

Needle Syringe Program National Minimum Data Collection

Data Dictionary

2023



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Data Dictionary 2023.v5

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Table of Contents

Acknowledgements	2
Acronyms	3
1. Introduction	4
1.1 Background	4
1.2 Aim of the NSP NMDC	5
1.3 Governance of the NSP NMDC	5
1.4 Purpose of the NSP NMDC Data Dictionary.....	5
1.5 Scope of the NSP NMDC Data Dictionary	6
2. Data Collection Methods	8
2.1 Data dictionary development	8
2.2 Data transmission, collation and reporting	9
3. NSP Data Dictionary	12
3.1 Agency-level administrative data definitions	12
3.1.1 Type of NSP outlet	13
3.1.2 Method of NSP service delivery	15
3.1.3 Location of NSP service	16
3.2 Occasion of service-level data definitions	18
3.2.1 Age	19
3.2.2 Gender	21
3.2.3 Indigenous status	23
3.2.4 Drug injected	25
3.2.5 Health education/intervention	27
3.2.6 Referral	28
3.3 Needle syringe distribution data definitions	29
3.3.1 Needles and syringes distributed	30
4. References	31

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The NSP NMDC is funded by the Australian Government Department of Health and Aged Care. Kirby Institute, Faculty of Medicine, UNSW Sydney.

Acronyms

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ASCDC	Australian Standard Classification of Drugs of Concern
ASGS	Australian Statistical Geography Standard
BBV	Blood borne virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
NNEDC	NSW NSP Enhanced Data Collection
NSMP	National surveillance and monitoring plan
NSP	Needle syringe program
NSP NMDC	Needle syringe program national minimum data collection
NSW	New South Wales
NT	Northern Territory
GARPR	Global AIDS Response Progress Reporting
OOS	Occasions of service
POA	Postal Area
RA	Remoteness Area
SA	South Australia
SDM	Syringe dispensing machine
SA	Statistical Area
STI	Sexually transmissible infections
PWID	People who inject drugs
UNAIDS	Joint United Nations Programme on HIV/AIDS

1. Introduction

1.1 Background

Needle Syringe Programs (NSPs) were established in Australia in 1986 and operate in all states and territories. NSP services are evidence-based public health programs that primarily aim to reduce the transmission of blood borne viral (BBV) infections. Receptive sharing of injecting equipment poses a significant risk of exposure to BBV infections and NSP services are the key public health initiative to reduce this risk. Between 1991 and 2000 an estimated 25,000 cases of human immunodeficiency virus (HIV) infection and 21,000 cases of hepatitis C virus (HCV) infection were averted, with long term savings of \$7.8 billion in avoided health care costs¹. More recently, an estimated 96,667 cases of HCV and 32,050 cases of HIV were averted between 2000 and 2009, saving an estimated \$1.3 billion in avoided direct health care costs².

NSPs are consistent with the harm reduction pillar of the harm minimisation approach to drug use and aim to directly reduce harm to individuals, families and communities. NSP services provide a range of services which may include provision of sterile injecting equipment, health information and education, referral to health, welfare and other services, and assistance with collection and disposal of used injecting equipment.

In 2015, the Australian Government Department of Health BBV and STI Prevention Programme contracted the Kirby Institute to develop and implement the NSP NMDC. A Reference Group was established comprising representatives of all states and territories, peer-based organisations (Australian Injecting and Illicit Drug Users League and Harm Reduction Victoria), the Pharmacy Guild, the National Drug and Alcohol Research Centre and the Australian Institute of Health and Welfare (AIHW). A consensus meeting of the Reference Group was held in November 2015 and data elements were agreed for inclusion in the NSP NMDC. The inaugural NSP NMDC National Data Report (2015/16) was published in January 2017 and the project is supported until 2024.

1.2 Aim of the NSP NMDC

The primary aim of the NSP NMDC is to support the National Strategies for blood borne viral infections and sexually transmissible diseases^{3, 4}. Nationally collated needle syringe distribution data are required to report against key indicators in the National Surveillance and Monitoring Plan (NSMP) for Australia's National Hepatitis C and National HIV Strategies⁵. NSP data are also required to report against the UNAIDS Global AIDS Response Progress Reporting (GARPR) framework⁶ and the Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030⁷.

1.3 Governance of the NSP NMDC

The NSP NMDC Reference Group was established to assist with the development of the reporting framework and ongoing management of the NSP NMDC.

