

# Needle Syringe Program

## National Minimum Data Collection



10 Year National Data Report 2016-2025

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10 YEAR NATIONAL DATA REPORT 2016-2025

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# Acronyms

<b>ABS</b>	Australian Bureau of Statistics
<b>ACT</b>	Australian Capital Territory
<b>ANSPS</b>	Australian Needle Syringe Program Survey
<b>ASGS</b>	Australian Statistical Geography Standard
<b>ATS</b>	Amphetamine-type stimulants
<b>BBV</b>	Blood-borne viral
<b>GAM</b>	UNAIDS Global AIDS Monitoring
<b>GCCSA</b>	Greater Capital City Statistical Area
<b>NSP</b>	Needle syringe program
<b>NSP NMDC</b>	Needle syringe program national minimum data collection
<b>NSW</b>	New South Wales
<b>NT</b>	Northern Territory
<b>QLD</b>	Queensland
<b>OOS</b>	Occasions of service
<b>SA</b>	South Australia
<b>SA1(2,3,4)</b>	Statistical Area 1(2,3,4)
<b>SDM</b>	Syringe dispensing machine
<b>PIEDS</b>	Performance and image enhancing drugs
<b>PWID</b>	People who inject drugs
<b>STI</b>	Sexually transmitted infections
<b>TAS</b>	Tasmania
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>VIC</b>	Victoria
<b>WA</b>	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. This report is the final data report under the current funding arrangements and covers the period 2016 to 2025.

## NSP services

***Since 2017, all jurisdictions have operated the full range of NSP outlet types, with a total of 4,612 NSPs in operation nationally in 2025.***

At the end of June 2025, Australia's combined network of jurisdictional NSP services comprised 114 primary, 906 secondary and 3,134 pharmacy NSPs. These face-to-face services were supplemented by 458 syringe dispensing machines (SDMs).

Over the past ten years from 2016 to 2025 the number of NSP outlets increased across all NSP service types with increases in primary (12%), secondary (15%), pharmacy (35%) and SDMs (53%) observed over the 10-year period.

## Service provision

***Based on data collected in February 2025, an estimated 1,899 occasions of service were provided each day at primary and secondary NSPs throughout Australia.***

Data on occasions of service (OOS) were collected in late February 2025. The estimated number of OOS at primary and secondary NSPs declined over the past ten years with the greatest decline observed between 2020 and 2021, due to the impacts of the COVID-19 pandemic,<sup>1,2</sup>.

Overall, there was a 32% decline in the estimated annual OOS observed over the last ten years, from 755,000 in 2016 to 510,000 in 2025. However, the increase in overall/total distribution (see below) suggests that NSPs may be continuing to provide larger quantities of equipment per OOS.

Half (51%) of public sector NSP OOS involved provision of health education/interventions and 9% of OOS involved a referral within or to an external agency in 2025.

Three in five (60%) attendees at public sector NSP services on the 2025 snapshot day were aged between 30 and 49 years of age. Young people (aged less than 25 years) comprised 4% and older people (aged 50 years or above) comprised 28% of NSP attendees. Almost three in four (72%) NSP attendees were male. Excluding OOS where Indigenous status was not reported, 25% of NSP attendees identified as Aboriginal and/or Torres Strait Islander.

Stimulants and hallucinogens (47%, predominantly methamphetamine) were the most commonly reported drugs injected in 2025, followed by analgesics (28%, predominantly heroin) and anabolic agents and selected hormones (14%, predominantly anabolic steroids).

Stimulants and hallucinogens were the most commonly reported drugs last injected among both older people aged 50 years and over (46%), and young people aged under 25 years (51%).

## Needle and syringe distribution

***In 2024/25, 64.4 million needles and syringes were distributed in Australia.***

There was an 18% increase in needle and syringe distribution in 2024/25 compared to the previous twelve-month period (July 2023 to June 2024). There was a 30% increase in needle and syringe distribution observed over the ten-year period from 2015/16 to 2024/25. Syringe distribution per capita among the Australian general population aged 15-64 years increased by 16% over the past decade (from 3.1 syringes in 2015/16 to 3.6 syringes in 2024/25).

In 2024/25, 64.4 million syringes were distributed to an estimated population of 72,441 people who regularly inject drugs in Australia, the equivalent of 889 syringes per PWID per annum, exceeding the UNAIDS definition of high syringe coverage (>200 syringes per PWID per annum) by more than four-fold. Syringe coverage, defined as the proportion of estimated injections administered by people who regularly inject drugs that were covered by a sterile syringe, was 136% in 2024/25.

# 1. Introduction

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

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

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

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

NSP NMDC reports are also used for service monitoring and planning at national and jurisdictional levels which benefits both the community of people who inject drugs (PWID) and the broader Australian population.

## 2. NSP Services

### NSP outlet type

In Australia, NSP services are available through a range of outlet types. The NSP NMDC Data Dictionary 2023v5 provides the following definitions for NSP outlet type.<sup>8</sup>

*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.

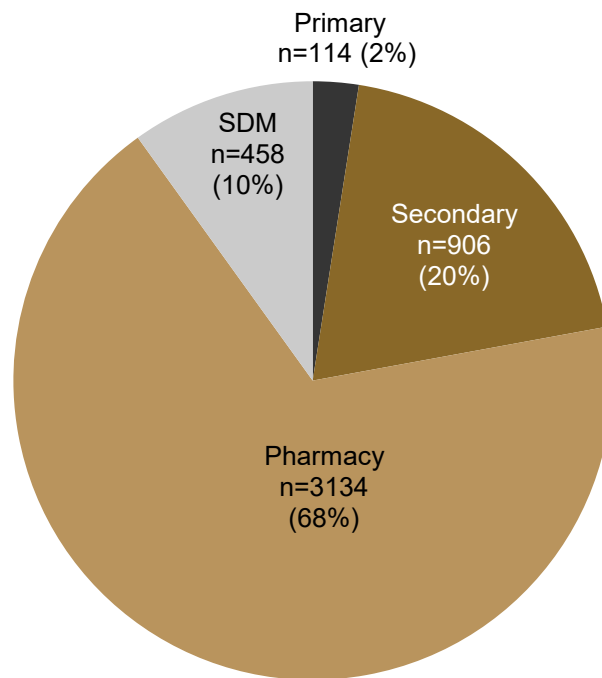
The NSP NMDC counted the number of NSPs as the total of primary + secondary + pharmacy + SDMs. If a primary or secondary NSP outlet also operated a SDM these were counted as separate NSPs for the purpose of the NSP NMDC. For example, a fixed site secondary outlet with two SDMs outside the building was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

In June 2025, there were 4,612 NSPs operating nationally (Figure 2.1) and all jurisdictions operated the full range of NSP outlet types. Pharmacy NSPs were the most common outlet type nationally (n=3,134, 68%) and in all jurisdictions (Figure 2.2). Of the 1,478 public sector outlets operating nationally in 2025, 906 were secondary NSPs, 458 were SDMs

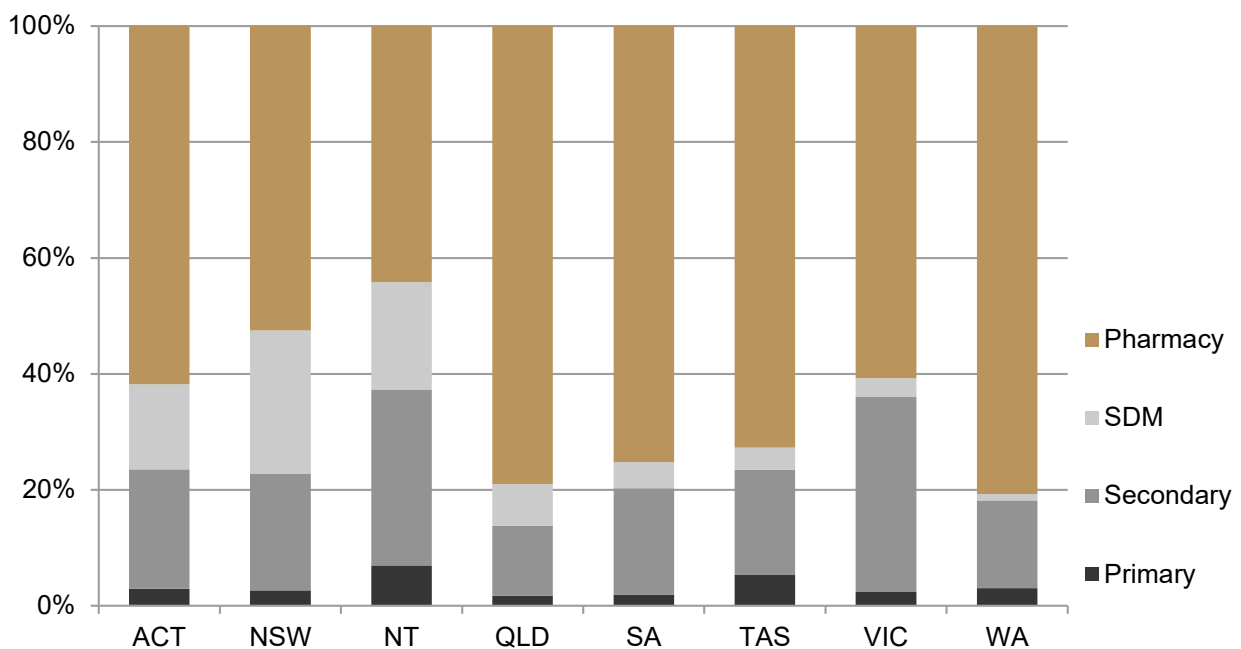
and 114 were primary NSPs. Although there were significantly fewer primary outlets compared to secondary and pharmacy outlets, the comprehensive nature of services provided by primary

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

**Figure 2.1 National NSP services (%) by outlet type in 2025**



**Figure 2.2 Jurisdictional NSP services (%) by outlet type in 2025**



Primary and secondary NSPs predominantly operate as fixed site services, although 12 primary and 12 secondary NSPs operated as outreach services without a fixed site in 2025. A substantial proportion (n=68, 60%) of primary NSPs operate multiple modes of service delivery, including a combination of fixed site, mobile, outreach, postal, peer distribution and/or SDM services.

SDMs ensure after-hours access to sterile needles and syringes. All jurisdictions operated SDMs in 2025, with 458 SDMs in use nationally, including approximately 245 secondary outlets that operated SDMs. SDMs predominantly dispense combined 1ml needles and syringes, although a small minority of SDMs dispense larger volume syringes and detachable needles. Almost three-quarters of Australian SDMs (71%) dispensed needles and syringes at no cost to the consumer in 2025. Among the remaining SDMs, the majority (98%) required a consumer payment of between AUD \$2 and \$4.

The NSP NDMC collates data on the number of NSP outlets operating on 30 June at the end of each reporting period.

There was a 60% increase in the total number of NSP outlets over the last 17 years from 2,882 in 2008 to 4,612 in 2025 (Table 2.1). There was an increase in all outlet types between 2008 and 2025. Over this period the number of primary NSPs increased by 34% from 85 in 2008 to 114 in 2025, the number of secondary outlets increased by 22% from 745 in 2008 to 906 in 2025, and the number of pharmacy NSPs increased by 62% from 1,934 in 2008 to 3,134 in 2025. Notably the number of SDMs operating in Australia has almost quadrupled, from 118 in 2008 to 458 in 2025, with all jurisdictions providing SDMs since 2017.

Since the inaugural NSP NMDC report in 2016<sup>7</sup>, there has been a 31% increase in the total number of NSPs operating in Australia, from 3,509 in 2016 to 4,612 in 2025. The number of primary (102 in 2016 to 114 in 2025) and secondary NSPs (786 in 2016 to 906 in 2025) remained relatively stable over the past ten years. However, there has been a substantial increase in the number of pharmacy NSPs (35% increase from 2,321 in 2016 to 3,134 in 2025) and SDMs (53% increase from 300 in 2016 to 458 in 2025) over the ten-year NSP NMDC reporting period.

**Table 2.1 Number of NSP services nationally by type, 2008 and 2016-2025**

	2008 <sup>10</sup>	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Primary NSP	85	102	98	101	98	104	106	109	109	112	114
Secondary NSP	745	786	784	774	908	811	800	833	833	918	906
SDM	118	300	323	344	340	377	399	414	433	458	458
Pharmacy	1,934	2,321	2,422	2,458	2,836	2,867	2,913	3,032	3,067	3,220	3,134
Total	2,882	3,509	3,627	3,677	4,182	4,159	4,218	4,388	4,442	4,708	4,612

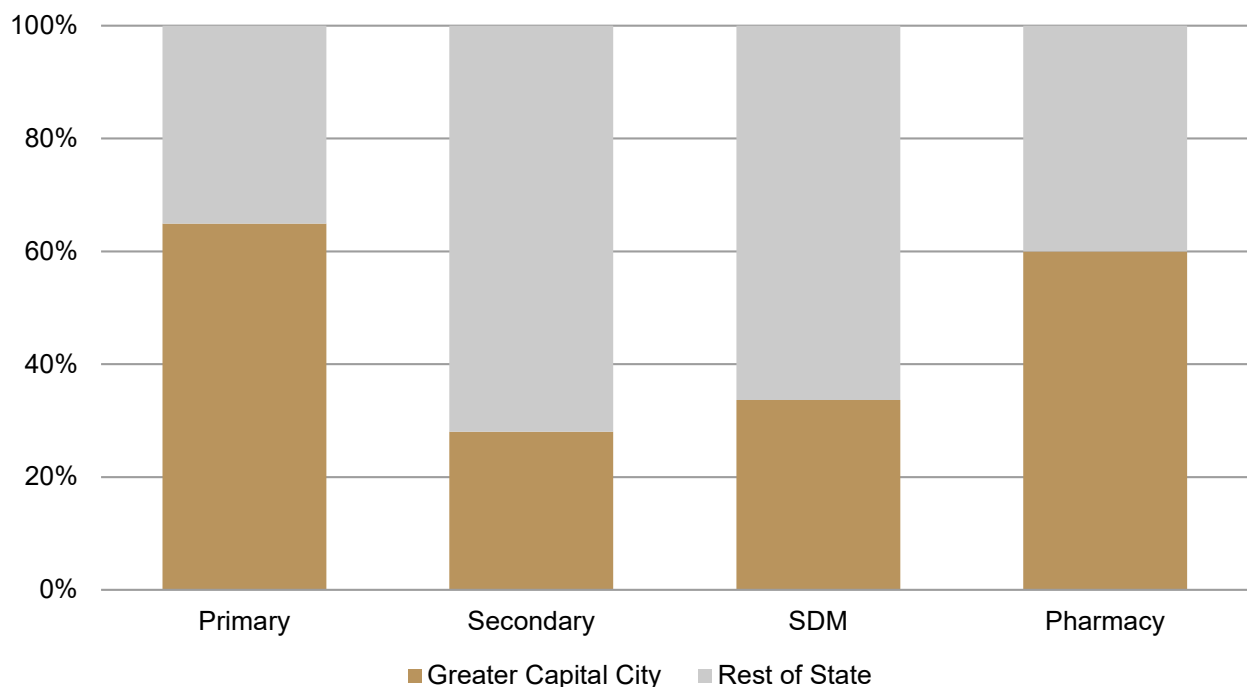
## Geographic coverage

The ABS ASGS Greater Capital City Statistical Areas (GCCSA) are designed to represent a socio-economic definition of each of the eight state and territory capital cities.<sup>11</sup> This means the greater capital city boundary includes people who regularly socialise, shop or work within the city, but who live in the small towns and rural areas surrounding the city. It does not define the built-up edge of the city. There are eight regions representing each of the Australian state and territory capital cities and eight regions covering the rest of each

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

The majority of primary NSPs (n=74, 65%) and pharmacy NSPs (n=1,880, 60%) outlets are located within greater capital city boundaries, whereas the majority of secondary NSP outlets (n=652, 72%) and SDMs (n=304, 66%) are located in the rest of each state (Figure 2.3).

**Figure 2.3 NSP outlet type (%) by greater capital city statistical area nationally in 2025**



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

As shown in Figure 2.4, the mix of NSP outlet types varied according to geographic region by remoteness area. In 2025, approximately two thirds (n=2,009, 64%) of Australia's 3,134 pharmacy NSPs were located in major cities with pharmacies comprising the majority (80%) of NSP outlets in this ASGS area. Pharmacy NSPs were also the most common NSP outlet type in inner regional (n=692, 61%) and outer regional (n=394, 51%) areas, however significantly fewer pharmacy NSPs were located in remote

(n=30, 24%) and very remote (n=9, 11%) areas of Australia. Conversely, the proportion of secondary outlets increased with remoteness area, with secondary outlets the most common NSP outlet type in remote (n=65, 53%) and very remote (n=56, 67%) areas. The proportion of SDMs also increased with remoteness area, with two thirds (n=299, 65%) of Australia's 458 SDMs located outside major cities.

The ASGS Statistical Area 3 (SA3) provides a regional breakdown of Australia with 340 SA3s nationally (excluding non-spatial SA3 special purpose codes).<sup>12</sup> The majority (97%) of SA3 locations in Australia have at least one NSP outlet. Figures 2.5 and 2.6 provide visual representations of the geographic coverage of primary, secondary, pharmacy and SDM NSP outlets by SA3 in Australia in 2025.

**Figure 2.4 NSP outlet type (%) by remoteness area nationally in 2025**

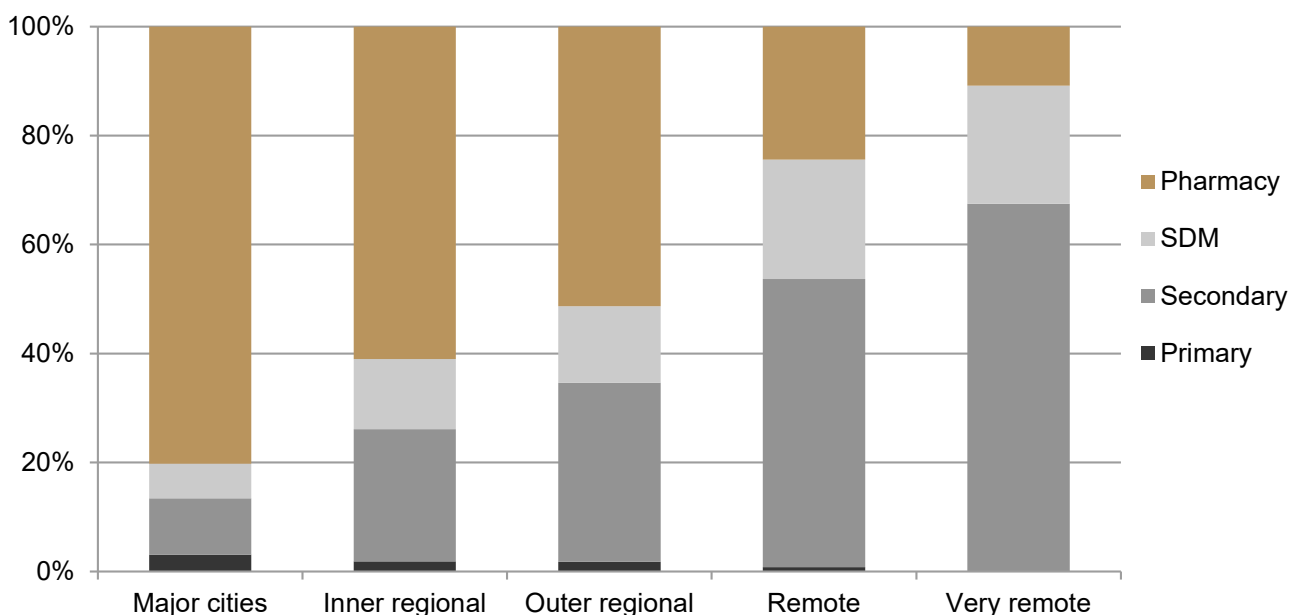


Figure 2.5 Number of NSPs by outlet type and SA3 nationally in 2025

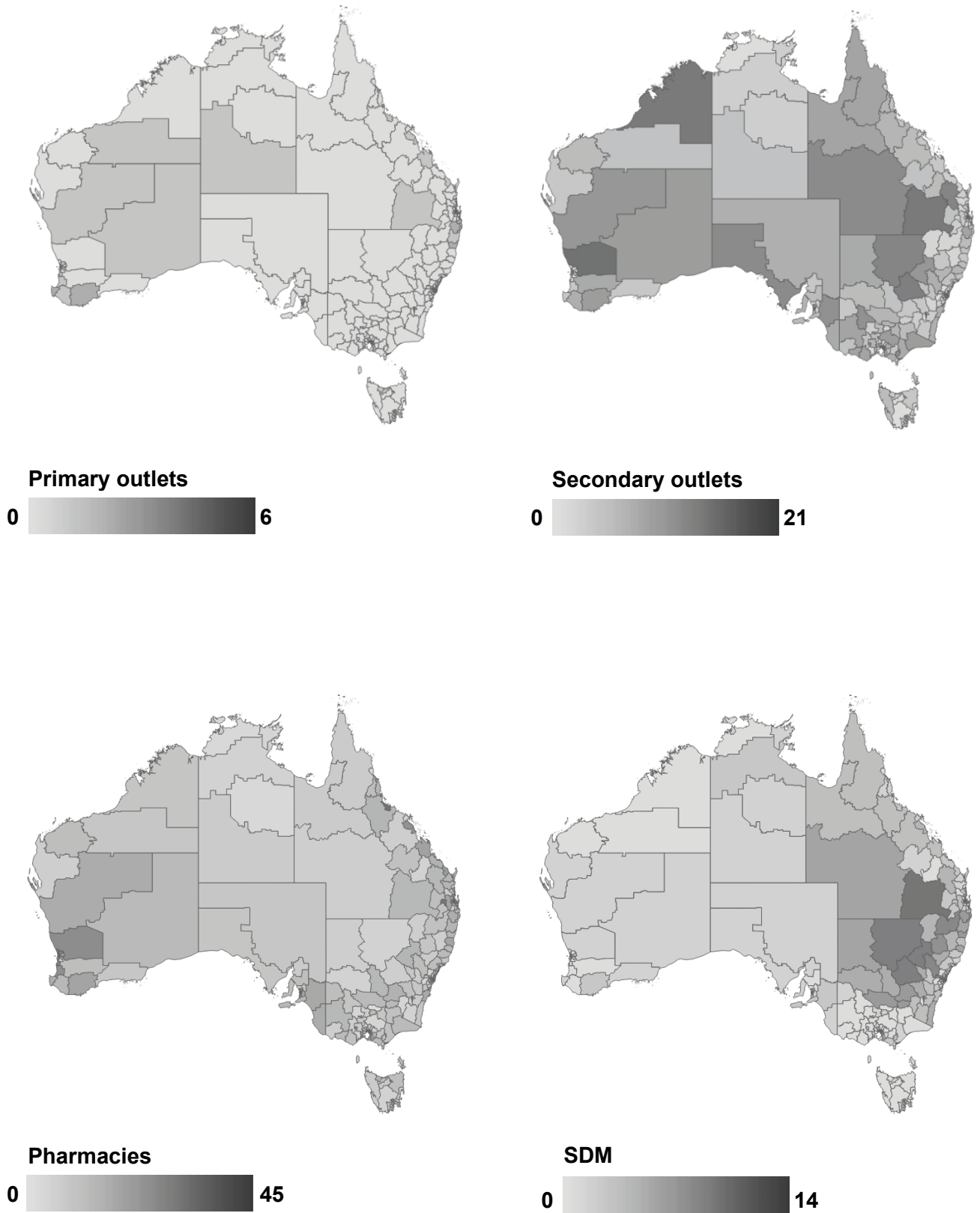
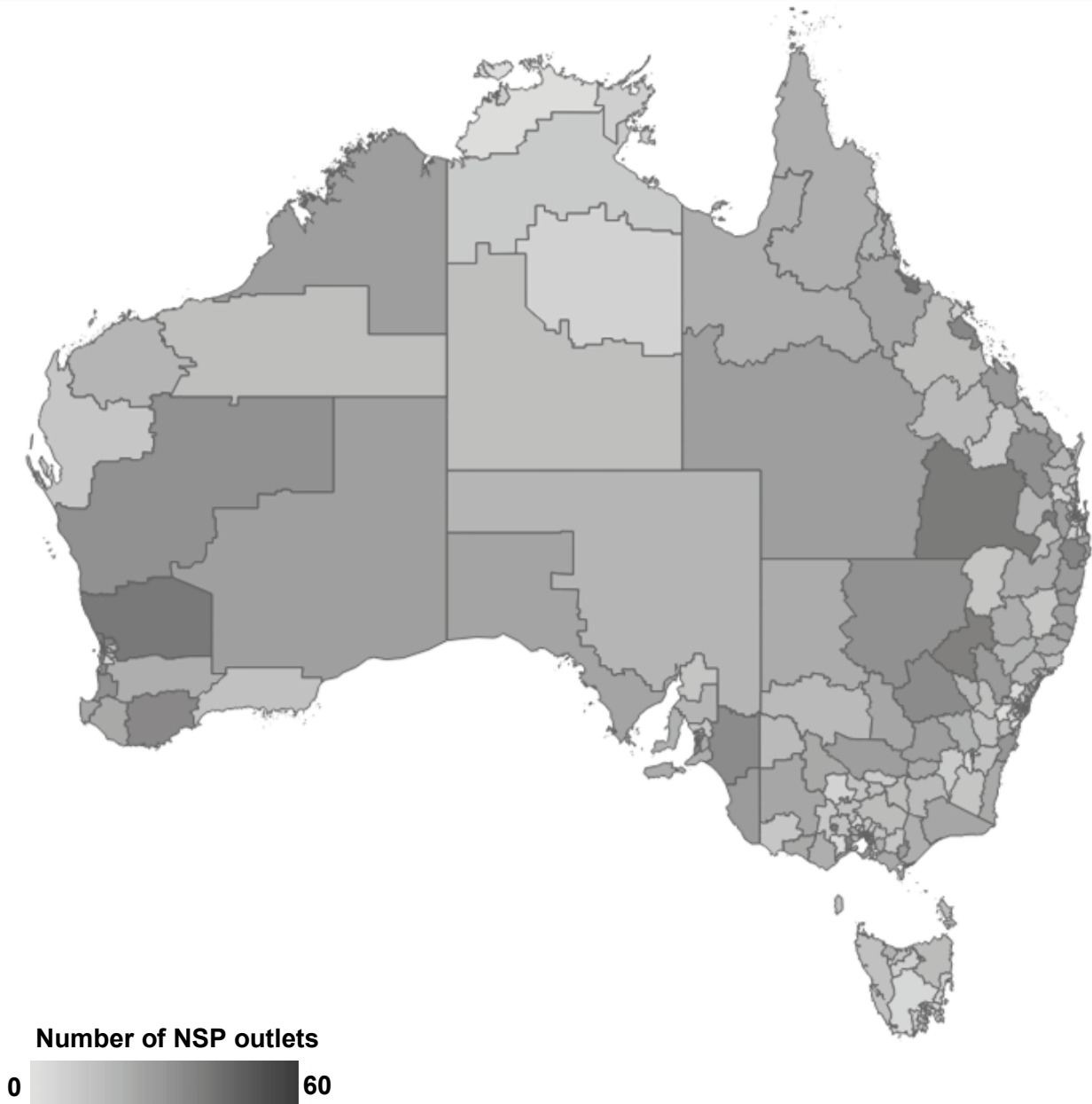


Figure 2.6 Total number of NSP outlets by SA3 nationally in 2025



## 3. Service Provision

### NSP occasions of service

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

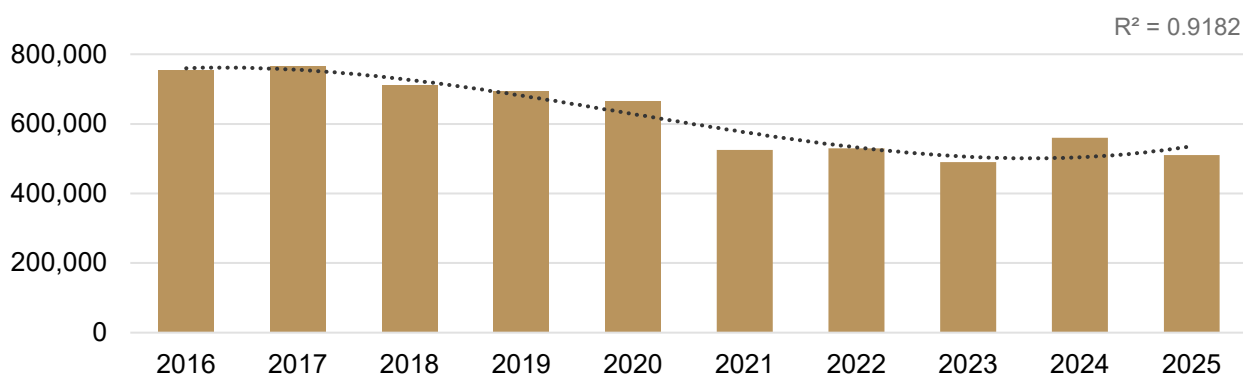
The NSP NMDC Data Dictionary<sup>8</sup> defines a NSP occasion of service (OOS) as contact between NSP staff and a NSP client in order to transact sterile injecting equipment, advice or other related service from a NSP. The Data Dictionary provides a framework for reporting each of the NSP NMDC client-level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

Every year jurisdictional client-level OOS data were collected on a nominated snapshot day during the last week of February.

