v4⁶ provides the following definitions for NSP outlet type.

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

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

Pharmacy NSPs are community retail pharmacies that dispense needles and syringes to PWID. This includes free dispensing as part of a subsidised scheme, as well as supply of injecting equipment on a commercial basis. Community pharmacies that

independently supply needles and syringes (where there is no association with a state/territory NSP scheme) are not included in the NSP NMDC as there is no way to determine whether syringes are provided to PWID or solely provided to people with medical conditions (for example for IVF treatment).

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

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

In June 2019, there were 4,182 NSPs operating nationally (Figure 2.1) and all jurisdictions operated the full range of NSP outlet types. Pharmacy NSPs were the most common outlet type nationally (n=2,836, 68%) and in all jurisdictions (Figure 2.2). Of the 1,346 public sector outlets operating nationally in 2019, 908 were secondary NSPs, 340 were SDMs

and 98 were primary NSPs. Although there were significantly fewer primary outlets compared to secondary and pharmacy outlets, the comprehensive nature of services provided by primary NSPs offers

opportunities for PWID to access health care and other services that are crucial to the prevention of BBVs and the reduction of drug-related harms to individuals and communities.

Figure 2.1 National NSP services (%) by outlet type in 2019

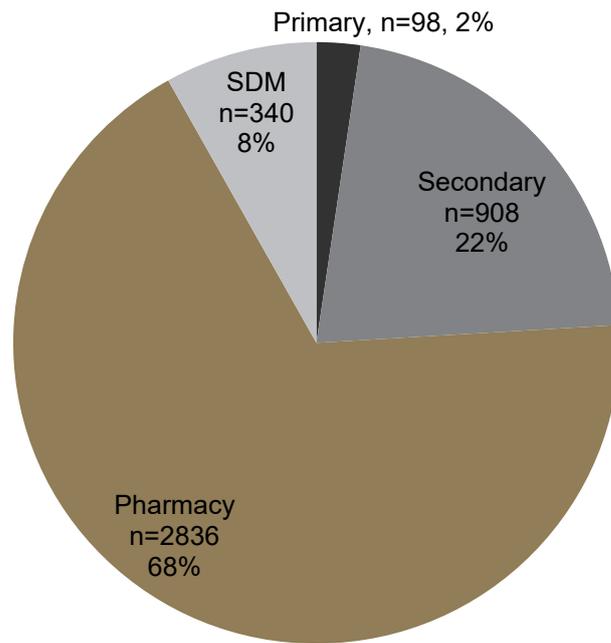
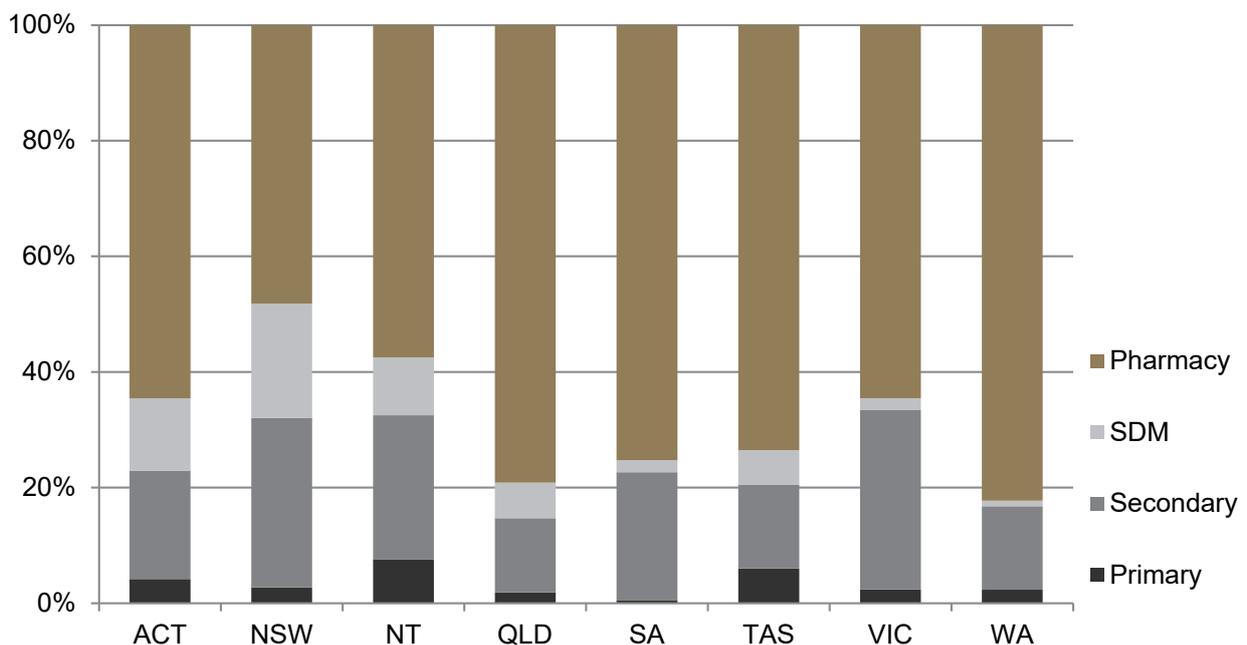


Figure 2.2 Jurisdictional NSP services (%) by outlet type in 2019



Primary and secondary NSPs predominantly operate as fixed site services, although 11 primary and seven secondary NSPs operate outreach services without operating from a fixed site. A substantial proportion (n=39, 40%) of primary NSPs operate multiple modes of service delivery, including a combination of fixed site, mobile, outreach, peer distribution and/or SDM services. A total of 270 secondary outlets across Australia operate SDMs.

SDMs ensure after-hours access to sterile needles and syringes. All jurisdictions operated SDMs in 2019, with 340 SDMs in operation nationally. SDMs predominantly dispense combined 1ml needles and syringes, although a small minority of SDMs dispense larger volume syringes and detachable needles. Just over half of Australian SDMs (54%) dispensed needles and syringes at no cost to the consumer in 2019. Among the remaining SDMs, the majority (98%) required a consumer payment of between \$2 and \$4.

There was a 45% increase in the total number of NSP outlets over the 11-year period 2008-2019 (Table 2.1). There was an increase in all outlet types between 2008 and 2019, including a 15% increase in the number of primary NSPs (from 85 to 98), a 22% increase in the number of secondary NSPs (from 745 to 908), and a 47% increase in the number of pharmacy NSPs (from 1,934 to 2,836). Notably, the number of SDMs operating in Australia almost tripled, from 118 in 2008 to 340 in 2019, with four jurisdictions commencing operation of SDMs over the previous ten years.

Since the inaugural NSP NMDC report in 2016⁵, there was a 19% increase in the total number of NSPs operating in Australia (from 3,509 in 2016 to 4,182 in 2019). The number of pharmacy NSPs increased from 2,321 in 2016 to 2,836 in 2019 and the number of secondary outlets increased from 786 in 2016 to 908 in 2019. The number of primary outlets and SDMs was relatively stable over the same period.

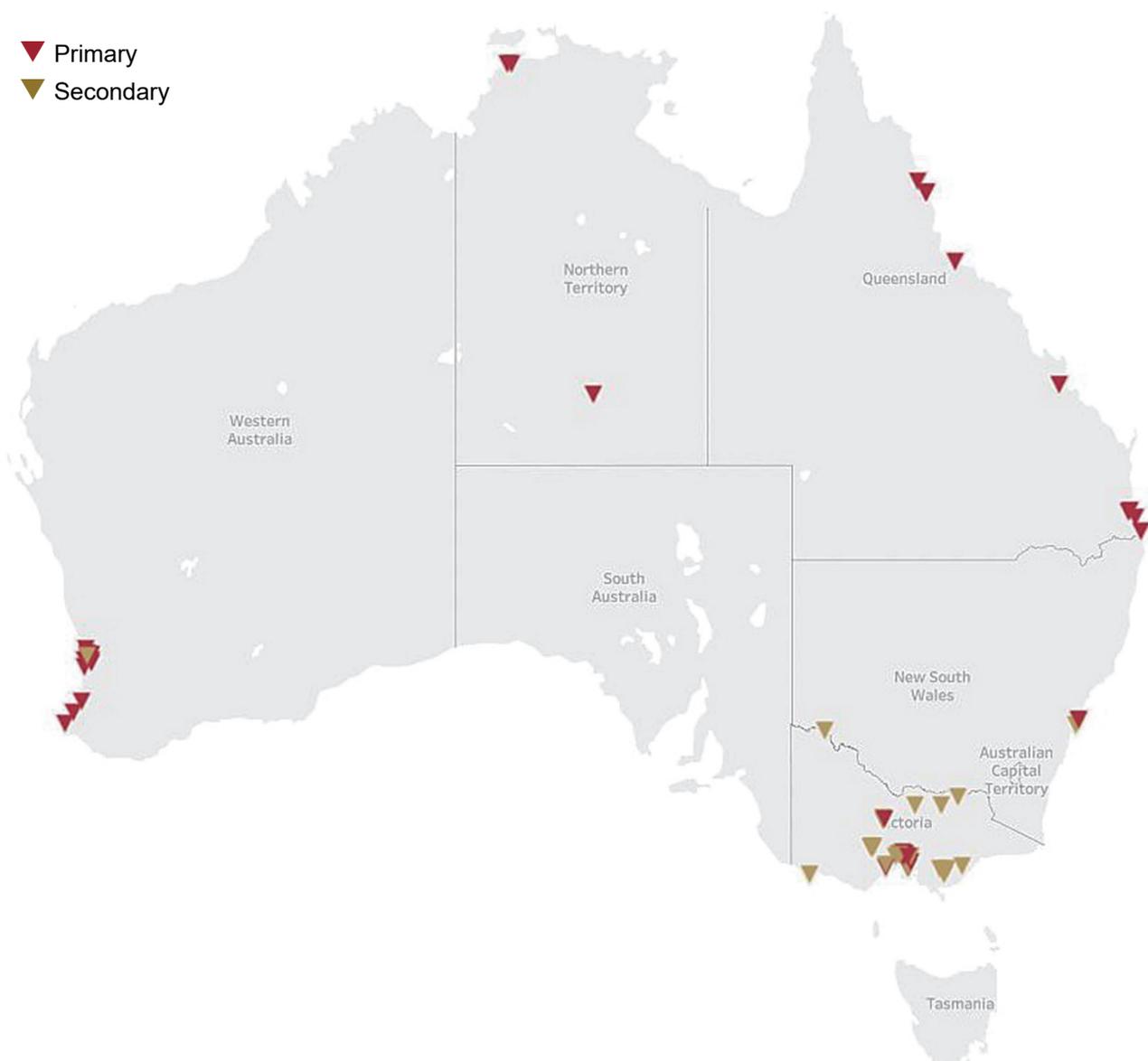
Table 2.1 Number of NSP services nationally by type, 2008 and 2016-2019

	2008 ⁸	2016	2017	2018	2019
Primary NSP	85	102	98	101	98
Secondary NSP	745	786	784	774	908
SDM	118	300	323	344	340
Pharmacy	1,934	2,321	2,422	2,458	2,836
Total	2,882	3,509	3,627	3,677	4,182

Take-home naloxone is designed to assist in the management of opioid overdose. In February 2016, the Australian Therapeutic Goods Administration changed the listing of naloxone from Schedule 4 (prescription only) to Schedule 3 (pharmacist over the counter) access. Take-home naloxone programs are gradually being introduced in Australia and this report provides data on

the number of NSPs with programs to facilitate access to take-home naloxone for the first time. As of 30 June 2019, take-home naloxone programs were available through 66 NSPs in five jurisdictions (Figure 2.3). Two in five primary NSPs (40%, n=39) and 3% of secondary NSPs (n=27) had programs to facilitate access to take-home naloxone.

Figure 2.3 National number of NSPs providing take-home naloxone access programs in 2019



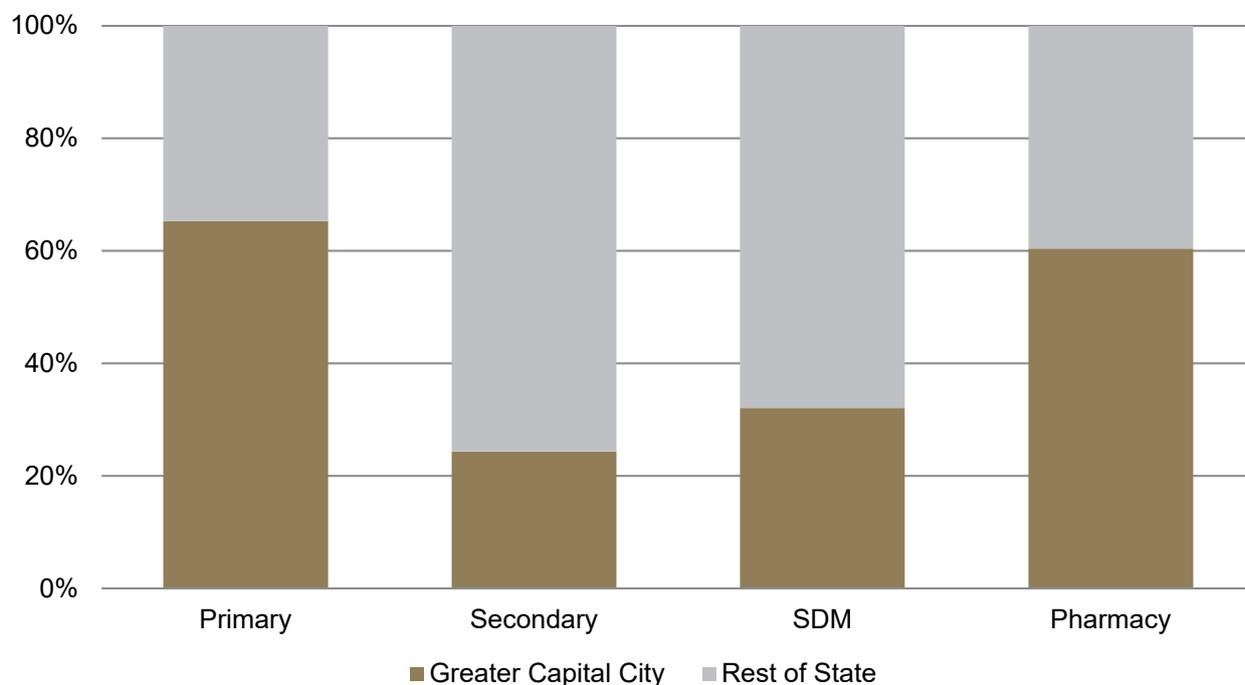
Geographic coverage

The ABS ASGS Greater Capital City Statistical Areas (GCCSA)⁹ are designed to represent a socio-economic definition of each of the eight state and territory capital cities. This means the greater capital city boundary includes people who regularly socialise, shop or work within the city, but live in the small towns and rural areas surrounding the city. It does not define the built-up edge of the city. There are eight regions representing each of the Australian state and territory capital cities and eight regions covering the rest of each

state and territory. There is only one GCCSA for the ACT and one for the Other Territories of Jervis Bay, Christmas Island and Cocos (Keeling) Islands.

The majority of primary (n=64, 65%) and pharmacy (n=1,713, 60%) NSP outlets are located within greater capital city boundaries, whereas the majority of secondary NSP outlets (n=687, 76%) and SDMs (n=231, 68%) are located in the rest of the state (Figure 2.4).

Figure 2.4 National NSPs (%) by outlet type and greater capital city statistical area in 2019



The Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS)¹⁰ provides a geographical standard for the publication of statistics by relative remoteness. The Australian Remoteness Areas categories are 0) Major Cities, 1) Inner Regional, 2) Outer Regional, 3) Remote, 4) Very Remote, 5) Migratory/Offshore/Shipping.

As shown in Figure 2.5, the mix of NSP outlet types varied according to geographic region by remoteness area. Two thirds (n=1,833, 65%) of Australia's 2,836 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=589, 59%) and outer regional (n=373, 50%) areas, however significantly fewer pharmacy NSPs were located in

remote (n=34, 28%) and very remote (n=7, 10%) areas of Australia. Conversely, the proportion of secondary outlets increased with remoteness area, with secondary outlets the most common NSP outlet type in remote (n=66, 53%) and very remote (n=50, 74%) areas. Similarly, the proportion of SDMs increased with remoteness area, with two thirds (n=225, 66%) of Australia's 340 SDMs located outside major cities.

The ASGS¹⁰ Statistical Area 3 (SA3) provides a regional breakdown of Australia with 340 SA3s nationally (excluding non-spatial SA3 special purpose codes). The majority (96%) of SA3 in Australia have at least one NSP outlet. Figures 2.6 and 2.7 provide visual representations of the geographic coverage of primary, secondary, pharmacy and SDM NSP outlets by SA3 in Australia in 2019.