The NSP NMDC was granted ethical approval from the UNSW Human Research Ethics Committee in February 2016 and subsequently engaged in processes to obtain formal permission to access jurisdictional NSP data on an annual basis. Ethical approval was granted again in February 2021 from the UNSW Human Research Ethics Committee.

1.4 Purpose of the NSP NMDC Data Dictionary

All eight Australian jurisdictions operate a range of NSP services and collect data on NSP activity. The NSP NMDC reports aggregated jurisdictional data. Although there are common areas of data collection across all jurisdictions, there are varied levels of completeness and alignment for some agreed NSP NMDC data elements.

The NSP NMDC Data Dictionary provides a summary of the Australian National Standard for NSP NMDC data elements where these exist and provides data collection guidelines and definitions for NSP specific data elements. The purpose of the NSP NMDC Data Dictionary is to provide a framework for the reporting of NSP NMDC data elements.

1.5 Scope of the NSP NMDC Data Dictionary

The NSP NMDC does not aim to report on the comprehensive nature of services and activities conducted within the NSP sector. The NSP NMDC is a secondary administrative data collection that is limited to the collation of aggregated jurisdictional data on data elements agreed by the Reference Group at the NSP NMDC consensus meeting in November 2015.

The following data elements are included in the NSP NMDC and are defined in this document.

1. Agency-level administrative data
 - 1.1 NSP type
 - 1.2 NSP method of service delivery
 - 1.3 NSP location

2. Occasion of service (OOS)-level data

Non-identifiable client-level data

 - 2.1 Age
 - 2.2 Gender
 - 2.3 Indigenous status
 - 2.4 Drug injected

Service delivery data

 - 2.5 Health education/interventions
 - 2.6 Referrals

3. Needle and syringe distribution data
 - 3.1 Public and pharmacy sector

The following definitions underpin the scope of the NSP NMDC Data Dictionary:

Agency-level administrative data:

Needle syringe program

A needle syringe program is defined as a service that provides sterile injecting equipment to people who inject drugs (PWID) in order to minimise the risk of transmission of blood borne viral infections.

OOS-level data:

Needle syringe program client

A needle syringe program client is defined as a person who accesses sterile injecting equipment, advice or other related service from an NSP.

Needle syringe program occasion of service

A needle syringe program occasion of service is defined as contact between NSP staff and a NSP client in order to transact sterile injecting equipment, advice or other related service from an NSP.

The NSP NMDC reports OOS data collected on a snapshot day. There is currently no mechanism to record OOS that occur within the pharmacy sector and these OOS are excluded from the NSP NMDC. In addition, some secondary NSP outlets do not have the capacity to collect OOS data, and some may be unable to participate in the snapshot day data collection. Dispensing of sterile injecting equipment via a syringe dispensing machine (SDM) does not generally involve contact between NSP staff and NSP clients and these transactions also fall outside the definition of an OOS used in this report.

2. Data Collection Methods

2.1 Data dictionary development

The development of the NSP NMDC Data Dictionary involved identification of data elements that were already defined nationally and/or were defined in existing state and territory NSP Data Dictionaries. Where more than one data definition existed, the Australian Bureau of Statistics (ABS) Standard was prioritised.

The following data elements are defined according to ABS Standards:

1. Agency-level administrative data
 - 1.4 NSP location

2. OOS-level data
Non-identifiable client-level data
 - 2.1 Age
 - 2.2 Gender
 - 2.3 Indigenous status
 - 2.4 Drug injected

Data definitions for remaining agency-level administrative data elements (1.1 NSP type and 1.2 NSP method of service delivery) and OOS-level data elements (2.5 Health education/interventions and 2.6 Referrals) were developed using a combination of definitions determined by AIHW (2007)⁸, existing jurisdictional data dictionaries and practicability.

In 2013, the Blood Borne Viruses and Sexually Transmissible Infections Subcommittee established a working group to investigate the feasibility of a national collection of needle and syringe distribution data. The NSP NMDC utilises the definition agreed by this working group for this data element (3.1 Needle and syringe distribution).

2.2 Data transmission, collation and reporting

The NSP NMDC will report annually, with the NSP NMDC National Data Report published and publicly available on The Kirby Institute website. The inaugural NSP NMDC National Data Report (2015/16) was published in January 2017.