It should be noted that client-level OOS data were not collected from every NSP outlet in some jurisdictions and that client level data were unavailable for a small number of OOS in all years 2016 to 2025 (range n=54 to 207).

Nationally, there were 1,899 OOS recorded at participating public sector NSPs in Australia on the nominated snapshot day in February 2025. This equates to an estimated 510,000 OOS provided by public sector NSP services throughout 2025. As shown in Figure 3.1 the estimated number of OOS at primary and secondary NSPs declined by 21% between 2020 and 2021. This initial decline in OOS was not unexpected, as NSPs encouraged clients to ensure they had sufficient supplies of injecting equipment to withstand the possibility of COVID-19 disruptions, including lockdowns. Over the ten year period, there was a 32% decline in the estimated annual OOS observed from 755,000 in 2016 to 510,000 in 2025.

**Figure 3.1 National OOS, 2016-2025**



## Age

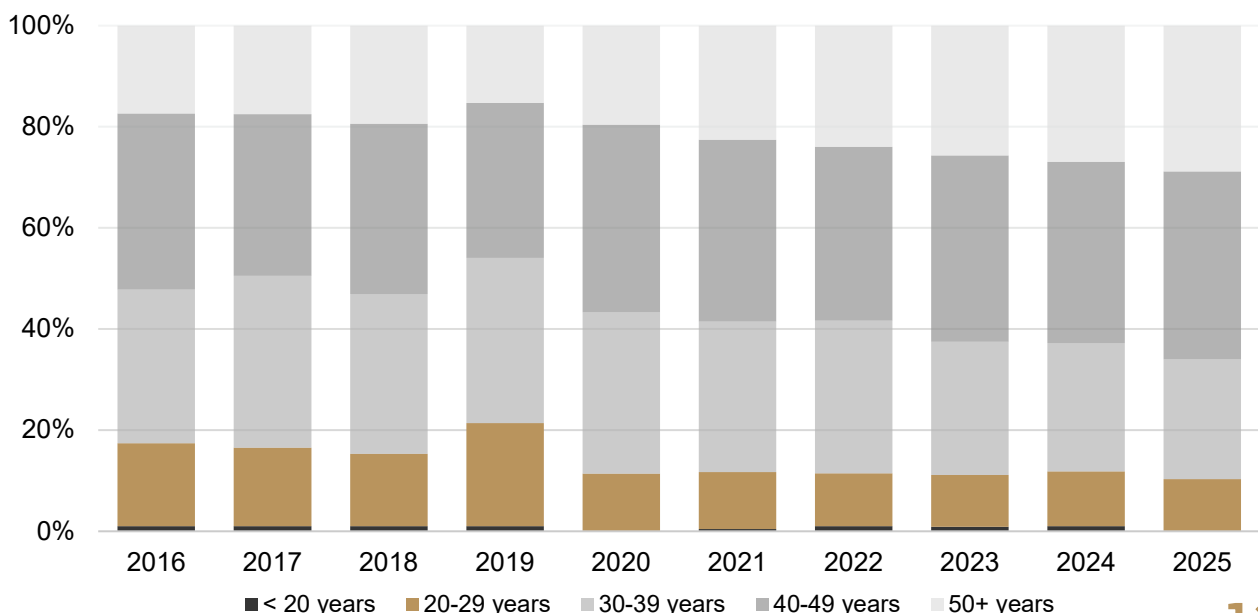
All jurisdictions collected ‘age’ as a data element in 2025. The NSP NMDC Data Dictionary defines age according to the ABS Age Standard (AGEP: age of the NSP client in a single year).<sup>8,13</sup> Most jurisdictions collected age in years (AGEP), however two jurisdictions collected data by age group only. Accordingly, age is reported here by ten-year age groups (AGE10P). It should also be noted that there was minor misalignment with AGE10P and the age group categories collected in one jurisdiction from 2016 to 2022, and some adjustment of data was necessary (see Appendix A: Methodological Notes).

Three in five (60%) OOS at public sector NSPs on the 2025 snapshot day involved NSP attendees aged 30-49 years (comprising 23% aged 30-39 years and 36% aged 40-49 years). One in four (28%) OOS involved NSP attendees aged 50 years or older, and one in ten (10%)

involved NSP attendees aged 20-29 years. Less than one percent of OOS in 2025 involved attendees aged less than 20 years. Young people (aged less than 25 years) comprised four percent (n=69) of OOS at public sector NSPs nationally in 2025.

Over the last ten years the age profile of clients accessing NSPs has shifted toward older age groups suggesting aging of the NSP client population. In 2016, 17% of clients were aged 50 years or older and 17% were aged under 30 years. By 2025, the proportion aged 50 years and over had increased to nearly 29%, while the share aged under 30 years had declined to 11%. Ordinal logistic regression confirmed a significant upward trend in age over time (OR = 1.08 per calendar year; 95% CI 1.07–1.09; p < 0.001), indicating that each successive calendar year was associated with an approximately 8% increase in the odds of clients being in an older age group.

**Figure 3.2 OOS (%) by age group nationally, 2016-2025**



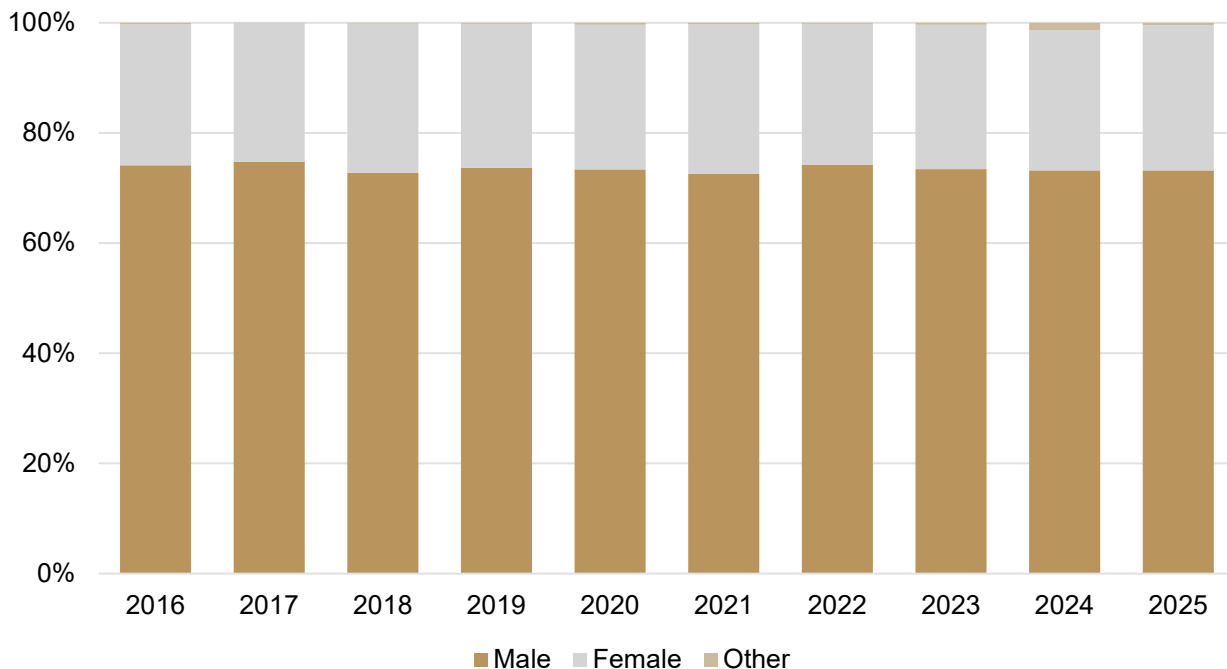
## Gender

The NSP NMDC Data Dictionary defined gender according to the 2016 ABS Standard for Sex and Gender Variables which states gender is the distinction between male, female, and genders which are a combination of male and female, or neither male nor female, as reported by the client.<sup>14</sup> All jurisdictions collected gender in 2025, with most jurisdictions (n=6) collecting this data element according to either the 2016 ABS standard or the new ABS Standard for 'Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables' released in 2021.<sup>15</sup> The current minimum

data available to report in the NSP NMDC is the 2016 ABS standard where permissible values are: 1) Male, 2) Female and 3) Other.

Consistent with previous years, on the snapshot day in 2025, almost three quarters (72%, n=1,314) of NSP OOS recorded involved male NSP attendees and one quarter (26%, n=474) involved females. There were seven NSP OOS (<1%) recorded on the snapshot day in 2025 that involved people whose gender identity was recorded as 'other' (Figure 3.3, Table B.1.3).

**Figure 3.3 OOS (%) by gender nationally, 2016-2025**



## Indigenous status

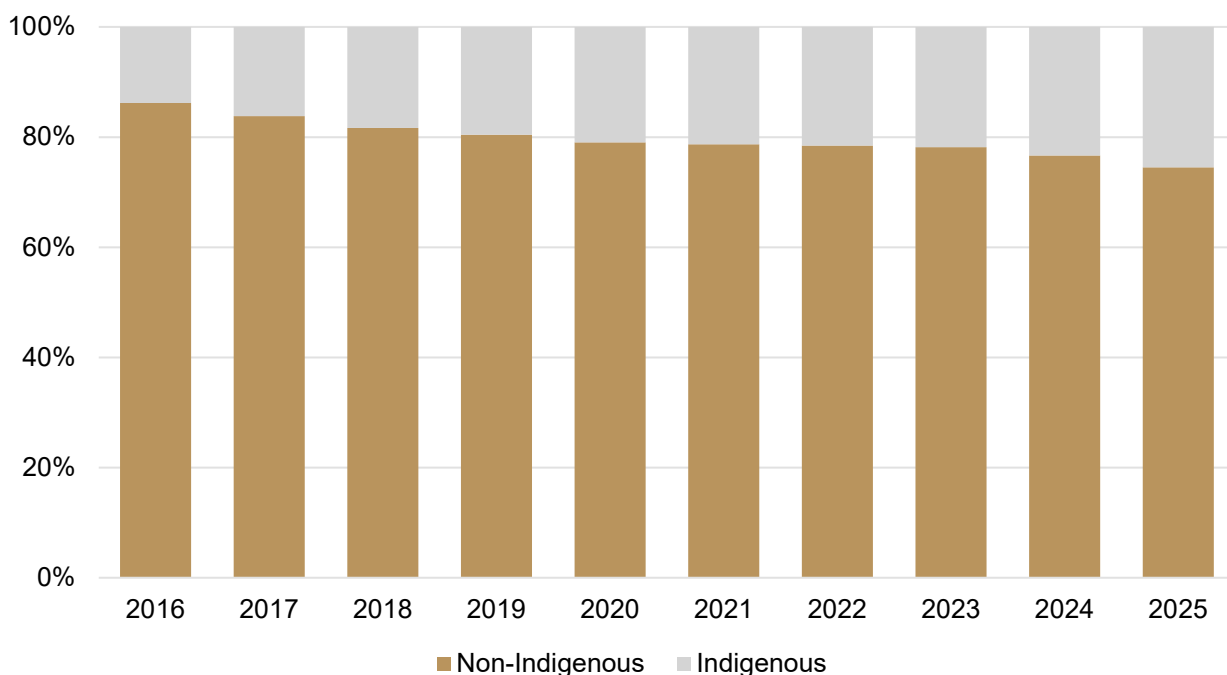
The NSP NMDC Data Dictionary uses the ABS Indigenous Status Standard, which defines Indigenous status as “Whether a person identifies as being of Aboriginal or Torres Strait Islander origin.”<sup>16</sup>

The permissible values are: 1) Aboriginal but not Torres Strait Islander origin, 2) Torres Strait Islander but not Aboriginal origin, 3) Both Aboriginal and Torres Strait Islander origin, 4) Neither Aboriginal nor Torres Strait Islander origin. All eight jurisdictions currently collect client-level OOS data on Indigenous status, although data collection is not aligned to the ABS standard in one jurisdiction. The minimum reporting in the 2025 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’. The proportion of OOS where Indigenous status was not reported has remained under 10% since 2020; Indigenous status was not reported for 7% of OOS in 2025.

Excluding OOS where Indigenous status was not reported (n=106), 25% (n=356) of NSP OOS on the snapshot day in 2025 involved attendees who identified as Aboriginal and/or Torres Strait Islander (Figure 3.4). Between 2016 and 2025 the proportion of attendees who identified as Aboriginal and/or Torres Strait Islander increased significantly from 14% in 2016 to 25% in 2025, p-trend <0.001).

**Figure 3.4 OOS (%) by Indigenous status nationally, 2016-2025**



*Note: One jurisdiction did not collect data on Indigenous status in any years 2016-2022*

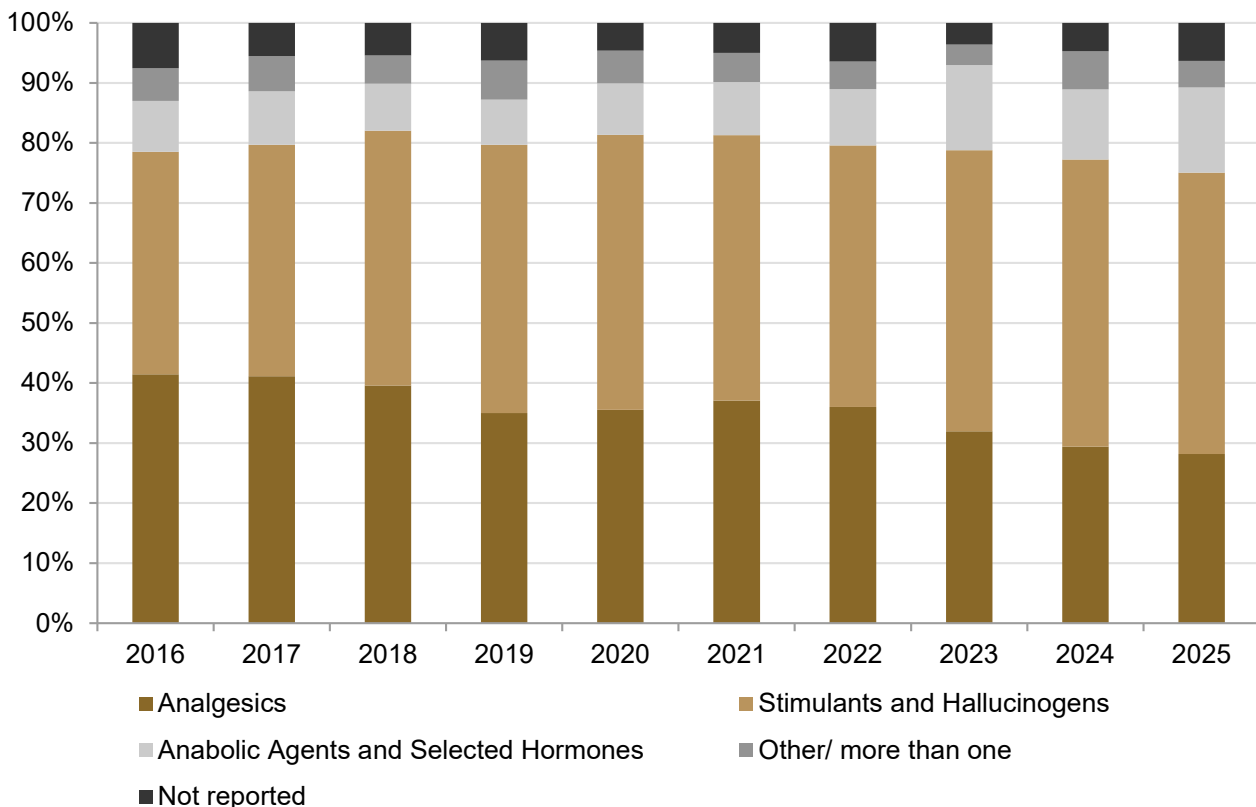
## Drugs injected

The NSP NMDC uses the ABS Drugs of Concern Classification Broad and Base level groups to report on drug/s injected as defined in the NSP NMDC Data Dictionary.<sup>17</sup> The NSP NMDC Data Dictionary defines drugs injected as the drug (or drug type), as stated by the client.

The jurisdictions collect either the drug the client is *intending to inject* following the current OOS (three jurisdictions) or the drug *last injected* by the client on the most recent occasion of injection (five jurisdictions). Two jurisdictions did not collect data on drug injected from all sites. Only sites where data were collected are included in the following analyses.

Figure 3.5 illustrates the breakdown of drugs injected by NSP attendees on the nominated snapshot day between 2016 and 2025 according to ABS Drugs of Concern Broad Groups. In 2025 Stimulants and Hallucinogens were the most commonly reported class of drugs injected for the eighth consecutive year (n=674, 47%), followed by Analgesics (n=405, 28%, and Anabolic Agents and Selected Hormones (n=204, 14%, Injecting more than one drug subtype was reported for 4% (n=64) of OOS at public sector NSPs nationally in 2025.

**Figure 3.5 OOS drug injected (%) by ABS Drugs of Concern Broad Groups nationally, 2016-2025**



Note: One jurisdiction did not collect data on drug injected in any years 2016-2022

ABS Drugs of Concern Broad groups have been collated since 2016, and Base level groups were collated from 2017. Six jurisdictions collected data that aligned with the ABS Drugs of Concern Base level definitions (n=1,190 OOS) in 2025.

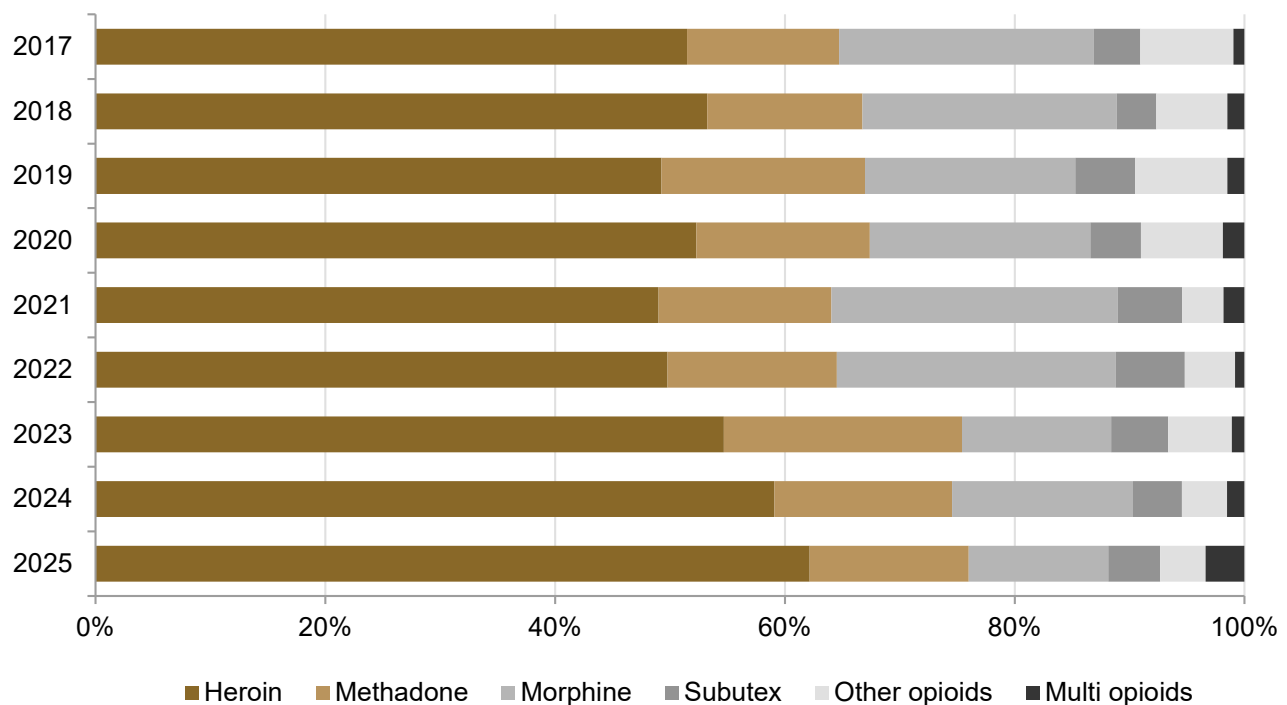
Heroin has consistently been the most commonly reported drug injected within the 'Analgesics' category, and reported in 62% (n=220) of OOS in this category in 2025 (Figure 3.6; Table B.1.3)

In the 'Stimulants and Hallucinogens' Broad category methamphetamine has

consistently been the most commonly reported drug injected and was reported in 84% (n=458) of OOS in this category in 2025 (Figure 3.7; Table B.1.3).

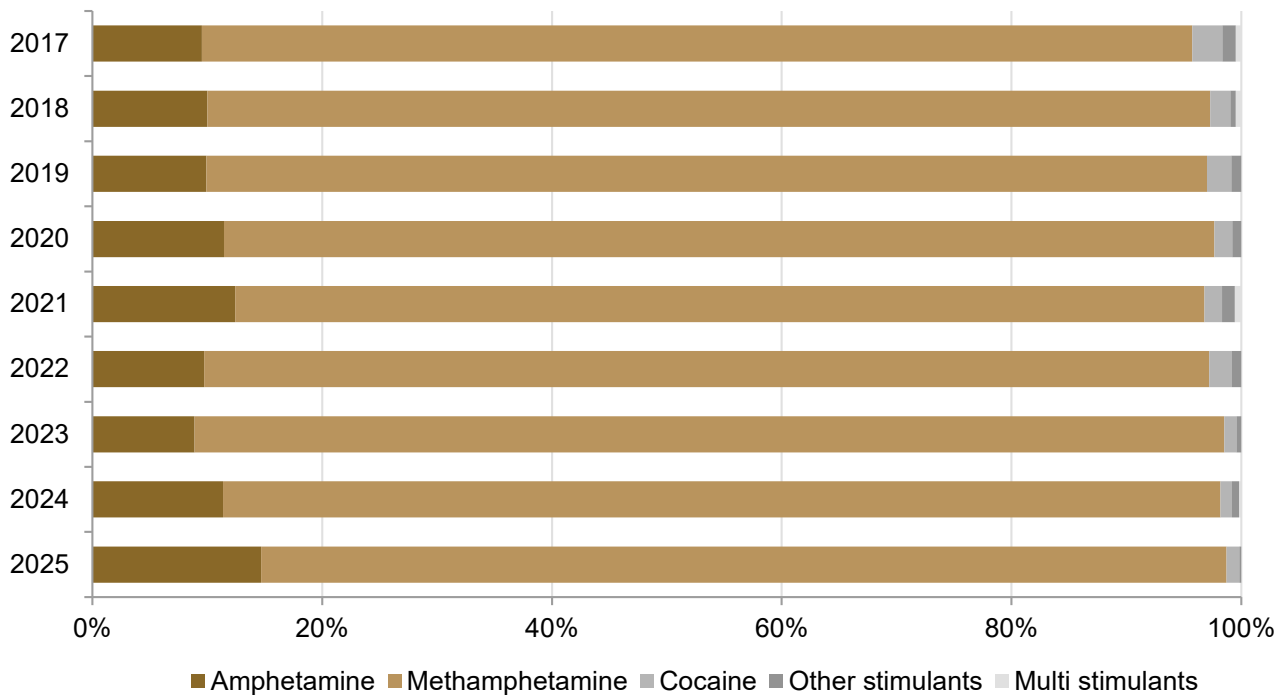
Steroids (n=120, 69%) were the most commonly reported drug injected among 'Anabolic Agents and Selected Hormones' in 2025 and have been for eight of the last 10 years with the exception of 2021 and 2023 where the response 'Other PIED' was more commonly reported (Figure 3.8; Table B.1.3).

**Figure 3.6 OOS drug injected (%) by ABS Drugs of Concern Base level by Broad Group Analgesics nationally 2017-2025**



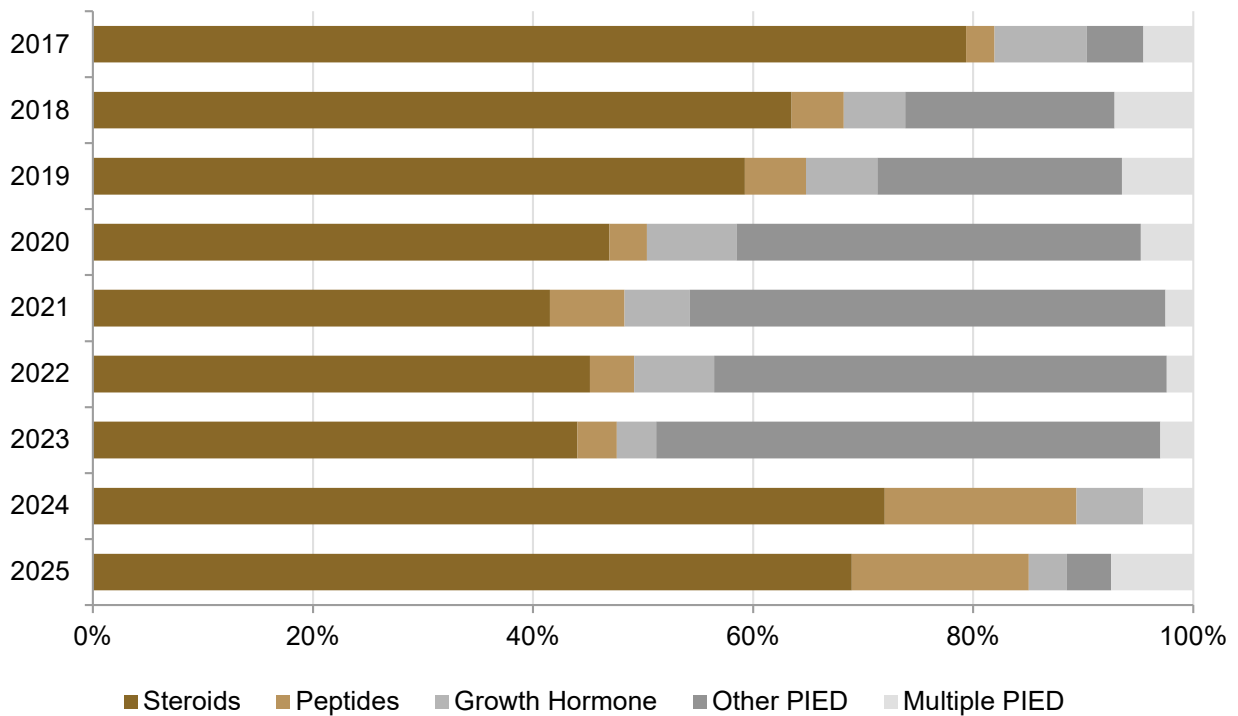
Note: Among the six jurisdictions that collected ABS Drugs of Concern at Base level units

**Figure 3.7 OOS drug injected (%) by ABS Drugs of Concern Base level by Broad Group Stimulants and Hallucinogens nationally 2017-2025**



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

**Figure 3.8 OOS drug injected (%) by ABS Drugs of Concern Base level by Broad Group Anabolic Agents and Selected Hormones nationally 2017-2025**



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

## Young people

Data from six jurisdictions were available to allow an examination of drugs used among young people aged under 25 (n=53). Among these OOS, 51% reported injecting Stimulants and Hallucinogens, 30% (n=16) Anabolic Agents and Selected Hormones (94% of whom were male), 9% (n=5) Analgesics, and 6% (n=3) Other/ More than one drug (see Figure 3.9).