Figure 2.5 National NSPs (%) by outlet type and remoteness area in 2019

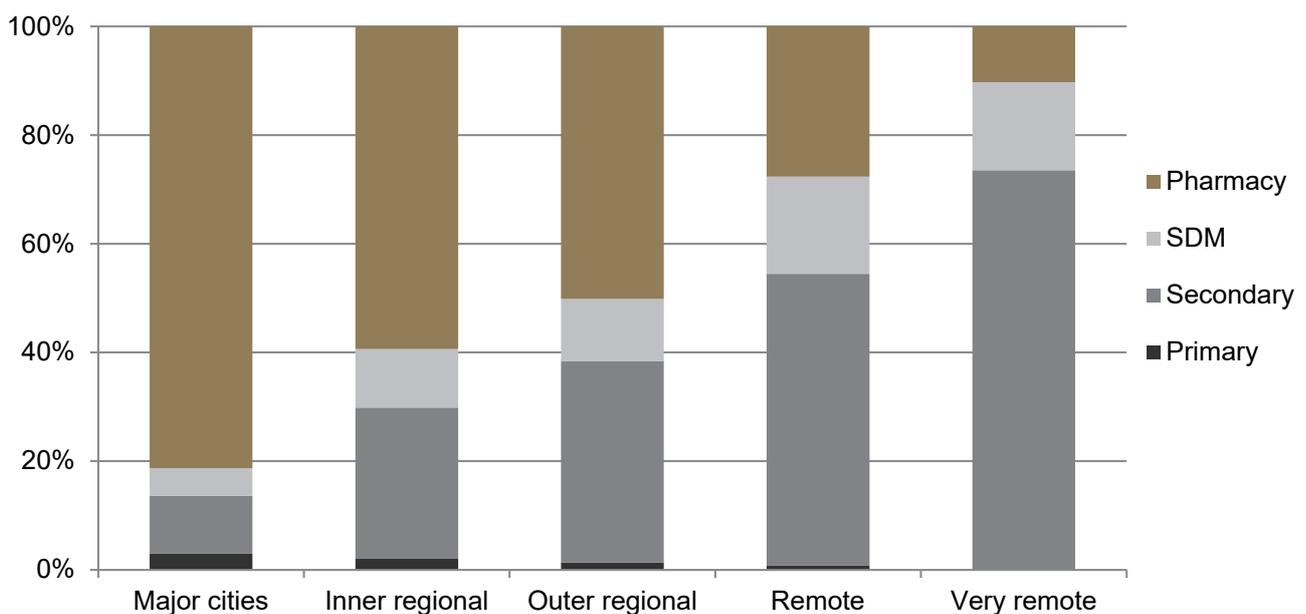


Figure 2.6 National number of NSPs by outlet type and SA3 in 2019

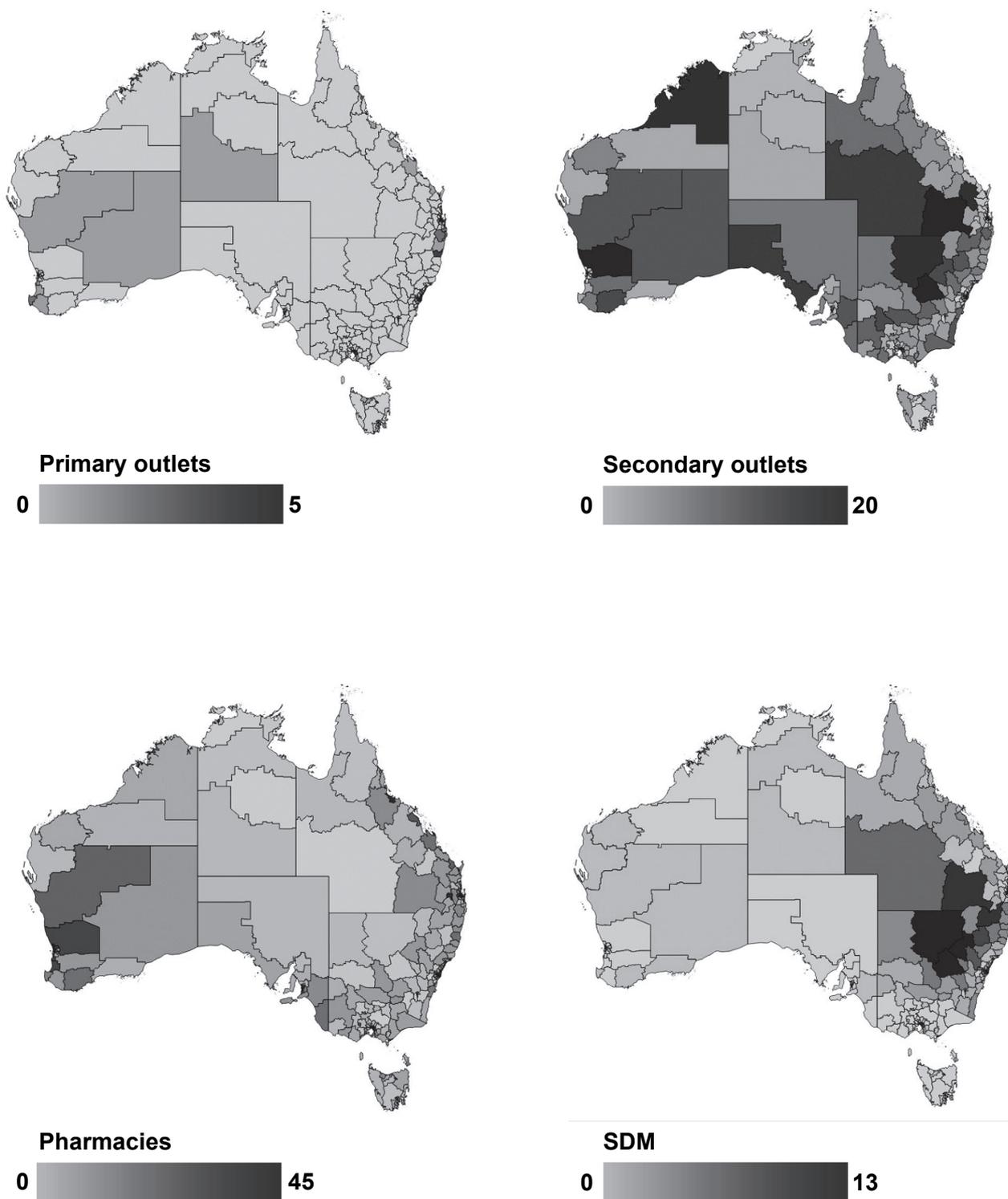
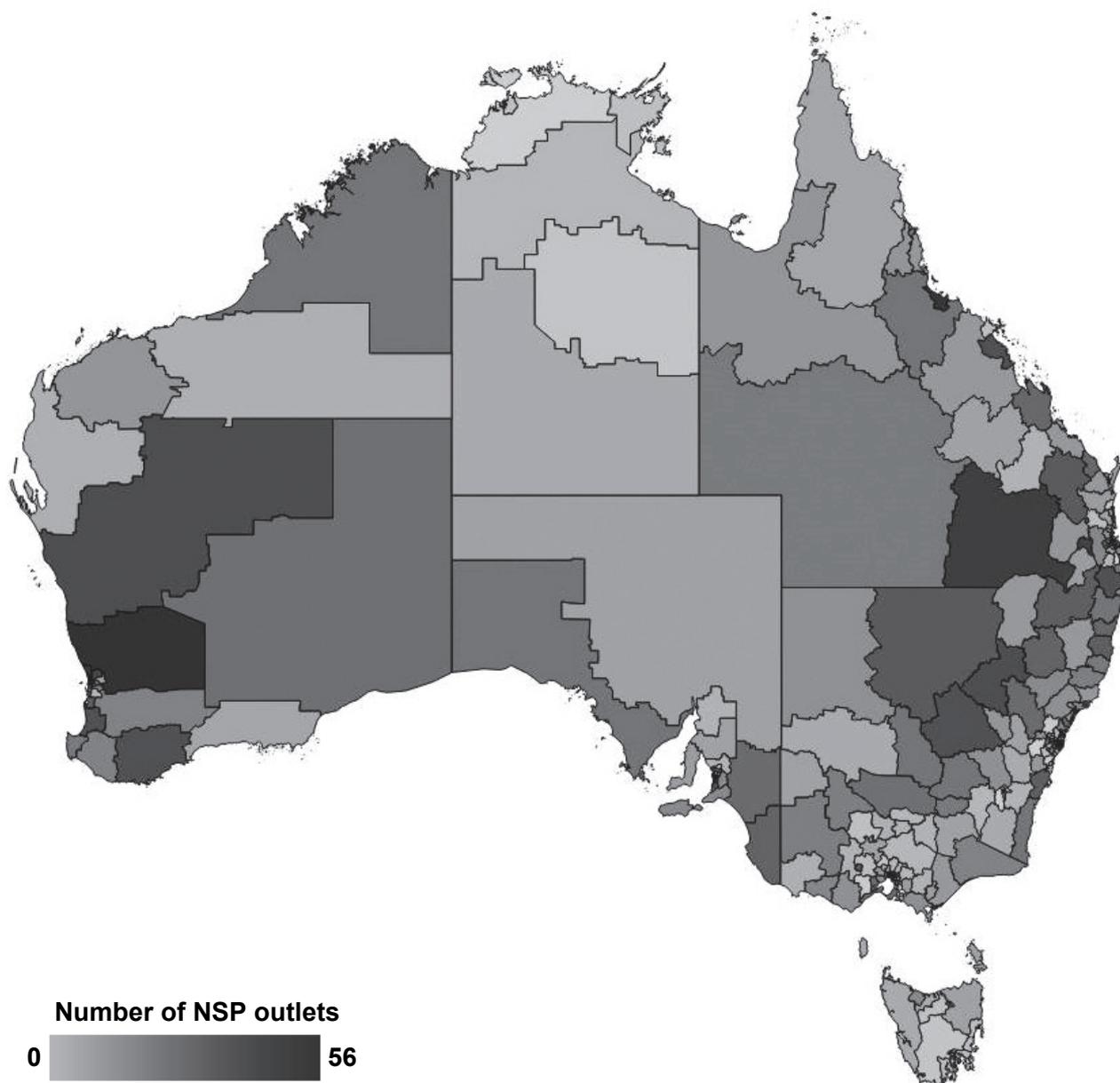


Figure 2.7 National total number of NSP outlets by SA3 in 2019

3. Service Provision

NSP occasions of service

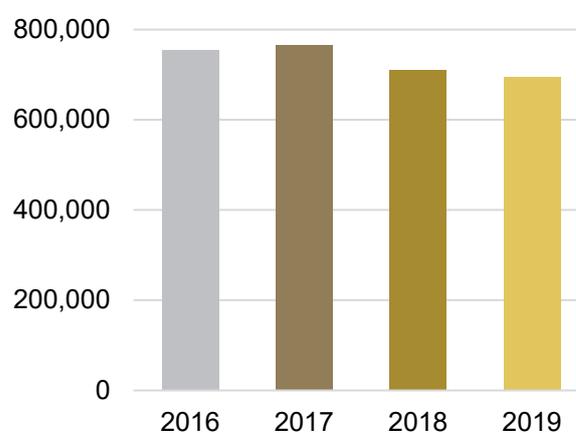
All jurisdictions collect client-level OOS data. Data collection varies according to outlet type with limited capacity at secondary outlets and no capacity at SDMs or pharmacy NSPs. In 2015, the NSP NMDC National Reference Group agreed on four client-level OOS data elements (age, gender, Indigenous status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

The NSP NMDC Data Dictionary⁶ defines an NSP occasion of service (OOS) as contact between NSP staff and a NSP client in order to transact sterile injecting equipment, advice or other related service from a NSP. The Data Dictionary provides a framework for reporting each of the NSP NMDC client-level and service-level OOS data elements.

Jurisdictional client-level OOS data were collected on a nominated snapshot day during the last week of February in all years. It should be noted that client-level OOS data were not collected from every NSP outlet in some jurisdictions and that client level data were unavailable for a small number of OOS in all years 2016-2019 (range n=59-207).

Nationally, there were 2,590 OOS recorded at participating public sector NSPs in Australia on the nominated snapshot day in February 2019. After accounting for NSPs that provide services after business hours and on weekends, an estimated 695,000 public sector NSP OOS were provided in 2019. The estimated total number of OOS was slightly lower in 2019 than in previous years (n=755,000 in 2016, 765,000 in 2017, n=710,000 in 2018, Figure 3). The NSP NMDC is unable to determine if there was a commensurate increase in OOS at SDM and pharmacy NSPs, however it should be noted that the number of pharmacy NSPs increased annually in 2017, 2018, and 2019.

Figure 3.1 National OOS in 2016-2019



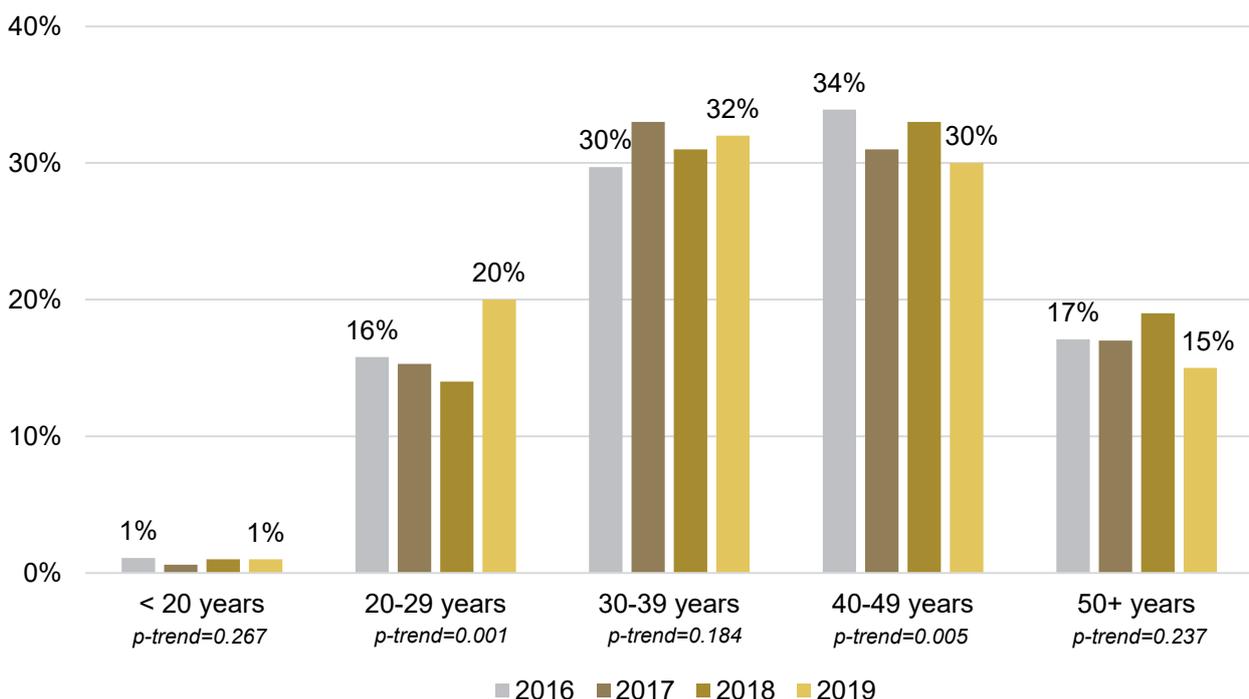
Age

The NSP NMDC Data Dictionary⁶ defines age according to the ABS Age Standard¹¹ as AGE10P (age of the NSP client in single years). All jurisdictions collected 'age' as a data element in 2019. Most jurisdictions collected age in single years (AGE10P), however two jurisdictions collected age group and the minimum data available to report in the NSP NMDC is ten-year age groups (AGE10P). It should also be noted that there was minor misalignment with AGE10P and the age group categories collected in one jurisdiction and some adjustment of data was necessary (see Appendix A: Methodological Notes).

Two thirds (62%) of OOS at public sector NSPs on the 2019 snapshot day involved NSP attendees aged 30-49 years (32% aged 30-39 years and 30% aged 40-49

years). Fifteen percent of OOS involved NSP attendees who were aged 50 years or older and twenty percent involved NSP attendees aged 20-29 years, with one percent aged less than 20 years. Young people (aged less than 25 years) comprised four percent (n=98) of OOS at public sector NSPs nationally in 2019. As shown in Figure 3.2, based on the ABS AGE10P grouping, over the period 2016 to 2019 there was an increase in the proportion of attendees aged 20-29 (p-trend=0.001) and a decrease in those aged 40-49 (p-trend=0.005). The age breakdown of NSP attendees according to ABS AGE10P was stable for participants aged <20 years, 30-39 years and 50+ years. The proportion of young people (aged less than 25 years) declined from 7% in 2016 to 4% in 2019 (p-trend<0.001).

Figure 3.2 National OOS (%) by age group in 2016-2019



Gender

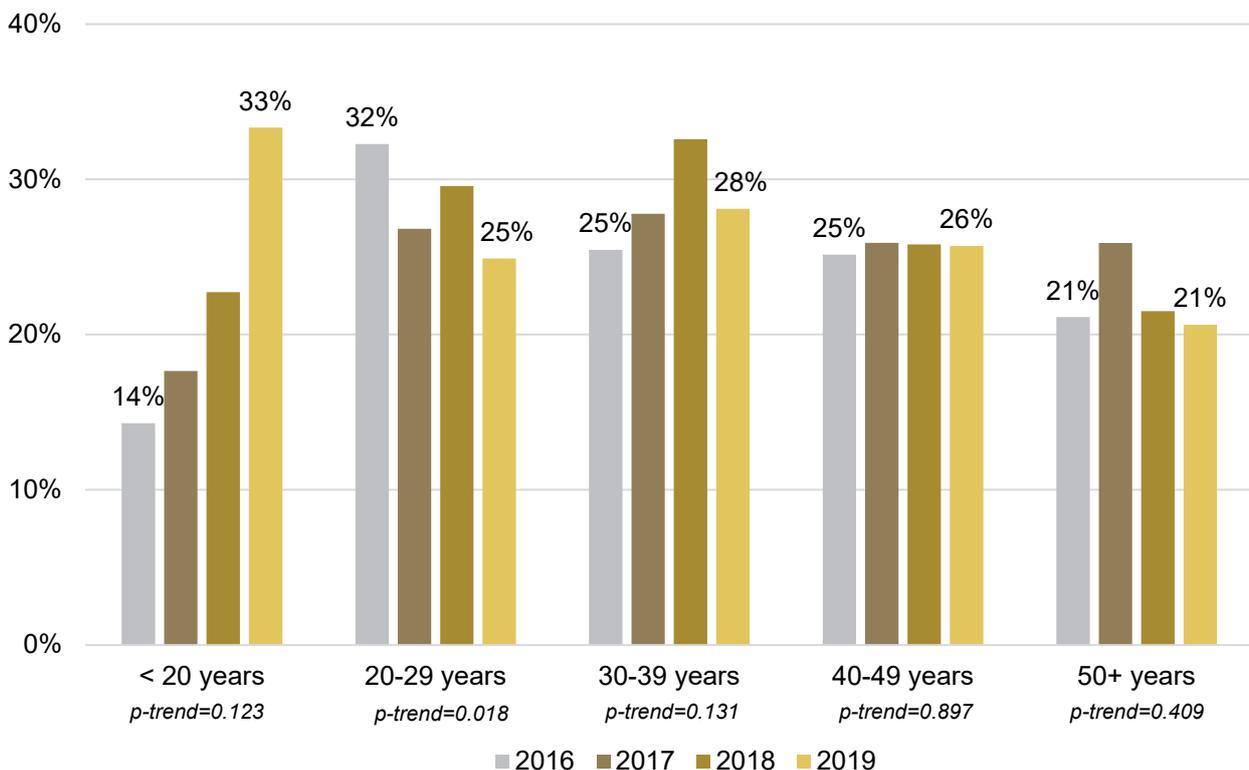
The NSP NMDC Data Dictionary⁶ defines gender as per the ABS Standard for Sex and Gender Variables¹² which states gender is the distinction between male, female, and genders which are a combination of male and female, or neither male nor female, as reported by the client. All jurisdictions collected gender in 2019, with most jurisdictions (n=5) collecting this data element according to the ABS standard where permissible values are: 1) Male, 2) Female and 3) Other.

On the snapshot day in 2019, almost three quarters (73%) of NSP OOS involved male NSP attendees nationally and this was consistent with data collected in 2016

(73% male), 2017 (74% male) and 2018 (72% male). A minority (<0.01%) of NSP OOS involved people who identified their gender as 'other'.

Women comprised between one fifth and one third of NSP attendees in all age groups in all years 2016 to 2019, except among NSP attendees aged <20 years, where women comprised around 15% of NSP attendees in 2016 and 2017. There was a decrease in the proportion of women aged 20-29 years, from 32% in 2016 to 25% in 2019 (p-trend=0.018) The proportion of women in all other age groups was stable over the period 2016 to 2019 (Figure 3.3).

Figure 3.3 National proportion female (%) by age group in 2016-2019



Indigenous status

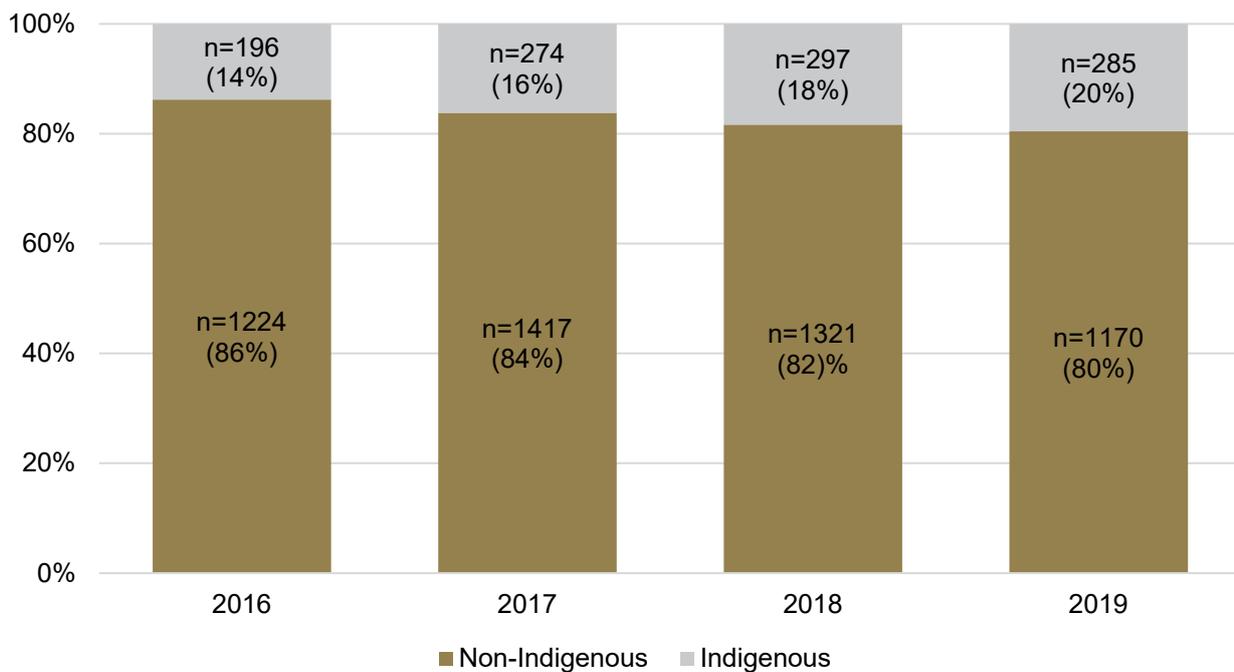
The NSP NMDC Data Dictionary⁶ uses the ABS Indigenous Status Standard¹³, which define Indigenous status as “Whether a person identifies as being of Aboriginal or Torres Strait Islander origin.”