All jurisdictions maintain an agency-level administrative data collection that includes the type of NSP outlet, the method of service delivery and location. All jurisdictions also collate needle and syringe distribution data on a quarterly basis, disaggregated by public and pharmacy sector. Agency-level and needle and syringe distribution data are provided to the NSP NMDC on an annual basis.

All Australian states and territories collect de-identified OOS level NSP data, although completeness and alignment varies between jurisdictions. The following describes the administrative features of OOS level data collections by jurisdiction:

Australian Capital Territory (ACT)

Non-identifiable client-level and service-level OOS data are collected at all primary and most secondary NSP services in the ACT. Collated monthly data are sent to ACT Health on a 6 monthly basis. ACT Health facilitates the availability of line-item data for the period covering the NSP NMDC snapshot day. OOS data collection in the ACT includes all NSP NMDC data elements.

New South Wales (NSW)

NSW Ministry of Health provided approval for the NSP NMDC to access non-identifiable client-level OOS data collected through the NSW NSP Enhanced Data Collection (NNEDC). The NNEDC collects data from ~50 NSPs, including all primary NSPs and some secondary NSPs over a 2-week period in late February/early March. NSP NMDC data elements included in the NNEDC data collection are: age, gender, Indigenous status and drug injected. NSW Ministry of Health provides collated quarterly data on health education/interventions and referrals provided by NSPs and OOS level data for these data elements are not available.

Northern Territory (NT)

Non-identifiable client-level and service-level OOS data are collected at all primary NSP services in the NT. Line-item OOS data are provided to NT Department of Health on a monthly basis and NT Department of Health provided approval for the NSP NMDC to access this data. OOS data collection in the NT includes all NSP NMDC data elements; with age collected in ABS defined AGE10P groups and the Indigenous status of NSP clients is collected as a binary (yes/no) response.

Queensland (QLD)

Non-identifiable client-level and service-level OOS data are collected at all primary and some secondary NSPs throughout Queensland. Line-item OOS data are entered directly into the QNSPMDS database via Power Apps and displayed on QNSPMDS Power Bi dashboard. Queensland Health provided approval for the NSP NMDC to access non-identifiable OOS data. OOS data collection in Queensland includes all NSP NMDC data elements.

South Australia (SA)

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 and SA Health provided approval for the NSP NMDC to access this data. OOS data collection in SA includes all NSP NMDC data elements; with Health education/interventions recorded as a binary (yes/no) response.

Tasmania (TAS)

Non-identifiable client-level and service-level OOS data are collected at all primary and some secondary NSPs throughout Tasmania. Line-item OOS data is accessed in real-time by the Tasmanian Department of Health. The Tasmanian Department of Health provided approval for the NSP NMDC to access non-identifiable OOS data. OOS data collection in Tasmania includes all NSP NMDC data elements.

Victoria (VIC)

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 entered directly into the Victorian NSP Portal. Victorian Department of Health and Human Services provided approval for the NSP NMDC to access non-identifiable OOS data. All NSP NMDC client-level and service-level data elements are collected in Victoria.

Western Australia (WA)

Non-identifiable client-level and service-level OOS data are collected on a designated snapshot day on an annual basis in Western Australia with the consent of the Western Australian Department of Health. Selected primary and secondary NSPs participate in data collection. All NSP NMDC client-level and service-level data elements are collected in Western Australia.

3. NSP Data Dictionary

3.1 Agency-level administrative data definitions

3.1.1 Type of NSP outlet

Definition:	The type of needle syringe program (NSP) outlet based on the characteristics of the service.
Description:	<ol style="list-style-type: none"> <li data-bbox="400 495 1447 763">1. 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. <li data-bbox="400 801 1447 1122">2. 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. <li data-bbox="400 1160 1447 1585">3. 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). <li data-bbox="400 1624 1447 1850">4. 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.
Guide for use:	All jurisdictions maintain a list of all NSP outlets which includes the type of NSP outlet. The list, as current on 30 th June, is provided to the NSP NMDC on an annual basis.

Comments:	<p>Some jurisdictions use the terms 'Enhanced Primary' and 'Enhanced Secondary' to describe NSP outlets which meet particular criteria in that jurisdiction. The NSP NMDC counts these outlets as 'Primary' and 'Secondary' respectively.</p> <p>Some organisations have multiple types of outlets and/or more than one of the same outlet type (for example SDM) operating from the same location. The NSP NMDC counts the number of NSPs as the total of primary + secondary + pharmacy + SDMs.</p> <p>If a primary or secondary NSP outlet also has SDM(s) these are counted as separate NSPs for the purpose of the NSP NMDC. For example a secondary NSP with two SDMs outside the building is counted as 1 x secondary and 2 x SDM and is therefore a total of 3 NSP outlets.</p>
Source:	Needle Syringe Program National Minimum Data Collection (NSP NMDC) project Reference Group.