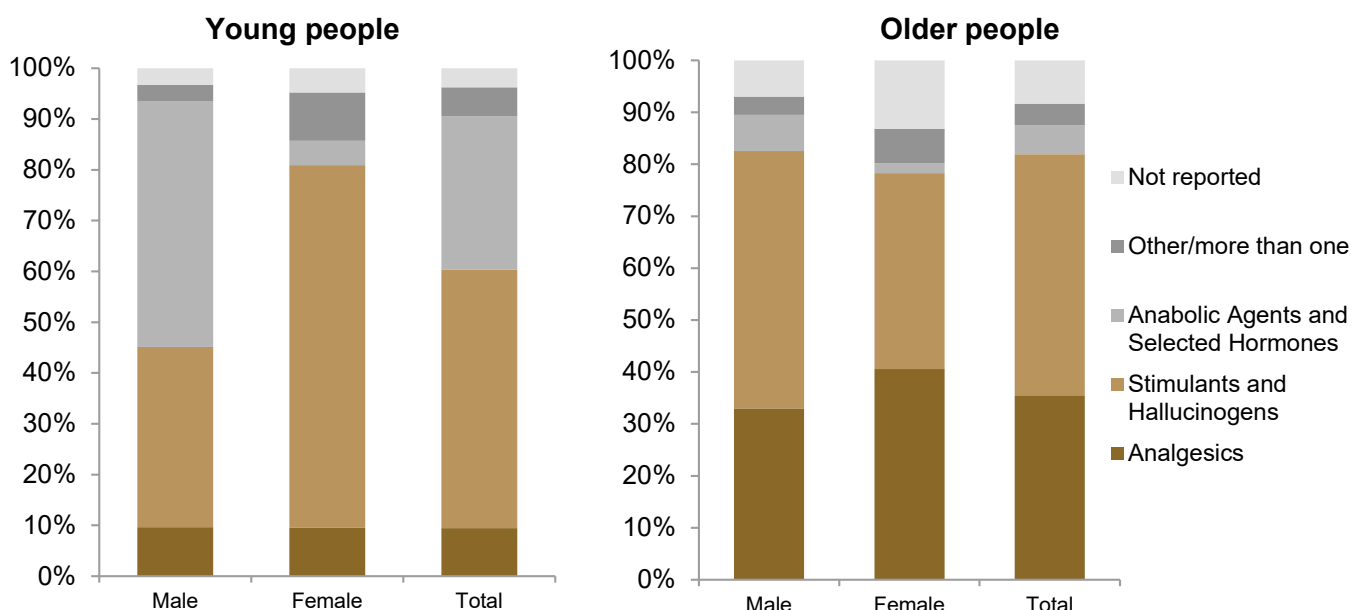
Young women were significantly more likely than young men to report injecting Stimulants and Hallucinogens (71% vs 35%, p=0.011), less likely to report injecting Anabolic Agents and Selected Hormones (5% vs 48%, p=0.001) and as likely as young men to report injecting Analgesics (p=0.985)

## Older people

In 2025, n=519 OOS were among those aged 50 years and over and defined as older people in the NSP NMDC. Data on drugs injected were reported for 431 of these OOS, among whom 46% (n=200) reported injecting Stimulants and Hallucinogens, 36% (n=153) reported injecting Analgesics, 6% (n=24) reported injecting Anabolic Agents and Selected Hormones (92% of whom were male), 4% (n=18) reported injecting more than one drug, and for 8% (n=36) drug injected was not reported.

Older women were significantly less likely than older men to report injecting Stimulants and Hallucinogens (38% vs 50%, p=0.035), and Anabolic Agents and Selected Hormones (2% vs 7%, p=0.050), and as likely as older men to report injecting Analgesics (41% vs 33% p=0.158).

**Figure 3.9 OOS among young people (aged <25 years) and older people (aged ≥50 years) by gender and drug injected in 2025 nationally**



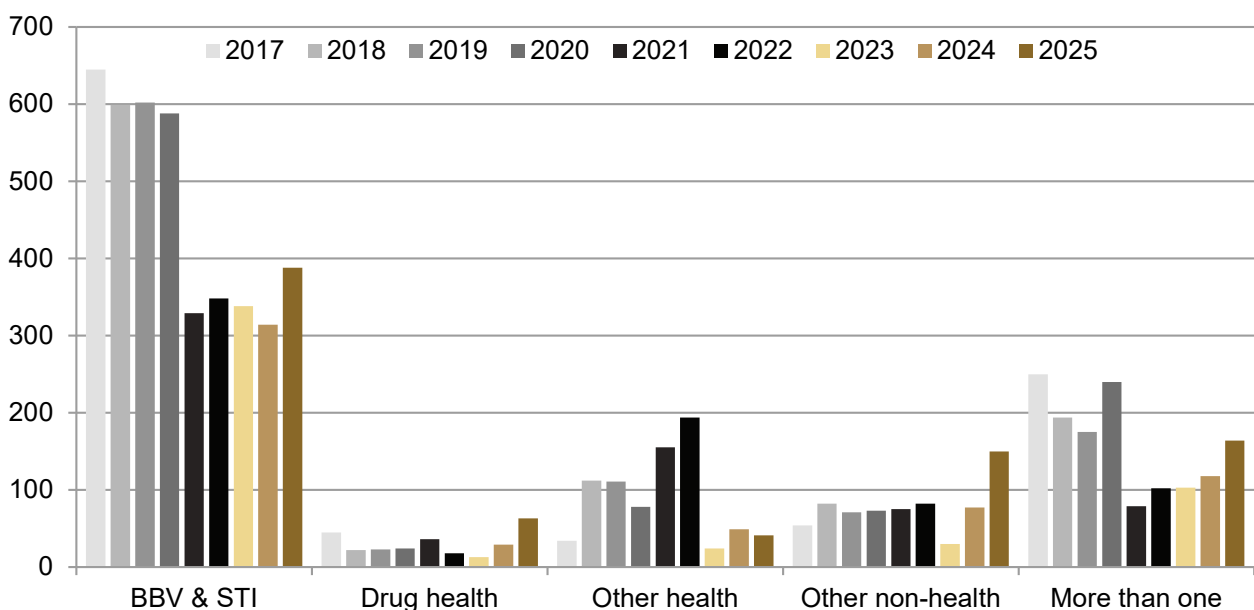
## Health education/interventions provided

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

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

Among NSP services that collected data on the provision of health education/interventions in 2025, one half (51%, n=844) of OOS at public sector NSPs included the provision of health education/interventions. The proportion of OOS that included provision of health education/interventions fluctuated over the past ten years (range 32% in 2023 to 51% in 2025, Table B.1.3). As shown in Figure 3.10, half (n=388, 48%) of health education/interventions in 2025 related to BBVs and STIs (including safer injection practices and vein care), one in five 20% included the provision of more than one health education/interventions (n=164), 19% other non-health (n=150, 19%), 8% drug health (n=63), and 5% other health (n=41, 5%) health education/interventions.

**Figure 3.10 National NSP OOS health education/interventions, 2017-2025**



Note: Data on health education/interventions type not collated in 2016

## Referrals

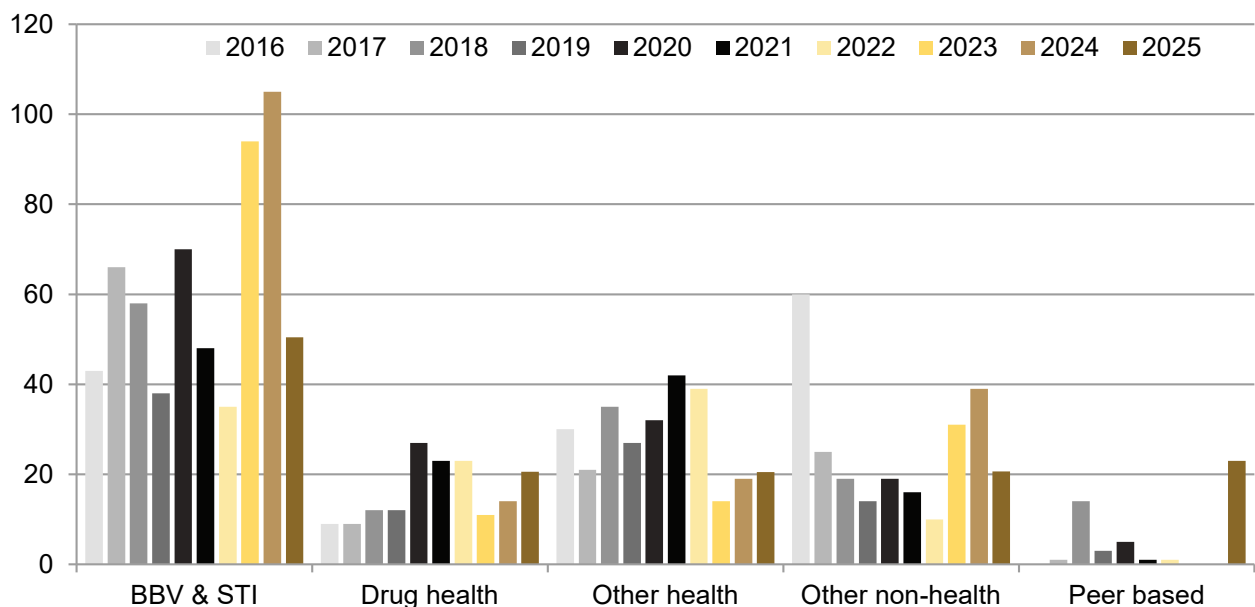
Primary and secondary NSP services also provide attendees with referrals to a range of health, welfare, legal and other agencies. The NSP NMDC Data Dictionary<sup>8</sup> defines referral as “The type of service or agency to which a client is referred during a NSP service contact.”

As with health education/interventions described previously, the NSP NMDC uses a two-level hierarchical structure to collate referrals due to some inconsistency in the way this data element is currently collected at the jurisdictional level. The hierarchical structure of this data element enables recoding of existing jurisdictional data into broad groups. Although all jurisdictions collect this data element, principally from primary outlets, only a minority of secondary NSP services have the capacity to provide or collect referral

data. The NSP NMDC project recoded referral data into the following five broad groups: 1) BBV and STI, 2) Drug health, 3) Other health, 4) Other non-health and 5) Peer-based.

Of the NSP services that recorded data on referrals on the snapshot day in 2025, almost one in ten (n=137, 9%) OOS at public sector NSPs involved the provision of a referral. Almost two-fifths (n=50, 37%) of referrals were made to BBV and STI services, while a further one in six (n=23, 17%) were made to peer-based services. Fifteen percent of referrals were each made to drug health services (n=21), other non-health services (n=21) or other health services (n=20) and 1% (n=2) of OOS involved multiple referrals. Figure 3.11 shows national NSP OOS referral destinations from 2016 to 2025.

**Figure 3.11 National NSP OOS referral destinations, 2016-2025**



## 4. Needle and Syringe Distribution

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

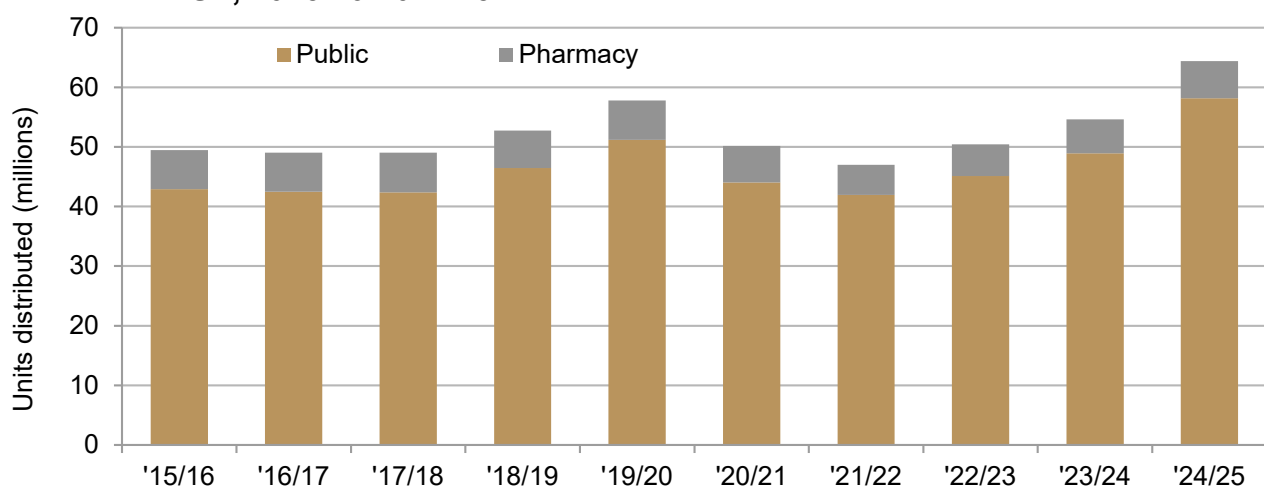
In the 2024/25 financial year, a total of 64.4 million needles and syringes were distributed nationally in Australia, with 58.2 million (90%) distributed from public NSPs and 6.2 million (10%) from pharmacies (Figure 4.1). This represents an 18% overall increase in needles and syringes compared to the 2023/24 financial year, principally due to distribution from the public sector increasing by 19% and distribution through pharmacies increasing by 9%. The number of needles and syringes distributed in 2024/25 was 30%

greater than the number distributed in 2015/2016, the first year of NSP NMDC reporting.

The increase observed in 2019/20 (see figure 4.1) was due to known impacts of the global COVID-19 pandemic on needle and syringe distribution. These included the stockpiling of injecting equipment, encouragement of clients to procure sufficient quantities of injecting equipment to manage the impacts of COVID-19 public health measures, such as lockdowns and modifications to NSP operating procedures to ensure social distancing.<sup>2</sup>

The increase in distribution in 2024/25 to a level greater than the peak observed in 2019/20 associated with COVID-19 is notable and observed across jurisdictions. The explanation of this increase is uncertain and warrants ongoing monitoring and investigation. This increase is mirrored in the estimates of needles and syringes distributed per-capita and per PWID presented below.

**Figure 4.1 National needle and syringe distribution by public and pharmacy sector NSP, 2015/16-2024/25**



the mean of the population estimate in consecutive calendar years. The per capita rate of needles and syringes distributed nationally increased by 13%

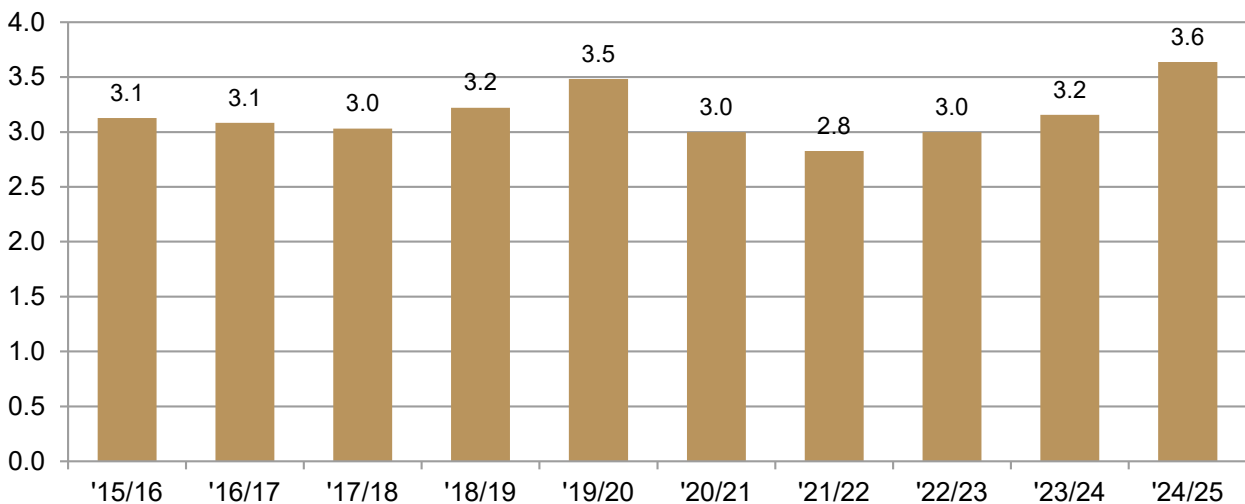
from 3.2 in 2023/24 to 3.6 in 2024/25, and by 16% over the past ten years from 3.1 in 2015/16. (Table 4.1 and Figure 4.2).

**Table 4.1 National syringe distribution and per capita syringes distributed, 2015/16-2024/25**

Year	Needle and syringe distribution (millions)			Per capita needles/syringes
	Public	Pharmacy	Total	
2015/16	42.9	6.5	49.5	3.1
2016/17	42.5	6.6	49.1	3.1
2017/18	42.4	6.6	49.0	3.0
2018/19	46.4	6.3	52.8	3.2
2019/20	51.2	6.6	57.8	3.5
2020/21	44.0	6.1	50.2	3.0
2021/22	42.0	5.0	47.0	2.8
2022/23	45.1	5.3	50.4	3.0
2023/24	48.9	5.7	54.6	3.2
2024/25	58.2	6.2	64.4	3.6

Notes: Totals may not add up due to rounding

**Figure 4.2 Per capita needle and syringe distribution, 2015/16-2024/25**



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

## Syringe distribution per PWID

UNAIDS Global AIDS Monitoring includes 'needles and syringes distributed per person who injects drugs' as one of the key indicators for reporting on the global AIDS response.<sup>9</sup> For the purpose of HIV programming, WHO defines 'low' needle-syringe coverage at the population level as <100 needles-syringes per PWID per annum, 'medium' coverage as 100-200 syringes per PWID per annum and 'high' coverage as >200 needles-syringes per PWID per annum.<sup>18</sup> In addition, the World Health Organization 2022-2030 Global Health Sector Strategy on Viral Hepatitis, has set a target of 300 syringes per PWID per annum by 2030.<sup>19</sup>

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

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

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

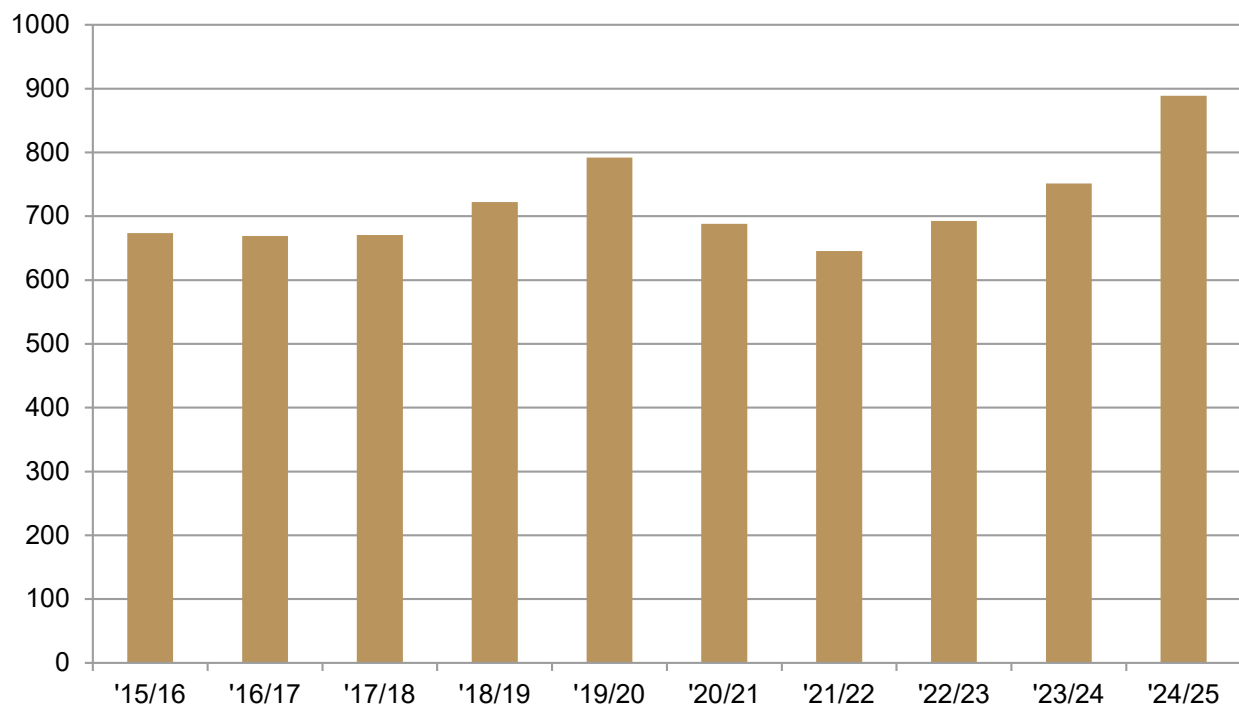
There were an estimated 72,441 people who inject drugs on a regular basis in Australia in 2024/25, showing a slight and gradual decline over the past decade from 73,437 in 2015/16 (Table 4.2). The mean number of syringes per PWID was calculated by dividing the number of syringes distributed by the estimated number of people who inject drugs on a regular basis for each financial year.

In 2024/25, an estimated 889 needle-syringes were distributed per person who injects drugs on a regular basis. This equates to the equivalent of 2.4 syringes per day and exceeds the WHO/UNAIDS definition of high syringe coverage of >200 syringes per person who injects drugs per year by more than four-fold.

The number of needle-syringes distributed per person who injects drugs in 2024/25 represents an increase of 18% from the estimate of 751 needles-syringes in 2023/24, and a 32% increase from an estimated 673 needle-syringes per person who injects drugs in 2015/16, the first year these data were reported.

**Table 4.2 National syringe distribution per PWID\*, 2015/16-2024/25**

Year	Number of people who inject on regular basis*	Syringes distributed (millions)	Syringes per PWID*
2015/16	73,437	49.5	673
2016/17	73,341	49.1	669
2017/18	73,092	49.0	671
2018/19	73,019	52.8	722
2019/20	72,950	57.8	792
2020/21	72,885	50.2	688
2021/22	72,824	47.0	646
2022/23	72,765	50.4	693
2023/24	72,710	54.6	751
2024/25	72,441	64.4	889

**Figure 4.3 National syringe coverage per PWID\* per year, 2015/16-2024/25**

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

## Syringe coverage per injection

Although the calculation of the mean number of syringes distributed per PWID is a useful tool to monitor trends in NSP service provision over time at the population level, it does not take into account the frequency of injection among PWID and coverage of all individual injections with sterile equipment. Additional analyses were conducted to estimate the proportion of all injections covered by a sterile syringe to assess the extent to which demand for sterile syringes was met.

Data on frequency of injection was obtained from the Australian NSP Survey (ANSPS) and the methodology described in Kwon et al estimated the number of sterile syringes required to cover all injections among people who inject drugs

on a regular basis (assuming one sterile syringe is required to be used per injection).<sup>21, 22</sup>

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

As shown in Figure 4.4, there were fluctuations in the frequency of injection reported among ANSPS respondents over the past ten years.

**Figure 4.4 Frequency of injection among ANSPS respondents (%), 2015-2024**

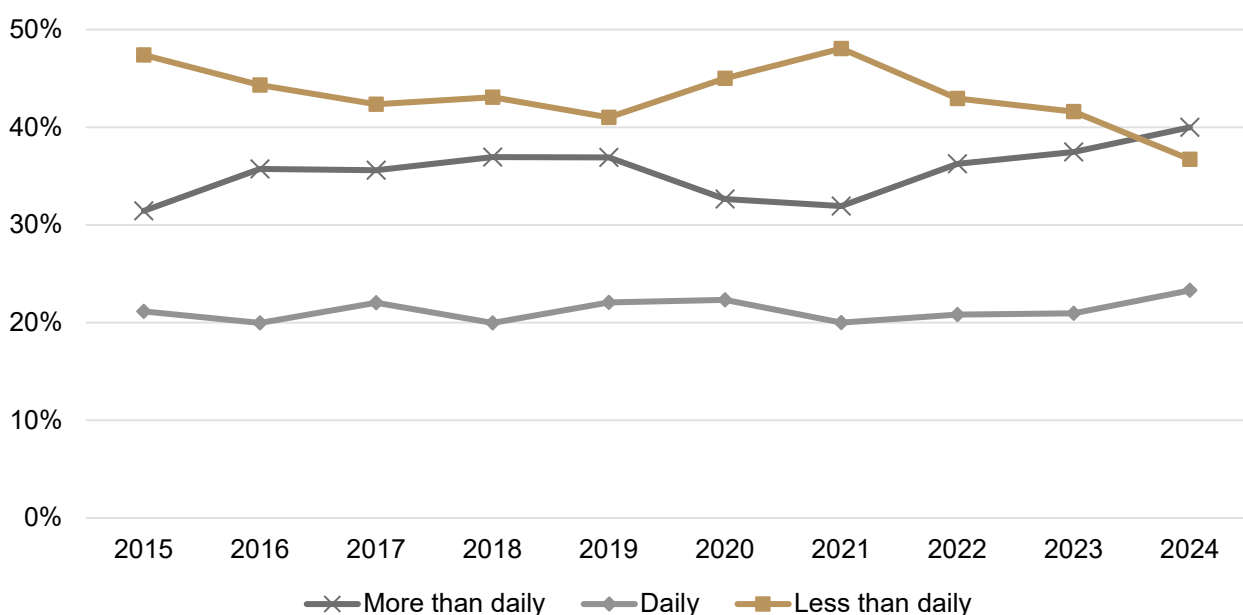
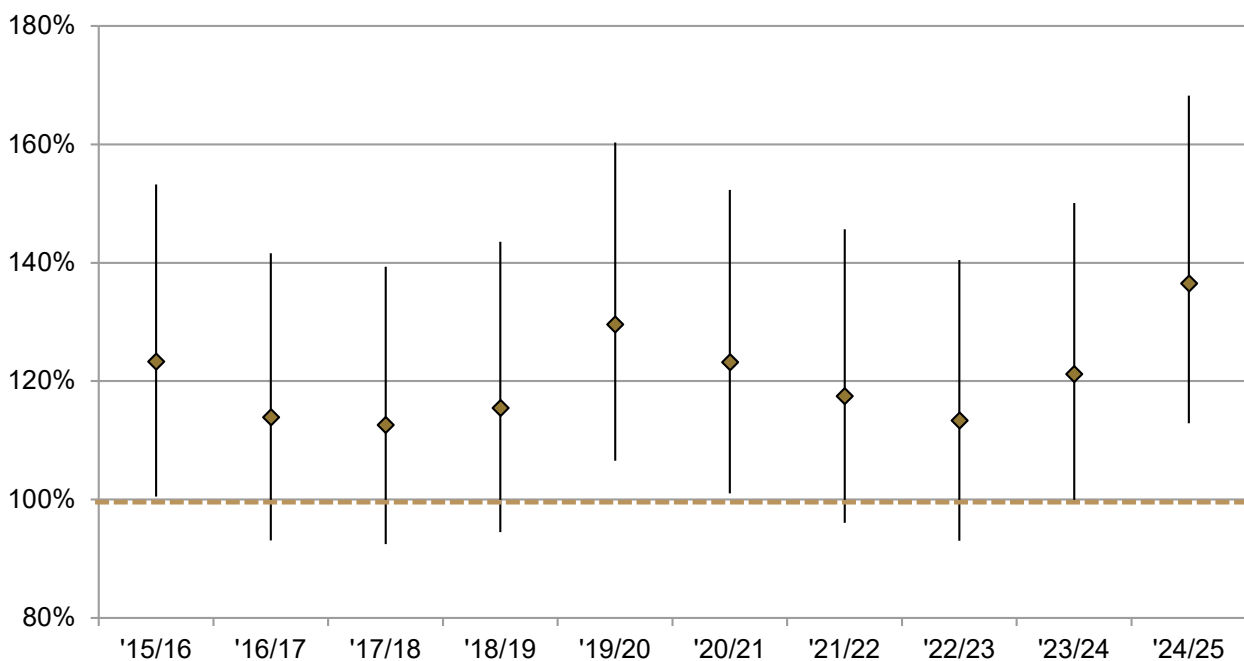


Figure 4.5 shows the mid-point and lower/upper syringe coverage estimates over the period 2015/16 to 2024/25. Syringe coverage was 100% or higher in all years 2015/16 to 2024/25. It is important to note that syringe coverage of greater than 100% is required to accommodate syringes utilised by people who inject drugs occasionally and syringes that are not used for an injection (for example, drawing up needles/syringes, wastage, failed injection attempts or stockpiling).