The permissible values are: 1) Aboriginal but not Torres Strait Islander origin, 2) Torres Strait Islander but not Aboriginal origin, 3) Both Aboriginal and Torres Strait Islander origin, 4) Neither Aboriginal nor Torres Strait Islander origin. Six of the eight jurisdictions currently collect client-level OOS data on Indigenous status, although data collection is not aligned to the ABS standard in one of these jurisdictions. The minimum reporting in the 2019 NSP NMDC is Indigenous status as

a binary response; ‘Yes, Aboriginal and/or Torres Strait Islander origin’ or ‘Neither Aboriginal nor Torres Strait Islander origin’.

Among the six jurisdictions where client-level OOS data on Indigenous status was collected and excluding OOS where Indigenous status was not reported, 20% (n=285) of NSP OOS on the snapshot day involved NSP attendees who identified as Aboriginal and/or Torres Strait Islander (Figure 3.4). It should be noted that there was a significant increase in the proportion of NSP attendees who identified as Aboriginal and/or Torres Strait Islander over the period 2016 (14%) to 2019 (20%, p-trend<0.001).

Figure 3.4 National OOS (%) by Indigenous status in 2016-2019



Note: Two jurisdictions did not collect data on Indigenous status in any years 2016-2019

Drugs injected

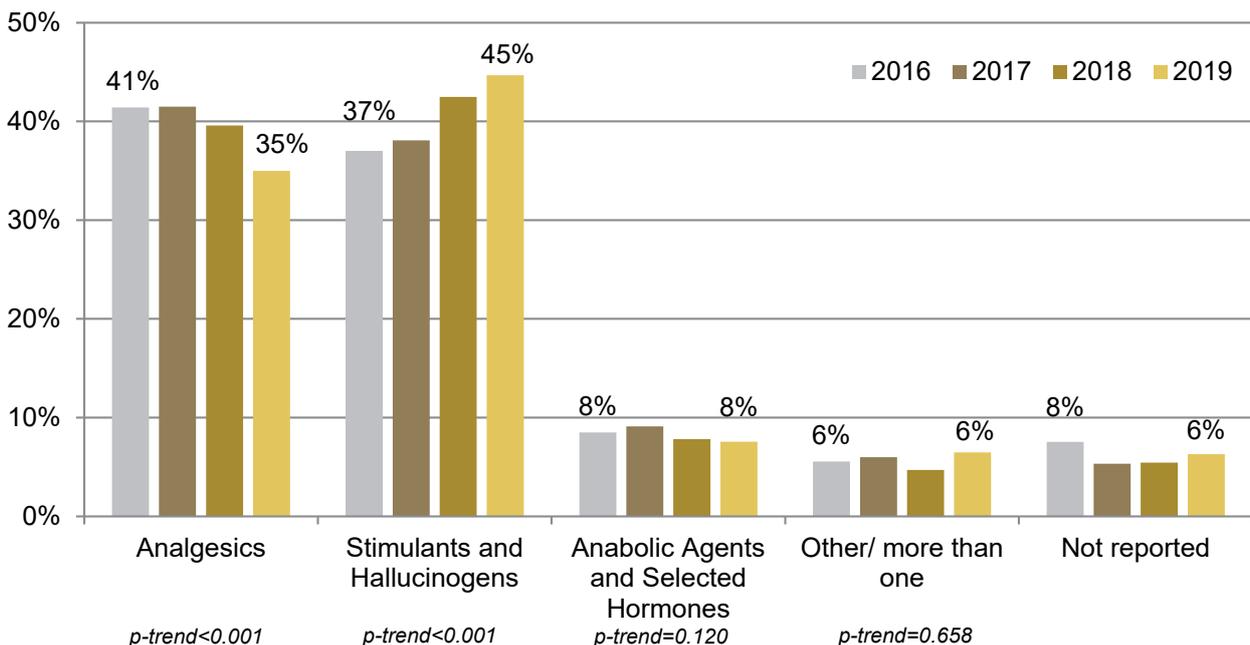
The NSP NMDC uses the ABS Drugs of Concern Classification¹⁴ Broad and Base level groups to report on the drug/s injected as defined in the NSP NMDC Data Dictionary⁶.

The NSP NMDC Data Dictionary⁶ defines drugs injected as the drug (or drug type), as stated by the client. Given differences in existing jurisdictional data collections, this is either the drug the client is intending to inject following the current OOS (three jurisdictions) or the drug last injected by the client on the most recent occasion of injection (four jurisdictions). One jurisdiction does not currently collect client-level OOS data on the type of substance injected.

Figure 3.5 illustrates the breakdown of drugs injected by NSP attendees on the

nominated snapshot day according to ABS Drugs of Concern Broad groups in 2016-2019. There was a significant increase in the proportion of NSP attendees who reported Stimulants and Hallucinogens such as methamphetamine as the class of drugs injected nationally over the period 2016 to 2019 (p -trend<0.001) and a concurrent decrease in those who reported Analgesics such as heroin and other opioids (p -trend<0.001). Stimulants and Hallucinogens were the most commonly reported class of drugs injected for the second consecutive year in 2019 ($n=752$, 45%), followed by Analgesics ($n=589$, 35%) and Anabolic Agents and Selected Hormones ($n=127$, 8%). One hundred and nine OOS (6%) involved people who reported injecting more than one drug subtype.

Figure 3.5 National OOS drug injected (%) by ABS Drugs of Concern Broad Groups in 2016-2019

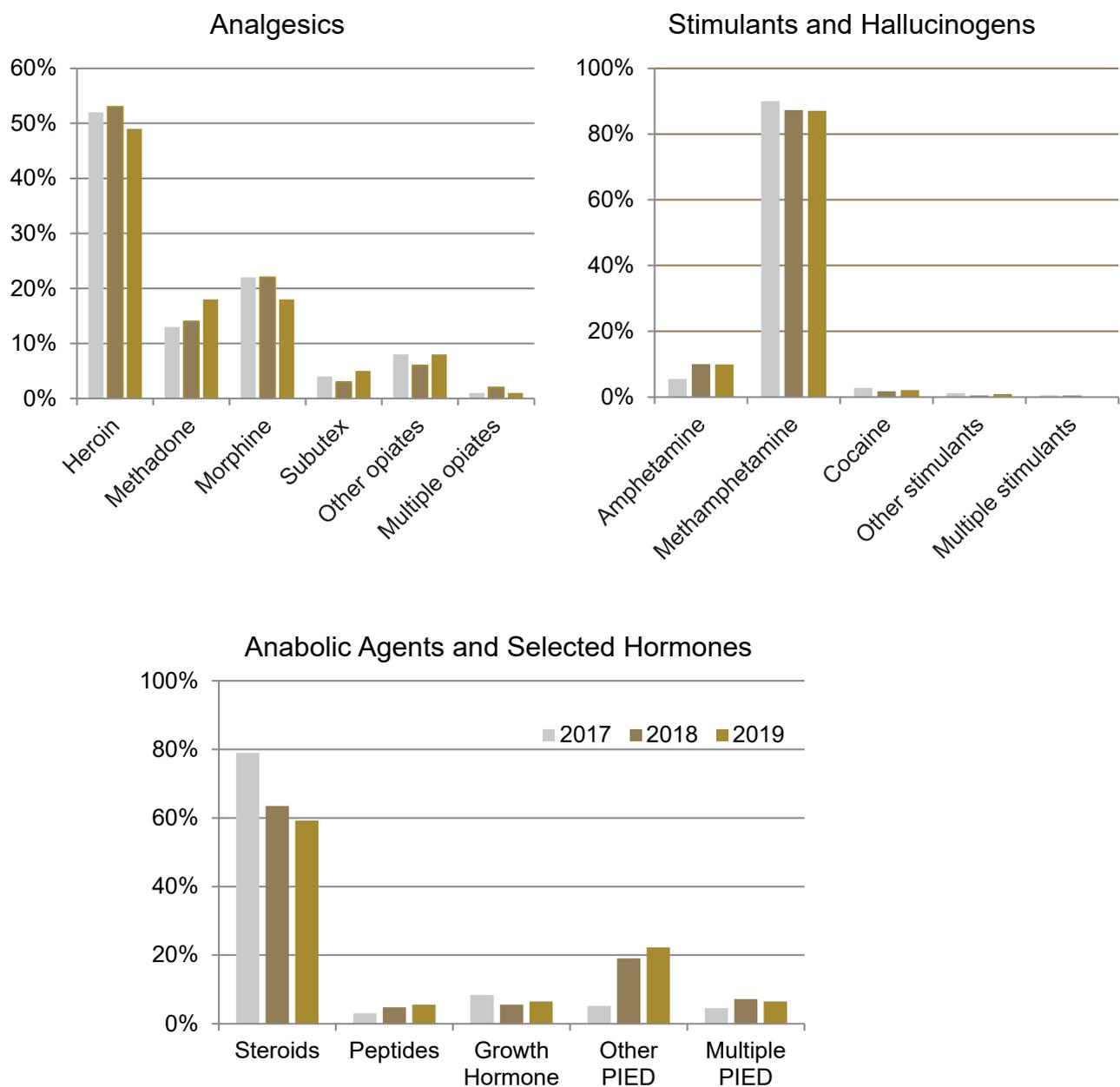


Note: One jurisdiction did not collect data on drug injected in any years 2016-2019

In the five jurisdictions where data on ABS Drugs of Concern at Base level units were available (n=1,371 in 2019), heroin (n=264, 49%) was the most commonly reported drug injected by NSP clients in the 'Analgesics' category, while methamphetamine (n=492, 87%) was the

most commonly reported drug injected in the 'Stimulants and Hallucinogens' category (see Figure 3.6). As in previous years, steroids (n=64, 59%) were the most commonly reported drug injected in the 'Anabolic Agents and Selected Hormones' category.

Figure 3.6 National OOS drug injected (%) by ABS Drugs of Concern Broad groups and Base groups in 2017-2019



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

Young people

Among young people (aged less than 25 years) attending NSPs on the snapshot day in 2019 and excluding the jurisdiction that did not collect data on drugs injected, 47% of young people reported injecting Stimulants and Hallucinogens, 27% reported injecting Anabolic Agents and Selected Hormones and 10% reported injecting Analgesics. Nine percent of OOS involved young people who reported injecting other drugs or more than one drug and 7% did not report drug/s injected.

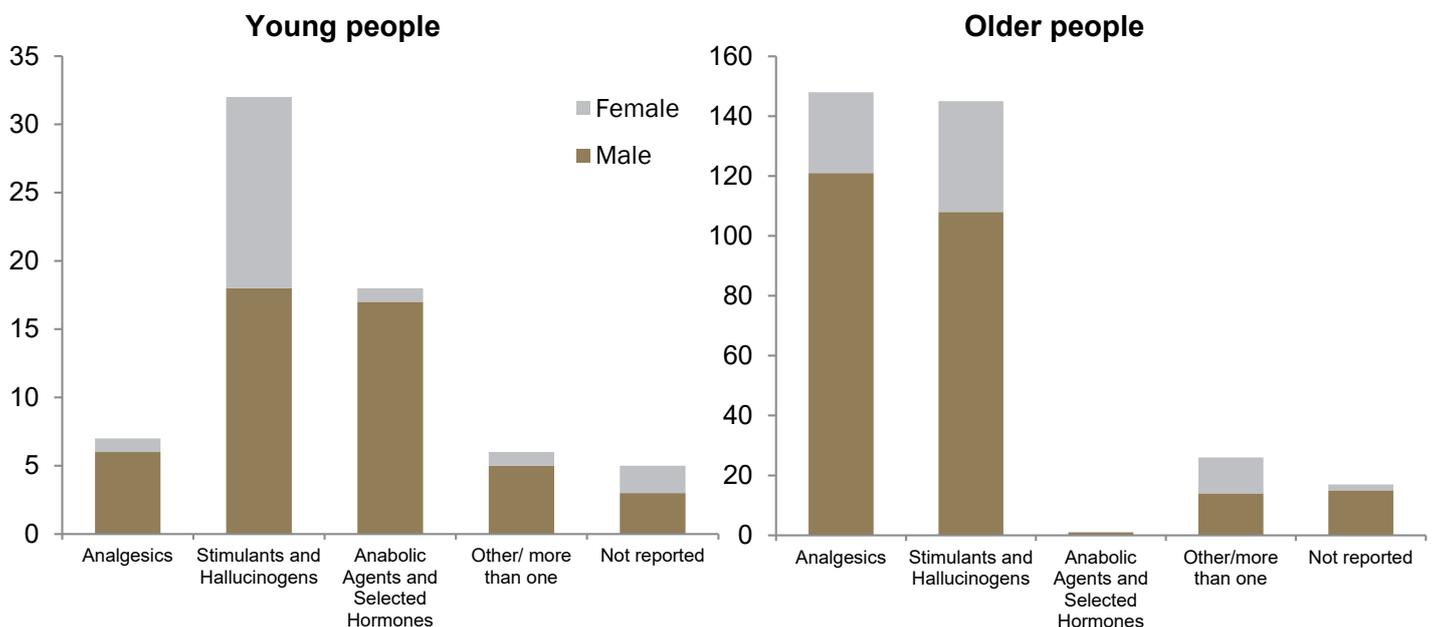
As previously stated, the majority of OOS involving young people in 2019 involved young men (70%). Men comprised 86% of young people who injected Analgesics, 55% of those who injected Stimulants and Hallucinogens and 89% of those who injected Anabolic Agents and Selected Hormones (Figure 3.7).

Older people

The NSP NMDC defines older people as those aged 50 years and older. Among OOS involving older people and excluding the jurisdiction that did not collect data on drugs injected, 44% of older people reported injecting Analgesics, 43% reported injecting Stimulants and Hallucinogens and less than one percent reported injecting Anabolic Agents and Selected Hormones in 2019. Eight percent of older people reported injecting more than one drug and 6% did not report the drug injected.

Men comprised the majority of OOS that involved older people in all ABS Drugs of Concern Broad Groups (Figure 3.7).

Figure 3.7 National OOS among young people (aged <25 years) and older people (aged ≥50 years) by gender and drug injected in 2019



Health education/interventions provided

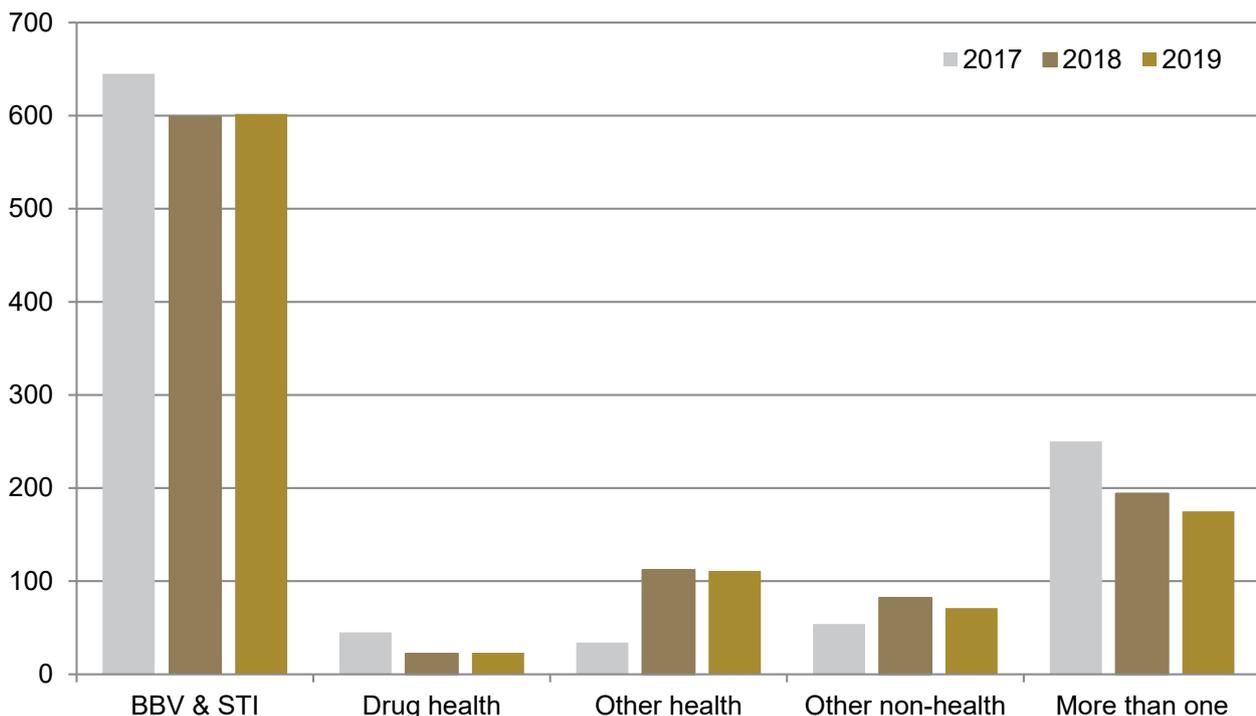
A health education/intervention is defined as the provision of information, education or a brief intervention to a client by NSP staff at an occasion of service. Given some inconsistency in the way this data element is currently collected in jurisdictions, the NSP NMDC uses a two-level hierarchical structure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

Among NSP services that collected data on provision of health education/interventions, almost half (47%) of NSP OOS included the provision of a health education/intervention. Where detailed data on health education/intervention was

available, data were recoded into the five broad groups defined in the NSP NMDC Data Dictionary⁶: 1) BBV and STI, 2) Drug health, 3) Other health, 4) Other non-health and 5) Peer-based.

As shown in Figure 3.8, on the 2019 NSP NMDC snapshot day the majority of health education interventions provided at NSP services related to BBVs and STIs (including safer injection practices and vein care) in 2017 (n=645, 63%), 2018 (n=599, 59%), and 2019 (n=602, 61%). In 2019, the provision of more than one health education/intervention was also relatively common (n=175, 18%), with fewer health education/interventions related to drug health (n=23, 2%), other health (n=111, 11%) and other non-health (n=71, 7%) matters.