3.1.2 Method of NSP service delivery

Definition:	The method by which a needle syringe program (NSP) service is provided by an outlet.
Description:	<ol style="list-style-type: none"> 1. Fixed site includes all NSP services that operate from a building at a fixed location. 2. Outreach/mobile services are services that do not operate from a building, including those that operate from vehicle or pedestrian setting regardless of whether they operate from timetabled, unscheduled or call out locations. 3. Peer distribution includes services that utilise sanctioned peer trained workers in a formal NSP distribution model. 4. Postal distribution includes services that provide NSP services via mail order.
Guide for use:	All jurisdictions maintain a list of all NSP outlets which includes the method of NSP service delivery. The list, as current on 30 th June, is provided to the NSP NMDC on an annual basis.
Comments:	NSP outlets may operate more than one method of NSP service delivery. For example, some primary outlets operate a combination of multiple methods of NSP service delivery including fixed site, outreach, mobile and/or peer distribution.
Source:	Needle Syringe Program National Minimum Data Collection (NSP NMDC) project Reference Group, 2017 and 2022.

3.1.3 Location of NSP service

Definition:	The street address of a fixed site NSP outlet or the street address for the base of a NSP that operates as a mobile/outreach service.
Description:	The physical street address of a NSP, including the postcode. Latitude and longitude and/or the Postal Area (POA) can be generated from the street address of the NSP.
Guide for use:	All jurisdictions maintain a list of all NSP outlets which includes the street address and postcode of NSP outlets. The list, as current on 30 th June, is provided to the NSP NMDC on an annual basis.
Comments:	<p>POAs are an ABS approximation of postcodes created to enable the release of ABS data on areas that, as closely as possible, approximate postcodes. This enables the comparison of ABS data with other data collected using postcodes as the geographic reference.</p> <p>The NSP NMDC uses a combination of POAs from post code data and latitude and longitude of NSP site locations to report on one or more geographic areas:</p> <ul style="list-style-type: none"> • Australian Statistical Geography Standard (ASGS) Remoteness Areas (RA) <ul style="list-style-type: none"> RA0 Major cities RA1 Inner regional RA2 Outer regional RA3 Remote RA4 Very remote RA5 Migratory/offshore • Greater Capital City Statistical Area (GCCSA) • Statistical Areas (SAs)
Source:	<p>Postal Areas</p> <p>http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1270.0.55.003~July%202016~Main%20Features~Postal%20Areas%20(POA)~8</p>

ASGS Remoteness Areas

Australian Bureau of Statistics (2011). Australian Statistical Geography Standard (ASGS) 1270.0.55.005, Volume 5, Remoteness Structure, July 2011. Commonwealth of Australia: Canberra, Australia.

<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2C28C8B6013FB2D0CA257B03000D6DA8?opendocument>

Greater Capital City Statistical Areas

[http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1270.0.55.001~July%202016~Main%20Features~Greater%20Capital%20City%20Statistical%20Areas%20\(GCCSA\)~10003](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1270.0.55.001~July%202016~Main%20Features~Greater%20Capital%20City%20Statistical%20Areas%20(GCCSA)~10003)

Statistical Areas

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1270.0.55.001~July%202016~Main%20Features~Main%20structure~10002>