Syringe coverage per injection among the population of people who inject drugs on a regular basis remained high at 136% in 2024/25. This represents an 11% increase in syringe coverage from 123% in 2015/16.

**Figure 4.5 Mid, upper and lower-point estimates of the proportion of injections covered by a sterile syringe among PWID\*, 2015/16-2024/25**



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

## 5. Future Directions

This is the tenth annual National Data Report for the NSP NMDC project and the final report under the current funding arrangements. The NSP NMDC Data Dictionary developed in 2017 was updated in 2019 and again in 2023 to reflect improvements in national alignment. The NSP NMDC Data Dictionary has provided the framework for national collection of NSP NMDC data elements and has been a working document updated as required in consultation with the NSP NMDC Reference Group.

Data from 2008 were used as the baseline to assess temporal trends in the number and type of NSP services (Section 2), as data from intermediary years (2009-2015) was unavailable.

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

Funding from the Commonwealth Department of Health, Disability and Ageing for the NSP NMDC expires in December 2025. The availability of ongoing funding for the continuation of the NSP NMDC is uncertain.

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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 2025.
- 2) Demographic and drug use data for attendees at public sector (primary and secondary) NSPs on a snapshot day in February 2025.
- 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 2510 (Build 19328.20244, Microsoft Office 365 Apps for enterprise (Microsoft Corporation, Redmond WA) and Stata/IC version 18.5 (StataCorp LP, College Station TX).

In 2025, 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 tenth annual NSP NMDC are subject to limitations and data may need to be converted from financial to calendar year for external reporting. Although overall alignment and completion of NSP NMDC data elements was high in 2025, exceptions are highlighted below.

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

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

Age group categories were not aligned with ABS AGE10P in one jurisdiction in years 2016 to 2022 and young people (aged <25 years) in all years. Data was adjusted, on a proportional basis using age distributions from remaining jurisdictions. These adjustments may have resulted in a slight over-estimate of the proportion of young people.

One jurisdiction did not collect data on Indigenous status in years 2016 to 2022. Since 2023, seven jurisdictions collected data as per the ABS definition, while one jurisdiction collected Indigenous status as a binary yes/no. One jurisdiction did not collect data on drug injected in years 2016 to 2022. Two jurisdictions collected drug injected where data aligned with ABS Drugs of Concern Broad Groups but did not align with Base level groups.

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

One jurisdiction provided data on the number of combined needles and syringes plus needles distributed without syringes. This inconsistency would have minimal impact on the total number of needles and syringes distributed or temporal trends in syringe distribution or syringe coverage. Historical needle and syringe distribution data occasionally updated by jurisdictions means current data may be different to previously published data.

## Population size estimates

The NSP NMDC project used the method described by Kwon et al (2019)<sup>21</sup> to estimate relative change in the Australian population of people who inject drugs on a regular basis from 2005 using the following indicators (Tables A1-A6):

- A1) Lifetime and recent (last 12 months) injection of illicit drugs.
- A2) Illicit drug arrests for amphetamine-type stimulants, heroin/other opioids, cocaine and steroids.
- A3) ATS, heroin and steroid seizures
- A4) Unintentional deaths due to opioids among those aged 15-54 years.
- A5) Opioid-related hospitalisations among those aged 10-59 years.
- A6) HCV notifications among those aged 15-24 years.

Given each of these six indicators is an incomplete measure of probable trends in injection drug use, a best estimate was generated using a combined mean of all indicators. This was used to calculate the relative change in injection drug use since 2005, with log function used to obtain a smooth fit of the data (Figure A.1). Estimates of the Australian population of people who inject drugs on a regular basis 2000/01 to 2024/25 are presented in Figure A.2. As shown in Tables A1-A6, there is a lag in the availability of data for some indicators and it should be noted that illicit drug arrests and seizures data for 2021/22 to present were not available at time of publication of this report.

**Table A.1 National lifetime and recent (past 12 months) injection of illicit drugs (%) among people aged 14 years or older, 2001-2022/23**

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

Source: National Drug Strategy Household Survey 2022-2023

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

**Table A.2 National number of illicit drug arrests, 2005/06-2020/21**

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'15/16	'16/17	'17/18	'18/19	'19/20	'20/21
ATS	11,848	15,216	16,047	16,452	13,982	12,897	16,828	22,189	26,269	35,468	47,625	47,531	44,887	46,437	49,638	35,885
Heroin/ opioids	2,249	2,164	2,279	2,693	2,767	2,551	2,714	2,463	2,771	3,227	2,975	2,970	3,029	3,129	3,514	2,826
Cocaine	396	699	669	848	1,244	839	995	1,282	1,466	2,092	2,592	3,366	4,325	5,016	5,393	5,958
Steroids	67	142	163	214	314	365	511	661	936	1,210	1,297	1,244	1,201	1,264	1,160	1,320

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

Note: More recent data not available as of November 2025

**Table A.3 National number of illicit drug seizures, 2005/06-2020/21**

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'15/16	'16/17	'17/18	'18/19	'19/20	'20/21
ATS	9,987	13,243	13,097	13,300	10,543	11,212	15,191	21,056	26,805	32,768	39,014	37,351	37,093	38,250	39,204	26,525
Heroin	1,298	1,476	1,411	1,691	1,582	1,700	1,758	1,584	1,598	1,914	2,081	1,951	1,977	2,080	2,230	1,624
Steroid	58	91	104	113	134	205	208	331	357	529	509	474	448	391	369	318

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

Note: More recent data not available as of November 2025

**Table A.4 National number of unintentional deaths due to opioids among those aged 15-54 years, 2005-2023**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Unintentional deaths due to opioids	374	295	366	495	560	606	612	561	600	706	782	869	916	894	802	808	682	747	589

Source: Chrzanowska A, Man N, Sutherland R, Degenhardt L & Peacock A. (2025) [Trends in overdose and other drug-induced deaths in Australia, 2003-2023](https://doi.org/10.26190/unswworks/31245). Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. Available from: <https://doi.org/10.26190/unswworks/31245> (accessed 13 November 2025)

**Table A.5 National number of opioid-related hospitalisations among those aged 10-59 years, 2005/06-2022/23**

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'15/16	'16/17	'17/18	'18/19	'19/20	'20/21	'21/22	'22/23
Hospitalisations	5,129	6,044	6,608	6,646	6,906	6,863	6,883	6,792	7,339	7,407	7,686	7,298	7,104	6,922	6,028	5,475	4,652	4,392

Source: Chrzanowska, A, Man, N, Sutherland, R, Degenhardt, L, Peacock, A. (2025) [Trends in drug-related hospitalisation in Australia, 2003-2023](https://doi.org/10.26190/unswworks/31344). Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. Available from: <https://doi.org/10.26190/unswworks/31344> (accessed 13 November 2025)

**Table A.6 Number of new diagnoses of hepatitis C virus infection among people aged 15-24 years, 2005/06-2023/24**

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'15/16	'16/17	'17/18	'18/19	'19/20	'20/21	'21/22	'22/23	'23/24
NNDSS	1,648	1,336	1,264	1,276	1,144	1,204	1,117	1,309	1,200	1,191	1,091	1,066	1,254	964	1,081	828	682	801	827

Source: National Notifiable Diseases Surveillance System 2005-2024, Australian Government Department of Health. <https://nindss.health.gov.au/pbi-dashboard/> (accessed 11 November 2025)

Figure A.1: Relative change in PWID indicators, 2004/05-2023/2024

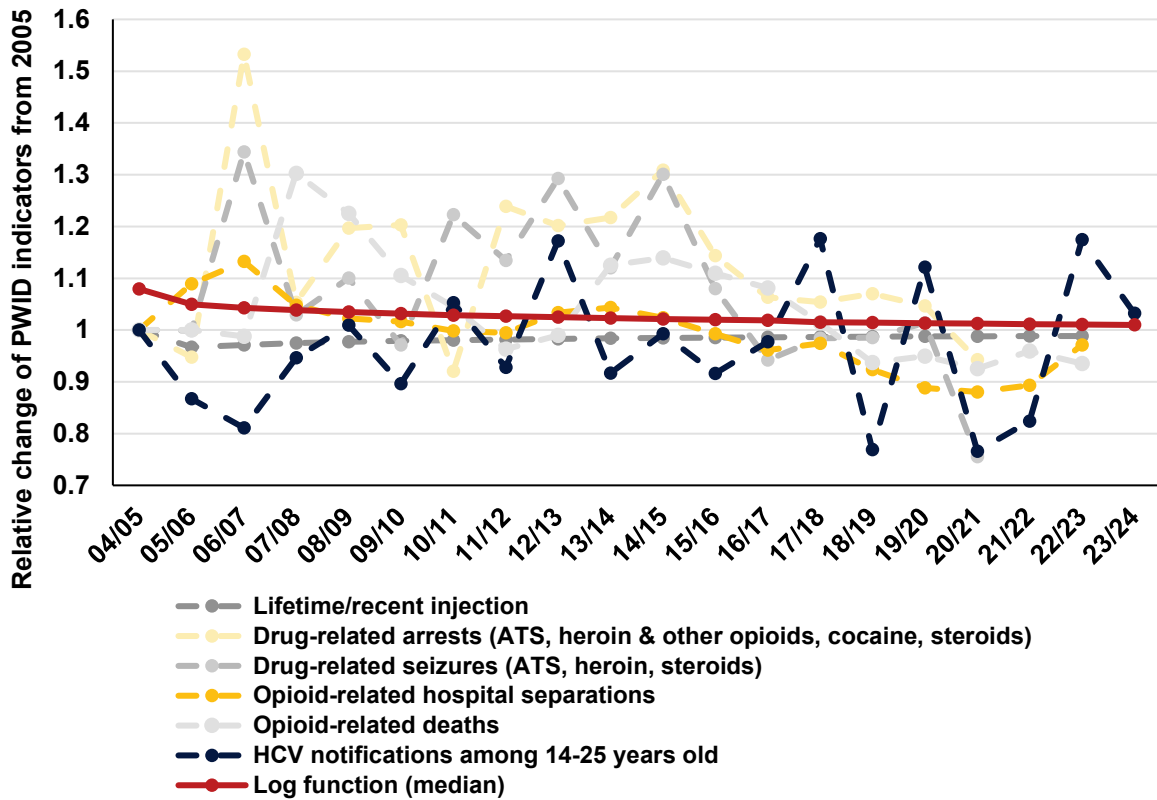
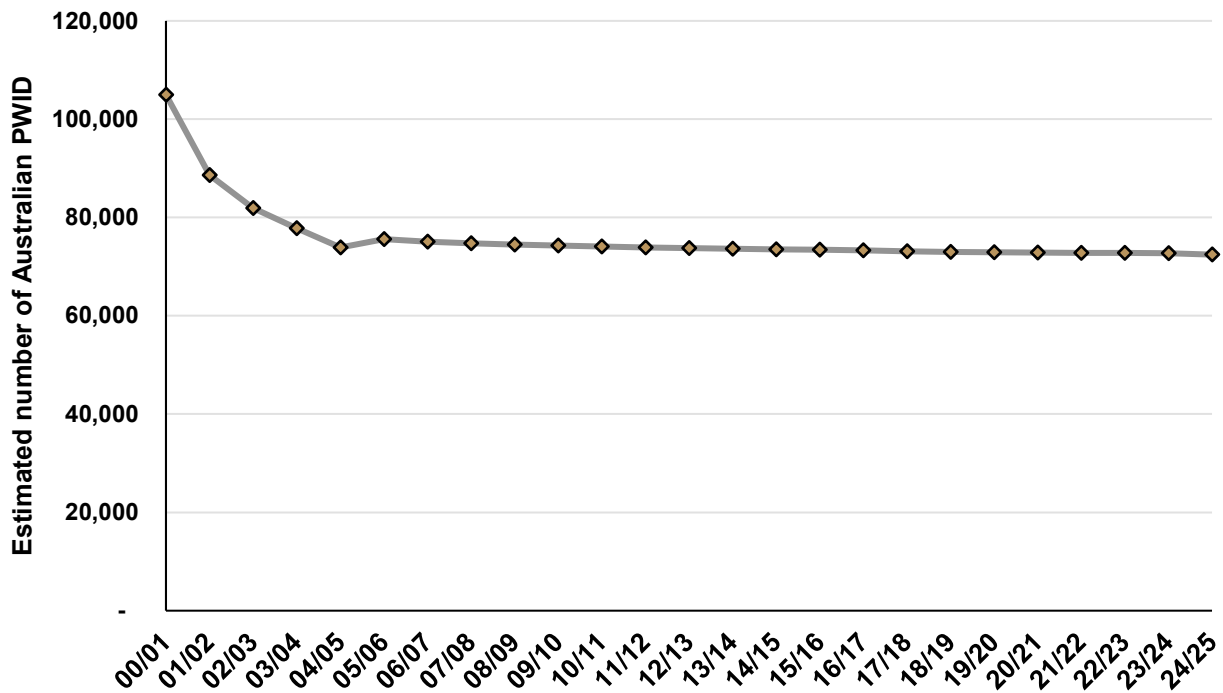


Figure A.2: Trends in the estimated number of people who inject drugs on a regular basis in Australia, 2000/01-2024/25



# Appendix B:

## National and Jurisdictional Tables

## B.1 National

**Table B.1.1 Needle and syringe distribution by public and pharmacy sector, 2000/01–2024/25**

National	Public	%	Pharmacy	%	Total
2000/01	23,304,432	72%	9,059,666	28%	32,364,098
2001/02	21,799,989	73%	7,960,951	27%	29,760,940
2002/03	24,385,922	78%	6,948,448	22%	31,334,370
2003/04	25,574,064	79%	6,986,335	21%	32,560,399
2004/05	27,360,828	81%	6,321,880	19%	33,682,708
2005/06	27,225,330	82%	6,098,958	18%	33,324,288
2006/07	27,627,305	83%	5,793,794	17%	33,421,099
2007/08	27,755,877	83%	5,842,008	17%	33,597,885
2008/09	29,260,715	83%	5,845,429	17%	35,106,144
2009/10	29,572,199	85%	5,114,160	15%	34,686,359
2010/11	32,373,749	86%	5,275,136	14%	37,648,885
2011/12	35,179,620	87%	5,131,160	13%	40,310,780
2012/13	37,446,914	89%	4,837,457	11%	42,284,371
2013/14	38,457,733	88%	5,168,366	12%	43,626,099
2014/15	38,995,375	87%	5,627,125	13%	44,622,500
2015/16	42,925,047	87%	6,533,048	13%	49,458,095
2016/17	42,493,174	87%	6,558,299	13%	49,051,473
2017/18	42,387,670	86%	6,627,160	14%	49,014,830
2018/19	46,442,981	88%	6,309,051	12%	52,752,032
2019/20	51,162,160	89%	6,606,336	11%	57,768,496
2020/21	44,028,257	88%	6,136,646	12%	50,164,903
2021/22	41,968,549	89%	5,042,088	11%	47,010,637
2022/23	45,122,422	90%	5,286,939	10%	50,409,361
2023/24	48,913,499	90%	5,723,094	10%	54,636,593
2024/25	58,186,432	90%	6,204,698	10%	64,391,130

*Note – data in some years updated in subsequent years*

**Table B.1.2 NSP outlet type and method by public and pharmacy sector, 2016-2025**

<b>National</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>NSP outlet type (%)</b>	n=3,509	n=3,627	n=3,677	n=4,182	n=4,159
Primary	102 (3)	98 (3)	101 (3)	98 (2)	104 (3)
Secondary	786 (22)	784 (22)	774 (21)	908 (22)	811 (19)
SDM	300 (9)	323 (9)	344 (9)	340 (8)	377 (9)
Pharmacy	2,321 (66)	2,422 (67)	2,458 (67)	2,836 (68)	2,867 (69)
<i>Public sector NSP<sup>^</sup></i>	n=1,188	n=1,205	n=1,219	n=1,346	n=1,292
Fixed	867 (73)	862 (72)	858 (70)	988 (73)	893 (69)
Outreach/mobile	52 (5)	47 (4)	56 (5)	65 (5)	74 (6)
SDM free	93 (8)	98 (8)	107 (9)	111 (8)	175 (14)
SDM chute	74 (6)	74 (6)	72 (6)	72 (5)	72 (6)
SDM cost	134 (11)	151 (13)	165 (14)	157 (12)	130 (10)
Peer distribution	-- --	23 (2)	23 (2)	23 (2)	23 (2)
Naloxone*	-- --	-- --	-- --	66 (7)	169 (18)
Pharmacy sector (fixed)	2,321 (100)	2,422 (100)	2,458 (100)	2,836 (100)	2,867 (100)

<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

<b>National</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>NSP outlet type (%)</b>	n=4,218	n=4,388	n=4,442	n=4,708	n=4,612
Primary	106 (3)	109 (3)	109 (2)	112 (2)	114 (2)
Secondary	800 (19)	833 (19)	833 (19)	918 (20)	906 (20)
SDM	399 (9)	414 (9)	433 (10)	458 (10)	458 (10)
Pharmacy	2,913 (69)	3,032 (69)	3,067 (69)	3,220 (69)	3,134 (68)
<i>Public sector NSP<sup>^</sup></i>	n=1,305	n=1,356	n=1,375	n=1,488	n=1,478
Fixed	884 (69)	920 (68)	922 (67)	1007 (68)	993 (67)
Outreach/mobile	91 (7)	93 (7)	94 (7)	91 (6)	92 (6)
SDM free	200 (15)	219 (16)	230 (17)	240 (16)	242 (16)
SDM chute	67 (5)	64 (5)	75 (5)	86 (6)	86 (6)
SDM cost	132 (10)	131 (10)	128 (9)	133 (9)	131 (9)
Peer distribution	23 (2)	23 (2)	23 (2)	23 (2)	24 (2)
Naloxone*	189 (21)	199 (21)	-- --	-- --	-- --
Postal*	-- --	-- --	28 (3)	27 (3)	32 (3)
Pharmacy sector (fixed)	2,913 (100)	3,032 (100)	3,067 (100)	3,220 (100)	3,134 (100)

<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

**Table B.1.3 Occasions of service-level data, 2016-2025**

<b>National Client-level</b>	<b>2016</b> n=2,625	<b>2017</b> n=2,797	<b>2018</b> n=2,573	<b>2019</b> n=2,512	<b>2020</b> n=2,392
<b>Age (%)</b>					
<20 years	30 (1)	18 (1)	26 (1)	18 (1)	12 (1)
20-29 years	414 (16)	429 (15)	353 (14)	506 (20)	258 (11)
30-39 years	779 (30)	936 (33)	805 (31)	815 (32)	753 (31)
40-49 years	890 (34)	880 (31)	846 (33)	474 (30)	860 (36)
50+ years	448 (17)	475 (17)	481 (19)	383 (15)	466 (19)
Not reported	64 (2)	59 (2)	62 (2)	43 (2)	43 (2)
<b>Aged &lt;25 (%)</b>	190 (7)	174 (6)	141 (5)	98 (4)	93 (4)
<b>Gender (%)</b>					
Male	1925 (73)	2081 (74)	1856 (72)	1823 (73)	1743 (73)
Female	665 (25)	699 (25)	690 (27)	646 (26)	625 (26)
Other	7 (<1)	2 (<1)	3 (<1)	5 (<1)	8 (<1)
Not reported	28 (1)	15 (<1)	24 (<1)	38 (2)	16 (1)
<b>Indigenous status (%)^</b>					
Yes (Aboriginal or TSI or both)	196 (12)	274 (15)	297 (17)	285 (18)	365 (20)
No	1224 (76)	1417 (79)	1321 (75)	1170 (73)	1378 (76)
Not reported	184 (11)	113 (6)	138 (8)	155 (10)	62 (3)
<b>Drug injected (%)^</b>					
Analgesics	687 (41)	821 (41)	750 (40)	589 (35)	645 (36)
Stimulants and Hallucinogens	614 (37)	770 (36)	805 (42)	752 (45)	832 (46)
Anabolic agents	141 (9)	178 (9)	148 (8)	127 (8)	156 (9)
Other	90 (6)	117 (6)	89 (5)	109 (6)	99 (5)
Not reported	125 (8)	110 (6)	103 (5)	106 (6)	84 (5)
<b>Service-level</b>					
<b>Health education/intervention (%)^</b>					
Yes	1188 (45)	1077 (43)	1029 (42)	1033 (47)	1034 (45)
No	1403 (53)	1436 (57)	1422 (58)	1302 (53)	1278 (55)
Not reported	34 (1)	1 (<1)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)^</b>					
BBV & STI	-- --	645 (63)	599 (59)	602 (61)	588 (60)
Drug health	-- --	45 (4)	22 (2)	23 (2)	24 (2)
Other health	-- --	34 (3)	112 (11)	111 (11)	78 (8)
Other non-health	-- --	54 (5)	82 (8)	71 (7)	73 (6)
More than one	-- --	250 (24)	194 (19)	175 (18)	240 (24)
Not reported	-- --	0 (0)	0 (0)	2 (<1)	0 (0)
<b>Referral (%)^</b>					
Yes	142 (9)	122 (7)	146 (8)	96 (6)	164 (10)
No	1483 (89)	1611 (87)	1643 (91)	1477 (94)	1475 (90)
Not reported	34 (2)	128 (7)	17 (1)	0 (0)	0 (0)
<b>Referral type (%)^</b>					
BBV & STI	43 (30)	66 (54)	58 (40)	38 (40)	70 (43)
Drug health	9 (6)	9 (7)	12 (8)	12 (13)	27 (16)
Other health	30 (21)	21 (17)	35 (24)	27 (28)	32 (20)
Other non-health	60 (42)	25 (20)	19 (13)	14 (15)	19 (12)
Peer based	0 (0)	1 (1)	14 (10)	3 (3)	5 (3)
More than one	0 (0)	0 (0)	4 (3)	2 (2)	10 (6)
Not reported	0 (0)	0 (0)	4 (3)	0 (0)	1 (1)

^ Not collected in all jurisdictions. -- Not collected

**Table B.1.3 Occasions of service-level data, 2016-2025 (continued)**

<b>National Client-level</b>	<b>2021</b> n=1,876	<b>2022</b> n=1,910	<b>2023</b> n=1,769	<b>2024</b> n=1,986	<b>2025</b> n=1,825
<b>Age (%)</b>					
<20 years	8 (<1)	14 (1)	16 (1)	19 (1)	8 (<1)
20-29 years	212 (11)	201 (10)	179 (10)	210 (11)	190 (10)
30-39 years	537 (29)	564 (29)	460 (26)	490 (25)	427 (23)
40-49 years	662 (35)	629 (33)	643 (36)	692 (35)	660 (36)
50+ years	421 (22)	442 (23)	449 (25)	520 (26)	519 (28)
Not reported	36 (2)	60 (3)	22 (1)	55 (3)	21 (1)
<b>Aged &lt;25 (%)</b>	68 (3)	71 (4)	66 (4)	103 (5)	69 (4)
<b>Gender (%)</b>					
Male	1348 (72)	1394 (73)	1254 (71)	1433 (72)	1314 (72)
Female	505 (27)	481 (25)	448 (25)	498 (25)	474 (26)
Other	5 (<1)	3 (<1)	6 (<1)	26 (1)	7 (<1)
Not reported	18 (1)	32 (2)	61 (3)	29 (1)	30 (2)
<b>Indigenous status (%)^</b>					
Yes (Aboriginal or TSI or both)	315 (21)	314 (21)	314 (21)	305 (22)	356 (24)
No	1165 (77)	1143 (77)	1125 (75)	1002 (71)	1041 (69)
Not reported	36 (2)	32 (2)	59 (4)	99 (7)	106 (7)
<b>Drug injected (%)^</b>					
Analgesics	566 (37)	537 (36)	422 (32)	385 (29)	405 (28)
Stimulants and Hallucinogens	675 (44)	649 (44)	618 (47)	626 (48)	674 (47)
Anabolic agents	135 (9)	140 (9)	187 (14)	153 (12)	204 (14)
Other	74 (5)	68 (5)	45 (3)	83 (6)	64 (4)
Not reported	76 (5)	96 (6)	48 (4)	62 (5)	91 (6)
<b>Service-level</b>					
<b>Health education/intervention (%)^</b>					
Yes	737 (40)	800 (43)	516 (32)	625 (34)	844 (51)
No	1086 (60)	1063 (57)	1084 (66)	1192 (66)	824 (49)
Not reported	0 (0)	0 (0)	34 (2)	0 (0)	0 (0)
<b>Health education/intervention type (%)^</b>					
BBV & STI	329 (49)	348 (47)	338 (67)	314 (53)	388 (48)
Drug health	36 (5)	18 (2)	13 (3)	29 (5)	63 (8)
Other health	155 (23)	194 (26)	24 (5)	49 (8)	41 (5)
Other non-health	75 (11)	82 (11)	30 (6)	77 (13)	150 (19)
More than one	79 (12)	102 (14)	103 (20)	118 (20)	164 (20)
Not reported	2 (<1)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)^</b>					
Yes	139 (9)	113 (8)	160 (10)	191 (10)	137 (9)
No	1334 (91)	1330 (92)	1474 (90)	1723 (90)	1438 (91)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)^</b>					
BBV & STI	48 (35)	35 (31)	94 (59)	105 (55)	50 (37)
Drug health	23 (17)	23 (20)	11 (7)	14 (8)	21 (15)
Other health	42 (30)	39 (35)	14 (9)	19 (10)	20 (15)
Other non-health	16 (12)	10 (9)	31 (19)	39 (20)	21 (15)
Peer based	1 (1)	1 (1)	0 (0)	0 (0)	23 (17)
More than one	9 (6)	5 (4)	10 (6)	13 (7)	2 (1)
Not reported	0 (0)	0 (0)	0 (0)	1 (1)	0 (0)

^ Not collected in all jurisdictions.

## B.2 Australian Capital Territory

### Description of NSP services in Australian Capital Territory

The Australian Capital Territory (ACT) has the smallest land area of the eight states and territories and has the second smallest population (~478,000 residents in 2025). Two primary NSPs operate in the ACT, operated by Directions Health Services and providing an extended range of injecting equipment and other support services to people who inject drugs. Services include information and education on issues relating to safe injecting practices and health, and referrals to a range of health and social services, including drug treatment services. A more limited range of injecting equipment is available through 14 secondary NSPs and 42 pharmacy NSP outlets. There are 10 SDMs in the ACT, located outside health centres. These machines contain '4 packs' (including 4 x sterile 1ml combined needle and syringe, swabs, water, spoons and cotton wool within a safe disposal container), available for \$2 per pack and enabling 24-hour access to sterile injecting equipment. Client-level OOS data are collected at both primary NSPs and some secondary NSPs. Collated monthly data are provided to ACT Health Directorate on a 6-monthly basis.