Figure 3.8 National NSP OOS health education interventions in 2017-2019



Referrals

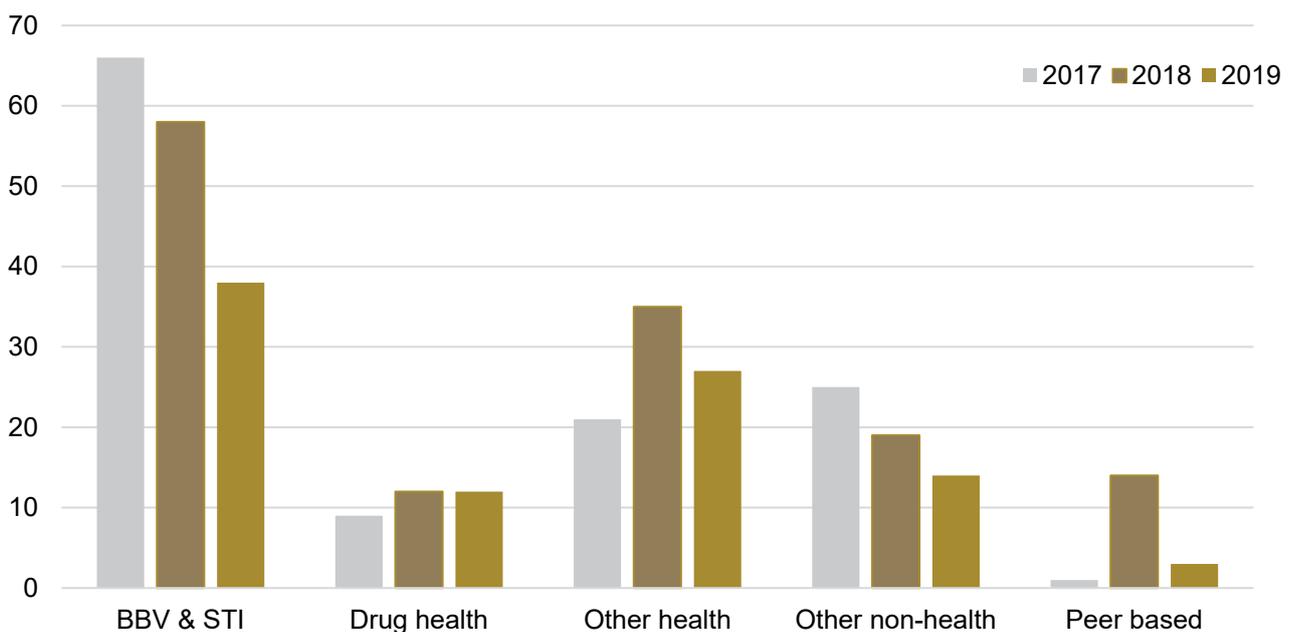
Primary and secondary NSP services also provide attendees with referrals to a range of health, welfare, legal and other agencies. The NSP NMDC Data Dictionary⁶ defines referral as “The type of service or agency to which a client is referred during a NSP service contact.”

As with health education/interventions and described previously, the NSP NMDC uses a two-level hierarchical structure to collate referrals due to some inconsistency in the way this data element is currently collected at the jurisdictional level. The hierarchical structure of this data element enables recoding of existing jurisdictional data into broad groups. Although all jurisdictions collect this data element, not all 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.

On the snapshot day in 2019, of the NSP services that recorded data on referrals, six percent (n=96) of NSP OOS involved a referral. Two fifths (n=38, 40%) of referrals were made to BBV and STI services, 28% (n=27) to other health services, 15% (n=14) to other non-health services, 13% (n=12) to drug health services and 3% (n=3) of referrals were made to peer-based services. Figure 3.9 shows the national NSP OOS referral destination in 2017- 2019.

Figure 3.9 National NSP OOS referral destination in 2017-2019

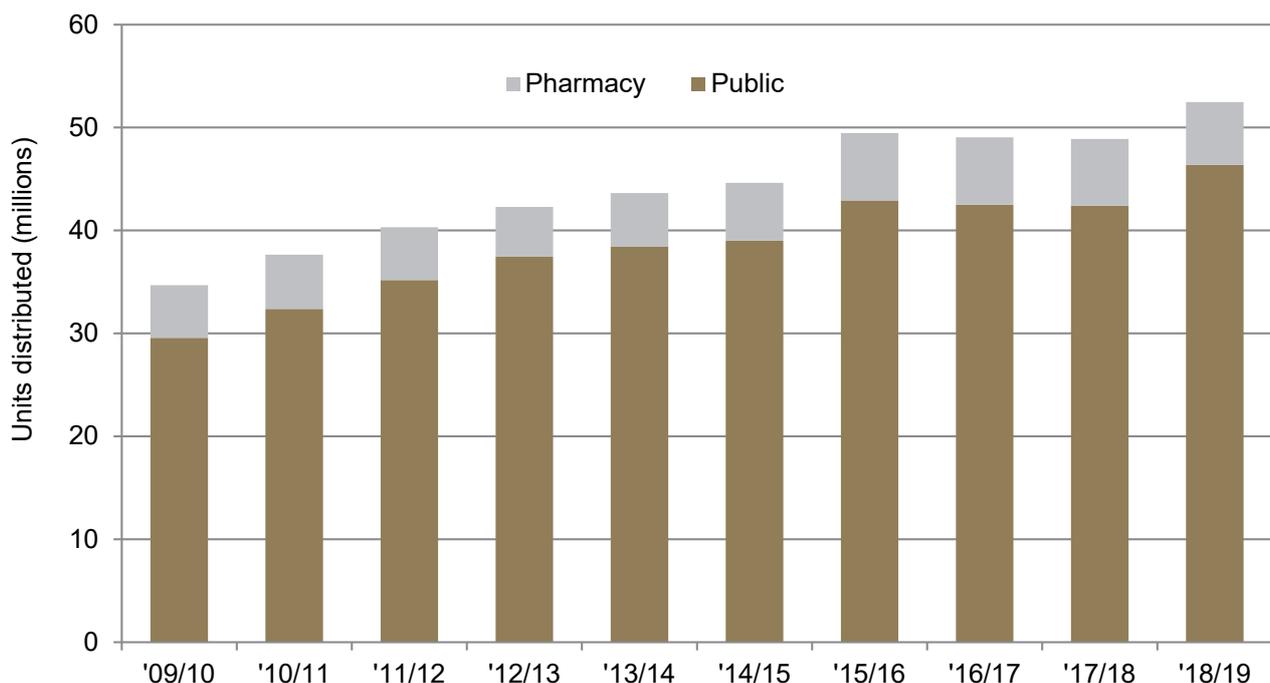


4. Needle and Syringe Distribution

The NSP NMDC used the NSP NMDC Data Dictionary⁶ definition for 'Needles and syringes distributed' which includes a description of 1) combined needle and syringe, 2) syringe without needle and 3) needle without syringe. Because injection requires both a needle and a syringe, the Data Dictionary guide for use states "the total number of needles and syringes is obtained using the calculation: 'Combined needle and syringe' + 'syringe without needle' to avoid double counting".

In the 2018/19 financial year, 52.5 million needles and syringes were distributed nationally in Australia (Figure 4.1). This represents an 18% increase over the five-year period 2014/15 to 2018/19 and a 51% increase over the ten-year period from 2009/10 to 2018/19. The number of needles and syringes distributed over the past year increased by 7% from 48.9 million in 2017/18 to 52.5 million in 2018/19. The majority of needles and syringes were distributed through public sector NSPs in all years 2009/10 to 2018/19 (range 85% to 89%). In 2018/19, 12% of needles and syringes were dispensed through the pharmacy NSP sector.

Figure 4.1 National needle and syringe distribution by public and pharmacy sector NSP, 2009/10-2018/19



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

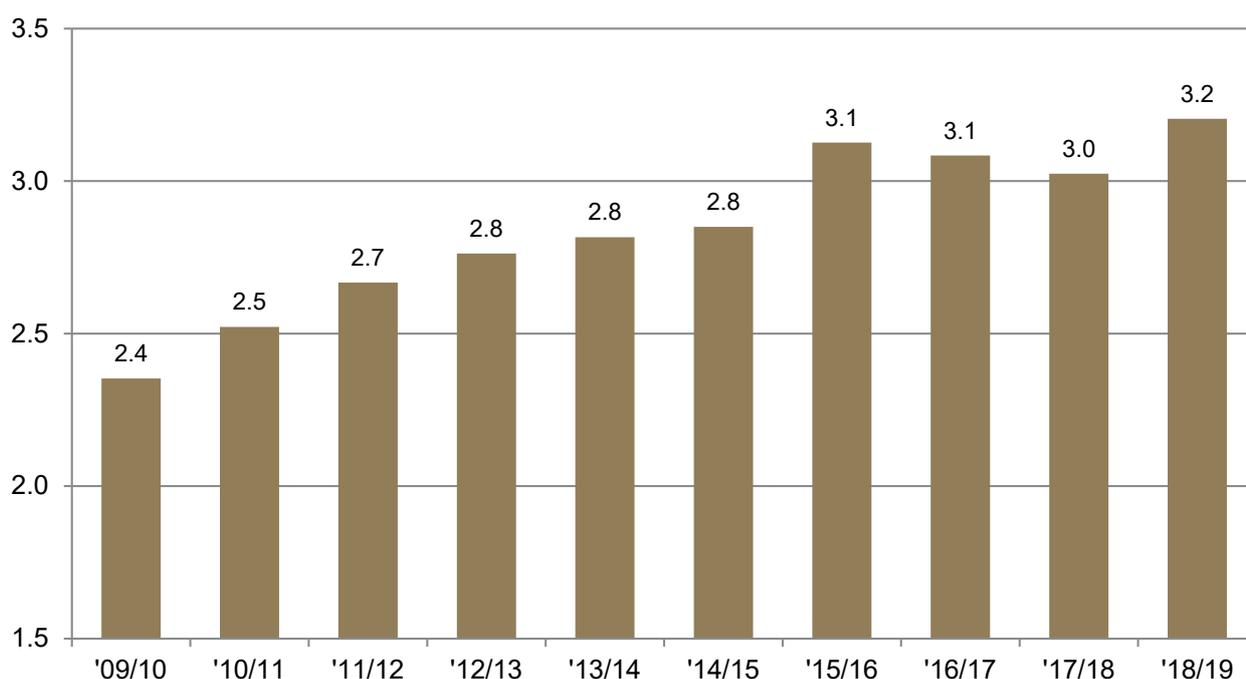
the mean of the population estimate in consecutive calendar years. The per capita rate of needles and syringes distributed nationally increased by 33% over the ten-year period from 2009/10-2018/19 and 14% over the five-year period from 2014/15 to 2018/19 (Table 4.1 and Figure 4.2). In 2019, 3.2 needles and syringes were distributed per person aged 15-64 years.

Table 4.1 National syringe distribution and per capita syringes distributed, 2009/10-2018/19

Year	Needle and syringe distribution (millions)			Per capita needles/syringes
	Public	Pharmacy	Total*	
2009/10	29.6	5.1	34.7	2.4
2010/11	32.4	5.3	37.6	2.5
2011/12	35.2	5.1	40.3	2.7
2012/13	37.4	4.8	42.3	2.8
2013/14	38.5	5.2	43.6	2.8
2014/15	39.0	5.6	44.6	2.8
2015/16	42.9	6.5	49.5	3.1
2016/17	42.4	6.6	49.0	3.1
2017/18	42.3	6.6	48.9	3.0
2018/19	46.4	6.1	52.5	3.2

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

* Total may not add up due to rounding

Figure 4.2 Per capita needle and syringe distribution, 2009/10-2018/19

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 response⁷. UNAIDS defines 'low' syringe coverage as <100 syringes per PWID per annum, 'medium' coverage as 100-200 syringes per PWID per annum and 'high' coverage as >200 syringes per PWID per annum¹⁵. In addition, the World Health Organization Global Health Sector Strategy on Viral Hepatitis, 2016–2021¹⁶ has set a target of 300 syringes per PWID by 2030.

Annual estimates of the Australian PWID population size over the period 1970 to 2005 were published in 2007¹⁷ and a method to generate updated annual estimates for the NSP MDC was developed and published in 2019¹⁸. PWID

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

As in previous years, the NSP NMDC used a range of annually updated data sources to estimate trends in the size of the 'regular' PWID population in Australian (see Methodological Notes, Appendix A). Calendar year PWID population estimates were converted to financial year estimates by calculating the mean of the estimate in consecutive calendar years.

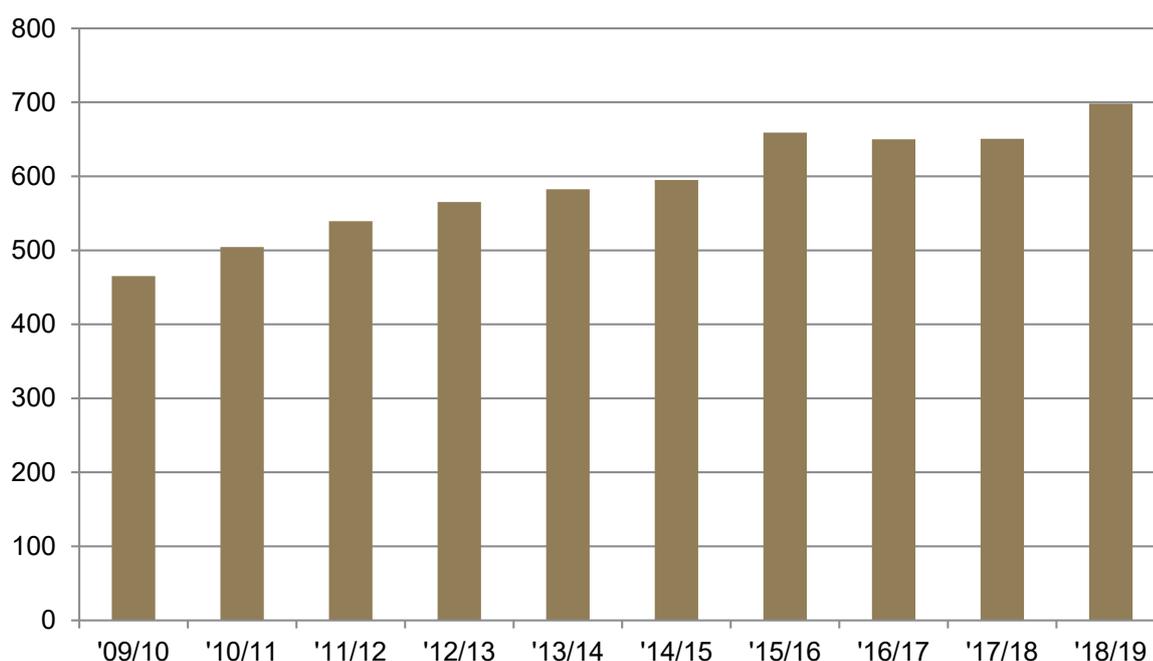
There were an estimated 75,178 'regular' PWID in Australia in 2018/19, with the population relatively stable over the past decade (range 74,551 in 2009/10 to 75,178 in 2018/19, Table 4.2). The mean number of syringes per 'regular' PWID was calculated by dividing the number of syringes distributed by the estimated

'regular' PWID population in each financial year. As shown in Figure 4.3, syringe coverage increased by 50% between 2009/10 and 2018/19. In 2018/19 an estimated 698 syringes were distributed per 'regular' PWID, the equivalent of 1.9 syringes per day.

Table 4.2 National syringe distribution per 'regular' PWID, 2009/10-2018/19

Year	Number of 'regular' PWID	Syringes distributed (millions)	Syringes per 'regular' PWID
2009/10	74,551	34.7	465
2010/11	74,643	37.6	504
2011/12	74,724	40.3	539
2012/13	74,795	42.3	565
2013/14	74,858	43.6	582
2014/15	74,916	44.6	595
2015/16	74,968	49.5	659
2016/17	75,016	49.0	650
2017/18	75,142	48.9	651
2018/19	75,178	52.5	698

Figure 4.3 National syringe coverage per 'regular' PWID, 2009/10-2018/19



Note: Syringes per 'regular' PWID does not account for syringes distributed to people who inject occasionally

Syringe coverage

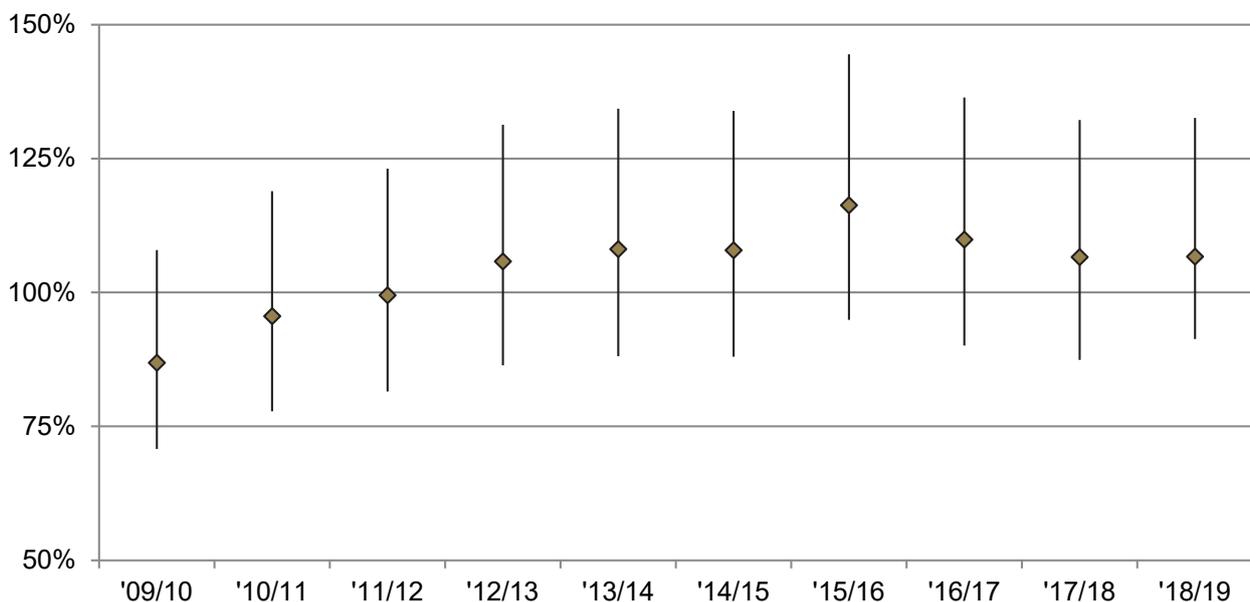
While calculating the mean number of syringes per PWID is a useful tool to monitor trends over time, it does not take frequency of injection into account. Additional analyses were conducted to assess the extent to which demand for sterile syringes was met. Data on frequency of injection was obtained from the Australian NSP Survey¹⁹ and the methodology described in Kwon et al, 2019¹⁸ estimated the number of sterile syringes required to cover all injections among 'regular' PWID where one sterile syringe was used per injection.

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

weekly but not daily required a mean of 3.5 syringes per week (range 2-6 syringes per week) and injection monthly but not weekly required a mean of 0.5 syringes per week (range 0.3-0.9 syringes per week).

Figure 4.4 shows the mid-point and lower/upper syringe coverage estimates over the period 2009/10 to 2018/19. Syringe coverage increased between 2009/10 and 2015/16, reaching 100% for the first time in 2012/13. However, syringe coverage has subsequently declined and although syringe coverage has remained above 100%, coverage of greater than 100% is required to allow for syringes utilised by non-regular PWID and syringes that are not used for an injection (for example drawing up needles/syringes, wastage or failed injection attempts). Among 'regular' PWID, syringe coverage was 107% in 2018/19.