ASGS Edition 3

<https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026>

3.2 Occasion of service-level data definitions

3.2.1 Age

Definition:	The age in single years of the NSP client. Age is calculated from date of birth when provided, otherwise stated age is used.		
Description:	Age is a core data element in a wide range of social, labour and demographic statistics. It may be used in analyses of service utilisation in single years or in age group, commonly 5-year (AGE5P) or 10 year (AGE10P) age groupings.		
Guide for use:	Age as reported by NSP clients at an OOS. Not all jurisdictions collect age in single years and the minimum reporting in the NSP NMDC is AGE10P. The NSP NMDC also reports data for 'young people' defined by the United Nations as those aged between 15 and 24 years.		
Comments:	AGE5P: ABS standard output categories for five-year age grouping		
	0-4 years	35-39 years	70-74 years
	5-9 years	40-44 years	75-79 years
	10-14 years	45-49 years	80-84 years
	15-19 years	50-54 years	85-89 years
	20-24 years	55-59 years	90-94 years
	25-29 years	60-64 years	95-99 years
	30-34 years	65-69 years	100-104 years
			105 years and over
	AGE10P ABS standard output categories for ten-year age grouping		
	0-9 years	40-49 years	80-89 years
	10-19 years	50-59 years	90-99 years
	20-29 years	60-69 years	100 years and over
	30-39 years	70-79 years	
	Prevalence of injection drug use is lower among people aged 0-14 years and 65 years or more. The NSP NMDC calculates 'per capita needle and syringe distribution' using the Australian population aged between 15-64 years.		

Source:	<p>Australian Bureau of Statistics (2014). Age Standard, 1200.0.55.006, Version 1.7, March 2014. Commonwealth of Australia: Canberra, Australia.</p> <p>http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/1200.0.55.006Main%20Features52014,%20Version%201.7?opendocument&tabname=Summary&prodno=1200.0.55.006&issue=2014,%20Version%201.7&num=&view=#</p>
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3.2.2 Gender

Definition:	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.
Description:	<ol style="list-style-type: none"> 1. Male. Adults who identify themselves as men, and children who identify themselves as boys. 2. Female. Adults who identify themselves as women, and children who identify themselves as girls. 3. Other. Adults and children who identify as non-binary, gender diverse, or with descriptors other than man/boy or woman/ girl.
Guide for use:	<p>For collection of gender, the standard question is as follows: <i>What is your gender?</i></p> <p>If a client reports 'Other' the client should be provided an opportunity to provide more information to describe their gender using a term they are comfortable with. This may include non-binary, gender diverse or with descriptors other than man/boy or woman/girl.</p>
Comments:	<p>Gender and/or Sex are core data elements in a wide range of social, labour and demographic statistics.</p> <p>In February 2016 the ABS released the new 'Standard for Sex and Gender Variables'.</p> <p>In January 2021 the ABS released the new 'Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020'.</p> <p>The Standard states that the 'Sex' classification system is typically based on biological characteristics at birth, whereas 'Gender' is a social and cultural concept that is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person.</p>

	<p>The NSP NMDC aims to report 'Gender', according to the 2016 ABS Standard where permissible values are 1) Male, 2) Female and 3) Other. Some jurisdictions collect 'Sex' and data are recoded to 'Gender'.</p> <p>Some research studies have found that asking about a person's gender is viewed as confrontational and/or insensitive by some respondents. Introducing the question by explaining its importance, how responses are used and processed, as well as confidentiality considerations, may alleviate negativity toward the question and reduce resistance to answering. As there is no conclusively agreed upon evidence to support quality gains from including an introductory explanation to the gender question, the inclusion of explanatory material is optional and at the discretion of those undertaking the collection. Furthermore, it is also recognised that this approach may not be possible in some instances due to space and time limitations.</p>
<p>Source:</p>	<p>Australian Bureau of Statistics (2016). Standard for Sex and Gender Variables, 1200.0.55.012, February 2016. Commonwealth of Australia: Canberra, Australia.</p> <p>Main%20Features12016?opendocument&tabname=Summary&prodno=1200.0.55.012&issue=2016&num=&view=">http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/1200.0.55.012 Main%20Features12016?opendocument&tabname=Summary&prodno=1200.0.55.012&issue=2016&num=&view=</p> <p>Australian Bureau of Statistics (2020). Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 Commonwealth of Australia: Canberra, Australia.</p> <p>https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release</p>

3.2.3 Indigenous status

Definition:	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin
Description:	<ol style="list-style-type: none"> 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 not Torres Strait Islander origin
Guide for use:	<p>Australia's Aboriginal and Torres Strait Islander people occupy a unique place in Australian society and culture. Accurate and time comparable statistics in this area are needed in order to understand and measure wellbeing of Australia's Indigenous peoples to help formulate policies to plan, promote, deliver and evaluate essential services to achieve positive social and economic outcomes for Aboriginal and Torres Strait Islander people.</p> <p>For collection of Indigenous status, the standard question is as follows: <i>Are you of Aboriginal or Torres Strait Islander origin?</i></p> <p>Indigenous status should never be inferred from the person's appearance and must be recorded according to the self-reported status of the NSP client.</p>
Comments:	<p>The standard question for identifying Indigenous people in health and community services datasets is based on the Indigenous status standard developed by the Australian Bureau of Statistics.</p> <p>The ABS standard incorporates the concepts of descent and identity. The willingness of a person to self-identify as Aboriginal and/or Torres Strait Islander is an important element in answering such a question.</p> <p>This way of asking Indigenous status has been adopted nationally and by all Australian states and territories. Asking the question in a consistent</p>