**Table B.2.1 Needle and syringe distribution by public and pharmacy sector, 2015/16–2024/25**

ACT	Public	%	Pharmacy	%	Total
2015/16	542,772	88%	71,520	12%	614,292
2016/17	756,034	91%	73,440	9%	829,474
2017/18	836,031	92%	71,520	8%	907,551
2018/19	824,076	93%	61,920	7%	885,996
2019/20	867,544	91%	82,320	9%	949,864
2020/21	934,667	91%	96,030	9%	1,030,697
2021/22	717,387	92%	58,560	8%	775,947
2022/23	773,494	93%	62,400	7%	835,894
2023/24	833,807	93%	59,760	7%	893,567
2024/25	1,013,266	94%	60,480	6%	1,073,746

<sup>^</sup> 2016/17 - 2024/25 public sector data includes combined 1ml + syringes as per NSP NMDC Data Dictionary, previous years were combined 1ml only

**Table B.2.2 NSP outlet type and method by public and pharmacy sector, 2016-2025**

<b>ACT</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>NSP outlet type (%)</b>	n=46	n=48	n=51	n=48	n=55
Primary	2 (4)	2 (4)	2 (4)	2 (4)	2 (4)
Secondary	8 (17)	8 (17)	9 (18)	9 (19)	10 (18)
SDM	6 (13)	6 (13)	6 (12)	6 (13)	6 (11)
Pharmacy	30 (65)	32 (67)	34 (67)	31 (65)	37 (67)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=16	n=16	n=17	n=17	n=18
Fixed	10 (63)	10 (63)	11 (65)	11 (65)	12 (67)
Outreach/mobile	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM free	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	6 (38)	6 (38)	6 (35)	6 (35)	6 (33)
Peer distribution	-- --	0 (0)	0 (0)	0 (0)	0 (0)
Naloxone*	-- --	-- --	-- --	0 (0)	3 (25)
Pharmacy sector (fixed)	30 (100)	32 (100)	34 (100)	31 (100)	37 (100)

<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

<b>ACT</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>NSP outlet type (%)</b>	n=60	n=63	n=68	n=68	n=68
Primary	2 (3)	2 (3)	2 (3)	2 (3)	2 (3)
Secondary	11 (18)	11 (17)	14 (21)	14 (21)	14 (21)
SDM	8 (13)	8 (13)	10 (15)	10 (15)	10 (15)
Pharmacy	39 (65)	42 (67)	42 (62)	42 (62)	42 (62)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=21	n=21	n=26	n=26	n=26
Fixed	13 (62)	13 (62)	16 (62)	16 (62)	16 (62)
Outreach/mobile	4 (19)	4 (19)	4 (15)	4 (15)	4 (15)
SDM free	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	8 (38)	8 (38)	10 (38)	10 (38)	10 (38)
Peer distribution	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Naloxone*	3 (23)	3 (23)	-- --	-- --	-- --
Postal*	-- --	-- --	2 (13)	2 (13)	2 (13)
Pharmacy sector (fixed)	39 (100)	42 (100)	42 (100)	42 (100)	42 (100)

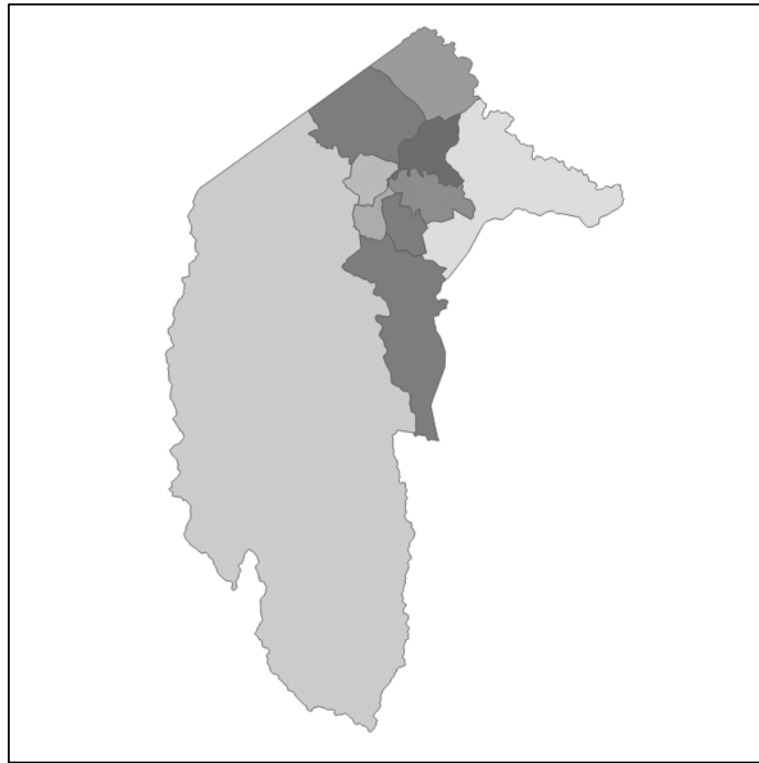
<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

Figure B.2.1 Total number of NSP outlets by SA3 in 2025

Australian Capital Territory



Canberra

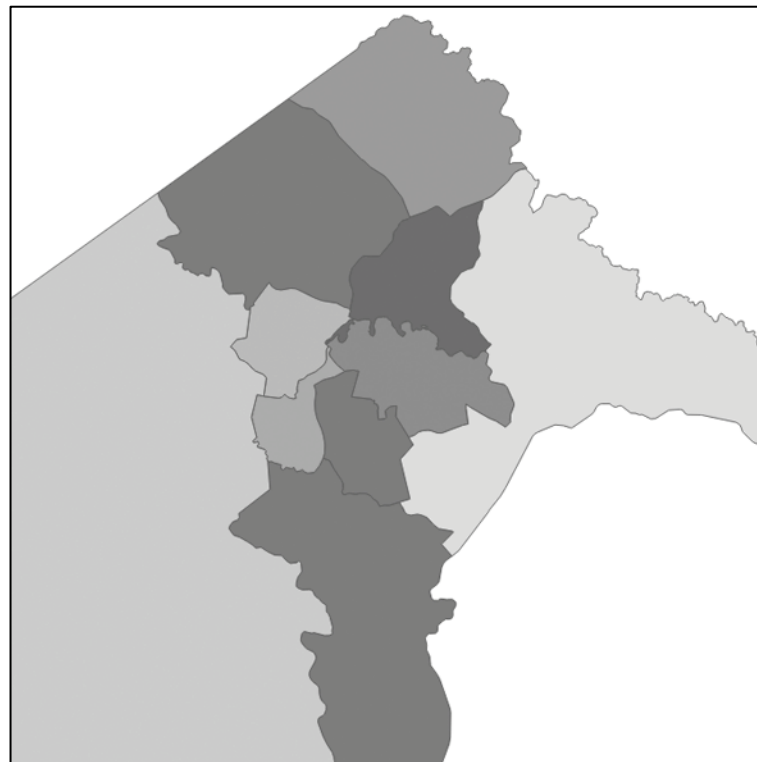


Table B.2.3 Occasions of service-level data, 2016-2025

Australian Capital Territory Client-level	2016 n=67	2017 n=106	2018 n=109	2019 n=133	2020 n=67
<b>Age (%)</b>					
<20 years	1 (1)	0 (0)	1 (1)	0 (0)	1 (1)
20-29 years	6 (9)	17 (16)	10 (9)	19 (14)	11 (16)
30-39 years	19 (28)	30 (28)	31 (28)	42 (32)	12 (18)
40-49 years	26 (39)	39 (37)	33 (30)	46 (35)	23 (34)
50+ years	15 (22)	19 (18)	34 (31)	25 (19)	20 (30)
Not reported	0 (0)	1 (1)	0 (0)	1 (1)	0 (0)
<b>Aged &lt;25 (%)</b>	2 (3)	8 (8)	5 (5)	2 (2)	4 (6)
<b>Gender (%)</b>					
Male	54 (81)	73 (69)	81 (74)	103 (77)	47 (70)
Female	13 (19)	33 (31)	28 (26)	30 (23)	20 (30)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Indigenous status (%)</b>					
Yes (Aboriginal or TSI or both)	5 (7)	6 (11)	4 (6)	10 (19)	12 (18)
No	49 (73)	33 (61)	58 (89)	39 (72)	50 (75)
Not reported	13 (19)	15 (28)	3 (5)	5 (9)	5 (7)
<b>Drug injected (%)<sup>^</sup></b>					
Analgesics	28 (42)	21 (39)	29 (45)	21 (39)	32 (48)
Stimulants and Hallucinogens	14 (21)	9 (17)	24 (37)	24 (44)	22 (33)
Anabolic agents	6 (9)	2 (4)	2 (3)	2 (4)	5 (7)
Other	1 (3)	1 (2)	2 (3)	0 (0)	0 (0)
Not reported	16 (24)	21 (39)	8 (12)	7 (13)	8 (12)
<b>Service-level</b>					
<b>Health education/intervention (%)<sup>^</sup></b>					
Yes	18 (27)	14 (26)	54 (83)	34 (63)	52 (78)
No	49 (73)	40 (74)	11 (17)	20 (37)	15 (22)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)<sup>^</sup></b>					
BBV & STI	-- --	-- --	0 (0)	0 (0)	0 (0)
Drug health	-- --	-- --	0 (0)	0 (0)	0 (0)
Other health	-- --	-- --	9 (17)	11 (32)	13 (25)
Other non-health	-- --	-- --	44 (81)	23 (68)	35 (67)
More than one	-- --	-- --	1 (2)	0 (0)	4 (8)
Not reported	-- --	-- --	0 (0)	0 (0)	0 (0)
<b>Referral (%)<sup>^</sup></b>					
Yes	1 (1)	11 (20)	0 (0)	0 (0)	0 (0)
No	66 (99)	43 (80)	54 (100)	54 (100)	67 (100)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)<sup>^</sup></b>					
BBV & STI	0 (0)	9 (82)	0 (0)	0 (0)	0 (0)
Drug health	0 (0)	1 (9)	0 (0)	0 (0)	0 (0)
Other health	1 (100)	0 (0)	0 (0)	0 (0)	0 (0)
Other non-health	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Peer based	0 (0)	1 (9)	0 (0)	0 (0)	0 (0)
More than one	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

<sup>^</sup> Not collected in all sites. -- Not collected

Table B.2.3 Occasions of service-level data, 2016-2025 (continued)

Australian Capital Territory Client-level	2021 n=58	2022 n=111	2023 n=167	2024 n=130	2025 n=187
<b>Age (%)</b>					
<20 years	0 (0)	0 (0)	2 (1)	1 (1)	1 (1)
20-29 years	10 (17)	10 (9)	13 (8)	17 (13)	18 (10)
30-39 years	10 (17)	30 (27)	45 (27)	33 (25)	39 (21)
40-49 years	19 (33)	40 (36)	69 (41)	44 (34)	61 (33)
50+ years	19 (33)	31 (28)	38 (23)	35 (27)	68 (36)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Aged &lt;25 (%)</b>	4 (7)	0 (0)	4 (2)	7 (5)	8 (4)
<b>Gender (%)</b>					
Male	44 (76)	80 (72)	116 (69)	95 (73)	122 (65)
Female	14 (24)	31 (28)	51 (31)	35 (27)	63 (34)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	2 (1)
<b>Indigenous status (%)</b>					
Yes (Aboriginal or TSI or both)	6 (10)	12 (11)	9 (5)	5 (9)	10 (11)
No	52 (90)	99 (89)	158 (95)	52 (90)	46 (50)
Not reported	0 (0)	0 (0)	0 (0)	1 (2)	36 (39)
<b>Drug injected (%)<sup>^</sup></b>					
Analgesics	24 (41)	38 (34)	9 (28)	23 (40)	29 (32)
Stimulants and Hallucinogens	14 (24)	28 (25)	14 (44)	27 (47)	15 (17)
Anabolic agents	6 (10)	3 (3)	4 (13)	3 (5)	5 (6)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	14 (24)	42 (38)	5 (16)	5 (9)	41 (46)
<b>Service-level</b>					
<b>Health education/intervention (%)<sup>^</sup></b>					
Yes	48 (98)	77 (69)	32 (100)	58 (100)	93 (100)
No	1 (2)	34 (31)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)<sup>^</sup></b>					
BBV & STI	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Drug health	2 (4)	1 (1)	0 (0)	0 (0)	0 (0)
Other health	11 (23)	32 (42)	16 (50)	26 (45)	9 (10)
Other non-health	35 (73)	44 (57)	16 (50)	32 (55)	84 (90)
More than one	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)<sup>^</sup></b>					
Yes	2 (4)	2 (2)	0 (0)	7 (12)	0 (0)
No	47 (96)	109 (98)	32 (100)	51 (88)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)<sup>^</sup></b>					
BBV & STI	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Drug health	1 (50)	0 (0)	0 (0)	0 (0)	0 (0)
Other health	1 (50)	0 (0)	0 (0)	6 (86)	0 (0)
Other non-health	0 (0)	2 (100)	0 (0)	1 (14)	0 (0)
Peer based	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
More than one	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

<sup>^</sup> Not collected in all sites.

## B.3 New South Wales

### Description of NSP services in New South Wales

New South Wales (NSW) is the most populous of Australia's eight states and territories, with ~8.5 million people residing in NSW in 2025. NSW Health is responsible for the operation of the NSP via Local Health Districts and non-government organisations. There are 32 primary outlets, 242 secondary outlets, 630 pharmacy NSPs and 296 SDMs in NSW. The extensive network of SDMs (including internal dispensing chutes) are predominantly located in or near community health centres and hospital emergency departments. Cost of injecting equipment at SDMs is typically free or provided at a cost of up to \$4.00. Client-level OOS data are collected through the Ministry of Health BRISE funded NSW NSP Enhanced Data Collection (NNEDC) project. The NNEDC collects data from ~50 NSPs, including all primary NSPs and some secondary NSPs over a two-week period in late February/early March. NSP NMDC data elements included in the NNEDC are: age, gender, Indigenous status and drug injected. NSW Health provides collated quarterly data on needle and syringe distribution and health education/interventions and referrals.

**Table B.3.1 Needle and syringe distribution by public and pharmacy sector, 2015/16–2024/25**

NSW	Public	%	Pharmacy	%	Total
2015/16	12,114,913	88%	1,705,015	12%	13,819,928
2016/17	12,189,626	87%	1,744,002	13%	13,933,628
2017/18	12,288,628	87%	1,842,141	13%	14,130,769
2018/19	13,146,005	88%	1,772,934	12%	14,918,939
2019/20	13,812,598	88%	1,809,363	12%	15,621,961
2020/21	13,324,366	90%	1,480,242	10%	14,804,608
2021/22	13,755,564	91%	1,301,326	9%	15,056,890
2022/23	13,288,659	92%	1,232,342	8%	14,521,001
2023/24	14,375,360	91%	1,441,847	9%	15,817,207
2024/25	16,737,800	92%	1,402,421	8%	18,140,221

**Table B.3.2 NSP outlet type and method by public and pharmacy sector, 2016-2025**

<b>New South Wales</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020<sup>#</sup></b>
<b>NSP outlet type (%)</b>	n=1,073	n=1,128~	n=1,092	n=1,168	n=1,145
Primary	30 (3)	30 (3)	31 (3)	32 (3)	29 (3)
Secondary	286 (27)	287 (25)	288 (26)	342 (29)	257 (22)
SDM	239 (22)	240 (21)	233 (21)	231 (20)	269 (23)
Pharmacy	518 (48)	571 (51)	540 (49)	563 (48)	590 (52)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=555	n=557	n=552	n=605	n=555
Fixed	314 (61)	314 (61)	317 (61)	314 (61)	317 (61)
Outreach/mobile	6 (2)	6 (2)	10 (6)	6 (2)	10 (2)
SDM free	87 (16)	87 (16)	85 (87)	87 (16)	85 (16)
SDM chute	74 (12)	74 (12)	72 (74)	74 (12)	72 (12)
SDM cost	79 (19)	79 (19)	76 (79)	79 (19)	76 (19)
Peer distribution	-- --	-- --	0 (0)	0 (0)	0 (0)
Naloxone*	-- --	-- --	-- --	3 (<1)	20 (7)
Pharmacy sector (fixed)	518 (100)	571 (100)	540 (100)	563 (100)	590 (100)

<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

<b>New South Wales</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>NSP outlet type (%)</b>	n=1,152	n=1,164	n=1,194	n=1,236	n=1,200
Primary	29 (3)	31 (3)	31 (3)	32 (3)	32 (3)
Secondary	254 (22)	245 (21)	240 (20)	242 (20)	242 (20)
SDM	274 (24)	273 (23)	287 (24)	296 (24)	296 (25)
Pharmacy	595 (52)	615 (53)	636 (53)	666 (54)	630 (53)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=557	n=549	n=558	n=570	n=570
Fixed	277 (50)	272 (50)	267 (48)	269 (48)	269 (47)
Outreach/mobile	27 (5)	25 (5)	26 (5)	28 (5)	28 (5)
SDM free	171 (31)	173 (32)	175 (31)	177 (31)	177 (31)
SDM chute	67 (12)	64 (12)	76 (14)	83 (15)	83 (15)
SDM cost	36 (6)	36 (7)	37 (7)	37 (6)	37 (6)
Peer distribution	0 (0)	0 (0)	0 (0)	0 (0)	1 (<1)
Naloxone*	31 (11)	36 (13)	-- --	-- --	-- --
Postal*	-- --	-- --	5 (2)	5 (2)	5 (2)
Pharmacy sector (fixed)	595 (100)	615 (100)	636 (100)	666 (100)	630 (100)

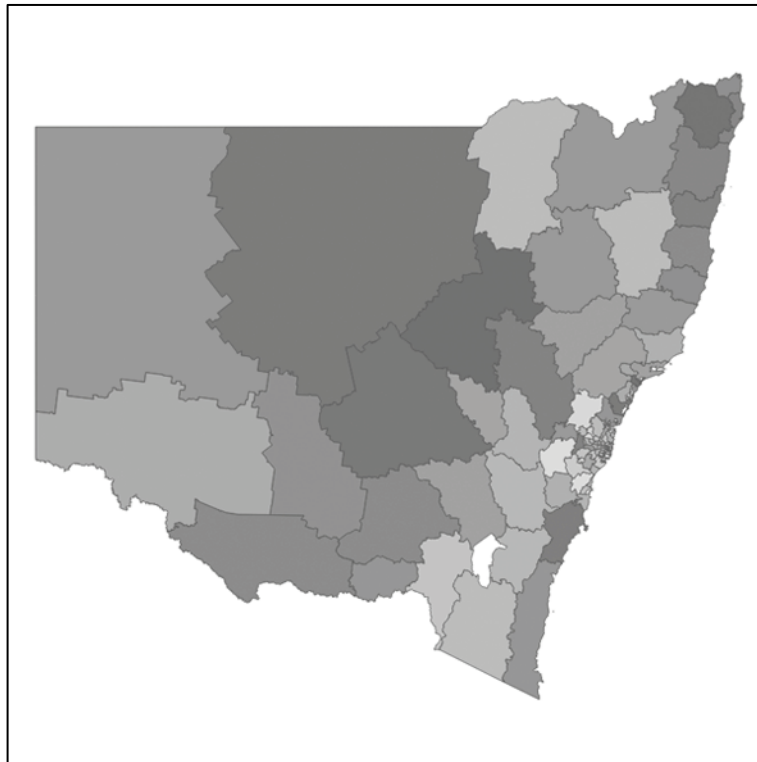
<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

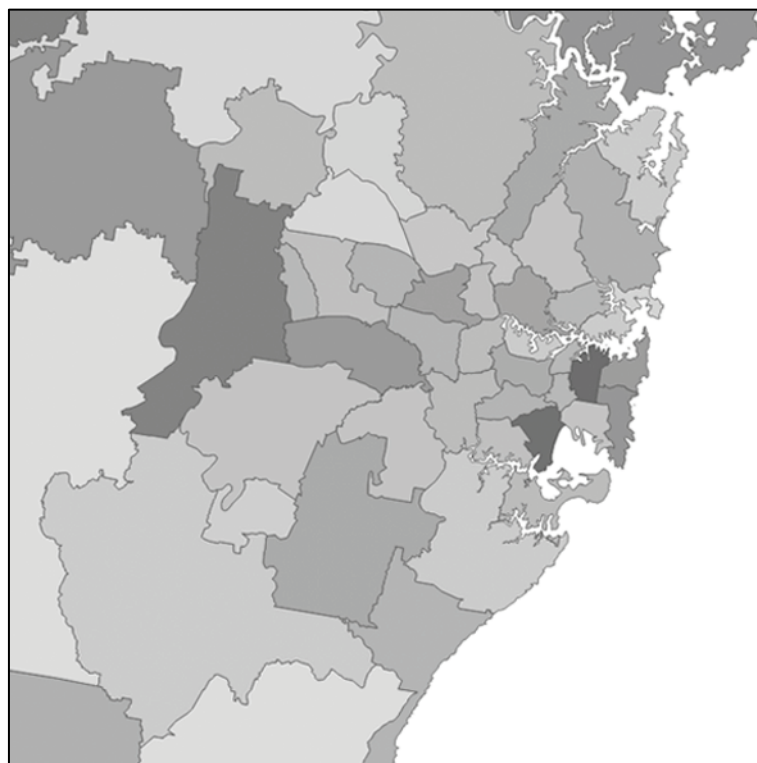
\* % denominator = primary + secondary

Figure B.3.1 Total number of NSP outlets by SA3 in 2025

New South Wales



Sydney



NSP outlets per SA3



Table B.3.3 Occasions of service-level data, 2016-2025

New South Wales Client-level	2016 n=394	2017 n=599	2018 n=495	2019 n=427	2020 n=436
<b>Age (%)</b>					
<20 years	3 (1)	2 (<1)	2 (<1)	1 (<1)	2 (<1)
20-29 years	63 (16)	83 (14)	66 (13)	56 (13)	50 (11)
30-39 years	130 (33)	180 (30)	132 (27)	116 (27)	128 (29)
40-49 years	120 (30)	176 (29)	149 (30)	143 (33)	133 (31)
50+ years	58 (15)	135 (23)	116 (23)	86 (20)	107 (25)
Not reported	20 (5)	23 (4)	30 (6)	25 (6)	16 (4)
<b>Aged &lt;25 (%)</b>					
	28 (7)	32 (5)	25 (5)	15 (4)	24 (6)
<b>Gender (%)</b>					
Male	274 (70)	424 (71)	364 (74)	312 (73)	331 (76)
Female	104 (26)	168 (28)	123 (25)	106 (25)	95 (22)
Other	7 (2)	2 (<1)	2 (<1)	3 (<1)	5 (1)
Not reported	9 (2)	5 (<1)	6 (1)	6 (1)	5 (1)
<b>Indigenous status (%)</b>					
Yes (Aboriginal or TSI or both)	75 (19)	121 (20)	106 (21)	84 (20)	88 (20)
No	315 (80)	454 (76)	357 (72)	319 (75)	334 (77)
Not reported	4 (1)	24 (4)	32 (6)	24 (6)	14 (3)
<b>Drug injected (%)</b>					
Analgesics	177 (45)	309 (52)	237 (48)	198 (46)	193 (44)
Stimulants and Hallucinogens	119 (30)	176 (29)	145 (29)	130 (30)	136 (31)
Anabolic agents	55 (14)	55 (9)	54 (11)	49 (11)	74 (17)
Other	29 (7)	34 (6)	20 (4)	15 (4)	22 (5)
Not reported	14 (4)	25 (4)	39 (8)	35 (8)	11 (3)
<b>Service-level</b>					
<b>Health education/intervention (%)</b>					
Yes	276 (70)	327 (55)	240 (48)	208 (49)	211 (49)
No	118 (30)	272 (45)	255 (52)	219 (51)	219 (51)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)<sup>^</sup></b>					
BBV & STI	-- --	282 (86)	224 (93)	189 (91)	203 (96)
Drug health	-- --	20 (6)	1 (<1)	1 (<1)	1 (<1)
Other health	-- --	3 (1)	0 (0)	0 (0)	0 (0)
Other non-health	-- --	22 (7)	15 (6)	18 (9)	7 (3)
More than one	-- --	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	-- --	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)</b>					
Yes	55 (14)	66 (11)	76 (15)	31 (7)	65 (14)
No	339 (86)	533 (89)	419 (85)	396 (93)	396 (86)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)</b>					
BBV & STI	23 (42)	34 (52)	36 (47)	15 (48)	43 (66)
Drug health	8 (15)	5 (8)	8 (11)	3 (10)	6 (9)
Other health	12 (22)	11 (17)	15 (20)	6 (19)	8 (12)
Other non-health	12 (22)	16 (24)	17 (22)	7 (23)	8 (12)
Peer based	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
More than one	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

<sup>^</sup> Not collected in all sites. -- Not collected.

Table B.3.3 Occasions of service-level data, 2016-2025 (continued)

New South Wales Client-level	2021 n=336	2022 n=316	2023 n=347	2024 n=295	2025 n=280
<b>Age (%)</b>					
<20 years	1 (<1)	0 (0)	5 (1)	2 (1)	1 (<1)
20-29 years	43 (13)	39 (12)	41 (12)	32 (11)	36 (13)
30-39 years	70 (21)	74 (23)	79 (23)	75 (25)	60 (21)
40-49 years	112 (33)	88 (31)	103 (30)	87 (29)	81 (29)
50+ years	93 (28)	85 (27)	108 (31)	82 (28)	88 (31)
Not reported	17 (5)	15 (6)	11 (3)	17 (6)	14 (5)
<b>Aged &lt;25 (%)</b>					
	9 (3)	11 (3)	18 (5)	16 (5)	11 (4)
<b>Gender (%)</b>					
Male	247 (74)	240 (76)	254 (73)	214 (73)	205 (73)
Female	81 (24)	70 (22)	81 (23)	75 (25)	54 (19)
Other	3 (1)	2 (1)	5 (1)	2 (1)	3 (1)
Not reported	5 (1)	4 (1)	7 (2)	4 (1)	18 (6)
<b>Indigenous status (%)</b>					
Yes (Aboriginal or TSI or both)	70 (21)	73 (23)	87 (25)	75 (25)	70 (25)
No	259 (77)	242 (77)	254 (73)	210 (71)	202 (72)
Not reported	7 (2)	1 (<1)	6 (2)	10 (3)	8 (3)
<b>Drug injected (%)</b>					
Analgesics	165 (49)	136 (43)	151 (44)	126 (43)	104 (37)
Stimulants and Hallucinogens	99 (29)	100 (32)	113 (33)	107 (36)	84 (30)
Anabolic agents	45 (13)	51 (16)	61 (18)	38 (13)	65 (23)
Other	18 (5)	19 (6)	15 (4)	9 (3)	16 (6)
Not reported	9 (3)	10 (3)	7 (2)	15 (5)	11 (4)
<b>Service-level</b>					
<b>Health education/intervention (%)</b>					
Yes	171 (51)	138 (44)	174 (50)	192 (65)	226 (81)
No	165 (49)	178 (56)	173 (50)	103 (35)	54 (19)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)^</b>					
BBV & STI	159 (93)	129 (93)	164 (94)	171 (89)	195 (86)
Drug health	2 (1)	3 (2)	3 (2)	3 (2)	10 (5)
Other health	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other non-health	10 (6)	6 (4)	7 (4)	18 (9)	21 (9)
More than one	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)</b>					
Yes	54 (16)	24 (8)	53 (15)	56 (19)	24 (9)
No	282 (84)	292 (92)	294 (85)	239 (81)	256 (91)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)</b>					
BBV & STI	29 (54)	12 (50)	38 (72)	44 (78)	10 (43)
Drug health	10 (19)	7 (29)	5 (9)	3 (6)	8 (31)
Other health	6 (11)	2 (8)	3 (12)	3 (5)	3 (14)
Other non-health	9 (17)	3 (13)	7 (12)	6 (10)	3 (11)
Peer based	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
More than one	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

## B.4 Northern Territory

### Description of NSP services in Northern Territory

The Northern Territory has the third largest land area of Australia's eight states and territories but has the smallest population at ~260,000 residents in 2025. There are 3 primary outlets, 13 secondary outlets, 19 pharmacy NSPs and 8 SDMs (known as After Hours Dispensing Units (ADUs)). All primary NSP outlets are operated by the Northern Territory AIDS and Hepatitis Council (NTAHC) and provide a broad range of injecting equipment alongside information, support and referral services for PWID and facilities for the safe disposal of used injecting equipment. Secondary and pharmacy-based outlets typically provide a limited range of sterile injecting equipment and disposal facilities. ADUs were introduced in late 2016 and injecting equipment is accessed free of charge from these units. The majority of ADUs in the NT are free vending, i.e no tokens required. Non-identifiable client-level and service-level OOS data are collected at all primary and some secondary NSP services in the NT and line-item data are provided to NT Government Department of Health on a monthly basis.

