Needle Syringe Program
National Minimum Data Collection

2020 National Data Report

UNSW SYDNEY
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Needle Syringe Program National Minimum Data Collection

NATIONAL DATA REPORT 2020

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Acronyms

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ANSPS	Australian Needle Syringe Program Survey
ASGS	Australian Statistical Geography Standard
ATS	Amphetamine-type stimulants
BBV	Blood-borne viral
GAM	UNAIDS Global AIDS Monitoring
GCCSA	Greater Capital City Statistical Area
NSP	Needle syringe program
NSP NMDC	Needle syringe program national minimum data collection
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
OOS	Occasions of service
SA	South Australia
SA1(2,3,4)	Statistical Area 1(2,3,4)
SDM	Syringe dispensing machine
PWID	People who inject drugs
STI	Sexually transmitted infections
TAS	Tasmania
UNAIDS	Joint United Nations Programme on HIV/AIDS
VIC	Victoria
WA	Western Australia

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Summary

All Australian states and territories operate needle syringe programs (NSPs), providing a range of services to people who inject drugs (PWID). NSPs are a key component of current and previous National Strategies designed to reduce blood-borne viral infections and their associated morbidity, mortality, and personal and social impacts.

NSP services

Since 2017, all jurisdictions have operated the full range of NSP outlet types, with a total of 4,159 NSPs in operation nationally in 2020.

Australia's combined network of jurisdictional NSP services comprised 104 primary, 811 secondary and 2,867 pharmacy NSPs in June 2020. These face to face services were supplemented by 377 syringe dispensing machines (SDMs). There was an increase in the number of all NSP outlet types (primary, secondary, SDM and pharmacy) between 2008 (baseline) and 2020. Over the past five years (2016 to 2020) the number of primary and secondary NSPs remained relatively stable, however the number of SDM and pharmacy NSPs each increased by around one quarter over this timeframe.

The NSP NDMC collates data on the number of NSP outlets operating on 30 June at the end of each reporting period. As in previous years, there were minor changes to the number of NSP outlet types in all jurisdictions, with the exception of one jurisdiction where temporary changes were made in response to the COVID-19 pandemic. In this jurisdiction, around one quarter of secondary outlets were replaced with no cost to the consumer SDMs due to public health prevention measures. Nationally, these changes in service delivery resulted in an 11% decline in the number of secondary outlets (from n=908 in 2019 to n=811 in 2020), offset by a 10% increase in both the number of SDMs (n=340 in 2019 to n=377 in 2020) and the proportion of SDMs that provided needles and syringes at no cost to the consumer (53% in 2019 to 66% in 2020) between 2019 and 2020.

The number of NSPs with programs to facilitate access to take-home naloxone increased from 66 in 2019 to 169 in 2020.

In 2019, the NSP NMDC Reference Group endorsed the collection of data on the number of NSPs providing programs to facilitate access to take home naloxone. In addition to an increase in the number of NSPs providing take-home naloxone programs, the number of jurisdictions providing take-home naloxone access programs through NSPs increased from five in 2019 to seven in 2020.

Service provision

Based on data collected in February 2020, an estimated 2,500 occasions of service were provided per day at primary and secondary NSPs.

Data on occasions of service (OOS) were collected in late February 2020, prior to the World Health Organisation (WHO) declaration of COVID-19 as a global pandemic on 11 March 2020. It is therefore unlikely that OOS data presented in this report were impacted by the COVID-19 pandemic, however OOS likely declined

from March 2020 as jurisdictions implemented a range of stay at home/ lockdown measures, some services modified their mode of service delivery and NSP clients were encouraged to ensure they had sufficient supplies of injecting equipment[1,2]. Notwithstanding COVID-19 disruptions from March 2020, public sector NSP services were on track to provide ~665,000 OOS in the 2019/20 reporting period.

Almost half of public sector NSP OOS in 2020 involved provision of a health education intervention and one in ten OOS involved a referral within or to an external agency.