Figure 4.4 Mid-point, upper and lower estimates of the proportion of injections covered by a sterile syringe among 'regular' PWID, 2009/10-2018/19



5. Future Directions

This is the fourth annual National Data Report for the NSP NMDC project. Historical data was used to investigate past decade temporal trends in the number and type of NSP services (Section 2) and needle syringe distribution (Section 4). Service provision data is available since commencement of this project in 2016⁵, with data for Section 3 presented over a four-year period. This report also presents, for the first time, data on the number and proportion of NSPs that facilitate access to take-home naloxone (Section 2). The NSP NMDC will continue to collect data to monitor the roll-out of this potentially life-saving intervention.

As discussed in Appendix A (Methodological Notes) and throughout this report, data collected in jurisdictions are not aligned or complete for all data elements, most notably in relation to client-level OOS data elements (Section 3, Service provision). The NSP NMDC project and key stakeholders were aware of this situation when NSP NMDC data elements were agreed in 2015, with a view to investigating opportunities to improve alignment and completion over time. The NSP NMDC Data Dictionary developed in 2017 was updated in 2019 to reflect improvements in national alignment and will continue to provide a framework for future improvements in national alignment of NSP NMDC data elements.

In 2019, the project conducted a comparison of NSP NMDC and ANSPS client-level OOS data (age, gender, Indigenous status and drug injected) to assess the validity of data collected on the NSP NMDC snapshot day. Results confirmed previous work that determined that female and older NSP clients were more likely to participate in the ANSPS, while NSP clients who inject PIEDs were less likely to participate in the ANSPS²⁰. Given similar differences were identified in our NSP NMDC/ANSPS comparison (see Appendix A), we conclude that the NSP NMDC is likely representative of the Australian NSP population. Assessment of the internal validity of the NSP NMDC will be undertaken in 2020 through a comparison of snapshot day data with other time points, where data is available.

The NSP NMDC project will investigate the feasibility of reporting PWID estimates and syringe coverage by jurisdiction. The NSP NMDC project will also assess the practicability of obtaining more detailed agency-level administrative data, for example the extent to which ancillary injecting equipment is provided through NSP services. The NSP NMDC Reference Group will provide input into the feasibility and practicality of collecting and reporting of these elements at the jurisdictional level.

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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 2019.
- 2) Demographic and drug use data for attendees at public sector (primary and secondary) NSPs on a snapshot day February in 2019.
- 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 1908 (Build 11929.20300, Microsoft Office 365 ProPlus (Microsoft Corporation, Redmond WA) and Stata/IC version 14.2 (StataCorp LP, College Station TX).

In 2019, 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 fourth annual NSP NMDC are subject to limitations. Not all jurisdictions collected all data elements and not all data elements were nationally aligned in 2019. Data may need to be converted from financial to calendar year for external reporting.

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. If a primary or secondary NSP outlet also had SDM(s) these were counted as separate NSPs for the purpose of the NSP NMDC. Historical data on the number of NSPs was obtained from NSP Return on Investment 2 report⁸.

Age group categories were not aligned with ABS AGE10P or young people (aged <25 years) in one jurisdiction in 2018 and 2019, and two jurisdictions in 2016 and 2017. Data was adjusted, on a proportional basis using age distributions from remaining jurisdictions. These adjustments may have resulted in a slight

over-estimate of the proportion of young people in all years, 2016 to 2019.

Two jurisdictions did not collect data on the Indigenous status of NSP attendees and these jurisdictions were excluded from analysis for this data element. Five jurisdictions collected data as per the ABS definition, while one jurisdiction collected Indigenous status as a binary yes/no. One jurisdiction did not collect data on drugs injected and this jurisdiction was excluded from analysis for this data element.

It should also be noted that the capacity for secondary NSP outlets to provide health education interventions and referrals may be limited and secondary outlets do not generally collect this information. One jurisdiction provided collated quarterly data for health education interventions and referrals and an estimate of the mean number of daily health education interventions and referrals was generated.

It should be noted that NSP services provide a range of health education interventions to a wide range of external agencies and to the general community. Not all interventions are included in the NSP NMDC minimum data elements, as agreed by the project Reference Group, and are beyond the scope of this report.

One jurisdiction provided data on the number of combined needles and syringes plus needles distributed without syringes. This inconsistency would have minimal impact on the total number of needles and syringes distributed in 2019 or analyses of temporal trends in syringe distribution or syringe coverage.

PWID estimates

PWID population size estimates to 2005 were calculated by Razali et al (2007)¹⁷. The NSP NMDC project used the method described by Kwon et al (2019)¹⁸ to estimate relative changes in the Australian population of 'regular' PWID between 2004/05 and 2018/19:

- 1) Lifetime and recent (last 12 months) injection of illicit drugs (Table A.1)
- 2) Illicit drug arrests for amphetamine-type stimulants, heroin/other opioids, cocaine and steroids (Table A.2)
- 3) ATS, heroin and steroid seizures (Table A.3)
- 4) Accidental deaths due to opioids (Table A.4)
- 5) Opioid-related hospital admissions/separations per million persons aged 15-54 years (Table A.5).
- 6) HCV notifications among 15-24 years old (Table A.6)

Given each of these five indicators is an incomplete measure of probable trends in injection drug use, a best estimate was generated using a combined mean of all indicators. This was used to calculate the relative change in injection drug use since 2005 and to estimate the Australian population of 'regular' PWID over the period 2005/06 to 2018/19. Log function was used to obtain a smooth fit of the data (Figure A.1).

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

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

Source: National Drug Strategy Household Survey 2016

Table A.2 National number of illicit drug arrests, 2005/06-2017/18

	'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
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
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
Cocaine	396	699	669	848	1,244	839	995	1,282	1,466	2,092	2,592	3,366	4,325
Steroids	67	142	163	214	314	365	511	661	936	1,210	1,297	1,244	1,201

Source: Illicit Drug Data Report, Australian Crime Commission (2005/06-2017/18)

Table A.3 National number of illicit drug seizures, 2005/06-2017/18

	'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
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
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
Steroid	58	91	104	113	134	205	208	331	357	529	509	474	448

Sources: Illicit Drug Data Report, Australian Crime Commission (2005/06-2017/18). Note: Includes only those seizures for which a drug weight was recorded.

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

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

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

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

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

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

Table A.6 Number of new diagnoses of hepatitis C virus infection among people aged 15-24 years, 2005/06-2017/18

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'16/17	'17/18
NNDSS	1,711	1,493	1,372	1,309	1,232	1,163	1,146	1,230	1,213	1,160	1,173	1,140

Source: National Notifiable Diseases Surveillance System 2005-2018, Australian Government Department of Health.

Figure A.1: Relative changes in PWID indicators 2004/05-2017/18

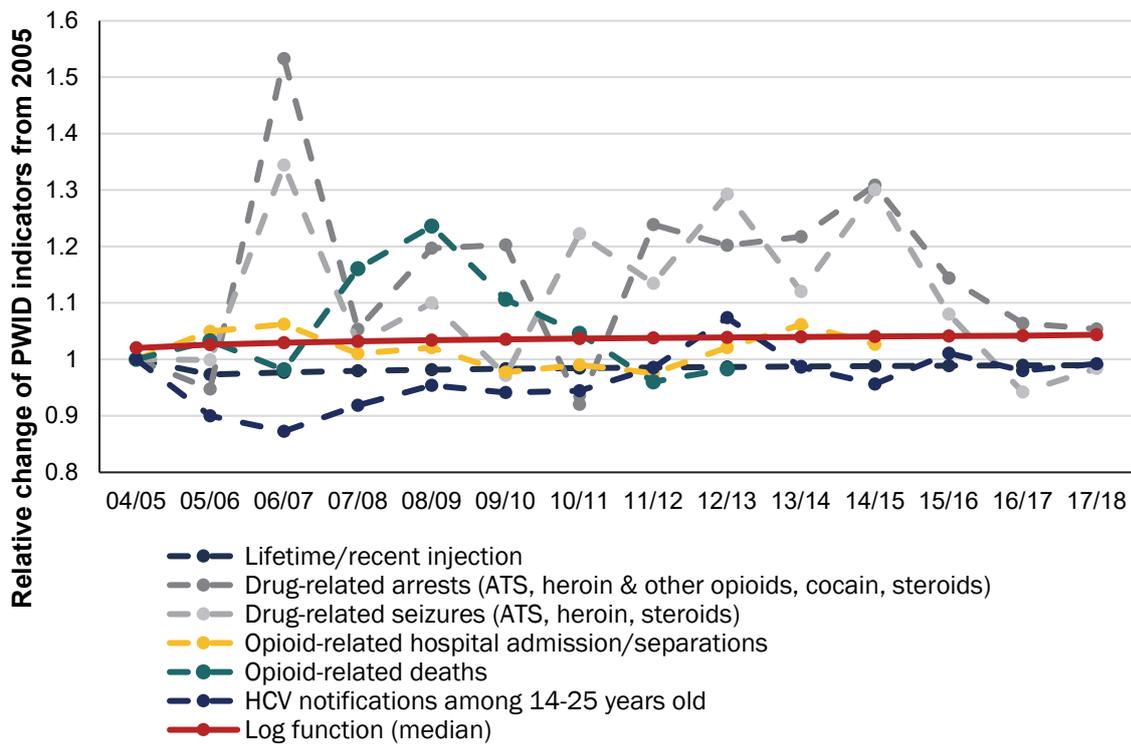
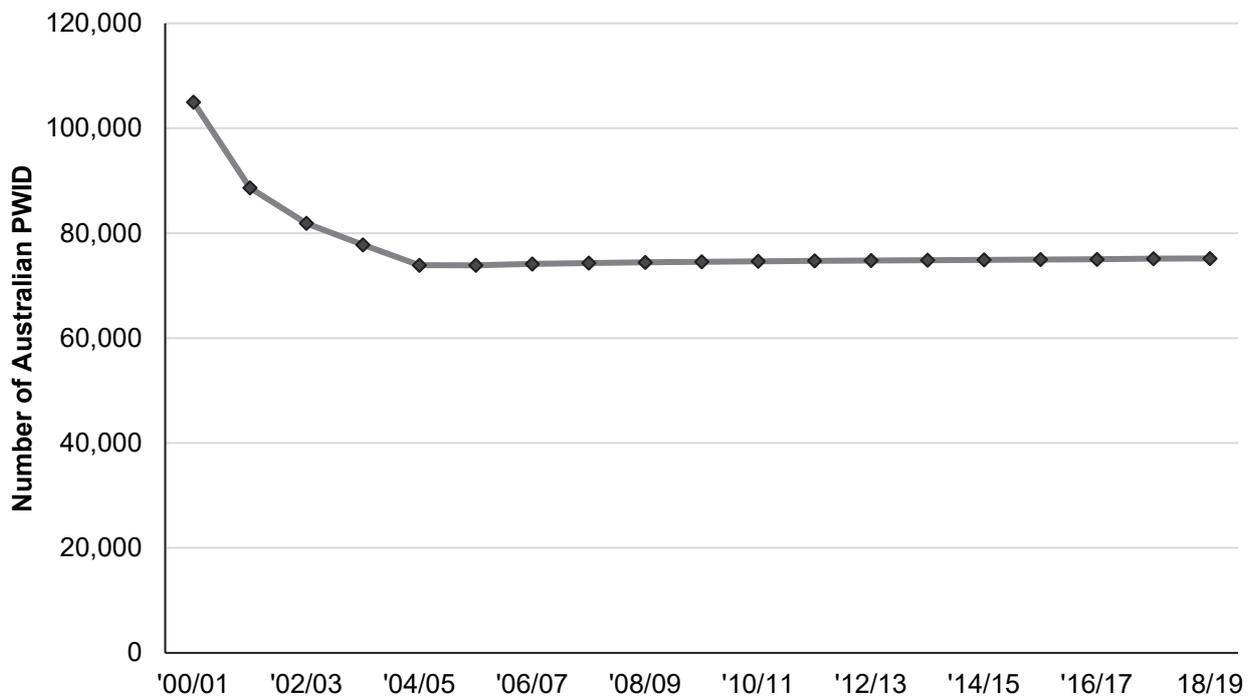


Figure A.2: Trends in the estimated number of 'regular' PWID in Australia 2000/01-2018/19



Validity assessment

Client-level OOS data (age, gender, Indigenous status and drug injected) collected as part of the NSP NMDC (February 2019) were compared to respondents participating in the ANSPS (October 2018). Where NSP NMDC data was not collected in all jurisdictions, ANSPS data for these jurisdictions was also excluded from the comparison.

As shown in Table A.7, data were comparable between the two data collections for Indigenous status (21% vs

20%, $p=0.411$) and drug injected, with the exception of injection of PIEDs (8% vs 4%, $p<0.001$). Differences between the two data collections were also observed for gender and age. These results are consistent with published work by Topp et al (2008) that demonstrated ANSPS respondents are more likely to be female and older and less likely to inject PIEDs²⁰. We therefore conclude that the NSP NMDC is likely representative of the Australian NSP population.

Table A.7 Comparison of client-level OOS NSP NMDC data and ANSPS respondents

	ANSPS - Oct 2018 N (%)	NSP NMDC - Feb 2019 N (%)	P value
Gender			
Male	1,828 (67)	1,823 (74)	--
Female	899 (33)	646 (26)	<0.001
Other	13 (<1)	5 (<1)	0.071
Aboriginal and/or Torres Strait Islander[#]			
No	1,727 (79)	1,170 (80)	--
Yes	451 (21)	285 (20)	0.411
Median age[#] (age range)	42 (35-49)	40 (34-48)	<0.001
Drug injected[#]			
Analgesics	887 (39)	589 (37)	--
Stimulants & Hallucinogens	1,181 (51)	752 (48)	0.553
Anabolic Agents & Selected Hormones	98 (4)	127 (8)	<0.001
Other/more than one	128 (6)	109 (7)	0.077

[#] not collected in the NSP NMDC in all jurisdictions

Appendix B:

National and Jurisdictional Tables

B.1 National

Table B.1.1 Needle and syringe distribution by public and pharmacy sector, 2009/10–2018/19

National	Public	%	Pharmacy	%	Total
2009/10	29,572,199	85%	5,114,160	15%	34,686,359
2010/11	32,373,749	86%	5,275,136	14%	37,648,885
2011/12	35,179,620	87%	5,131,160	13%	40,310,780
2012/13	37,446,914	89%	4,837,457	11%	42,284,371
2013/14	38,457,733	88%	5,168,366	12%	43,626,099
2014/15	38,995,375	87%	5,627,125	13%	44,622,500
2015/16	42,925,047	87%	6,533,048	13%	49,458,095
2016/17	42,493,174	87%	6,558,299	13%	49,051,473
2017/18	42,387,670	87%	6,507,533	13%	48,895,203
2018/19	46,373,041	88%	6,092,419	12%	52,465,460

Table B.1.2 NSP outlet type and method by public and pharmacy sector, 2016, 2017, 2018 and 2019

National	2016	2017	2018	2019	National	2016	2017	2018	2019
NSP outlet type (%)	n=3,509	n=3,627	n=3,677	n=4,182	NSP outlet method (%)				
Primary	102 (3)	98 (3)	101 (3)	98 (2)	<i>Public sector NSP[^]</i>	n=1,188	n=1,205	n=1,219	n=1,346
Secondary	786 (22)	784 (22)	774 (21)	908 (22)	Fixed	867 (73)	862 (72)	858 (70)	988 (73)
SDM	300 (9)	323 (9)	344 (9)	340 (8)	Outreach/mobile	52 (5)	47 (4)	56 (5)	65 (5)
Pharmacy	2,321 (66)	2,422 (67)	2,458 (67)	2,836 (68)	SDM free	93 (8)	98 (8)	107 (9)	111 (8)
					SDM chute	74 (6)	74 (6)	72 (6)	72 (5)
					SDM cost	134 (11)	151 (13)	165 (14)	157 (12)
					Peer distribution	-- --	23 (2)	23 (2)	23 (2)
					Naloxone*	-- --	-- --	-- --	66 (7)
					<i>Pharmacy sector (fixed)</i>	2,321 (100)	2,422 (100)	2,458 (100)	2,836 (100)

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

-- Not collected

* % denominator = primary + secondary

Table B.1.3 Occasion of service-level data, 2016, 2017, 2018 and 2019

National Client-level	2016 n=2625	2017 n=2797	2018 n=2573	2019 n=2512	National Service-level	2016 n=2625	2017 n=2797	2018 n=2573	2019 n=2512
Age (%)					Health education/intervention (%)^				
<20 years	30 (1)	18 (1)	26 (1)	18 (1)	Yes	1188 (45)	1077 (43)	1029 (42)	1087 (47)
20-29 years	414 (16)	429 (15)	353 (14)	506 (20)	No	1403 (53)	1436 (57)	1422 (58)	1248 (53)
30-39 years	779 (100)	936 (33)	805 (31)	815 (32)	Not reported	34 (1)	1 (<1)	0 (0)	0 (0)
40-49 years	890 (34)	880 (31)	846 (33)	474 (30)					
50+ years	448 (17)	475 (17)	481 (19)	383 (15)	Health education/intervention type (%)^				
Not reported	64 (2)	59 (2)	62 (2)	43 (2)	BBV & STI	-- --	645 (63)	599 (59)	602 (61)
Aged <25 (%)	190 (7)	174 (6)	141 (5)	98 (4)	Drug health	-- --	45 (4)	22 (2)	23 (2)
					Other health	-- --	34 (3)	112 (11)	111 (11)
Gender (%)					Other non-health	-- --	54 (5)	82 (8)	71 (7)
Male	1925 (73)	2081 (74)	1856 (72)	1823 (73)	More than one	-- --	250 (24)	194 (19)	175 (18)
Female	665 (25)	699 (25)	690 (27)	646 (26)	Not reported	-- --	0 (0)	0 (0)	2 (<1)
Other	7 (<1)	2 (<1)	3 (<1)	5 (<1)					
Not reported	28 (1)	15 (<1)	24 (<1)	38 (2)	Referral (%)^				
					Yes	142 (9)	122 (7)	146 (8)	96 (6)
Indigenous status (%)^					No	1483 (89)	1611 (87)	1643 (91)	1477 (94)
Yes (Aboriginal or TSI or both)	196 (12)	274 (15)	297 (17)	285 (18)	Not reported	34 (2)	128 (7)	17 (1)	0 (0)
No	1224 (76)	1417 (79)	1321 (75)	1170 (73)					
Not reported	184 (11)	113 (6)	138 (8)	155 (10)	Referral type (%)^				
					BBV & STI	43 (30)	66 (54)	58 (40)	38 (40)
Drug injected (%)^					Drug health	9 (6)	9 (7)	12 (8)	12 (13)
Analgesics	687 (41)	821 (41)	750 (40)	589 (35)	Other health	30 (21)	21 (17)	35 (24)	27 (28)
Stimulants and Hallucinogens	614 (37)	770 (36)	805 (42)	752 (45)	Other non-health	60 (42)	25 (20)	19 (13)	14 (15)
Anabolic agents	141 (9)	178 (9)	148 (8)	127 (8)	Peer based	0 (0)	1 (1)	14 (10)	3 (3)
Other	90 (6)	117 (6)	89 (5)	109 (6)	More than one	0 (0)	0 (0)	4 (3)	2 (2)
Not reported	125 (8)	110 (6)	103 (5)	106 (6)	Not reported	0 (0)	0 (0)	4 (3)	0 (0)

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

B.2 Australian Capital Territory

Description of NSP services in Australian Capital Territory

The Australian Capital Territory (ACT) has the smallest land area of the eight states and territories and has the second smallest population (~425,000 residents in 2019). 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 9 secondary NSPs and 31 pharmacy NSP outlets. There are 6 SDMs in the ACT, located outside health centres. These machines contain '4 packs' (including 4 x sterile 1ml combined needle and syringe, swabs, water, spoons and cotton wool within a safe disposal container), available for \$2 per pack and enabling 24-hour access to sterile injecting equipment. Client-level OOS data are collected at both primary NSPs and some secondary NSPs. Collated monthly data are provided to ACT Health Directorate on a 6-monthly basis.