**Table B.4.1 Needle and syringe distribution by public and pharmacy sector, 2015/16-2024/25**

NT	Public	%	Pharmacy	%	Total
2015/16	542,584	95%	27,165	5%	569,749
2016/17	526,591	97%	17,270	3%	543,861
2017/18	458,193	97%	14,619	3%	472,812
2018/19	421,780	98%	9,650	2%	431,430
2019/20	427,534	97%	15,175	3%	442,709
2020/21	361,728	99%	4,710	1%	366,438
2021/22	289,619	99%	1,916	1%	291,535
2022/23	357,087	98%	6,895	2%	363,982
2023/24	448,903	97%	11,820	3%	460,723
2024/25	536,224	99%	6,250	1%	542,474

Table B.4.2 NSP outlet type and method by public and pharmacy sector, 2016-2025

Northern Territory	2016	2017	2018	2019	2020
<b>NSP outlet type (%)</b>	<b>n=28</b>	<b>n=35</b>	<b>n=37</b>	<b>n=40</b>	<b>n=40</b>
Primary	3 (11)	3 (9)	3 (8)	3 (8)	3 (8)
Secondary	10 (36)	10 (29)	10 (27)	10 (25)	10 (25)
SDM	0 (0)	3 (9)	3 (8)	4 (10)	4 (10)
Pharmacy	15 (54)	19 (54)	21 (57)	23 (58)	23 (58)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=13	n=16	n=16	n=17	n=17
Fixed	13 (100)	13 (81)	13 (81)	13 (76)	13 (76)
Outreach/mobile	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM free	0 (0)	3 (19)	3 (19)	4 (24)	4 (24)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Peer distribution	-- --	0 (0)	0 (0)	0 (0)	0 (0)
Naloxone*	-- --	-- --	-- --	3 (18)	3 (18)
<i>Pharmacy sector (fixed)</i>	15 (100)	19 (100)	21 (100)	23 (100)	23 (100)

<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

Northern Territory	2021	2022	2023	2024	2025
<b>NSP outlet type (%)</b>	<b>n=35</b>	<b>n=44</b>	<b>n=44</b>	<b>n=43</b>	<b>n=43</b>
Primary	3 (9)	3 (7)	3 (7)	3 (7)	3 (7)
Secondary	10 (29)	12 (27)	12 (27)	13 (30)	13 (30)
SDM	6 (17)	8 (18)	8 (18)	8 (19)	8 (19)
Pharmacy	16 (46)	21 (48)	21 (48)	19 (44)	19 (44)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=19	n=23	n=23	n=24	n=24
Fixed	13 (68)	15 (65)	15 (65)	16 (67)	16 (67)
Outreach/mobile	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM free	6 (32)	8 (35)	8 (35)	8 (33)	8 (33)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Peer distribution	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Naloxone*	2 (15)	2 (13)	-- --	-- --	-- --
Postal*	-- --	-- --	1 (7)	0 (0)	0 (0)
<i>Pharmacy sector (fixed)</i>	16 (100)	21 (100)	21 (100)	19 (100)	19 (100)

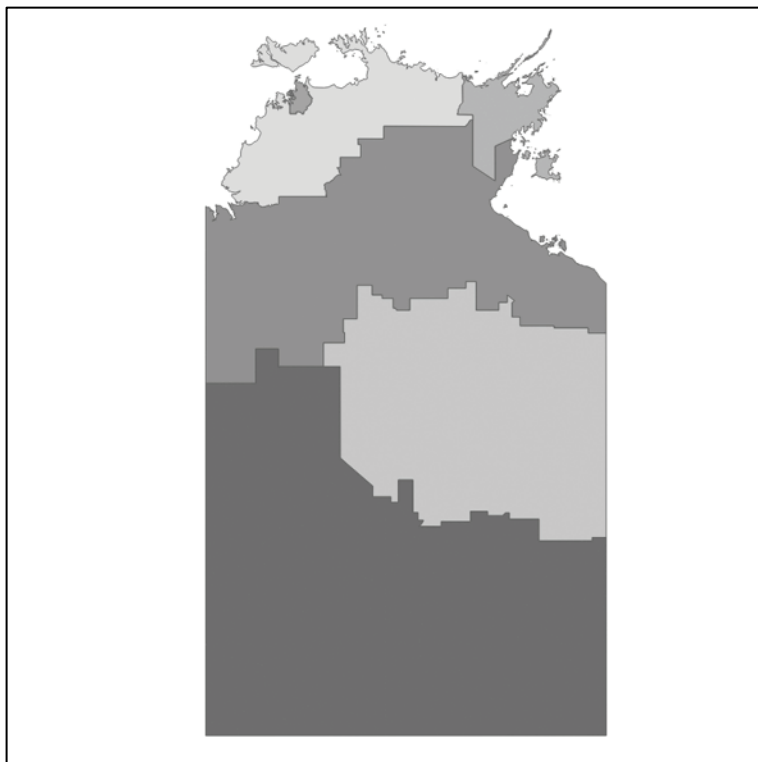
<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

Figure B.4.1 Total number of NSP outlets by SA3 in 2025

Northern Territory



Darwin

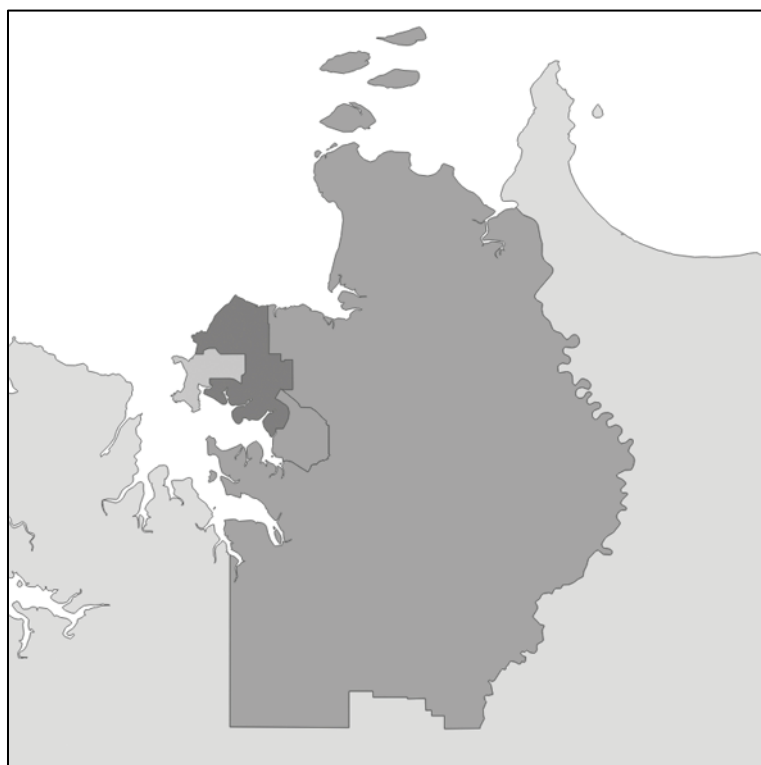


Table B.4.3 Occasions of service-level data, 2016-2025

Northern Territory Client-level	2016 n=62	2017 n=39	2018 n=47	2019 n=45	2020 n=45
<b>Age (%)</b>					
<20 years	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
20-29 years	16 (26)	6 (15)	8 (17)	5 (11)	4 (9)
30-39 years	21 (34)	17 (44)	12 (26)	15 (33)	14 (31)
40-49 years	16 (26)	8 (21)	15 (32)	12 (27)	13 (29)
50+ years	8 (13)	8 (21)	12 (26)	13 (29)	13 (29)
Not reported	1 (2)	0 (0)	0 (0)	0 (0)	1 (2)
<b>Aged &lt;25 (%)</b>	16 (26)	6 (15)	8 (17)	5 (11)	4 (9)
<b>Gender (%)</b>					
Male	48 (77)	35 (90)	34 (72)	33 (73)	33 (73)
Female	13 (21)	4 (10)	13 (28)	12 (27)	12 (27)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	1 (2)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Indigenous status (%)</b>					
Yes (Aboriginal or TSI or both)	18 (29)	6 (15)	8 (17)	12 (27)	17 (38)
No	42 (68)	33 (85)	39 (83)	33 (73)	27 (60)
Not reported	2 (3)	0 (0)	0 (0)	0 (0)	1 (2)
<b>Drug injected (%)</b>					
Analgesics	16 (26)	14 (36)	20 (43)	12 (27)	10 (22)
Stimulants and Hallucinogens	24 (39)	14 (36)	19 (40)	23 (51)	22 (49)
Anabolic agents	3 (5)	7 (18)	6 (13)	3 (7)	1 (2)
Other	1 (2)	0 (0)	1 (2)	3 (7)	5 (11)
Not reported	18 (29)	4 (10)	1 (2)	4 (9)	7 (16)
<b>Service-level</b>					
<b>Health education/intervention (%)</b>					
Yes	6 (10)	4 (10)	12 (26)	13 (29)	8 (18)
No	56 (90)	35 (90)	35 (74)	32 (71)	37 (82)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)<sup>^</sup></b>					
BBV & STI	-- --	4 (100)	10 (83)	11 (85)	7 (88)
Drug health	-- --	0 (0)	0 (0)	0 (0)	0 (0)
Other health	-- --	0 (0)	2 (17)	0 (0)	0 (0)
Other non-health	-- --	0 (0)	0 (0)	2 (15)	1 (13)
More than one	-- --	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	-- --	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)</b>					
Yes	0 (0)	0 (0)	1 (2)	0 (0)	1 (2)
No	62 (100)	39 (100)	46 (98)	45 (100)	44 (98)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)</b>					
BBV & STI	0 (0)	0 (0)	0 (0)	0 (0)	1 (100)
Drug health	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other health	0 (0)	0 (0)	1 (100)	0 (0)	0 (0)
Other non-health	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Peer based	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
More than one	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

<sup>^</sup> Not collected in all sites. -- Not collected.

Table B.4.3 Occasions of service-level data, 2016-2025 (continued)

Northern Territory Client-level	2021 n=33	2022 n=28	2023 n=25	2024 n=32	2025 n=45
<b>Age (%)</b>					
<20 years	0 (0)	0 (0)	0 (0)	1 (3)	0 (0)
20-29 years	3 (9)	4 (14)	3 (12)	6 (19)	2 (4)
30-39 years	12 (36)	12 (43)	5 (20)	10 (31)	11 (24)
40-49 years	11 (33)	6 (21)	9 (36)	8 (25)	20 (44)
50+ years	7 (21)	6 (21)	8 (32)	7 (22)	12 (27)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Aged &lt;25 (%)</b>					
	3 (9)	4 (14)	3 (12)	4 (13)	1 (2)
<b>Gender (%)</b>					
Male	26 (79)	19 (68)	18 (72)	21 (66)	34 (76)
Female	7 (21)	9 (32)	7 (28)	11 (34)	11 (24)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Indigenous status (%)</b>					
Yes (Aboriginal or TSI or both)	13 (39)	11 (39)	9 (36)	12 (38)	12 (27)
No	20 (61)	17 (61)	16 (64)	20 (63)	33 (73)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Drug injected (%)</b>					
Analgesics	6 (18)	5 (18)	2 (8)	5 (16)	5 (11)
Stimulants and Hallucinogens	21 (64)	20 (71)	17 (68)	20 (63)	33 (73)
Anabolic agents	3 (9)	1 (4)	2 (8)	2 (6)	3 (7)
Other	1 (3)	2 (7)	1 (4)	5 (16)	4 (9)
Not reported	2 (6)	0 (0)	3 (12)	0 (0)	0 (0)
<b>Service-level</b>					
<b>Health education/intervention (%)</b>					
Yes	7 (21)	0 (0)	2 (8)	2 (6)	2 (4)
No	26 (79)	28 (100)	23 (92)	30 (94)	43 (96)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)<sup>^</sup></b>					
BBV & STI	7 (100)	0 (0)	2 (100)	2 (100)	2 (100)
Drug health	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other health	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other non-health	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
More than one	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)</b>					
Yes	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
No	33 (100)	28 (100)	25 (100)	32 (100)	45 (100)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)</b>					
BBV & STI	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Drug health	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other health	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other non-health	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Peer based	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
More than one	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

## B.5 Queensland

### Description of NSP services in Queensland

Queensland has the second largest land area of Australia's eight states and territories and has the third largest population, with ~5.57 million residents in 2025. Queensland NSP (QNSP) supports a network of 20 primary NSPs, 143 secondary NSPs, 934 pharmacy NSPs and 85 SDMs. QNSP provides sterile injecting equipment, facilitates the safe disposal of used injecting equipment and improves access and referral to drug treatment programs, health care and other health services. SDMs provide sterile injecting equipment at a fixed cost of \$2 per pack. The Queensland NSP Minimum Data Set (QNSPMDS) is a state-wide standardised data collection system that provides core data about program activities. QMDS requires the collection of non-identifiable client-level and service-level OOS data at all primary and some secondary NSPs throughout Queensland. Line-item OOS data are entered directly into the QNSPMDS database via Power Apps and displayed on QNSPMDS Power Bi dashboard.

**Table B.5.1 Needle and syringe distribution by public and pharmacy sector, 2015/16-2024/25**

QLD	Public	%	Pharmacy	%	Total
2015/16	8,781,445	81%	2,077,635	19%	10,859,080
2016/17	8,088,324	80%	2,030,975	20%	10,119,299
2017/18	8,454,980	80%	2,145,925	20%	10,600,905
2018/19	9,274,875	80%	2,267,300	20%	11,542,175
2019/20	11,417,580	82%	2,478,125	18%	13,895,705
2020/21	9,123,690	79%	2,411,825	21%	11,535,515
2021/22	9,208,160	81%	2,220,575	19%	11,428,735
2022/23	9,375,920	81%	2,265,425	19%	11,641,345
2023/24	10,536,360	81%	2,421,450	19%	12,957,810
2024/25	12,143,709	81%	2,910,050	19%	15,053,759

**Table B.5.2 NSP outlet type and method by public and pharmacy sector, 2016-2025**

<b>Queensland</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>NSP outlet type (%)</b>	<b>n=880</b>	<b>n=933</b>	<b>n=962</b>	<b>n=1027</b>	<b>n=1027</b>
Primary	19 (2)	18 (2)	19 (2)	19 (2)	19 (2)
Secondary	133 (15)	133 (14)	129 (13)	132 (13)	132 (13)
SDM	31 (4)	48 (5)	62 (6)	63 (6)	63 (6)
Pharmacy	697 (79)	734 (79)	752 (78)	813 (79)	813 (79)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=183	n=199	n=210	n=214	n=214
Fixed	152 (83)	151 (76)	148 (70)	151 (71)	151 (71)
Outreach/mobile	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM free	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	31 (17)	48 (24)	62 (30)	63 (29)	63 (29)
Peer distribution	-- --	6 (3)	6 (3)	6 (3)	6 (3)
Naloxone*	-- --	-- --	-- --	9 (6)	9 (6)
<i>Pharmacy sector (fixed)</i>	697 (100)	734 (100)	752 (100)	813 (100)	813 (100)

<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

<b>Queensland</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>NSP outlet type (%)</b>	<b>n=1,050</b>	<b>n=1,080</b>	<b>n=1,099</b>	<b>n=1,180</b>	<b>n=1,182</b>
Primary	20 (2)	20 (2)	20 (2)	19 (2)	20 (2)
Secondary	117 (11)	117 (11)	117 (11)	141 (12)	143 (12)
SDM	70 (7)	70 (6)	70 (6)	85 (6)	85 (7)
Pharmacy	843 (80)	873 (81)	892 (81)	935 (80)	934 (79)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=207	n=207	n=207	n=245	n=248
Fixed	137 (66)	137 (66)	137 (66)	159 (65)	161 (65)
Outreach/mobile	0 (0)	0 (0)	0 (0)	1 (<1)	1 (<1)
SDM free	0 (0)	0 (0)	0 (0)	1 (<1)	1 (<1)
SDM chute	0 (0)	0 (0)	0 (0)	3 (1)	3 (1)
SDM cost	70 (34)	70 (34)	70 (34)	81 (33)	81 (33)
Peer distribution	6 (3)	6 (3)	6 (3)	6 (3)	6 (2)
Naloxone*	9 (7)	9 (7)	-- --	-- --	-- --
Postal*	-- --	-- --	4 (3)	4 (3)	4 (2)
<i>Pharmacy sector (fixed)</i>	843 (100)	873 (100)	892 (100)	935 (100)	934 (100)

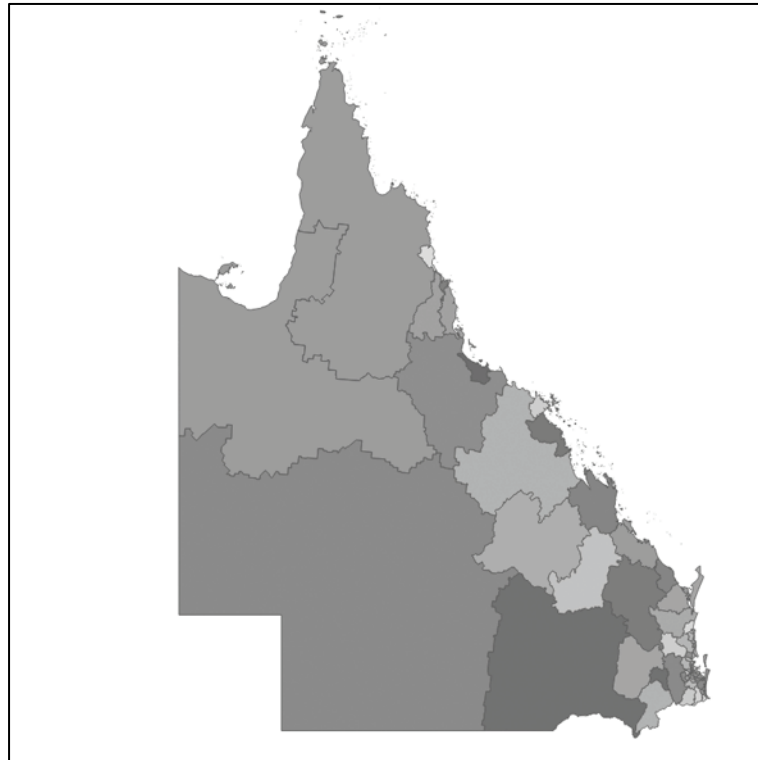
<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

Figure B.5.1 Total number of NSP outlets by SA3 in 2025

Queensland



Brisbane

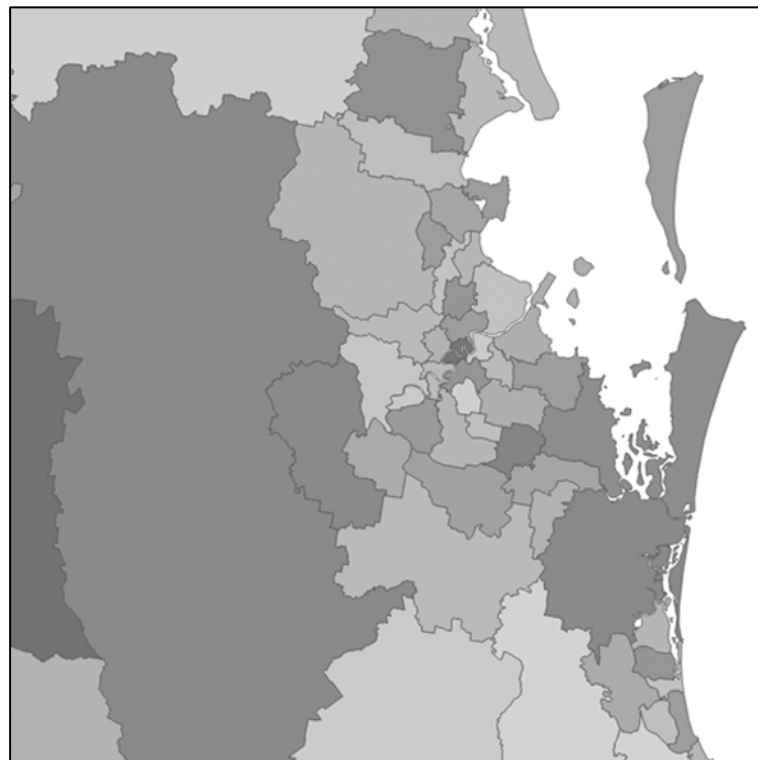


Table B.5.3 Occasions of service-level data, 2016-2025

Queensland Client-level	2016 n=689	2017 n=800	2018 n=681	2019 n=644	2020 n=729
<b>Age (%)</b>					
<20 years	7 (1)	7 (1)	11 (2)	6 (1)	5 (1)
20-29 years	116 (17)	140 (18)	119 (17)	75 (12)	91 (12)
30-39 years	249 (36)	278 (35)	233 (34)	231 (36)	219 (30)
40-49 years	204 (30)	240 (30)	228 (33)	216 (34)	286 (39)
50+ years	106 (15)	131 (16)	87 (13)	106 (16)	125 (17)
Not reported	7 (1)	4 (1)	3 (<1)	10 (2)	3 (<1)
<b>Aged &lt;25 (%)</b>					
	52 (8)	66 (8)	40 (6)	26 (4)	29 (4)
<b>Gender (%)</b>					
Male	514 (75)	596 (75)	500 (73)	481 (75)	554 (76)
Female	175 (25)	204 (25)	181 (27)	161 (25)	174 (24)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	2 (<1)	1 (<1)
<b>Indigenous status (%)</b>					
Yes (Aboriginal or TSI or both)	65 (9)	88 (11)	91 (13)	94 (15)	125 (17)
No	584 (85)	654 (82)	530 (78)	482 (75)	583 (80)
Not reported	40 (6)	58 (7)	60 (9)	68 (11)	21 (3)
<b>Drug injected (%)</b>					
Analgesics	325 (47)	328 (41)	285 (42)	248 (39)	288 (40)
Stimulants and Hallucinogens	244 (35)	311 (39)	282 (41)	271 (42)	305 (42)
Anabolic agents	55 (8)	91 (11)	57 (8)	52 (8)	61 (8)
Other	34 (5)	49 (6)	37 (5)	43 (7)	44 (6)
Not reported	31 (5)	21 (3)	20 (3)	30 (5)	31 (4)
<b>Service-level</b>					
<b>Health education/intervention (%)</b>					
Yes	267 (39)	304 (43)	223 (33)	270 (42)	264 (36)
No	422 (61)	402 (57)	458 (67)	374 (58)	465 (64)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)^</b>					
BBV & STI	-- --	213 (70)	163 (73)	216 (80)	125 (47)
Drug health	-- --	10 (3)	3 (1)	8 (3)	10 (4)
Other health	-- --	13 (4)	10 (4)	15 (6)	27 (10)
Other non-health	-- --	28 (9)	18 (8)	19 (7)	20 (8)
More than one	-- --	40 (13)	29 (13)	12 (4)	82 (31)
Not reported	-- --	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)</b>					
Yes	21 (3)	18 (2)	21 (3)	16 (2)	41 (6)
No	668 (97)	658 (82)	660 (97)	628 (98)	688 (94)
Not reported	0 (0)	124 (16)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)</b>					
BBV & STI	15 (71)	5 (28)	8 (38)	6 (38)	13 (32)
Drug health	0 (0)	3 (17)	1 (5)	4 (25)	7 (17)
Other health	5 (24)	8 (44)	7 (33)	2 (13)	7 (17)
Other non-health	1 (5)	2 (11)	0 (0)	2 (13)	9 (22)
Peer based	0 (0)	0 (0)	1 (5)	2 (13)	5 (12)
More than one	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	4 (19)	0 (0)	0 (0)

^ Not collected in 2016

Table B.5.3 Occasions of service-level data, 2016-2025 (continued)

Queensland Client-level	2021 n=637	2022 n=637~	2023 n=461	2024 n=449	2025 n=519
<b>Age (%)</b>					
<20 years	7 (1)	7 (1)	4 (1)	1 (<1)	1 (<1)
20-29 years	70 (11)	70 (11)	52 (11)	46 (10)	57 (11)
30-39 years	180 (28)	180 (28)	135 (29)	120 (27)	138 (27)
40-49 years	227 (36)	227 (36)	174 (38)	162 (36)	193 (37)
50+ years	143 (22)	143 (22)	96 (21)	118 (26)	130 (25)
Not reported	10 (2)	10 (2)	0 (0)	2 (<1)	0 (0)
<b>Aged &lt;25 (%)</b>					
	30 (5)	30 (5)	17 (4)	17 (4)	19 (4)
<b>Gender (%)</b>					
Male	465 (73)	465 (73)	346 (75)	345 (77)	397 (76)
Female	164 (26)	164 (26)	115 (25)	104 (23)	122 (24)
Other	1 (<1)	1 (<1)	0 (0)	0 (0)	0 (0)
Not reported	7 (1)	7 (1)	0 (0)	0 (0)	0 (0)
<b>Indigenous status (%)</b>					
Yes (Aboriginal or TSI or both)	135 (21)	135 (21)	93 (20)	74 (16)	118 (23)
No	479 (75)	479 (75)	368 (80)	372 (83)	399 (77)
Not reported	23 (4)	23 (4)	0 (0)	3 (1)	2 (<1)
<b>Drug injected (%)</b>					
Analgesics	261 (41)	261 (41)	133 (29)	109 (24)	145 (28)
Stimulants and Hallucinogens	269 (42)	269 (42)	225 (49)	225 (50)	255 (49)
Anabolic agents	57 (9)	57 (9)	80 (17)	65 (14)	82 (16)
Other	31 (5)	31 (5)	16 (3)	37 (8)	24 (5)
Not reported	19 (3)	19 (3)	7 (2)	13 (3)	13 (3)
<b>Service-level</b>					
<b>Health education/intervention (%)</b>					
Yes	198 (31)	198 (31)	179 (39)	166 (37)	226 (44)
No	439 (69)	439 (69)	282 (61)	283 (63)	293 (56)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)</b>					
BBV & STI	96 (48)	96 (48)	98 (55)	71 (43)	66 (29)
Drug health	11 (6)	11 (6)	7 (4)	8 (5)	37 (16)
Other health	41 (21)	41 (21)	3 (2)	9 (5)	22 (10)
Other non-health	28 (14)	28 (14)	3 (2)	15 (9)	5 (2)
More than one	22 (11)	22 (11)	68 (38)	63 (38)	96 (42)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)</b>					
Yes	29 (5)	29 (5)	19 (4)	17 (4)	55 (11)
No	608 (95)	608 (95)	442 (96)	432 (96)	464 (89)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)</b>					
BBV & STI	9 (31)	9 (31)	5 (26)	6 (35)	10 (18)
Drug health	9 (31)	9 (31)	2 (11)	3 (18)	2 (4)
Other health	5 (17)	5 (17)	4 (21)	3 (18)	12 (22)
Other non-health	5 (17)	5 (17)	8 (42)	5 (29)	9 (16)
Peer based	1 (3)	1 (3)	0 (0)	0 (0)	22 (40)
More than one	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

~ Estimate based on 2021 data

## B.6 South Australia

### Description of NSP services in South Australia

South Australia (SA) has the fourth largest land area of Australia's eight states and territories and is the fifth most populous, with ~1.88 million residents in 2025. The needle syringe program (formerly known as 'Clean Needle Program') provides a range of services to people who inject drugs including the distribution of sterile needles and syringes and disposal equipment, the provision of information and education about safer injecting practices and safe disposal practices, and referral to a variety of services such as drug treatment, health, legal, and social services. NSP services are provided at a range of sites in metropolitan and regional South Australia with 8 primary outlets, 77 secondary outlets, 315 pharmacy NSPs and 19 SDMs. SDMs dispense packs for free and provide 24 hr access to sterile injecting equipment. Non-identifiable client-level and service-level OOS data are collected at all primary and most secondary NSPs throughout South Australia. Line-item OOS data are provided to SA Health on a monthly basis. OOS data collection in SA includes all NSP NMDC data elements; with Health education/ interventions recorded as a binary (yes/no) response.