Two thirds (67%) of NSP attendees at public sector NSP services on the 2020 snapshot day were aged between 30 and 49 years of age. Young people (aged less than 25 years) comprised 4% of NSP attendees, while older people (aged 50 years or above) comprised 19% of NSP attendees. Almost three in four (73%) NSP attendees were male. Excluding OOS where Indigenous status was not reported, 21% of NSP attendees identified as Aboriginal and/or Torres Strait Islander.

Stimulants and hallucinogens (46%) (predominantly methamphetamine) were the most commonly reported drugs injected on the snapshot day in 2020, followed by analgesics (heroin, other opioids and opioid substitution therapies, 36%) and anabolic agents and selected hormones (predominantly anabolic steroids, 9%). Stimulants and hallucinogens were also the most commonly reported drugs injected among young people (47%), while analgesics were the most commonly reported drugs injected among older people (50%).

Needle and syringe distribution

In 2019/20, 57.8 million needles and syringes were distributed in Australia.

The COVID-19 pandemic resulted in an increase in distribution of needles and syringes in the first quarter of 2020 (January to March). This was likely due to stockpiling of injecting equipment, by both services and clients, immediately following the WHO declaration of a global COVID-19 pandemic. Further, the COVID-19 pandemic necessitated modification to NSP operating procedures, including restrictions on staff, volunteer and client interactions and changes in patterns of use of SDMs, as well as modification from cost recovery to free-vend at some SDMs.

Over the past ten years, the number of needles and syringes distributed in Australia increased by 53%, with a 17% increase over the past 5 years, from 49.5 million in 2015/16 to 57.8 million in 2019/20. Similarly, per capita needle and syringe distribution among the Australian population aged 15-64 years increased from 3.1 syringes per annum in 2015/16 to 3.5 syringes per annum in 2019/20.

In 2019/20, 57.8 million syringes were distributed to an estimated population of 75,756 people who regularly inject drugs in Australia, the equivalent of 762 each per annum, exceeding the UNAIDS definition of high syringe coverage by more than three-fold. Syringe coverage, defined as the proportion of all injections (conducted by people who regularly inject drugs) covered by a sterile syringe, was 119% in 2019/20.

1. Introduction

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

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

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

The NSP NMDC also contributes to reporting against key indicators outlined in the National BBV and STI Surveillance and Monitoring Plan 2018-2022 that accompanies Australia's National HIV and National Hepatitis C Strategies and UNAIDS Global AIDS Monitoring (GAM)[9]. Indicators are a) Number of needles and syringes distributed per person who injects drugs per year (National BBV and STI Surveillance and Monitoring Plan 2018-2022 and GAM 2020) 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).

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

2. NSP Services

NSP outlet type

In Australia, NSP services are available through a range of outlet types. The NSP NMDC Data Dictionary 2019v4[8] provides the following definitions for NSP outlet type.

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

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

Pharmacy NSPs are community retail pharmacies that dispense needles and syringes to PWID. This includes free dispensing as part of a subsidised scheme, as well as supply of injecting equipment on a commercial basis. Community pharmacies that independently supply needles and syringes (where there is no association with a state/territory NSP scheme) are not included in the NSP NMDC as there is no way to determine whether syringes are provided to PWID or solely provided to people with medical conditions (for example for IVF treatment).

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

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

In June 2020, there were 4,159 NSPs operating nationally (Figure 2.1) and all jurisdictions operated the full range of NSP outlet types. Pharmacy NSPs were the most common outlet type nationally (n=2,867, 69%) and in all jurisdictions (Figure 2.2). Of the 1,292 public sector outlets operating nationally in 2020, 811 were secondary NSPs, 377 were SDMs

and 104 were primary NSPs. Although there were significantly fewer primary outlets compared to secondary and pharmacy outlets, the comprehensive nature of services provided by primary NSPs offers opportunities for PWID to access health care and other services that are crucial to the prevention of BBVs and the reduction of drug-related harms to individuals and communities.