Table B.2.1 Needle and syringe distribution by public and pharmacy sector, 2009/10–2018/19

ACT	Public	%	Pharmacy	%	Total
2009/10	546,866	87%	81,800	13%	628,666
2010/11	540,051	87%	77,400	13%	617,451
2011/12	529,326	87%	81,200	13%	610,526
2012/13	547,748	87%	80,400	13%	628,148
2013/14	529,244	87%	76,800	13%	606,044
2014/15	536,412	89%	63,120	11%	599,532
2015/16	542,772	88%	71,520	12%	614,292
2016/17	756,034 [^]	91%	73,440	9%	829,474
2017/18	836,031 [^]	92%	71,520	8%	907,551
2018/19	824,076 [^]	93%	61,920	7%	885,996

[^] 2016/17 - 2018/19 public sector data includes combined 1ml + syringes as per NSP NMDC Data Dictionary⁶, previous years were combined 1ml only

Table B.2.2 NSP outlet type and method by public and pharmacy sector, 2016, 2017, 2018 and 2019

ACT	2016	2017	2018	2019	ACT	2016	2017	2018	2019
NSP outlet type (%)	n=46	n=48	n=51	n=48	NSP outlet method (%)				
Primary	2 (4)	2 (4)	2 (4)	2 (4)	<i>Public sector NSP[^]</i>	n=16	n=16	n=17	n=17
Secondary	8 (17)	8 (17)	9 (18)	9 (19)	Fixed	10 (63)	10 (63)	11 (65)	11 (65)
SDM	6 (13)	6 (13)	6 (12)	6 (13)	Outreach/mobile	0 (0)	0 (0)	0 (0)	0 (0)
Pharmacy	30 (65)	32 (67)	34 (67)	31 (65)	SDM free	0 (0)	0 (0)	0 (0)	0 (0)
					SDM chute	0 (0)	0 (0)	0 (0)	0 (0)
					SDM cost	6 (38)	6 (38)	6 (35)	6 (35)
					Peer distribution	-- --	0 (0)	0 (0)	0 (0)
					Naloxone	-- --	-- --	-- --	0 (0)
					<i>Pharmacy sector (fixed)</i>	30 (100)	32 (100)	34 (100)	31 (100)

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

-- Not collected

Figure B.2.1 Total number of NSP outlets by SA3 in 2019

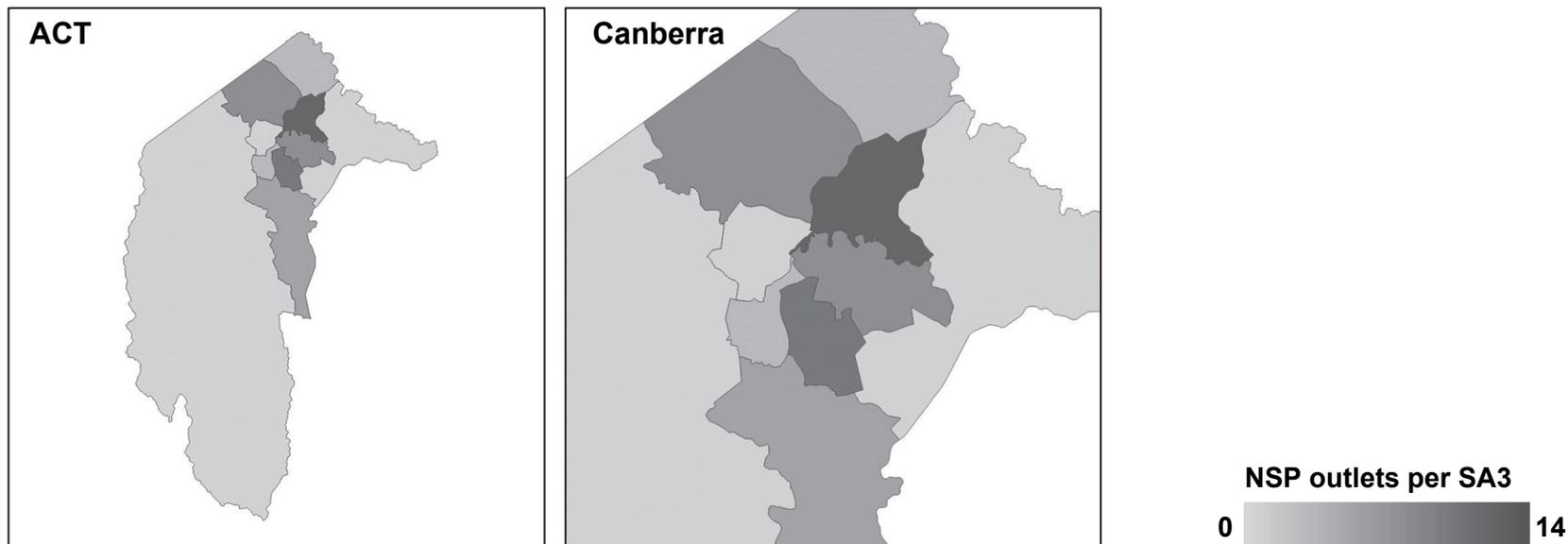


Table B.2.3 Occasion of service-level data, 2016, 2017, 2018 and 2019

ACT	2016	2017	2018	2019	ACT	2016	2017	2018	2019
Client-level	n=67	n=106	n=109	n=133	Service-level	n=67	n=106	n=109	n=133
Age (%)					Health education/intervention (%)				
<20 years	1 (1)	0 (0)	1 (1)	0 (0)	Yes	18 (27)	14 (26)	54 (83)	34 (63)
20-29 years	6 (9)	17 (16)	10 (9)	19 (14)	No	49 (73)	40 (74)	11 (17)	20 (37)
30-39 years	19 (28)	30 (28)	31 (28)	42 (32)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)
40-49 years	26 (39)	39 (37)	33 (30)	46 (35)					
50+ years	15 (22)	19 (18)	34 (31)	25 (19)	Health education/intervention type (%)^				
Not reported	0 (0)	1 (1)	0 (0)	1 (1)	BBV & STI	---	---	0 (0)	0 (0)
Aged <25 (%)	2 (3)	8 (8)	5 (5)	2 (2)	Drug health	---	---	0 (0)	0 (0)
					Other health	---	---	9 (17)	11 (32)
Gender (%)					Other non-health	---	---	44 (81)	23 (68)
Male	54 (81)	73 (69)	81 (74)	103 (77)	More than one	---	---	1 (2)	0 (0)
Female	13 (19)	33 (31)	28 (26)	30 (23)	Not reported	---	---	0 (0)	0 (0)
Other	0 (0)	0 (0)	0 (0)	0 (0)					
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	Referral (%)				
					Yes	1 (1)	11 (20)	0 (0)	0 (0)
Indigenous status (%)					No	66 (99)	43 (80)	54 (100)	54 (100)
Yes (Aboriginal or TSI or both)	5 (7)	6 (11)	4 (6)	10 (19)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)
No	49 (73)	33 (61)	58 (89)	39 (72)					
Not reported	13 (19)	15 (28)	3 (5)	5 (9)	Referral type (%)				
					BBV & STI	0 (0)	9 (82)	0 (0)	0 (0)
Drug injected (%)					Drug health	0 (0)	1 (9)	0 (0)	0 (0)
Analgesics	28 (42)	21 (39)	29 (45)	21 (39)	Other health	1 (100)	0 (0)	0 (0)	0 (0)
Stimulants and Hallucinogens	14 (21)	9 (17)	24 (37)	24 (44)	Other non-health	0 (0)	0 (0)	0 (0)	0 (0)
Anabolic agents	6 (9)	2 (4)	2 (3)	2 (4)	Peer based	0 (0)	1 (9)	0 (0)	0 (0)
Other	1 (3)	1 (2)	2 (3)	0 (0)	More than one	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	16 (24)	21 (39)	8 (12)	7 (13)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)

[^] Health education/intervention type not collated in 2016

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 ~8.0 million people residing in NSW in 2019. The NSW Ministry of Health is responsible for the operation of the NSP via Local Health Districts and non-government organisations. There are 32 primary outlets, 342 secondary outlets, 563 pharmacy NSPs and 231 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. Access to take-home naloxone programs is available through 3 outlets (2 primary and 1 secondary) in New South Wales. Client-level OOS data are collected through the Ministry of Health BRISE funded NSW NSP Enhanced Data Collection (NNEDC) project. The NNEDC collects data from ~50 NSPs, including all primary NSPs and some secondary NSPs over a two-week period in late February/early March. NSP NMDC data elements included in the NNEDC are: age, gender, Indigenous status and drug injected. NSW Ministry of Health provides collated quarterly data on needle and syringe distribution and health education/interventions and referrals.

Table B.3.1 Needle and syringe distribution by public and pharmacy sector, 2009/10–2018/19

NSW	Public	%	Pharmacy	%	Total
2009/10	7,514,508	84%	1,454,312	16%	8,968,820
2010/11	8,400,515	84%	1,574,684	16%	9,975,199
2011/12	9,444,001	85%	1,607,376	15%	11,051,377
2012/13	10,230,040	87%	1,572,380	13%	11,802,420
2013/14	10,743,583	87%	1,554,514	13%	12,298,097
2014/15	11,324,378	89%	1,419,126	11%	12,743,504
2015/16	12,114,913	88%	1,705,015	12%	13,819,928
2016/17	12,189,626	87%	1,744,002	13%	13,933,628
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

Table B.3.2 NSP outlet type and method by public and pharmacy sector, 2016, 2017, 2018 and 2019

NSW	2016	2017	2018	2019	NSW	2016	2017	2018	2019
NSP outlet type (%)	n=1,073	n=1,128~	n=1,092	n=1,168	NSP outlet method (%)				
Primary	30 (3)	30 (3)	31 (3)	32 (3)	<i>Public sector NSP[^]</i>	n=555	n=557	n=552	n=605
Secondary	286 (27)	287 (25)	288 (26)	342 (29)	Fixed	314 (61)	314 (61)	317 (57)	369 (61)
SDM	239 (22)	240 (21)	233 (21)	231 (20)	Outreach/mobile	6 (2)	6 (2)	10 (2)	10 (2)
Pharmacy	518 (48)	571 (51)	540 (49)	563 (48)	SDM free	87 (16)	87 (16)	85 (15)	91 (15)
					SDM chute	74 (12)	74 (12)	72 (13)	72 (12)
					SDM cost	79 (19)	79 (19)	76 (14)	68 (11)
					Peer distribution	---	---	---	---
					Naloxone*	---	---	---	3 (<1)
					<i>Pharmacy sector (fixed)</i>	518 (100)	571 (100)	540 (100)	563 (100)

[^] Public sector NSPs may have more than one NSP outlet method
 ~ Estimate based on 2015/16 data

-- Not collected

* % denominator = primary + secondary

Figure B.3.1 Total number of NSP outlets by SA3 in 2019



Table B.3.3 Occasion of service-level data, 2016, 2017, 2018 and 2019

NSW Client-level	2016 n=394	2017 n=599	2018 n=495	2019 n=427	NSW Service-level	2016 n=394	2017 n=599	2018 n=495	2019 n=427
Age (%)					Health education/intervention (%)				
<20 years	3 (1)	2 (<1)	2 (<1)	1 (<1)	Yes	276 (70)	327 (55)	240 (48)	208 (49)
20-29 years	63 (16)	83 (14)	66 (13)	56 (13)	No	118 (30)	272 (45)	255 (52)	219 (51)
30-39 years	130 (33)	180 (30)	132 (27)	116 (27)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)
40-49 years	120 (30)	176 (29)	149 (30)	143 (33)					
50+ years	58 (15)	135 (23)	116 (23)	86 (20)	Health education/intervention type (%)^				
Not reported	20 (5)	23 (4)	30 (6)	25 (6)	BBV & STI	-- --	282 (86)	224 (93)	189 (91)
Aged <25 (%)	28 (7)	32 (5)	25 (5)	15 (4)	Drug health	-- --	20 (6)	1 (<1)	1 (<1)
					Other health	-- --	3 (1)	0 (0)	0 (0)
Gender (%)					Other non-health	-- --	22 (7)	15 (6)	18 (9)
Male	274 (70)	424 (71)	364 (74)	312 (73)	More than one	-- --	0 (0)	0 (0)	0 (0)
Female	104 (26)	168 (28)	123 (25)	106 (25)	Not reported	-- --	0 (0)	0 (0)	0 (0)
Other	7 (2)	2 (<1)	2 (<1)	3 (<1)					
Not reported	9 (2)	5 (<1)	6 (1)	6 (1)	Referral (%)				
					Yes	55 (14)	66 (11)	76 (15)	31 (7)
Indigenous status (%)					No	339 (86)	533 (89)	419 (85)	396 (93)
Yes (Aboriginal or TSI or both)	75 (19)	121 (20)	106 (21)	84 (20)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)
No	315 (80)	454 (76)	357 (72)	319 (75)					
Not reported	4 (1)	24 (4)	32 (6)	24 (6)	Referral type (%)				
					BBV & STI	23 (42)	34 (52)	36 (47)	15 (48)
Drug injected (%)					Drug health	8 (15)	5 (8)	8 (11)	3 (10)
Analgesics	177 (45)	309 (52)	237 (48)	198 (46)	Other health	12 (22)	11 (17)	15 (20)	6 (19)
Stimulants and Hallucinogens	119 (30)	176 (29)	145 (29)	130 (30)	Other non-health	12 (22)	16 (24)	17 (22)	7 (23)
Anabolic agents	55 (14)	55 (9)	54 (11)	49 (11)	Peer based	0 (0)	0 (0)	0 (0)	0 (0)
Other	29 (7)	34 (6)	20 (4)	15 (4)	More than one	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	14 (4)	25 (4)	39 (8)	35 (8)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)

^ Health education/intervention type not collated in 2016

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 ~246,000 residents in 2019. There are 3 primary outlets, 10 secondary outlets, 23 pharmacy NSPs and 4 SDMs. All of the primary NSP outlets are operated by the Northern Territory AIDS and Hepatitis Council (NTAHC) and provide a broad range of injecting equipment alongside information, support and referral services for PWID, including access to take-home naloxone programs through the three primary outlets since 2016 and facilities for the safe disposal of used injecting equipment. Secondary and pharmacy-based outlets typically provide a limited range of sterile injecting equipment and disposal facilities. SDMs were introduced in late 2016 and injecting equipment is accessed through tokens which are obtained free of charge from NSP services in the NT or from packs previously obtained from a SDM. Non-identifiable client-level and service-level OOS data are collected at all primary and most secondary NSP services in the NT and line item data are provided to NT Government Department of Health on a monthly basis.

Table B.4.1 Needle and syringe distribution by public and pharmacy sector, 2009/10–2018/19

NT	Public	%	Pharmacy	%	Total
2009/10	395,406	95%	19,350	5%	414,756
2010/11	362,633	90%	40,442	10%	403,075
2011/12	388,587	92%	35,163	8%	423,750
2012/13	454,481	93%	32,285	7%	486,766
2013/14	523,915	95%	30,340	5%	554,255
2014/15	533,278	96%	22,560	4%	555,838
2015/16	542,584	95%	27,165	5%	569,749
2016/17	526,591	97%	17,270	3%	543,861
2017/18	458,193	97%	14,619	3%	472,812
2018/19	421,780	98%	9,650	2%	431,430

Table B.4.2 NSP outlet type and method by public and pharmacy sector, 2016, 2017, 2018 and 2019

NT	2016	2017	2018	2019	NT	2016	2017	2018	2019
NSP outlet type (%)	n=28	n=35	n=37	n=40	NSP outlet method (%)				
Primary	3 (11)	3 (9)	3 (8)	3 (8)	<i>Public sector NSP[^]</i>	n=13	n=16	n=16	n=17
Secondary	10 (36)	10 (29)	10 (27)	10 (25)	Fixed	13 (100)	13 (81)	13 (81)	13 (76)
SDM	0 (0)	3 (9)	3 (8)	4 (10)	Outreach/mobile	0 (0)	0 (0)	0 (0)	0 (0)
Pharmacy	15 (54)	19 (54)	21 (57)	23 (58)	SDM free	0 (0)	3 (19)	3 (19)	4 (24)
					SDM chute	0 (0)	0 (0)	0 (0)	0 (0)
					SDM cost	0 (0)	0 (0)	0 (0)	0 (0)
					Peer distribution	-- --	0 (0)	0 (0)	0 (0)
					Naloxone*	-- --	-- --	-- --	3 (18)
					<i>Pharmacy sector (fixed)</i>	15 (100)	19 (100)	21 (100)	23 (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 2019

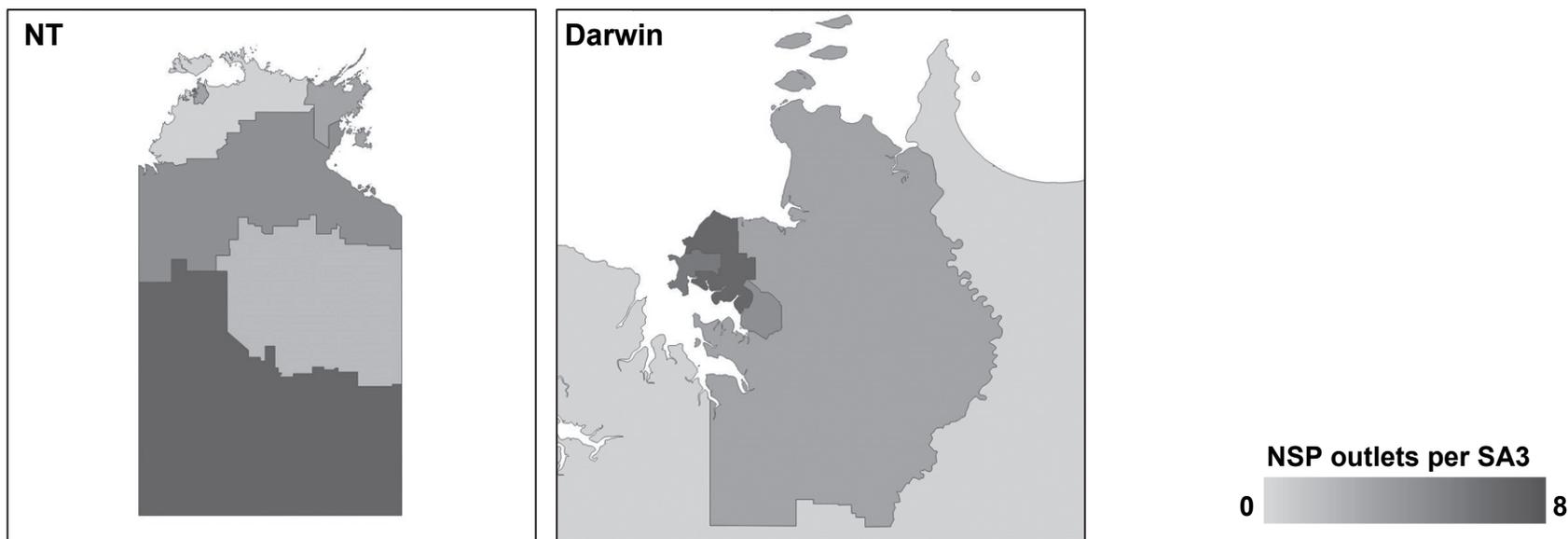


Table B.4.3 Occasion of service-level data, 2016, 2017, 2018 and 2019

NT	2016	2017	2018	2019	NT	2016	2017	2018	2019
Client-level	n=62	n=39	n=47	n=45	Service-level	n=62	n=39	n=47	n=45
Age (%)					Health education/intervention (%)				
<20 years	0 (0)	0 (0)	0 (0)	0 (0)	Yes	6 (10)	4 (10)	12 (26)	13 (29)
20-29 years	16 (26)	6 (15)	8 (17)	5 (11)	No	56 (90)	35 (90)	35 (74)	32 (71)
30-39 years	21 (34)	17 (44)	12 (26)	15 (33)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)
40-49 years	16 (26)	8 (21)	15 (32)	12 (27)					
50+ years	8 (13)	8 (21)	12 (26)	13 (29)	Health education/intervention type (%)^				
Not reported	1 (2)	0 (0)	0 (0)	0 (0)	BBV & STI	--	4 (100)	10 (83)	11 (85)
Aged <25 (%)	16 (26)	6 (15)	8 (17)	5 (11)	Drug health	--	0 (0)	0 (0)	0 (0)
					Other health	--	0 (0)	2 (17)	0 (0)
Gender (%)					Other non-health	--	0 (0)	0 (0)	2 (15)
Male	48 (77)	35 (90)	34 (72)	33 (73)	More than one	--	0 (0)	0 (0)	0 (0)
Female	13 (21)	4 (10)	13 (28)	12 (27)	Not reported	--	0 (0)	0 (0)	0 (0)
Other	0 (0)	0 (0)	0 (0)	0 (0)					
Not reported	1 (2)	0 (0)	0 (0)	0 (0)	Referral (%)				
					Yes	0 (0)	0 (0)	1 (2)	0 (0)
Indigenous status (%)					No	62 (100)	39 (100)	46 (98)	45 (100)
Yes (Aboriginal or TSI or both)	18 (29)	6 (15)	8 (17)	12 (27)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)
No	42 (68)	33 (85)	39 (83)	33 (73)					
Not reported	2 (3)	0 (0)	0 (0)	0 (0)	Referral type (%)				
					BBV & STI	0 (0)	0 (0)	0 (0)	0 (0)
Drug injected (%)					Drug health	0 (0)	0 (0)	0 (0)	0 (0)
Analgesics	16 (26)	14 (36)	20 (43)	12 (27)	Other health	0 (0)	0 (0)	1 (100)	0 (0)
Stimulants and Hallucinogens	24 (39)	14 (36)	19 (40)	23 (51)	Other non-health	0 (0)	0 (0)	0 (0)	0 (0)
Anabolic agents	3 (5)	7 (18)	6 (13)	3 (7)	Peer based	0 (0)	0 (0)	0 (0)	0 (0)
Other	1 (2)	0 (0)	1 (2)	3 (7)	More than one	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	18 (29)	4 (10)	1 (2)	4 (9)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)