**Table B.6.1 Needle and syringe distribution by public and pharmacy sector, 2015/16-2024/25**

SA	Public	%	Pharmacy	%	Total
2015/16	3,598,090	96%	161,800	4%	3,759,890
2016/17	3,765,034	96%	139,900	4%	3,904,934
2017/18	3,634,366	96%	164,500	4%	3,798,866
2018/19	4,063,762	96%	173,700	4%	4,237,462
2019/20	4,100,184	96%	188,900	4%	4,289,084
2020/21	3,423,350	95%	180,200	5%	3,603,550
2021/22	2,815,023	95%	140,900	5%	2,955,923
2022/23	3,068,765	95%	145,600	5%	3,214,365
2023/24	2,611,593	94%	158,500	6%	2,770,093
2024/25	4,604,661	96%	170,900	4%	4,775,561

Table B.6.2 NSP outlet type and method by public and pharmacy sector, 2016-2025

South Australia	2016	2017	2018	2019	2020
<b>NSP outlet type (%)</b>	n=313	n=289	n=289	n=380	n=380
Primary	4 (1)	4 (1)	3 (1)	2 (1)	8 (2)
Secondary	81 (26)	81 (28)	82 (28)	84 (22)	77 (20)
SDM	8 (3)	8 (3)	8 (3)	8 (2)	8 (2)
Pharmacy	220 (70)	196 (68)	196~ (68)	286 (75)	287 (76)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=93	n=93	n=93	n=94	n=93
Fixed	85 (91)	85 (91)	84 (90)	85 (90)	84 (90)
Outreach/mobile	3 (3)	3 (3)	4 (4)	4 (4)	4 (4)
SDM free	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	8 (9)	8 (9)	8 (9)	8 (9)	8 (9)
Peer distribution	-- --	10 (11)	10 (11)	10 (11)	10 (11)
Naloxone*	-- --	-- --	-- --	-- --	85 (100)
<i>Pharmacy sector (fixed)</i>	220 (100)	196 (100)	196 (100)	286 (100)	287 (100)

<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

~ Estimate based on 2017 data

\* % denominator = primary + secondary

South Australia	2021	2022	2023	2024	2025
<b>NSP outlet type (%)</b>	n=394	n=402	n=419	n=419	n=419
Primary	8 (2)	8 (2)	8 (2)	8 (2)	8 (2)
Secondary	78 (20)	77 (19)	77 (18)	77 (18)	77 (18)
SDM	14 (4)	16 (4)	19 (5)	19 (5)	19 (5)
Pharmacy	294 (75)	301 (75)	315 (75)	315 (75)	315 (75)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=100	n=101	n=104	n=104	n=104
Fixed	85 (85)	84 (83)	84 (81)	83 (80)	83 (80)
Outreach/mobile	4 (4)	4 (4)	4 (4)	4 (4)	4 (4)
SDM free	6 (6)	8 (8)	13 (13)	19 (18)	19 (18)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	8 (8)	8 (8)	6 (6)	0 (0)	0 (0)
Peer distribution	10 (10)	10 (10)	10 (10)	10 (10)	10 (10)
Naloxone*	86 (100)	85 (100)	-- --	-- --	-- --
Postal*	-- --	-- --	0 (0)	0 (0)	0 (0)
<i>Pharmacy sector (fixed)</i>	294 (100)	301 (100)	315 (100)	315 (100)	315 (100)

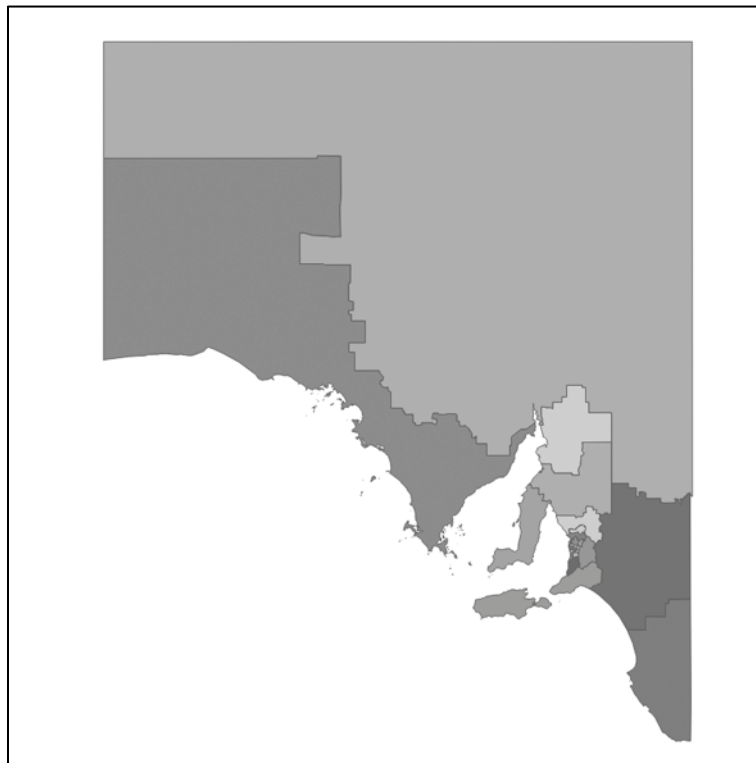
<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

Figure B.6.1 Total number of NSP outlets by SA3 in 2025

South Australia



Brisbane



Table B.6.3 Occasions of service-level data, 2016-2025

South Australia Client-level	2016 n=213	2017 n=279	2018 n=279	2019 n=267	2020 n=269
<b>Age (%)</b>					
<20 years	2 (1)	1 (<1)	1 (<1)	2 (1)	0 (0)
20-29 years	34 (16)	42 (15)	22 (8)	24 (9)	21 (8)
30-39 years	62 (29)	81 (29)	87 (31)	86 (32)	78 (29)
40-49 years	77 (36)	108 (39)	104 (37)	86 (32)	92 (34)
50+ years	33 (15)	44 (16)	60 (22)	68 (25)	68 (25)
Not reported	5 (2)	3 (1)	5 (2)	1 (<1)	10 (4)
<b>Aged &lt;25 (%)</b>	21 (10)	18 (6)	8 (3)	15 (6)	9 (3)
<b>Gender (%)</b>					
Male	155 (73)	211 (76)	192 (69)	178 (67)	167 (62)
Female	57 (27)	67 (24)	86 (31)	87 (33)	102 (38)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	1 (<1)	1 (<1)	1 (<1)	2 (1)	0 (0)
<b>Indigenous status (%)^</b>					
Yes (Aboriginal or TSI or both)	17 (8)	31 (17)	52 (20)	43 (16)	65 (25)
No	75 (35)	141 (76)	181 (68)	176 (66)	174 (67)
Not reported	121 (57)	14 (8)	33 (12)	48 (18)	19 (7)
<b>Drug injected (%)^</b>					
Analgesics	56 (26)	70 (25)	65 (23)	41 (15)	44 (16)
Stimulants and Hallucinogens	98 (46)	148 (53)	157 (56)	164 (61)	173 (64)
Anabolic agents	11 (5)	16 (6)	16 (6)	16 (6)	8 (3)
Other	15 (7)	17 (6)	17 (6)	22 (8)	19 (7)
Not reported	33 (15)	28 (10)	24 (9)	24 (9)	25 (9)
<b>Service-level</b>					
<b>Health education/intervention (%)^</b>					
Yes	29 (14)	34 (20)	20 (10)	49 (29)	31 (16)
No	150 (70)	140 (80)	181 (90)	120 (71)	164 (84)
Not reported	34 (16)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)^</b>					
Yes	14 (7)	26 (15)	8 (4)	14 (8)	23 (12)
No	165 (77)	147 (85)	193 (96)	155 (92)	172 (88)
Not reported	34 (16)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)^</b>					
BBV & STI	5 (36)	17 (65)	4 (50)	5 (36)	4 (17)
Drug health	1 (7)	0 (0)	1 (13)	0 (0)	3 (13)
Other health	5 (36)	2 (8)	2 (25)	6 (43)	6 (26)
Other non-health	3 (21)	7 (27)	1 (13)	1 (7)	0 (0)
Peer based	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
More than one	0 (0)	0 (0)	0 (0)	2 (14)	10 (43)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

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

Table B.6.3 Occasions of service-level data, 2016-2025 (continued)

South Australia	2021	2022	2023	2024	2025
Client-level	n=226	n=221	n=222	n=210	n=193
<b>Age (%)</b>					
<20 years	0 (0)	0 (0)	2 (1)	3 (1)	3 (2)
20-29 years	12 (5)	16 (7)	14 (6)	14 (7)	20 (10)
30-39 years	52 (23)	49 (22)	47 (21)	34 (16)	46 (24)
40-49 years	97 (43)	80 (36)	89 (40)	87 (41)	61 (32)
50+ years	62 (27)	76 (34)	70 (32)	72 (34)	63 (33)
Not reported	3 (1)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Aged &lt;25 (%)</b>	6 (3)	8 (4)	6 (3)	8 (4)	9 (5)
<b>Gender (%)</b>					
Male	154 (68)	148 (67)	130 (59)	159 (76)	132 (68)
Female	71 (31)	73 (33)	53 (24)	48 (23)	61 (32)
Other	1 (<1)	0 (0)	0 (0)	3 (1)	0 (0)
Not reported	0 (0)	0 (0)	39 (18)	0 (0)	0 (0)
<b>Indigenous status (%)^</b>					
Yes (Aboriginal or TSI or both)	40 (18)	43 (20)	58 (26)	84 (40)	65 (34)
No	176 (82)	170 (77)	157 (71)	126 (60)	125 (65)
Not reported	0 (0)	7 (3)	7 (3)	0 (0)	3 (2)
<b>Drug injected (%)^</b>					
Analgesics	59 (26)	49 (22)	57 (26)	49 (23)	44 (23)
Stimulants and Hallucinogens	123 (54)	126 (57)	126 (57)	113 (54)	96 (50)
Anabolic agents	14 (6)	14 (6)	15 (7)	19 (9)	27 (14)
Other	13 (6)	12 (5)	4 (2)	6 (3)	4 (2)
Not reported	17 (8)	20 (9)	20 (9)	23 (11)	22 (11)
<b>Service-level</b>					
<b>Health education/intervention (%)^</b>					
Yes	61 (34)	56 (32)	8 (4)	38 (34)	38 (29)
No	121 (66)	118 (68)	180 (81)	75 (66)	92 (71)
Not reported	0 (0)	0 (0)	34 (15)	0 (0)	0 (0)
<b>Referral (%)^</b>					
Yes	42 (23)	39 (22)	45 (20)	52 (25)	19 (15)
No	140 (77)	135 (78)	177 (80)	158 (75)	111 (85)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)^</b>					
BBV & STI	4 (10)	2 (5)	22 (49)	28 (54)	12 (63)
Drug health	0 (0)	3 (8)	2 (4)	1 (2)	0 (0)
Other health	29 (69)	31 (79)	5 (11)	1 (2)	3 (16)
Other non-health	0 (0)	0 (0)	13 (29)	19 (37)	4 (21)
Peer based	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
More than one	9 (21)	3 (8)	3 (7)	3 (6)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

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

## B.7 Tasmania

### Description of NSP services in Tasmania

Tasmania has the second smallest land area of Australia's eight states and territories, with a resident population of ~575,000 in 2025. 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, 24 secondary outlets, 96 pharmacy NSPs and 5 SDMs in Tasmania. Non-identifiable client and service-level OOS data are collected at all primary NSPs and some secondary NSPs in Tasmania. Line-item OOS data is accessed in real-time by the Tasmanian Department of Health.

**Table B.7.1 Needle and syringe distribution by public and pharmacy sector, 2015/16-2024/25**

TAS	Public	%	Pharmacy	%	Total
2015/16	907,670	100%	-	0%	907,670
2016/17	784,230	90%	91,552	10%	875,782
2017/18	743,612	90%	86,280	10%	829,892
2018/19	753,360	89%	90,540	11%	843,900
2019/20	814,430	90%	87,340	10%	901,770
2020/21	655,150	88%	86,000	12%	741,150
2021/22	621,650	90%	67,010	10%	688,660
2022/23	787,850	92%	71,200	8%	859,050
2023/24	866,721	93%	69,823	7%	936,544
2024/25	959,275	91%	90,185	9%	1,049,460

- data not available

Note: includes updated data for some years

**Table B.7.2 NSP outlet type and method by public and pharmacy sector, 2016-2025**

<b>Tasmania</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>NSP outlet type (%)</b>	n=118	n=123	n=110	n=117	n=125
Primary	7 (6)	6 (5)	8 (7)	7 (6)	7 (6)
Secondary	18 (15)	19 (15)	14 (13)	17 (15)	18 (14)
SDM	3 (3)	3 (2)	6 (5)	7 (6)	6 (5)
Pharmacy	90 (76)	95 (77)	82 (75)	86 (74)	94 (75)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=28	n=28	n=28	n=31	n=31
Fixed	25 (90)	25 (90)	22 (79)	24 (78)	25 (81)
Outreach/mobile	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM free	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	3 (10)	3 (10)	6 (21)	7 (23)	6 (19)
Peer distribution	-- --	0 (0)	0 (0)	0 (0)	0 (0)
Naloxone*	-- --	-- --	-- --	0 (0)	0 (0)
<i>Pharmacy sector (fixed)</i>	90 (100)	95 (100)	82 (100)	86 (100)	94 (100)

<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

<b>Tasmania</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
<b>NSP outlet type (%)</b>	n=121	n=124	n=130	n=129	n=132
Primary	7 (6)	7 (6)	7 (5)	7 (5)	7 (5)
Secondary	19 (16)	21 (17)	21 (16)	20 (16)	24 (18)
SDM	5 (4)	5 (4)	5 (4)	5 (4)	5 (4)
Pharmacy	90 (74)	91 (73)	97 (75)	97 (75)	96 (73)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=31	n=33	n=33	n=32	n=36
Fixed	26 (84)	26 (79)	28 (85)	27 (84)	28 (78)
Outreach/mobile	0 (0)	2 (6)	0 (0)	0 (0)	3 (8)
SDM free	0 (0)	0 (0)	0 (0)	0 (0)	2 (6)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	5 (16)	5 (15)	5 (15)	5 (16)	3 (8)
Peer distribution	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Naloxone*	8 (31)	9 (32)	-- --	-- --	-- --
Postal*	-- --	-- --	2 (7)	2 (6)	7 (23)
<i>Pharmacy sector (fixed)</i>	90 (100)	91 (100)	97 (100)	97 (100)	96 (100)

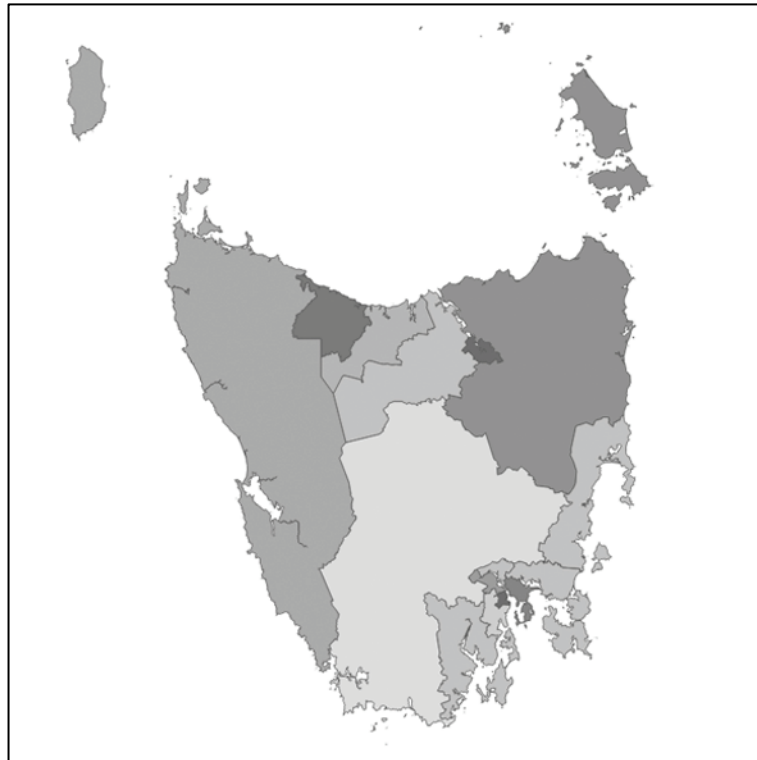
<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

Figure B.7.1 Total number of NSP outlets by SA3 in 2025

Tasmania



Hobart

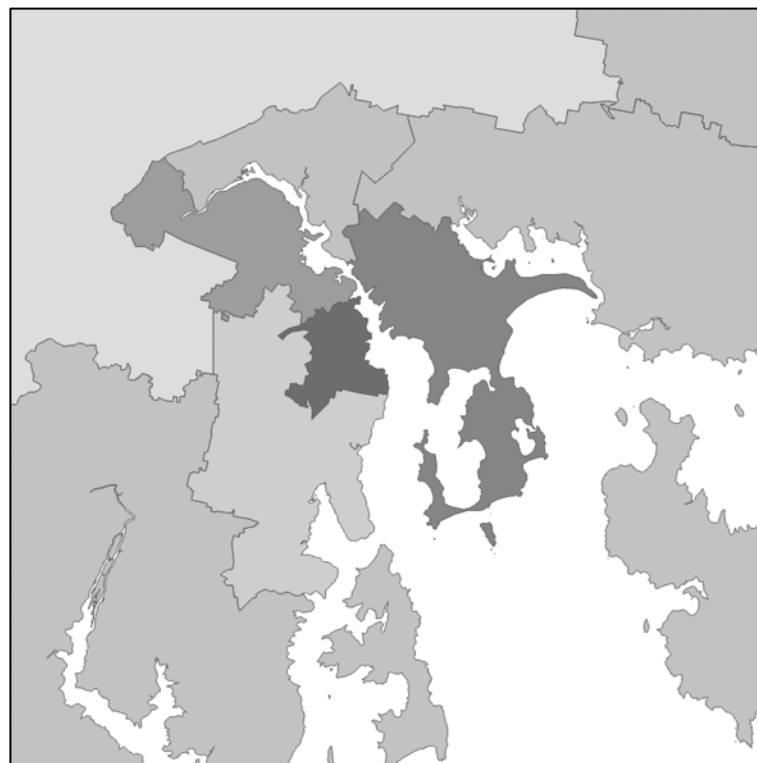


Table B.7.3 Occasions of service-level data, 2016-2025

Tasmania Client-level	2016 n=55	2017 n=99	2018 n=126	2019 n=73	2020 n=86
<b>Age (%)</b>					
<18 years	2 (4)	3 (3)			
18-24 years	1 (2)	1 (1)			
25-29 years / *<20	5 (9)	12 (12)	2 (2)	0 (0)	0 (0)
30-34 years / *20-29	10 (18)	16 (16)	21 (17)	7 (10)	6 (7)
35-39 years / *30-39	16 (29)	22 (22)	39 (31)	23 (32)	24 (28)
40-44 years / *40-49	11 (20)	16 (16)	37 (29)	28 (38)	29 (34)
45+ years / *50+	10 (18)	25 (25)	24 (19)	14 (19)	27 (31)
Not reported	0 (0)	4 (4)	3 (2)	1 (1)	0 (0)
<b>Aged &lt;25</b>	3 (5)	4 (4)	9 (7)	2 (3)	4 (5)
<b>Gender (%)</b>					
Male	39 (71)	78 (79)	83 (66)	60 (82)	68 (79)
Female	16 (29)	21 (21)	41 (33)	13 (18)	18 (21)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	2 (2)	0 (0)	0 (0)
<b>Indigenous status (%)</b>					
Yes (Aboriginal or TSI or both)	0 (0)	0 (0)	0 (0)	0 (0)	10 (12)
No	0 (0)	0 (0)	0 (0)	0 (0)	76 (88)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Drug injected (%)</b>					
Analgesics	27 (49)	42 (42)	56 (44)	27 (37)	28 (33)
Stimulants and Hallucinogens	23 (42)	47 (47)	51 (40)	34 (47)	51 (59)
Anabolic agents	1 (2)	0 (0)	3 (2)	1 (1)	2 (2)
Other	3 (5)	3 (3)	7 (6)	8 (11)	5 (6)
Not reported	1 (2)	7 (7)	9 (7)	3 (4)	0 (0)
<b>Service-level</b>					
<b>Health education/intervention (%)</b>					
Yes	14 (25)	5 (7)	70 (56)	22 (30)	22 (26)
No	41 (75)	65 (93)	56 (44)	51 (70)	64 (74)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)^</b>					
BBV & STI	-- --	2 (40)	41 (59)	6 (27)	5 (23)
Drug health	-- --	2 (40)	7 (10)	3 (14)	3 (14)
Other health	-- --	1 (20)	10 (14)	7 (32)	3 (14)
Other non-health	-- --	0 (0)	3 (4)	4 (18)	8 (36)
More than one	-- --	0 (0)	9 (13)	2 (9)	3 (14)
Not reported	-- --	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)</b>					
Yes	0 (0)	0 (0)	3 (2)	1 (1)	2 (2)
No	55 (100)	70 (100)	123 (98)	72 (99)	84 (98)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)</b>					
BBV & STI	0 (0)	0 (0)	0 (0)	0 (0)	1 (50)
Drug health	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other health	0 (0)	0 (0)	1 (33)	0 (0)	1 (50)
Other non-health	0 (0)	0 (0)	1 (33)	1 (100)	0 (0)
Peer based	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
More than one	0 (0)	0 (0)	1 (33)	0 (0)	0 (0)
Not reported	0 (0)	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 2018-2025. Indigenous status not collected in Tasmania 2016-2019. ^Health education/intervention type not collated in 2016.

**Table B.7.3 Occasions of service-level data, 2016-2025 (continued)**

<b>Tasmania Client-level</b>	<b>2021 n=71</b>	<b>2022 n=69</b>	<b>2023 n=78</b>	<b>2024 n=65</b>	<b>2025 n=86</b>
<b>Age (%)</b>					
<20 years	0 (0)	0 (0)	0 (0)	1 (2)	0 (0)
20-29 years	7 (10)	2 (3)	7 (9)	4 (6)	8 (9)
30-39 years	26 (37)	23 (33)	18 (23)	15 (23)	17 (20)
40-49 years	21 (30)	22 (32)	27 (35)	30 (46)	36 (42)
50+ years	16 (23)	22 (32)	26 (33)	15 (23)	25 (29)
Not reported	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Aged &lt;25</b>	1 (1)	1 (1)	1 (1)	2 (3)	1 (1)
<b>Gender (%)</b>					
Male	47 (66)	49 (71)	51 (65)	45 (69)	61 (71)
Female	24 (34)	20 (29)	27 (35)	20 (31)	25 (29)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Indigenous status (%)</b>					
Yes (Aboriginal or TSI or both)	11 (15)	12 (17)	12 (15)	10 (15)	11 (13)
No	60 (85)	57 (83)	66 (85)	55 (85)	75 (87)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Drug injected (%)</b>					
Analgesics	22 (31)	24 (35)	38 (49)	16 (25)	19 (22)
Stimulants and Hallucinogens	43 (61)	39 (57)	31 (40)	41 (63)	49 (57)
Anabolic agents	0 (0)	4 (6)	3 (4)	4 (6)	8 (9)
Other	5 (7)	1 (1)	3 (4)	4 (6)	10 (12)
Not reported	1 (1)	1 (1)	3 (4)	0 (0)	0 (0)
<b>Service-level</b>					
<b>Health education/intervention (%)</b>					
Yes	31 (44)	32 (46)	30 (38)	32 (49)	40 (47)
No	40 (56)	37 (54)	48 (62)	33 (51)	46 (53)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)^</b>					
BBV & STI	9 (29)	11 (34)	24 (80)	13 (41)	13 (33)
Drug health	2 (6)	0 (0)	0 (0)	1 (3)	2 (5)
Other health	9 (29)	1 (3)	0 (0)	0 (0)	3 (8)
Other non-health	0 (0)	2 (6)	1 (3)	4 (13)	9 (23)
More than one	11 (35)	18 (56)	5 (17)	14 (44)	13 (33)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)</b>					
Yes	2 (3)	12 (17)	7 (9)	7 (11)	14 (16)
No	69 (97)	57 (83)	71 (91)	58 (89)	72 (84)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)</b>					
BBV & STI	0 (0)	8 (67)	6 (86)	6 (86)	7 (50)
Drug health	1 (50)	1 (8)	0 (0)	0 (0)	4 (29)
Other health	1 (50)	1 (8)	0 (0)	1 (14)	0 (0)
Other non-health	0 (0)	0 (0)	1 (14)	0 (0)	1 (7)
Peer based	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
More than one	0 (0)	2 (17)	0 (0)	0 (0)	2 (14)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

## B.8 Victoria

### Description of NSP services in Victoria

Victoria is the second most populous state or territory in Australia, with ~6.95 million residents in 2025. NSP services operate through a wide range of service providers, including funded primary NSPs, community health services, hospital accident and emergency units, municipal councils, drug treatment agencies, youth organisations and participating pharmacies. There are 20 primary outlets, 283 secondary outlets, 511 pharmacies and 27 SDMs in Victoria. Services are provided through fixed site, mobile services, outreach and foot patrol, and SDMs supply injecting equipment at no cost to the consumer. Non-identifiable client-level and service-level OOS data are collected at all primary and secondary NSP services in Victoria. Line-item OOS data are entered directly into the new NSP Portal (NSPP) to collect NSP transaction data in Victoria. The NSP Portal replaces both NSPISAR and paper forms and provides powerful reporting tools, at both agency and Department of Health levels. The NSP Portal went live in late 2022 and there have been a number of technical, change management and user issues which would account for any variation to data reporting over this reporting period. All NSP NMDC client-level and service-level data elements are collected.