Figure 2.1 National NSP services (%) by outlet type in 2020

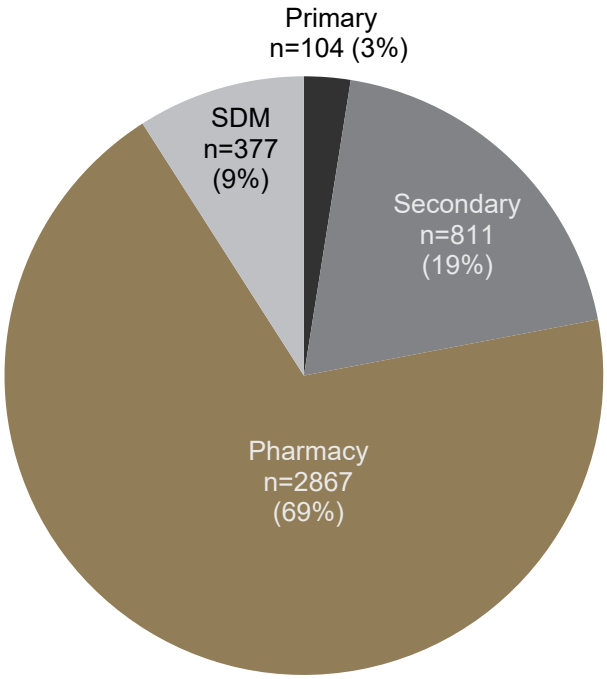
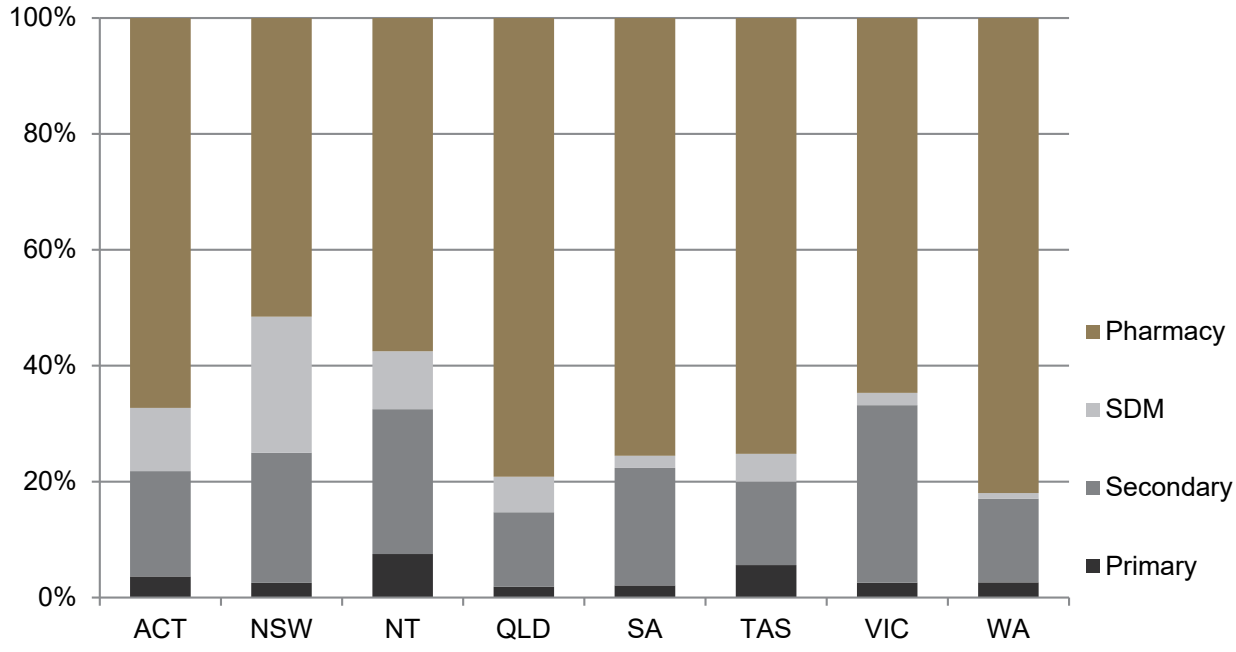


Figure 2.2 Jurisdictional NSP services (%) by outlet type in 2020



Primary and secondary NSPs predominantly operate as fixed site services, although 11 primary and 10 secondary NSPs operate as outreach services without a fixed site. A substantial proportion (n=54, 52%) of primary NSPs operate multiple modes of service delivery, including a combination of fixed site, mobile, outreach, peer distribution and/or SDM services.