	manner enables comparison across different types of health and social services and with population health surveys.
Source:	<p>Australian Bureau of Statistics (2014). Indigenous Status Standard, 1200.0.55.008, Version 1.5, October 2014. Commonwealth of Australia: Canberra, Australia.</p> <p>http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/1200.0.55.008Main%20Features12014,%20Version%201.5?opendocument&tabname=Summary&prodno=1200.0.55.008&issue=2014,%20Version%201.5&num=&view=</p> <p>Productivity Commission, 2011. Overcoming Indigenous Disadvantage. Key Indicators 2011. Commonwealth of Australia.</p> <p>https://www.pc.gov.au/ongoing/overcoming-indigenous-disadvantage/2011</p> <p>Needle Syringe Program National Minimum Data Collection (NSP NMDC) project Reference Group, 2019.</p>

3.2.4 Drug injected

Definition:	Drug or drug type, as stated by the client, that the client is intending to inject following the current occasion of service or the drug last injected by the client on the most recent occasion of injection.
Description:	<p><i>Broad-level</i> drug groups include:</p> <ol style="list-style-type: none"> 1. Analgesics 2. Stimulants and Hallucinogens 3. Anabolic Agents and Selected Hormones 4. Other <p><i>Base-level</i> drug groups that are most relevant to the NSP NDMC are:</p> <ol style="list-style-type: none"> 1. Analgesics <ol style="list-style-type: none"> 11. Heroin 12. Methadone 13. Morphine 14. Subutex/Buprenorphine 2. Stimulants and Hallucinogens <ol style="list-style-type: none"> 21. Amphetamine 22. Methamphetamine (speed, crystal/ice, base) 23. Cocaine 3. Anabolic Agents and Selected Hormones <ol style="list-style-type: none"> 31. Steroids 32. Peptides 33. Growth hormone 34. Other PIEDs 4. Other <ol style="list-style-type: none"> 41. Suboxone 42. Other (specified)
Guide for use:	<p>Jurisdictions currently collect data on the 'drug injected by NSP clients' in one of two ways:</p> <ol style="list-style-type: none"> 1. Staff ask the NSP client to identify the drug last injected, OR 2. Staff ask the NSP client to identify the drug are they intending to inject.

	<p>The NSP NMDC reports drug injected and does not specify the collection method.</p> <p>If a NSP client identifies a combination of multiple drugs, these should be specified in the 'Other' category.</p>
Comments:	<p>The NSP NMDC uses the ABS Drugs of Concern Classification to report on the drug/s injected. The Australian Standard Classification of Drugs of Concern (ASCDC) has a three-level hierarchical structure.</p> <p><i>Broad groups</i></p> <p>The first and most general level of the classification comprises eight broad groups. The broad groups are formed, in the main, by aggregating narrow groups which are broadly similar in terms of the classification criteria. Examples relevant to the NSP NMDC include analgesics, stimulants and hallucinogens, anabolic agents and selected hormones.</p> <p><i>Narrow groups</i></p> <p>The second level of the classification consists of 38 Narrow groups which contain base level units that are similar in terms of the classification criteria (chemical structure and associated mechanisms by which they produce their effects or effect on human physiology).</p> <p><i>Base-level units</i></p> <p>The third and most detailed level of the classification consists of Base-level units which separately identify drugs of concern, aggregate groups of drugs of concern and residual categories of drugs of concern. The classification comprises 186 third level units including 17 aggregate groups of drugs and 36 residual 'not elsewhere classified' (nec) categories. The NSP NMDC identifies the Base-level units that are the most commonly injected drugs in Australia.</p>
Source:	<p>Australian Bureau of Statistics (2011). Australian Standard Classification of Drugs of Concern. Cat no. 1248.0. Commonwealth of Australia: Canberra, Australia.</p> <p>http://www.abs.gov.au/ausstats/abs@.nsf/mf/1248.0</p>