^ Health education/intervention type not collated in 2016

B.5 Queensland

Description of NSP services in Queensland

Queensland has the second largest land area of Australia's eight states and territories and has the third largest population, with ~5.1 million residents in 2019. Queensland NSP (QNSP) supports a network of 19 primary NSPs, 132 secondary NSPs, 813 pharmacy NSPs and 63 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. Access to take-home naloxone programs is available through 9 primary outlets in Queensland. The Queensland NSP Minimum Data Set (QMDS) is a state-wide standardised data collection system that provides core data about program activities. QMDS requires the collection of non-identifiable client-level and service-level OOS data at all primary and most secondary NSPs throughout Queensland. Line item OOS data are provided to Queensland Health on a monthly basis and QMDS includes all NSP NMDC data elements.

Table B.5.1 Needle and syringe distribution by public and pharmacy sector, 2009/10–2018/19

QLD	Public	%	Pharmacy	%	Total
2009/10	6,165,260	84%	1,135,286	16%	7,300,546
2010/11	7,384,060	89%	943,434	11%	8,327,494
2011/12	7,923,815	92%	718,365	8%	8,642,180
2012/13	8,221,400	94%	546,121	6%	8,767,521
2013/14	8,662,985	90%	1,000,650	10%	9,663,635
2014/15	8,213,475	84%	1,545,610	16%	9,759,085
2015/16	8,781,445	81%	2,077,635	19%	10,859,080
2016/17	8,088,324	80%	2,030,975	20%	10,119,299
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

Table B.5.2 NSP outlet type and method by public and pharmacy sector, 2016, 2017, 2018 and 2019

QLD	2016	2017	2018	2019	QLD	2016	2017	2018	2019
NSP outlet type (%)	n=880	n=933	n=962	n=1027	NSP outlet method (%)				
Primary	19 (2)	18 (2)	19 (2)	19 (2)	<i>Public sector NSP[^]</i>	n=183	n=199	n=210	n=214
Secondary	133 (15)	133 (14)	129 (13)	132 (13)	Fixed	152 (83)	151 (76)	148 (70)	151 (71)
SDM	31 (4)	48 (5)	62 (6)	63 (6)	Outreach/mobile	0 (0)	0 (0)	0 (0)	0 (0)
Pharmacy	697 (79)	734 (79)	752 (78)	813 (79)	SDM free	0 (0)	0 (0)	0 (0)	0 (0)
					SDM chute	0 (0)	0 (0)	0 (0)	0 (0)
					SDM cost	31 (17)	48 (24)	62 (30)	63 (29)
					Peer distribution	-- --	6 (3)	6 (3)	6 (3)
					Naloxone*	-- --	-- --	-- --	9 (6)
					<i>Pharmacy sector (fixed)</i>	697 (100)	734 (100)	752 (100)	813 (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 2019

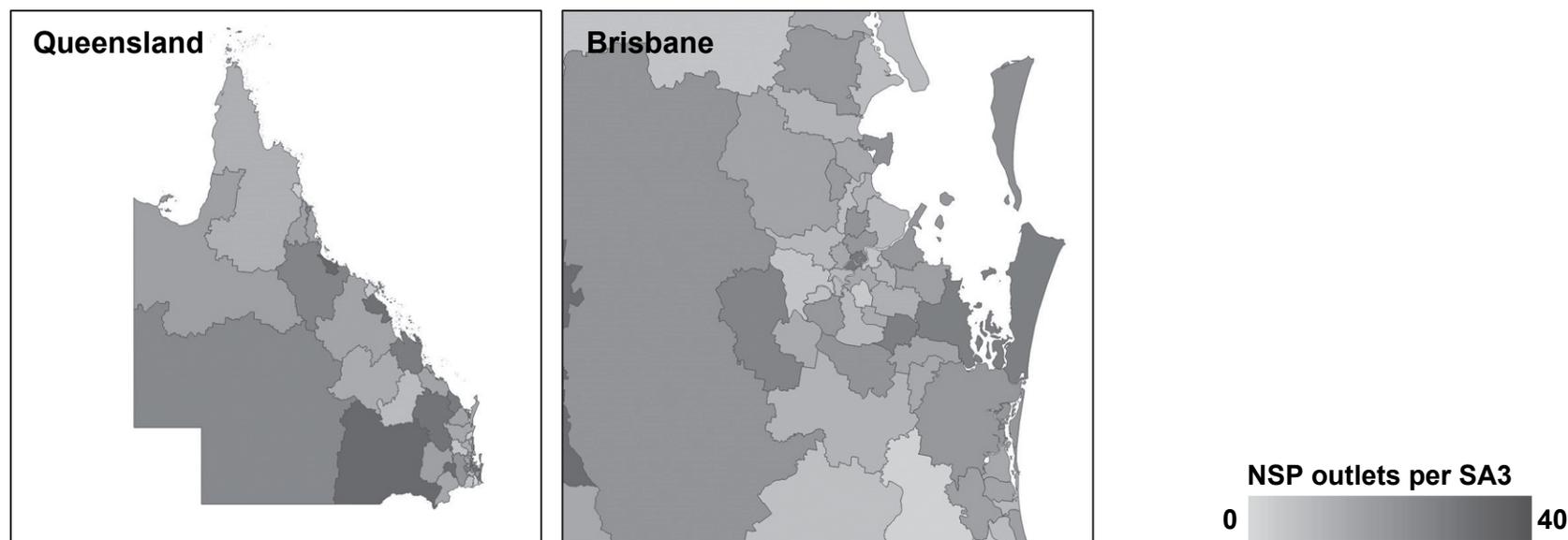


Table B.5.3 Occasion of service-level data, 2016, 2017, 2018 and 2019

QLD Client-level	2016 n=689	2017 n=800	2018 n=681	2019 n=644	QLD Service-level	2016 n=689	2017 n=800	2018 n=681	2019 n=644
Age (%)					Health education/intervention (%)				
<20 years	7 (1)	7 (1)	11 (2)	6 (1)	Yes	267 (39)	304 (43)	223 (33)	270 (42)
20-29 years	116 (17)	140 (18)	119 (17)	75 (12)	No	422 (61)	402 (57)	458 (67)	374 (58)
30-39 years	249 (36)	278 (35)	233 (34)	231 (36)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)
40-49 years	204 (30)	240 (30)	228 (33)	216 (34)					
50+ years	106 (15)	131 (16)	87 (13)	106 (16)	Health education/intervention type (%)^				
Not reported	7 (1)	4 (1)	3 (<1)	10 (2)	BBV & STI	-- --	213 (70)	163 (73)	216 (80)
Aged <25 (%)	52 (8)	66 (8)	40 (6)	26 (4)	Drug health	-- --	10 (3)	3 (1)	8 (3)
					Other health	-- --	13 (4)	10 (4)	15 (6)
Gender (%)					Other non-health	-- --	28 (9)	18 (8)	19 (7)
Male	514 (75)	596 (75)	500 (73)	481 (75)	More than one	-- --	40 (13)	29 (13)	12 (4)
Female	175 (25)	204 (25)	181 (27)	161 (25)	Not reported	-- --	0 (0)	0 (0)	0 (0)
Other	0 (0)	0 (0)	0 (0)	0 (0)					
Not reported	0 (0)	0 (0)	0 (0)	2 (<1)	Referral (%)				
					Yes	21 (3)	18 (2)	21 (3)	16 (2)
Indigenous status (%)					No	668 (97)	658 (82)	660 (97)	628 (98)
Yes (Aboriginal or TSI or both)	65 (9)	88 (11)	91 (13)	94 (15)	Not reported	0 (0)	124 (16)	0 (0)	0 (0)
No	584 (85)	654 (82)	530 (78)	482 (75)					
Not reported	40 (6)	58 (7)	60 (9)	68 (11)	Referral type (%)				
					BBV & STI	15 (71)	5 (28)	8 (38)	6 (38)
Drug injected (%)					Drug health	0 (0)	3 (17)	1 (5)	4 (25)
Analgesics	325 (47)	328 (41)	285 (42)	248 (39)	Other health	5 (24)	8 (44)	7 (33)	2 (13)
Stimulants and Hallucinogens	244 (35)	311 (39)	282 (41)	271 (42)	Other non-health	1 (5)	2 (11)	0 (0)	2 (13)
Anabolic agents	55 (8)	91 (11)	57 (8)	52 (8)	Peer based	0 (0)	0 (0)	1 (5)	2 (13)
Other	34 (5)	49 (6)	37 (5)	43 (7)	More than one	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	31 (5)	21 (3)	20 (3)	30 (5)	Not reported	0 (0)	0 (0)	4 (19)	0 (0)

^ Health education/intervention type not collated in 2016

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 ~1.7 million residents in 2019. The 'Clean Needle Program' provides a range of services to people who inject drugs including the distribution of sterile needles and syringes and disposal equipment, the provision of information and education about safer injecting practices and safe disposal practices, and referral to a variety of services such as drug treatment, health, legal, and social services. Services are provided at a range of sites in metropolitan and regional South Australia with 2 primary outlets, 84 secondary outlets, 286 pharmacy NSPs and 8 SDMs. SDMs dispense packs at a cost of \$2 per pack and provide 24 hr access to sterile injecting equipment. Non-identifiable client-level and service-level OOS data are collected at all primary and most secondary NSPs throughout South Australia. Line item OOS data are provided to SA Health on a monthly basis. OOS data collection in SA includes all NSP NMDC data elements; with Health education/ interventions recorded as a binary (yes/no) response.

Table B.6.1 Needle and syringe distribution by public and pharmacy sector, 2009/10–2018/19

SA	Public	%	Pharmacy	%	Total
2009/10	2,461,263	92%	220,000	8%	2,681,263
2010/11	2,779,168	93%	200,000	7%	2,979,168
2011/12	3,152,280	94%	211,752	6%	3,364,032
2012/13	3,303,580	95%	181,500	5%	3,485,080
2013/14	2,987,753	96%	140,700	4%	3,128,453
2014/15	2,948,020	95%	140,400	5%	3,088,420
2015/16	3,598,090	96%	161,800	4%	3,759,890
2016/17	3,765,034	96%	139,900	4%	3,904,934
2017/18	3,634,366	96%	164,500	4%	3,798,866
2018/19	4,063,762	96%	173,700	4%	4,237,462

Table B.6.2 NSP outlet type and method by public and pharmacy sector, 2016, 2017, 2018 and 2019

SA	2016	2017	2018	2019	SA	2016	2017	2018	2019
NSP outlet type (%)	n=313	n=289	n=289	n=380	NSP outlet method (%)				
Primary	4 (1)	4 (1)	3 (1)	2 (1)	<i>Public sector NSP[^]</i>	n=93	n=93	n=93	n=94
Secondary	81 (26)	81 (28)	82 (28)	84 (22)	Fixed	85 (91)	85 (91)	84 (90)	85 (90)
SDM	8 (3)	8 (3)	8 (3)	8 (2)	Outreach/mobile	3 (3)	3 (3)	4 (4)	4 (4)
Pharmacy	220 (70)	196 (68)	196* (68)	286 (75)	SDM free	0 (0)	0 (0)	0 (0)	0 (0)
					SDM chute	0 (0)	0 (0)	0 (0)	0 (0)
					SDM cost	8 (9)	8 (9)	8 (9)	8 (9)
					Peer distribution	-- --	10 (11)	10 (11)	10 (11)
					Naloxone	-- --	-- --	-- --	-- --
					<i>Pharmacy sector (fixed)</i>	220 (100)	196 (100)	196 (100)	286 (100)

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

-- Not collected

* Estimate based on 2017 data

Figure B.6.1 Total number of NSP outlets by SA3 in 2019



Table B.6.3 Occasion of service-level data, 2016, 2017, 2018 and 2019

SA	2016	2017	2018	2019	SA	2016	2017	2018	2019
Client-level	n=213	n=279	n=279	n=267	Service-level	n=213	n=279	n=279	n=267
Age (%)					Health education/intervention (%)^				
<20 years	2 (1)	1 (<1)	1 (<1)	2 (1)	Yes	29 (14)	34 (20)	20 (10)	103 (61)
20-29 years	34 (16)	42 (15)	22 (8)	24 (9)	No	150 (70)	140 (80)	181 (90)	66 (39)
30-39 years	62 (29)	81 (29)	87 (31)	86 (32)	Not reported	34 (16)	0 (0)	0 (0)	0 (0)
40-49 years	77 (36)	108 (39)	104 (37)	86 (32)					
50+ years	33 (15)	44 (16)	60 (22)	68 (25)	Referral (%)				
Not reported	5 (2)	3 (1)	5 (2)	1 (<1)	Yes	14 (7)	26 (15)	8 (4)	14 (8)
Aged <25 (%)	21 (10)	18 (6)	8 (3)	15 (6)	No	165 (77)	147 (85)	193 (96)	155 (92)
					Not reported	34 (16)	0 (0)	0 (0)	0 (0)
Gender (%)					Referral type (%)				
Male	155 (73)	211 (76)	192 (69)	178 (67)	BBV & STI	5 (36)	17 (65)	4 (50)	5 (36)
Female	57 (27)	67 (24)	86 (31)	87 (33)	Drug health	1 (7)	0 (0)	1 (13)	0 (0)
Other	0 (0)	0 (0)	0 (0)	0 (0)	Other health	5 (36)	2 (8)	2 (25)	6 (43)
Not reported	1 (<1)	1 (<1)	1 (<1)	2 (1)	Other non-health	3 (21)	7 (27)	1 (13)	1 (7)
Indigenous status (%)					Peer based	0 (0)	0 (0)	0 (0)	0 (0)
Yes (Aboriginal or TSI or both)	17 (8)	31 (17)	52 (20)	43 (16)	More than one	0 (0)	0 (0)	0 (0)	2 (14)
No	75 (35)	141 (76)	181 (68)	176 (66)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	121 (57)	14 (8)	33 (12)	48 (18)					
Drug injected (%)									
Analgesics	56 (26)	70 (25)	65 (23)	41 (15)					
Stimulants and Hallucinogens	98 (46)	148 (53)	157 (56)	164 (61)					
Anabolic agents	11 (5)	16 (6)	16 (6)	16 (6)					
Other	15 (7)	17 (6)	17 (6)	22 (8)					
Not reported	33 (15)	28 (10)	24 (9)	24 (9)					

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 ~533,000 in 2019. 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, 17 secondary outlets, 86 pharmacy NSPs and 7 SDMs in Tasmania. Non-identifiable client and service-level OOS data are collected at all primary NSPs and some secondary NSPs in Tasmania. Line item OOS data are provided to the Tasmanian Department of Health and Human Services on a monthly basis. Tasmania does not collect data on the Indigenous status of NSP attendees.