SDMs ensure after-hours access to sterile needles and syringes. All jurisdictions operated SDMs in 2020, with 377 SDMs in operation nationally, including 211 secondary outlets that operate SDMs. SDMs predominantly dispense combined 1ml needles and syringes, although a small minority of SDMs dispense larger volume syringes and detachable needles. Two thirds of Australian SDMs (66%) dispensed needles and syringes at no cost to the consumer in 2020. Among the remaining SDMs, the majority (98%) required a consumer payment of between $2 and $4.

There was a 44% increase in the total number of NSP outlets over the 12-year period 2008-2020 (Table 2.1). The NSP NDMC collates data on the number of NSP outlets operating on 30 June at the end of each reporting period. As in previous years, there were minor changes to the number of NSP outlet types in all jurisdictions, with the exception of one jurisdiction where temporary changes were made in response to the COVID-19 pandemic. In this jurisdiction, around one quarter of secondary outlets were replaced with no cost to the consumer SDMs due to public health prevention measures. Nationally, these changes in service delivery resulted in an 11% decline in the number of secondary outlets (from n=908 in 2019 to n=811 in 2020), offset by a 10% increase in both the number of SDMs (n=340 in 2019 to n=377 in 2020) and the proportion of SDMs that provided needles and syringes at no cost to the consumer (53% in 2019 to 66% in 2020) between 2019 and 2020.

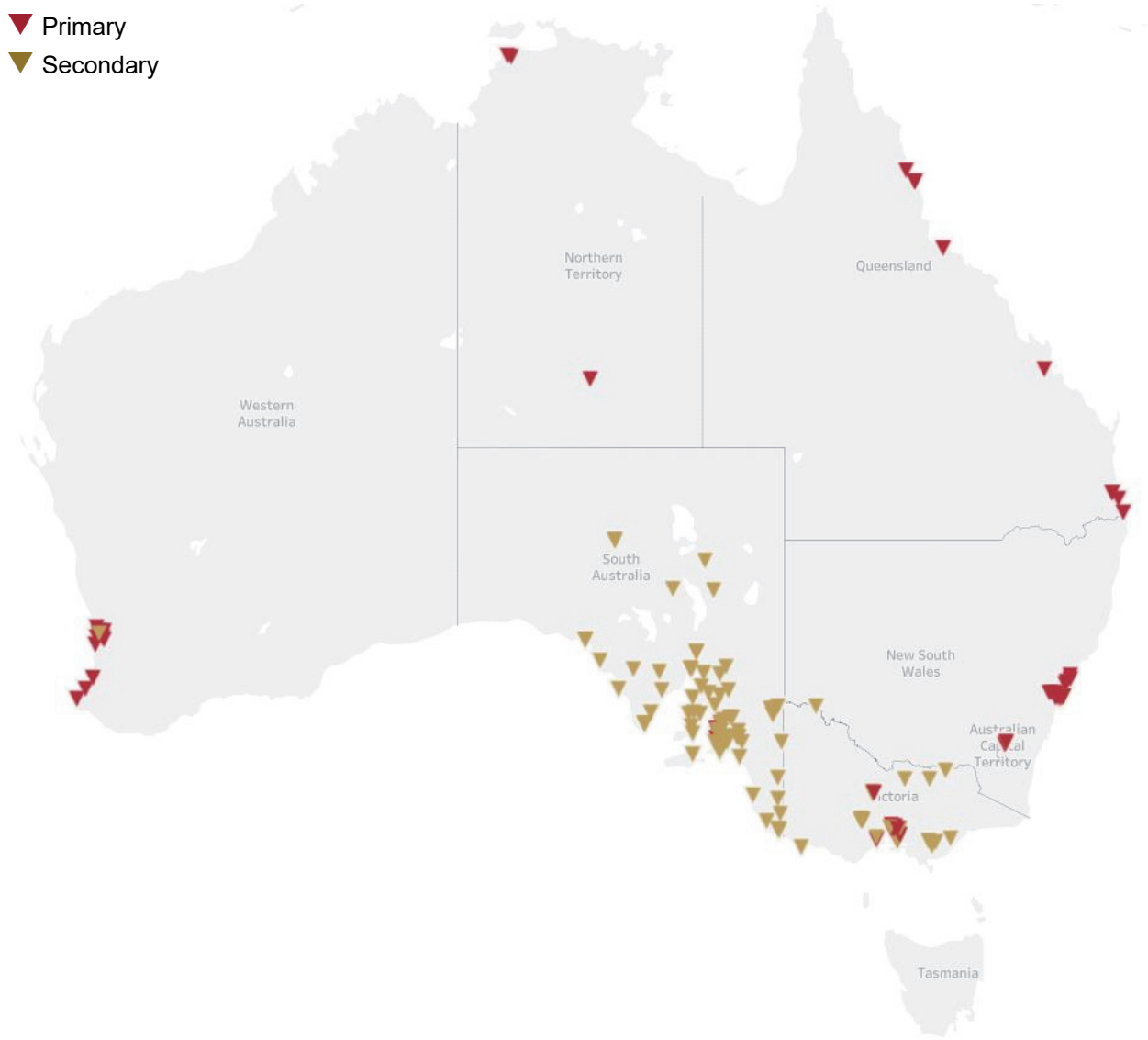
Since the inaugural NSP NMDC report in 2016[5], there has been a 19% increase in the total number of NSPs operating in Australia (from 3,509 in 2016 to 4,159 in 2020). The number of primary (102 in 2016 to 104 in 2020) and secondary NSPs (786 in 2016 to 811 in 2020) were relatively stable over the past five years. However, there were notable 25% increases among both pharmacy NSPs (2,321 in 2016 to 2,867 in 2020) and SDMs (300 in 2016 to 377 in 2020).