**Table B.8.1 Needle and syringe distribution by public and pharmacy sector, 2015/16-2024/25**

VIC	Public	%	Pharmacy	%	Total
2015/16	11,808,350	91%	1,103,818	9%	12,912,168
2016/17	11,799,550	91%	1,228,677	9%	13,028,227
2017/18	11,100,050	90%	1,284,560	10%	12,384,610
2018/19	12,620,750	93%	940,139	7%	13,560,889
2019/20	14,148,860	93%	1,018,191	7%	15,167,051
2020/21	11,432,700	92%	1,027,114	8%	12,459,814
2021/22	10,625,900	95%	568,144	5%	11,194,044
2022/23	12,286,655	95%	690,447	5%	12,977,102
2023/24	12,962,130	95%	671,876	5%	13,634,006
2024/25	14,478,490	96%	647,966	4%	15,126,456

**Table B.8.2 NSP outlet type and method by public and pharmacy sector, 2016-2025**

<b>Victoria</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>NSP outlet type (%)</b>	n=393	n=400	n=407	n=674	n=660
Primary	17 (4)	16 (4)	16 (4)	16 (2)	17 (3)
Secondary	148 (38)	144 (36)	137 (34)	209 (31)	202 (31)
SDM	5 (1)	7 (2)	18 (4)	14 (2)	14 (2)
Pharmacy	223 (57)	233 (58)	236 (58)	435 (65)	427 (65)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=170	n=167	n=171	n=239	n=233
Fixed	159 (94)	156 (93)	151 (88)	223 (93)	214 (92)
Outreach/mobile	30 (18)	25 (15)	24 (14)	35 (15)	37 (16)
SDM free	5 (3)	7 (4)	18 (11)	14 (6)	14 (6)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Peer distribution	-- --	-- --	-- --	-- --	0 (0)
Naloxone*	-- --	-- --	-- --	37 (16)	35 (16)
<i>Pharmacy sector (fixed)</i>	223 (100)	233 (100)	236 (100)	435 (100)	427 (100)

<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

<b>Victoria</b>	<b>2021</b>	<b>2022</b>	<b>2023<sup>#</sup></b>	<b>2024</b>	<b>2025</b>
<b>NSP outlet type (%)</b>	n=679	n=776	n=776	n=906	n=841
Primary	18 (3)	18 (2)	18 (2)	20 (2)	20 (2)
Secondary	204 (30)	243 (31)	243 (31)	302 (33)	283 (34)
SDM	14 (2)	27 (3)	27 (3)	27 (3)	27 (3)
Pharmacy	443 (65)	488 (63)	488 (63)	557 (61)	511 (61)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=236	n=256	n=256	n=349	n=330
Fixed	217 (92)	256 (100)	256 (100)	317 (91)	298 (90)
Outreach/mobile	40 (17)	42 (16)	42 (16)	36 (10)	34 (10)
SDM free	14 (6)	27 (11)	27 (11)	27 (8)	27 (8)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Peer distribution	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Naloxone*	35 (16)	35 (13)	-- --	-- --	-- --
Postal*	-- --	-- --	0 (0)	0 (0)	0 (0)
<i>Pharmacy sector (fixed)</i>	443 (100)	488 (100)	488 (100)	557 (100)	511 (100)

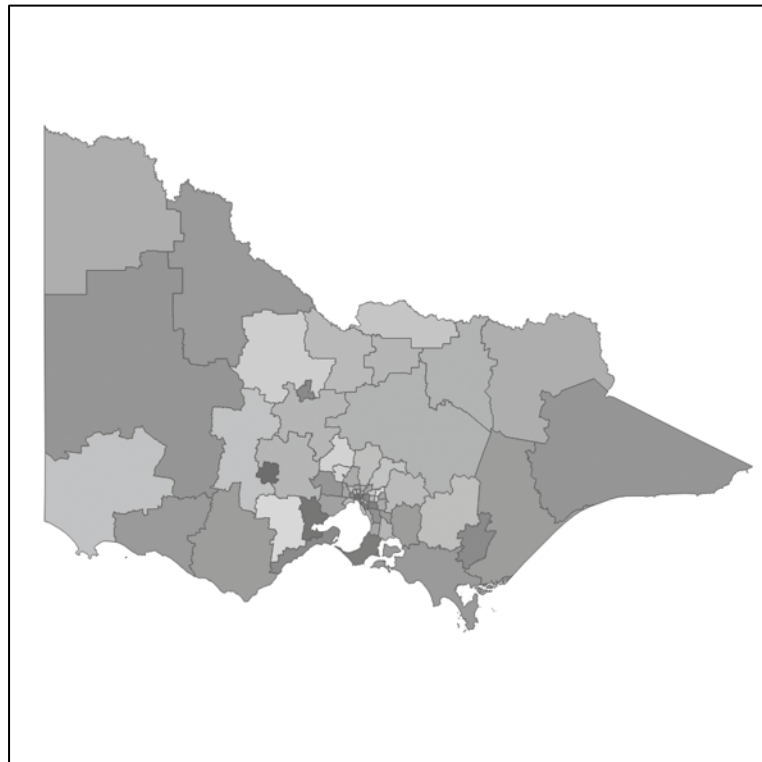
<sup>#</sup> Estimate based on 2022 data

<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

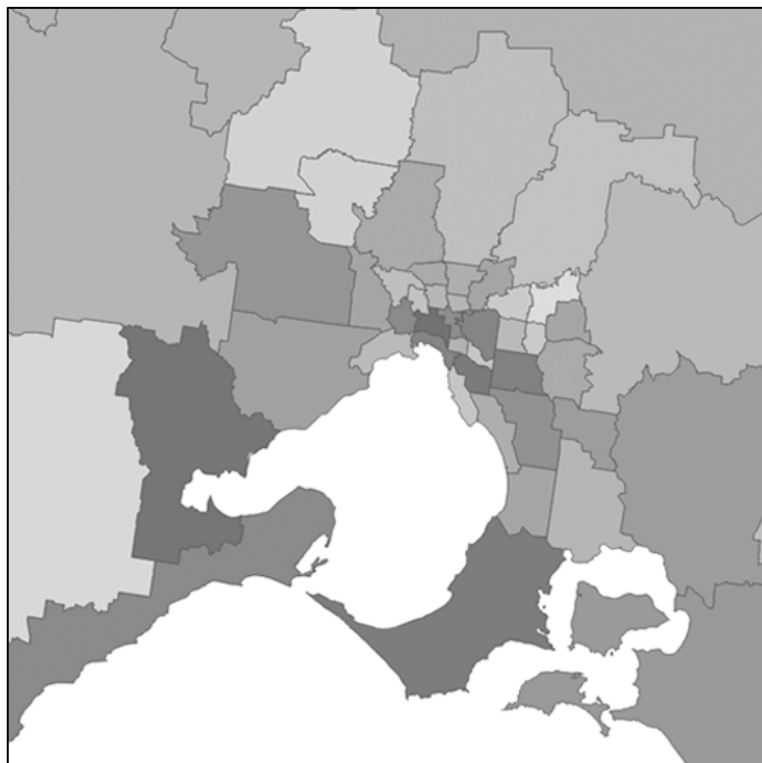
\* Not collected

Figure B.8.1 Total number of NSP outlets by SA3 in 2025

Victoria



Melbourne



NSP outlets per SA3



Table B.8.3 Occasions of service-level data, 2016-2025

Victoria Client-level	2016 n=966	2017 n=749	2018 n=634	2019 n=750	2020 n=576
<b>Age (%)</b>					
<18 years	5 (1)	0 (0)	1 (<1)	3 (<1)	1 (<1)
18-20 years	10 (1)	5 (1)	3 (<1)	2 (<1)	3 (1)
21-25 years	47 (5)	28 (4)	27 (4)	23 (3)	12 (2)
26-30 years	104 (11)	78 (10)	51 (8)	70 (9)	44 (8)
31-35 years	229 (24)	156 (21)	145 (23)	210 (28)	133 (23)
36-45 years	362 (37)	334 (45)	225 (35)	255 (34)	254 (44)
46+ years	178 (18)	124 (17)	162 (26)	152 (20)	117 (20)
Not reported	31 (3)	24 (3)	20 (3)	35 (5)	12 (2)
<b>Aged &lt;26</b>					
	62 (6)	33 (4)	31 (5)	26 (3)	16 (3)
<b>Gender (%)</b>					
Male	715 (74)	580 (77)	463 (73)	549 (73)	435 (76)
Female	234 (24)	160 (21)	157 (25)	173 (23)	131 (23)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Not reported	17 (2)	9 (1)	14 (2)	28 (4)	10 (3)
<b>Service-level</b>					
<b>Health education/intervention (%)</b>					
Yes	517 (54)	344 (46)	245 (39)	298 (40)	319 (45)
No	449 (46)	402 (54)	389 (61)	452 (60)	257 (55)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)^</b>					
BBV & STI	-- --	125 (36)	58 (24)	135 (45)	168 (53)
Drug health	-- --	8 (2)	4 (2)	7 (2)	2 (1)
Other health	-- --	15 (4)	75 (31)	60 (20)	34 (11)
Other non-health	-- --	0 (0)	0 (0)	0 (0)	1 (<1)
More than one	-- --	196 (57)	108 (44)	96 (32)	114 (36)
Not reported	-- --	0 (0)	0 (0)	0 (0)	0 (0)

Note: ^Indigenous status and drug(s) injected not collected in Victoria 2016-2022 & not collected at all sites from 2023-2025. Age groups collected in Victoria not aligned to AGE10P 2016-2022. Referrals and health education/interventions in Victoria were combined and reported as health education/interventions in the NSP NMDC between 2016-2022. Health education/intervention type not collated in 2016.

Table B.8.3 Occasions of service-level data, 2016-2025 (continued)

Victoria Client-level	2021 n=350	2022 n=420	2023* n=348	2024 n=658	2025 n=333
<b>Age (%)</b>					
<18 years	0 (0)	0 (0)			
18-20 years/ <20 years*	0 (0)	4 (1)	2 (1)	9 (1)	0 (0)
21-25 years	4 (1)	9 (2)			
26-30 years/ 20-29 years*	36 (10)	41 (10)	38 (11)	79 (12)	28 (8)
31-35 years/ 30-39 years*	89 (25)	101 (24)	102 (29)	174 (26)	77 (23)
36-45 years/ 40-49 years*	139 (40)	149 (35)	130 (37)	221 (34)	148 (44)
46+ years/ 50+ years*	77 (22)	85 (20)	65 (19)	139 (21)	73 (22)
Not reported	5 (1)	31 (7)	11 (3)	36 (5)	7 (2)
<b>Aged &lt;26/ &lt;30 years*</b>	4 (1)	13 (3)	40 (11)	88 (13)	28 (8)
<b>Gender (%)</b>					
Male	254 (73)	321 (76)	251 (72)	459 (70)	242 (73)
Female	90 (26)	79 (19)	82 (24)	154 (23)	79 (24)
Other	0 (0)	0 (0)	0 (0)	20 (3)	3 (1)
Not reported	6 (1)	20 (5)	15 (4)	25 (4)	9 (3)
<b>Indigenous status (%)^</b>					
Yes (Aboriginal or TSI or both)	-- --	-- --	3 (4)	4 (3)	13 (12)
No	-- --	-- --	29 (38)	67 (45)	40 (38)
Not reported	-- --	-- --	44 (58)	79 (53)	53 (50)
<b>Drug injected (%)^</b>					
Analgesics	-- --	-- --	13 (38)	22 (42)	22 (51)
Stimulants and Hallucinogens	-- --	-- --	6 (18)	10 (19)	15 (35)
Anabolic agents	-- --	-- --	13 (38)	12 (23)	3 (7)
Other	-- --	-- --	2 (6)	9 (17)	3 (7)
Not reported	-- --	-- --	0 (0)	0 (0)	0 (0)
<b>Service-level</b>					
<b>Health education/intervention (%)^</b>					
Yes	157 (45)	235 (56)	55 (16)	66 (10)	87 (26)
No	193 (55)	185 (44)	293 (84)	592 (90)	246 (74)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)^</b>					
BBV & STI	18 (11)	64 (27)	37 (67)	35 (53)	45 (52)
Drug health	13 (8)	3 (1)	1 (2)	15 (23)	8 (9)
Other health	91 (58)	119 (51)	2 (4)	3 (5)	4 (5)
Other non-health	1 (1)	0 (0)	1 (2)	4 (6)	25 (29)
More than one	34 (22)	49 (21)	14 (25)	9 (14)	5 (6)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)^</b>					
Yes	-- --	-- --	21 (6)	33 (5)	5 (2)
No	-- --	-- --	327 (94)	625 (95)	328 (99)
Not reported	-- --	-- --	0 (0)	0 (0)	0 (0)
<b>Referral type (%)^</b>					
BBV & STI	-- --	-- --	10 (48)	13 (39)	1 (20)
Drug health	-- --	-- --	1 (5)	1 (3)	1 (20)
Other health	-- --	-- --	1 (5)	4 (12)	0 (0)
Other non-health	-- --	-- --	2 (10)	5 (15)	2 (40)
Peer based	-- --	-- --	0 (0)	0 (0)	1 (20)
More than one	-- --	-- --	7 (33)	10 (30)	0 (0)
Not reported	-- --	-- --	0 (0)	0 (0)	0 (0)

Note: ^Indigenous status and drug(s) injected not collected in Victoria 2016-2022 & not collected at all sites from 2023-2025. Age groups collected in Victoria not aligned to AGE10P 2016-2022. Referrals and health education/ interventions in Victoria were combined and reported as health education/interventions in the NSP NMDC between 2016-2022.

## B.9 Western Australia

### Description of NSP services in Western Australia

Western Australia (WA) has the largest land area of Australia's eight states and territories and is the fourth most populous jurisdiction, with ~2.98 million residents in 2025. NSPs are operated by both government and non-government agencies and are operated through a combination of fixed-sites, outreach, postal and mobile services. Primary NSPs operate as needle and syringe exchange programs (NSEPs) which supply sterile needles and syringes and also accept the return of used injecting equipment. Health service based secondary NSPs provide sterile injecting equipment at no cost through regional hospitals, and some public health units, community health centres, community drug services and other health services. Pharmacy based NSPs are operated on a commercial basis, while all SDMs have no cost to the consumer. In Western Australia there are 22 primary outlets, 110 secondary outlets, 587 pharmacies and 8 SDMs. All NSPs provide safe disposal containers with all equipment distributed. Non-identifiable client-level and service-level OOS data are collected by selected primary and secondary NSPs on a designated snapshot day on an annual basis in Western Australia. All NSP NMDC client-level and service-level data elements are collected.

**Table B.9.1 Needle and syringe distribution by public and pharmacy sector, 2015/16–2024/25**

WA	Public	%	Pharmacy	%	Total
2015/16	4,629,223	77%	1,386,095	23%	6,015,318
2016/17	4,583,785	79%	1,232,483	21%	5,816,268
2017/18	4,871,810	83%	1,017,615	17%	5,889,425
2018/19	5,338,373	84%	992,868	16%	6,331,241
2019/20	5,573,430	86%	926,922	14%	6,500,352
2020/21	4,772,606	85%	850,525	15%	5,623,131
2021/22	3,935,246	85%	683,657	15%	4,618,903
2022/23	5,183,992	86%	812,630	14%	5,996,622
2023/24	6,278,625	88%	888,018	12%	7,166,643
2024/25	7,713,007	89%	916,446	11%	8,629,453

*Note: includes updated data for some years*

**Table B.9.2 NSP outlet type and method by public and pharmacy sector, 2016-2025**

<b>Western Australia NSP outlet type (%)</b>	<b>2016</b> n=658	<b>2017</b> n=671	<b>2018</b> n=729	<b>2019</b> n=728	<b>2020</b> n=727
Primary	20 (3)	19 (3)	19 (3)	17 (2)	19 (3)
Secondary	102 (6)	102 (15)	105 (14)	105 (14)	105 (14)
SDM	8 (1)	8 (1)	8 (1)	7 (1)	7 (1)
Pharmacy	528 (80)	542 (81)	597 (82)	599 (82)	596 (82)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=130	n=129	n=132	n=129	n=131
Fixed	109 (84)	108 (84)	112 (85)	112 (87)	114 (87)
Outreach/mobile	13 (10)	13 (10)	18 (14)	16 (12)	16 (12)
SDM free	1 (1)	1 (1)	1 (1)	2 (2)	1 (1)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	7 (5)	7 (5)	7 (5)	5 (4)	6 (5)
Peer distribution	-- --	7 (5)	7 (5)	7 (5)	7 (5)
Naloxone*	-- --	-- --	-- --	14 (11)	14 (11)
Pharmacy sector (fixed)	528 (100)	542 (100)	597 (100)	599 (100)	596 (100)

<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

<b>Western Australia NSP outlet type (%)</b>	<b>2021</b> n=727	<b>2022</b> n=735	<b>2023</b> n=712	<b>2024</b> n=727	<b>2025</b> n=727
Primary	19 (3)	20 (3)	20 (3)	21 (3)	22 (3)
Secondary	107 (15)	107 (15)	109 (15)	109 (15)	110 (15)
SDM	8 (1)	7 (1)	7 (1)	8 (1)	8 (1)
Pharmacy	593 (82)	601 (82)	576 (81)	589 (81)	587 (81)
<b>NSP outlet method (%)</b>					
<i>Public sector NSP<sup>^</sup></i>	n=134	n=134	n=136	n=138	n=140
Fixed	116 (87)	117 (87)	119 (88)	120 (87)	122 (87)
Outreach/mobile	16 (12)	16 (12)	18 (13)	18 (13)	18 (13)
SDM free	3 (2)	3 (2)	7 (5)	8 (6)	8 (6)
SDM chute	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SDM cost	5 (4)	4 (3)	0 (0)	0 (0)	0 (0)
Peer distribution	7 (5)	7 (5)	7 (5)	7 (5)	7 (5)
Naloxone*	15 (11)	20 (16)	-- --	-- --	-- --
Postal*	-- --	-- --	14 (11)	14 (11)	14 (11)
Pharmacy sector (fixed)	593 (100)	601 (100)	576 (100)	589 (100)	587 (100)

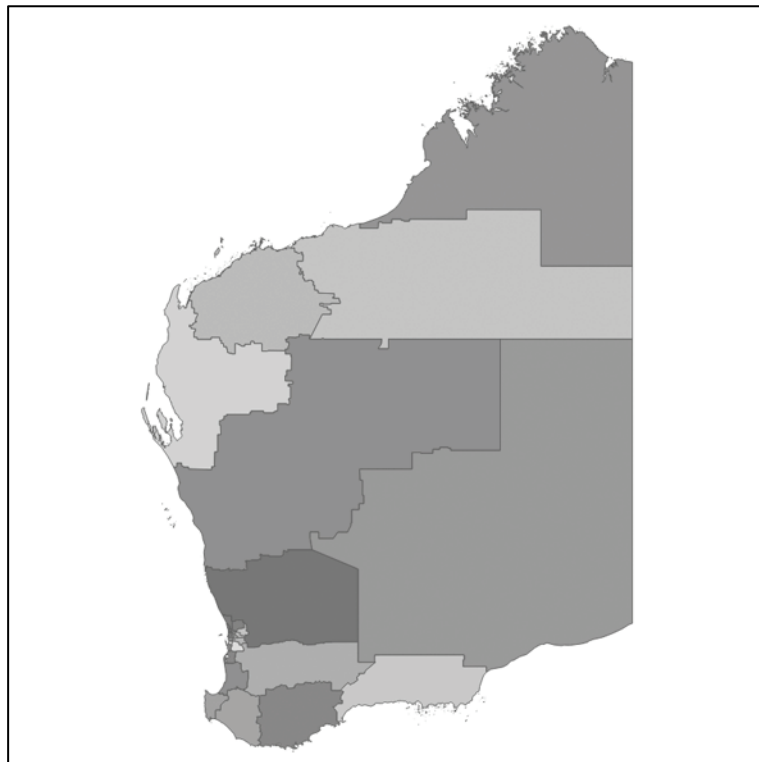
<sup>^</sup> Public sector NSPs may have more than one NSP outlet method

-- Not collected

\* % denominator = primary + secondary

Figure B.9.1 Total number of NSP outlets by SA3 in 2025

Western Australia



Perth

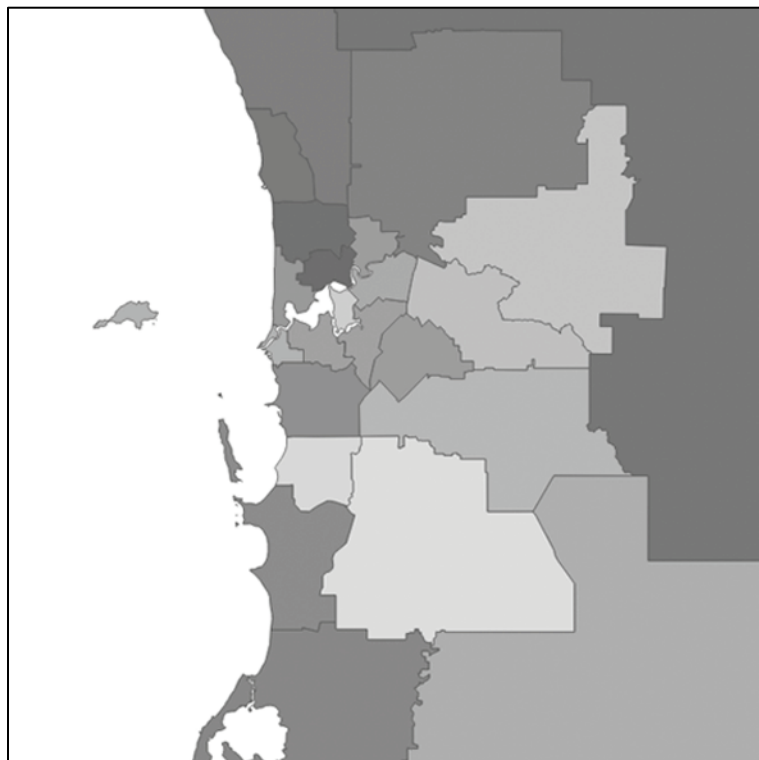


Table B.9.3 Occasions of service-level data, 2016-2025

Western Australia Client-level	2016 n=179	2017 n=126	2018 n=202	2019 n=173	2020 n=184
<b>Age (%)</b>					
<20 years	0 (0)	0 (0)	5 (2)	4 (2)	0 (0)
20-29 years	22 (12)	22 (17)	29 (14)	17 (10)	19 (10)
30-39 years	43 (24)	32 (25)	44 (22)	47 (27)	54 (29)
40-49 years	74 (41)	46 (37)	79 (39)	64 (37)	77 (42)
50+ years	40 (22)	26 (21)	44 (22)	41 (24)	33 (18)
Not reported	0 (0)	0 (0)	1 (1)	0 (0)	1 (1)
<b>Aged &lt;25 (%)</b>	6 (3)	7 (6)	15 (7)	7 (4)	3 (2)
<b>Gender (%)</b>					
Male	126 (70)	84 (67)	139 (69)	107 (62)	108 (59)
Female	53 (30)	42 (33)	61 (30)	64 (37)	73 (40)
Other	0 (0)	0 (0)	1 (1)	2 (1)	3 (2)
Not reported	0 (0)	0 (0)	1 (1)	0 (0)	0 (0)
<b>Indigenous status (%)<sup>^</sup></b>					
Yes (Aboriginal or TSI or both)	16 (9)	22 (17)	36 (18)	42 (24)	48 (26)
No	159 (89)	102 (81)	156 (77)	121 (70)	134 (73)
Not reported	4 (2)	2 (2)	10 (5)	10 (6)	2 (1)
<b>Drug injected (%)<sup>^</sup></b>					
Analgesics	58 (32)	37 (29)	58 (29)	42 (24)	50 (27)
Stimulants and Hallucinogens	92 (51)	65 (52)	127 (63)	106 (61)	123 (67)
Anabolic agents	10 (6)	7 (6)	10 (5)	4 (2)	5 (3)
Other	7 (4)	13 (10)	5 (2)	18 (10)	4 (2)
Not reported	12 (7)	4 (3)	2 (1)	3 (2)	2 (1)
<b>Service-level</b>					
<b>Health education/intervention (%)<sup>^</sup></b>					
Yes	61 (34)	45 (36)	165 (82)	139 (80)	127 (31)
No	118 (66)	80 (63)	37 (18)	34 (20)	57 (69)
Not reported	0 (0)	1 (1)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)<sup>^</sup></b>					
BBV & STI	-- --	19 (43)	103 (62)	45 (32)	80 (63)
Drug health	-- --	5 (11)	7 (4)	4 (3)	8 (6)
Other health	-- --	2 (5)	6 (4)	18 (13)	1 (1)
Other non-health	-- --	4 (9)	2 (1)	5 (4)	1 (1)
More than one	-- --	14 (32)	47 (28)	65 (47)	37 (29)
Not reported	-- --	0 (0)	0 (0)	2 (1)	0 (0)
<b>Referral (%)<sup>^</sup></b>					
Yes	51 (28)	1 (1)	37 (18)	34 (21)	32 (17)
No	128 (72)	121 (96)	148 (73)	127 (79)	152 (83)
Not reported	0 (0)	4 (3)	17 (8)	0 (0)	0 (0)
<b>Referral type (%)<sup>^</sup></b>					
BBV & STI	0 (0)	1 (100)	10 (27)	12 (35)	8 (25)
Drug health	0 (0)	0 (0)	2 (5)	5 (15)	11 (34)
Other health	7 (14)	0 (0)	9 (24)	13 (38)	10 (31)
Other non-health	44 (86)	0 (0)	0 (0)	3 (9)	2 (6)
Peer based	0 (0)	0 (0)	13 (35)	1 (3)	0 (0)
More than one	0 (0)	0 (0)	3 (8)	0 (0)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	1 (3)

<sup>^</sup> Not collected in 2016

**Table B.9.3 Occasions of service-level data, 2016-2025 (continued)**

Western Australia	2021	2022	2023	2024	2025
Client-level	n=165	n=108	n=121	n=147	n=182
<b>Age (%)</b>					
<20 years	0 (0)	3 (3)	1 (1)	1 (1)	2 (1)
20-29 years	27 (16)	10 (9)	11 (9)	12 (8)	21 (12)
30-39 years	50 (30)	44 (41)	29 (24)	29 (20)	39 (21)
40-49 years	56 (34)	30 (28)	42 (35)	53 (36)	60 (33)
50+ years	32 (19)	21 (19)	38 (31)	52 (35)	60 (33)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Aged &lt;25 (%)</b>	11 (7)	4 (4)	3 (2)	5 (3)	10 (5)
<b>Gender (%)</b>					
Male	111 (67)	72 (67)	88 (73)	95 (65)	121 (66)
Female	54 (33)	35 (32)	32 (26)	51 (35)	59 (32)
Other	0 (0)	0 (0)	1 (1)	1 (1)	1 (1)
Not reported	0 (0)	1 (1)	0 (0)	0 (0)	1 (1)
<b>Indigenous status (%)^</b>					
Yes (Aboriginal or TSI or both)	40 (24)	28 (26)	43 (36)	41 (28)	57 (31)
No	119 (72)	79 (73)	77 (64)	100 (68)	121 (66)
Not reported	6 (4)	1 (1)	1 (1)	6 (4)	4 (2)
<b>Drug injected (%)^</b>					
Analgesics	29 (18)	24 (22)	19 (16)	35 (24)	37 (20)
Stimulants and Hallucinogens	106 (64)	67 (62)	86 (71)	83 (56)	127 (70)
Anabolic agents	10 (6)	10 (9)	9 (7)	10 (7)	11 (6)
Other	6 (4)	3 (3)	4 (3)	13 (9)	3 (2)
Not reported	14 (8)	4 (4)	3 (2)	6 (4)	4 (2)
<b>Service-level</b>					
<b>Health education/intervention (%)^</b>					
Yes	64 (39)	64 (59)	36 (30)	71 (48)	132 (73)
No	101 (61)	44 (41)	85 (70)	76 (52)	50 (27)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Health education/intervention type (%)^</b>					
BBV & STI	40 (63)	48 (75)	13 (36)	22 (31)	67 (51)
Drug health	6 (9)	0 (0)	2 (6)	2 (3)	6 (5)
Other health	3 (5)	1 (2)	3 (8)	11 (15)	3 (2)
Other non-health	1 (2)	2 (3)	2 (6)	4 (6)	6 (5)
More than one	12 (19)	13 (20)	16 (44)	32 (45)	50 (38)
Not reported	2 (3)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral (%)^</b>					
Yes	10 (6)	7 (6)	15 (12)	19 (13)	20 (11)
No	155 (94)	101 (94)	106 (88)	128 (87)	162 (89)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Referral type (%)^</b>					
BBV & STI	6 (60)	4 (57)	13 (87)	8 (42)	10 (50)
Drug health	2 (20)	3 (43)	1 (7)	6 (32)	6 (30)
Other health	0 (0)	0 (0)	1 (7)	1 (5)	2 (10)
Other non-health	2 (20)	0 (0)	0 (0)	3 (16)	2 (10)
Peer based	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
More than one	0 (0)	0 (0)	0 (0)	1 (5)	0 (0)
Not reported	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

# Glossary

Broad-level drug groups from the ABS Drugs of Concern Classification<sup>18</sup> 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)'.