3.2.5 Health education/intervention

Definition:	The type of intervention(s) provided, including provision of information, education or brief intervention that is provided to a client by NSP staff at an occasion of service.
Description:	<ol style="list-style-type: none"> 1. BBV & STI <ol style="list-style-type: none"> 11. BBV information/education 12. Safe injecting/ vein care information/education 13. Sexual health information/education 14. Condom/dam provision 15. Safe disposal information/education 16. Onsite BBV testing 2. Drug health <ol style="list-style-type: none"> 21. Drug information 22. Opioid treatment program information/education 23. Drug treatment information/education 24. Overdose education 25. Received naloxone 3. Other health <ol style="list-style-type: none"> 31. Physical health information/education/counselling 32. Mental health information/ education/ counselling 33. Antenatal/parenting information/education 34. Other health information/education 4. Other non-health <ol style="list-style-type: none"> 41. NSP Policy information/education 42. Client complaint 43. Other information/education (please specify)
Guide for use:	The NSP NMDC uses a two-level hierarchical structure to record health education/intervention(s). There is some inconsistency in the way this data element is currently collected in jurisdictions and the hierarchical structure of this data element enables recoding of existing jurisdictional data into broad groups.
Comments:	Health education/intervention may be provided without the provision of injecting equipment and in this instance, an OOS should be recorded. More than one health education/intervention may be made at an OOS.
Source:	Needle Syringe Program National Minimum Data Collection (NSP NMDC) project Reference Group, 2017 & 2022.

3.2.6 Referral

Definition:	The type of service or agency to which a client is referred during a NSP service contact.
Description:	<ol style="list-style-type: none"> 1. BBV & STI <ol style="list-style-type: none"> 11. Other NSP outlet 12. Sexual health service 13. Hepatitis service 14. HIV/AIDS service 15. BBV testing 2. Drug health <ol style="list-style-type: none"> 21. Alcohol and other drug treatment service 3. Other health <ol style="list-style-type: none"> 31. Medical practitioner 32. Hospital 33. Mental health care service 34. Other health service (please specify) 4. Other non-health <ol style="list-style-type: none"> 41. Legal service 42. Accommodation service 43. Other service (please specify) 5. Peer based <ol style="list-style-type: none"> 51. Peer based service
Guide for use:	The NSP NMDC uses a two-level hierarchical structure to record health referrals as there is some inconsistency in the way this data element is currently collected in jurisdictions and the hierarchical structure of this data element enables recoding of existing jurisdictional data into broad groups.
Comments:	Referrals may be provided without the provision of injecting equipment and in this instance, an OOS should be recorded. More than one referral may be made at an OOS. Referrals may be internal referrals within a service or external to another agency.
Source:	Needle Syringe Program National Minimum Data Collection (NSP NMDC) project Reference Group, 2017.

3.3 Needle syringe distribution data definitions

3.3.1 Needles and syringes distributed

Definition:	The number of needles and syringes distributed by public sector NSP outlets and pharmacy NSP services.
Description:	<ol style="list-style-type: none"> 1. Combined needle and syringe: 1ml combined needle and syringe, commonly known as an insulin syringe. 2. Syringe without needle: a syringe of varying volume most commonly 1ml, 2ml, 3ml, 5ml, 10ml, 20ml, 50ml. 3. Needle without syringe: needle tip or winged infusion set (butterfly) of varying gauge size.
Guide for use:	A unit of injecting equipment comprises both a needle and a syringe. To avoid double counting of 'syringes without needles' and 'needles without syringes' the total number of needles and syringes is obtained using the calculation: 'Combined needle and syringe' + 'syringe without needle'
Comments:	<p>Where injecting equipment is distributed in a container/pack, injecting equipment refers to the number of needles/syringes in the container, not the number of containers.</p> <p>State and territory health departments collate data on the number of needles and syringes dispensed through a variety of mechanisms, including stock into and dispensed from NSP services and SDMs.</p> <p>The NSP NMDC maintains a template that collates quarterly needle and syringe distribution (from 2000) with data disaggregated by public and pharmacy sectors and jurisdiction. States and territories provide quarterly needle and syringe distribution data, for the previous financial year disaggregated by public and pharmacy sector on an annual basis.</p> <p>Data are provided to the NSP NMDC once it becomes available, preferably by 1st October. Quarterly data reporting enables both calendar (NSMP) and financial year (GARPR) reporting.</p>
Source:	Blood Borne Viruses and Sexually Transmissible Infections Subcommittee, Working Group 2013.

4. References

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