Table 2.1 Number of NSP services nationally by type, 2008 and 2016-2020

	2008[10]	2016	2017	2018	2019	2020
Primary NSP	85	102	98	101	98	104
Secondary NSP	745	786	784	774	908	811
SDM	118	300	323	344	340	377
Pharmacy	1,934	2,321	2,422	2,458	2,836	2,867
Total	2,882	3,509	3,627	3,677	4,182	4,159

Take-home naloxone is designed to assist in the management of opioid overdose. In February 2016, the Australian Therapeutic Goods Administration changed the listing of naloxone from Schedule 4 (prescription only) to Schedule 3 (pharmacist over the counter) access. Take-home naloxone programs[11] are gradually being scaled in Australia and this report provides data on the number of NSPs with programs to facilitate access to take-home naloxone for the second year. As of 30 June 2020, take-home naloxone programs were available through 169 NSPs in seven jurisdictions (Figure 2.3), equating to a 250% increase over the 12-month period (n=66 in 2019). Three fifths of primary NSPs (62%, n=61) and 13% of secondary NSPs (n=108) had programs to facilitate access to take-home naloxone in 2020.

Figure 2.3 National number of NSPs providing take-home naloxone access programs in 2020

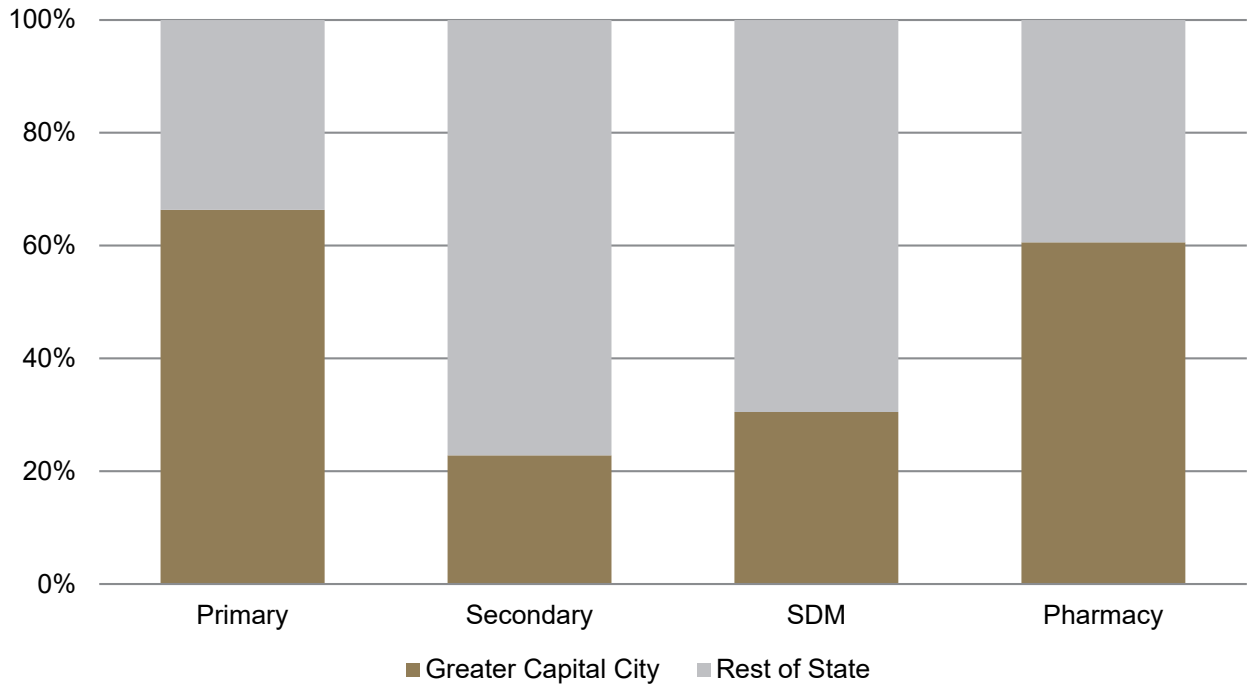


Geographic coverage

The ABS ASGS Greater Capital City Statistical Areas (GCCSA)[12] are designed to represent a socio-economic definition of each of the eight state and territory capital cities. This means the greater capital city boundary includes people who regularly socialise, shop or work within the city, but live in the small towns and rural areas surrounding the city. It does not define the built-up edge of the city. There are eight regions representing each of the Australian state and territory capital cities and eight regions covering the rest of each state and territory. There is only one GCCSA for the ACT and one for the Other Territories of Jervis Bay, Christmas Island and Cocos (Keeling) Islands.