Table B.7.1 Needle and syringe distribution by public and pharmacy sector, 2009/10–2018/19

TAS	Public	%	Pharmacy	%	Total
2009/10	613,280	100%	-	0%	613,280
2010/11	644,620	100%	-	0%	644,620
2011/12	875,950	100%	-	0%	875,950
2012/13	943,280	100%	-	0%	943,280
2013/14	933,160	100%	-	0%	933,160
2014/15	976,980	100%	-	0%	976,980
2015/16	907,670	100%	-	0%	907,670
2016/17	784,230	90%	91,552	10%	875,782
2017/18	743,612	90%	86,280	10%	829,892
2018/19	753,360	89%	90,540	11%	843,900

- data not available

Table B.7.2 NSP outlet type and method by public and pharmacy sector, 2016, 2017, 2018 and 2019

TAS	2016	2017	2018	2019	TAS	2016	2017	2018	2019
NSP outlet type (%)	n=118	n=123	n=110	n=117	NSP outlet method (%)				
Primary	7 (6)	6 (5)	8 (7)	7 (6)	Public sector NSP [^]	n=28	n=28	n=28	n=31
Secondary	18 (15)	19 (15)	14 (13)	17 (15)	Fixed	25 (73)	25 (90)	22 (79)	24 (78)
SDM	3 (3)	3 (2)	6 (5)	7 (6)	Outreach/mobile	0 (5)	0 (0)	0 (0)	0 (0)
Pharmacy	90 (76)	95 (77)	82 (75)	86 (74)	SDM free	0 (8)	0 (0)	0 (0)	0 (0)
					SDM chute	0 (6)	0 (0)	0 (0)	0 (0)
					SDM cost	3 (11)	3 (10)	6 (21)	7 (23)
					Peer distribution	-- --	0 (0)	0 (0)	0 (0)
					Naloxone	-- --	-- --	-- --	-- --
					Pharmacy sector (fixed)	90 (100)	95 (100)	82 (100)	86 (100)

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

-- Not collected

Figure B.7.1 Total number of NSP outlets by SA3 in 2019

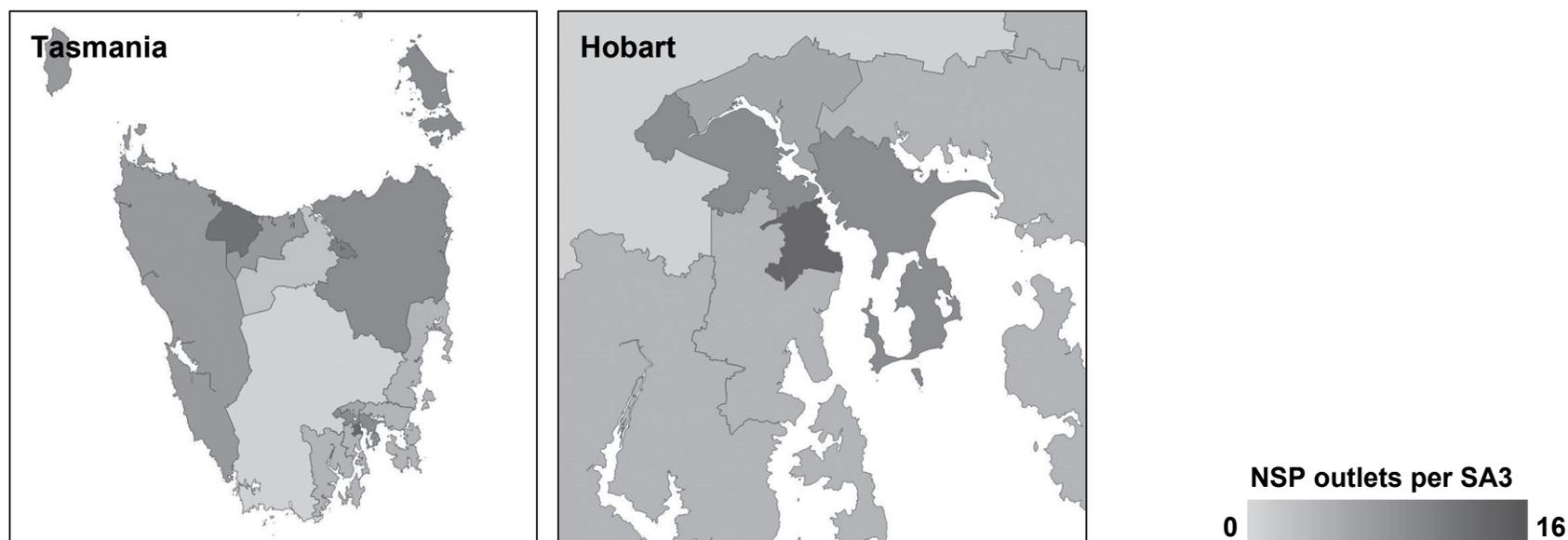


Table B.7.3 Occasion of service-level data, 2016, 2017, 2018 and 2019

TAS	2016	2017	2018	2019	TAS	2016	2017	2018	2019
Client-level	n=55	n=99	n=126	n=73	Service-level	n=55	n=99	n=126	n=73
Age (%)					Health education/intervention (%)				
<18 years	2 (4)	3 (3)			Yes	14 (25)	5 (7)	70 (56)	22 (30)
18-24 years	1 (2)	1 (1)			No	41 (75)	65 (93)	56 (44)	51 (70)
25-29 years / *<20	5 (9)	12 (12)	2 (2)	0 (0)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)
30-34 years / *20-29	10 (18)	16 (16)	21 (17)	7 (10)					
35-39 years / *30-39	16 (29)	22 (22)	39 (31)	23 (32)	Health education/intervention type (%)^				
40-44 years / *40-49	11 (20)	16 (16)	37 (29)	28 (38)	BBV & STI	--	2 (40)	41 (59)	6 (27)
45+ years / *50+	10 (18)	25 (25)	24 (19)	14 (19)	Drug health	--	2 (40)	7 (10)	3 (14)
Not reported	0 (0)	4 (4)	3 (2)	1 (1)	Other health	---	1 (20)	10 (14)	7 (32)
Aged <25	3 (5)	4 (4)	9 (7)	2 (3)	Other non-health	---	0 (0)	3 (4)	4 (18)
					More than one	---	0 (0)	9 (13)	2 (9)
Gender (%)					Not reported	---	0 (0)	0 (0)	0 (0)
Male	39 (71)	78 (79)	83 (66)	60 (82)	Referral (%)				
Female	16 (29)	21 (21)	41 (33)	13 (18)	Yes	0 (0)	0 (0)	3 (2)	1 (1)
Other	0 (0)	0 (0)	0 (0)	0 (0)	No	55 (100)	70 (100)	123 (98)	72 (99)
Not reported	0 (0)	0 (0)	2 (2)	0 (0)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)
Drug injected (%)					Referral type (%)				
Analgesics	27 (49)	42 (42)	56 (44)	27 (37)	BBV & STI	0 (0)	0 (0)	0 (0)	0 (0)
Stimulants and Hallucinogens	23 (42)	47 (47)	51 (40)	34 (47)	Drug health	0 (0)	0 (0)	0 (0)	0 (0)
Anabolic agents	1 (2)	0 (0)	3 (2)	1 (1)	Other health	0 (0)	0 (0)	1 (33)	0 (0)
Other	3 (5)	3 (3)	7 (6)	8 (11)	Other non-health	0 (0)	0 (0)	1 (33)	1 (100)
Not reported	1 (2)	7 (7)	9 (7)	3 (4)	Peer based	0 (0)	0 (0)	0 (0)	0 (0)
					More than one	0 (0)	0 (0)	1 (33)	0 (0)
					Not reported	0 (0)	0 (0)	0 (0)	0 (0)

Note: Age groups collected in Tasmania are not aligned to AGE10P in 2016 and 2017. *Age groups aligned to AGE10P in 2018 & 2019. Indigenous status not collected in Tasmania. ^Health education/intervention type not collated in 2016.

B.8 Victoria

Description of NSP services in Victoria

Victoria is the second most populous state or territory in Australia, with ~6.6 million residents in 2019. NSP services operate through a wide range of service providers, including funded primary NSPs, community health services, hospital accident and emergency units, municipal councils, drug treatment agencies, youth organisations and participating pharmacies. There are 16 primary outlets, 209 secondary outlets, 435 pharmacies and 14 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. Access to take-home naloxone programs is available through 37 outlets (12 primary and 25 secondary) in Victoria. Non-identifiable client-level and service-level OOS data are collected at all primary and secondary NSP services in Victoria. Line item client OOS data are sent to Victorian Department of Health and Human Services on a monthly basis. Health education/interventions and referrals are collected as a combined data item and Victoria does not currently collect data on drug injected or the Indigenous status of NSP attendees.

Table B.8.1 Needle and syringe distribution by public and pharmacy sector, 2009/10–2018/19

VIC	Public	%	Pharmacy	%	Total
2009/10	8,977,950	89%	1,166,345	11%	10,144,295
2010/11	9,255,350	88%	1,267,212	12%	10,522,562
2011/12	9,683,500	89%	1,206,475	11%	10,889,975
2012/13	10,244,250	90%	1,131,895	10%	11,376,145
2013/14	10,258,550	90%	1,078,602	10%	11,337,152
2014/15	10,413,900	91%	1,044,812	9%	11,458,712
2015/16	11,808,350	91%	1,103,818	9%	12,912,168
2016/17	11,799,550	91%	1,228,677	9%	13,028,227
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

Table B.8.2 NSP outlet type and method by public and pharmacy sector, 2016, 2017, 2018 and 2019

VIC NSP outlet type (%)	2016 n=393	2017 n=400	2018 n=407	2019 n=674	VIC NSP outlet method (%)	2016 n=170	2017 n=167	2018 n=171	2019 n=239
Primary	17 (4)	16 (4)	16 (4)	16 (2)	<i>Public sector NSP[^]</i>	159 (94)	156 (93)	151 (88)	223 (93)
Secondary	148 (38)	144 (36)	137 (34)	209 (31)	Fixed	30 (18)	25 (15)	24 (14)	35 (15)
SDM	5 (1)	7 (2)	18 (4)	14 (2)	Outreach/mobile	5 (3)	7 (4)	18 (11)	14 (6)
Pharmacy	223 (57)	233 (58)	236 (58)	435 (65)	SDM free	0 (0)	0 (0)	0 (0)	0 (0)
					SDM chute	0 (0)	0 (0)	0 (0)	0 (0)
					SDM cost	---	---	---	---
					Peer distribution	---	---	---	---
					Naloxone*	---	---	---	37 (16)
					<i>Pharmacy sector (fixed)</i>	223 (100)	233 (100)	236 (100)	435 (100)

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

-- Not collected

* % denominator = primary + secondary

Figure B.8.1 Total number of NSP outlets by SA3 in 2019



Table B.8.3 Occasion of service-level data, 2016, 2017, 2018 and 2019

VIC Client-level	2016 n=966	2017 n=749	2018 n=634	2019 n=750	VIC Service-level	2016 n=966	2017 n=749	2018 n=634	2019 n=750
Age (%)					Health education/intervention (%)				
<18 years	5 (1)	0 (0)	1 (<1)	3 (<1)	Yes	517 (54)	344 (46)	245 (39)	298 (40)
18-20 years	10 (1)	5 (1)	3 (<1)	2 (<1)	No	449 (46)	402 (54)	389 (61)	452 (60)
21-25 years	47 (5)	28 (4)	27 (4)	23 (3)	Not reported	0 (0)	0 (0)	0 (0)	0 (0)
26-30 years	104 (11)	78 (10)	51 (8)	70 (9)					
31-35 years	229 (24)	156 (21)	145 (23)	210 (28)	Health education/intervention type (%)				
36-45 years	362 (37)	334 (45)	225 (35)	255 (34)	BBV & STI	-- --	125 (36)	58 (24)	135 (45)
46+ years	178 (18)	124 (17)	162 (26)	152 (20)	Drug health	-- --	8 (2)	4 (2)	7 (2)
Not reported	31 (3)	24 (3)	20 (3)	35 (5)	Other health	-- --	15 (4)	75 (31)	60 (20)
Aged <26	62 (6)	33 (4)	31 (5)	26 (3)	Other non-health	-- --	0 (0)	0 (0)	0 (0)
					More than one	-- --	196 (57)	108 (44)	96 (32)
Gender (%)					Not reported	-- --	0 (0)	0 (0)	0 (0)
Male	715 (74)	580 (77)	463 (73)	549 (73)					
Female	234 (24)	160 (21)	157 (25)	173 (23)					
Other	0 (0)	0 (0)	0 (0)	0 (0)					
Not reported	17 (2)	9 (1)	14 (2)	28 (4)					

Note: Indigenous status and drug(s) injected are not collected in Victoria. Age groups collected in Victoria are not aligned to AGE10P. Referrals and health education/interventions are combined and reported as health education/interventions in the NSP NMDC. Health education/intervention type not collated in 2016.

B.9 Western Australia

Description of NSP services in Western Australia

Western Australia (WA) has the largest land area of Australia's eight states and territories and is the fourth most populous jurisdiction, with ~2.6 million residents in 2019. NSPs are operated by both government and non-government agencies and include needle syringe exchange programs which supply free sterile needles and syringes upon the return of used equipment. NSPs are operated through a combination of fixed-sites, outreach and mobile services. Health service-based NSPs provide sterile injecting equipment at no cost through regional hospitals, public health units, community health centres, community drug services and other health services. Pharmacy based NSPs are operated on a commercial basis, while most SDMs operate on a cost-recovery basis with packs available for \$3 (2 SDMs have no cost). In Western Australia there are 17 primary outlets, 105 secondary outlets, 599 pharmacies and 7 SDMs. Access to take-home naloxone programs is available through 14 outlets (13 primary and 1 secondary) in Western Australia. Non-identifiable client-level and service-level OOS data are collected by selected primary and secondary NSPs on a designated snapshot day on an annual basis in Western Australia. All NSP NMDC client-level and service-level data elements are collected.

Table B.9.1 Needle and syringe distribution by public and pharmacy sector, 2009/10–2018/19

WA	Public	%	Pharmacy	%	Total
2009/10	2,897,666	74%	1,037,067	26%	3,934,733
2010/11	3,007,352	72%	1,171,964	28%	4,179,316
2011/12	3,182,161	71%	1,270,829	29%	4,452,990
2012/13	3,502,135	73%	1,292,876	27%	4,795,011
2013/14	3,818,543	75%	1,286,760	25%	5,105,303
2014/15	4,048,932	74%	1,391,497	26%	5,440,429
2015/16	4,629,223	77%	1,386,095	23%	6,015,318
2016/17	4,583,785	79%	1,232,483	21%	5,816,268
2017/18	4,871,810	84%	897,988	16%	5,769,798
2018/19	5,268,433	87%	776,236	13%	6,044,669

Table B.9.2 NSP outlet type and method by public and pharmacy sector, 2016, 2017, 2018 and 2019

WA NSP outlet type (%)	2016 n=658	2017 n=671	2018 n=729	2019 n=728	WA NSP outlet method (%)	2016	2017	2018	2019
Primary	20 (3)	19 (3)	19 (3)	17 (2)	<i>Public sector NSP[^]</i>	n=130	n=129	n=132	n=129
Secondary	102 (6)	102 (15)	105 (14)	105 (14)	Fixed	109 (84)	108 (84)	112 (85)	112 (87)
SDM	8 (1)	8 (1)	8 (1)	7 (1)	Outreach/mobile	13 (10)	13 (10)	18 (14)	16 (12)
Pharmacy	528 (80)	542 (81)	597 (82)	599 (82)	SDM free	1 (1)	1 (1)	1 (1)	2 (2)
					SDM chute	0 (0)	0 (0)	0 (0)	0 (0)
					SDM cost	7 (5)	7 (5)	7 (5)	5 (4)
					Peer distribution	-- --	7 (5)	7 (5)	7 (5)
					Naloxone*	-- --	-- --	-- --	14 (11)
					<i>Pharmacy sector (fixed)</i>	528 (100)	542 (100)	597 (100)	599 (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 2019

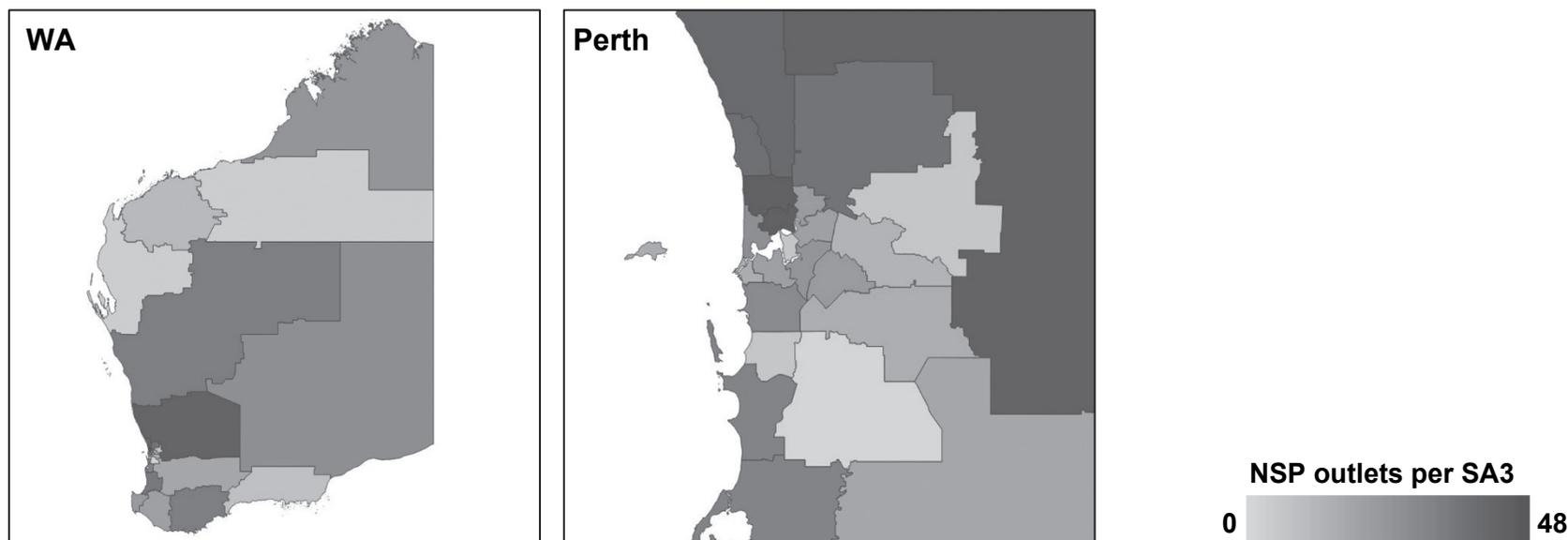


Table B.9.3 Occasion of service-level data, 2016, 2017, 2018 and 2019

WA Client-level	2016 n=179	2017 n=126	2018 n=202	2019 n=173	WA Service-level	2016 n=179	2017 n=126	2018 n=202	2019 n=173
Age (%)					Health education/intervention (%)				
<20 years	0 (0)	0 (0)	5 (2)	4 (2)	Yes	61 (34)	45 (36)	165 (82)	139 (80)
20-29 years	22 (12)	22 (17)	29 (14)	17 (10)	No	118 (66)	80 (63)	37 (18)	34 (20)
30-39 years	43 (24)	32 (25)	44 (22)	47 (27)	Not reported	0 (0)	1 (1)	0 (0)	0 (0)
40-49 years	74 (41)	46 (37)	79 (39)	64 (37)					
50+ years	40 (22)	26 (21)	44 (22)	41 (24)	Health education/intervention type (%)[^]				
Not reported	0 (0)	0 (0)	1 (1)	0 (0)	BBV & STI	--	19 (43)	103 (62)	45 (32)
Aged <25 (%)	6 (3)	7 (6)	15 (7)	7 (4)	Drug health	--	5 (11)	7 (4)	4 (3)
					Other health	--	2 (5)	6 (4)	18 (13)
Gender (%)					Other non-health	--	4 (9)	2 (1)	5 (4)
Male	126 (70)	84 (67)	139 (69)	107 (62)	More than one	--	14 (32)	47 (28)	65 (47)
Female	53 (30)	42 (33)	61 (30)	64 (37)	Not reported	--	0 (0)	0 (0)	2 (1)
Other	0 (0)	0 (0)	1 (1)	2 (1)					
Not reported	0 (0)	0 (0)	1 (1)	0 (0)	Referral (%)				
					Yes	51 (28)	1 (1)	37 (18)	34 (21)
Indigenous status (%)					No	128 (72)	121 (96)	148 (73)	127 (79)
Yes (Aboriginal or TSI or both)	16 (9)	22 (17)	36 (18)	42 (24)	Not reported	0 (0)	4 (3)	17 (8)	0 (0)
No	159 (89)	102 (81)	156 (77)	121 (70)					
Not reported	4 (2)	2 (2)	10 (5)	10 (6)	Referral type (%)				
Drug injected (%)					BBV & STI	0 (0)	1 (100)	10 (27)	12 (35)
Analgesics	58 (32)	37 (29)	58 (29)	42 (24)	Drug health	0 (0)	0 (0)	2 (5)	5 (15)
Stimulants and Hallucinogens	92 (51)	65 (52)	127 (63)	106 (61)	Other health	7 (14)	0 (0)	9 (24)	13 (38)
Anabolic agents	10 (6)	7 (6)	10 (5)	4 (2)	Other non-health	44 (86)	0 (0)	0 (0)	3 (9)
Other	7 (4)	13 (10)	5 (2)	18 (10)	Peer based	0 (0)	0 (0)	13 (35)	1 (3)
Not reported	12 (7)	4 (3)	2 (1)	3 (2)	More than one	0 (0)	0 (0)	3 (8)	0 (0)
					Not reported	0 (0)	0 (0)	0 (0)	0 (0)

[^] Health education/intervention type not collated in 2016

Glossary

Broad-level drug groups from the ABS Drugs of Concern Classification¹⁴ 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)'.



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