The majority of primary (n=69, 66%) and pharmacy (n=1,737, 61%) NSP outlets are located within greater capital city boundaries, whereas the majority of secondary NSP outlets (n=626, 77%) and SDMs (n=262, 69%) are located in the rest of each state (Figure 2.4).

Figure 2.4 National NSPs (%) by outlet type and greater capital city statistical area in 2020



The Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS)[13] provides a geographical standard for the publication of statistics by relative remoteness. The Australian Remoteness Areas categories are 0) Major Cities, 1) Inner Regional, 2) Outer Regional, 3) Remote, 4) Very Remote, 5) Migratory/Offshore/Shipping.

As shown in Figure 2.5, the mix of NSP outlet types varied according to geographic region by remoteness area. Two thirds (n=1,844, 64%) of Australia's 2,867 pharmacy NSPs were located in major cities with pharmacies comprising the majority (82%) of NSP outlets in this ASGS area. Pharmacy NSPs were also the most common NSP outlet type in inner regional (n=606, 61%) and outer regional (n=376, 52%) areas, however significantly fewer pharmacy NSPs were located in remote (n=34, 28%) and very remote (n=7, 10%) areas of Australia. Conversely, the proportion of secondary outlets increased with remoteness area, with secondary outlets the most common NSP outlet type in remote (n=66, 54%) and very remote (n=50, 72%) areas. Similarly, the proportion of SDMs increased with remoteness area, with two thirds (n=254, 67%) of Australia's 377 SDMs located outside major cities.

The ASGS[13] Statistical Area 3 (SA3) provides a regional breakdown of Australia with 340 SA3s nationally (excluding non-spatial SA3 special purpose codes). The majority (96%) of SA3 in Australia have at least one NSP outlet. Figures 2.6 and 2.7 provide visual representations of the geographic coverage of primary, secondary, pharmacy and SDM NSP outlets by SA3 in Australia in 2020.

Figure 2.5 National NSPs (%) by outlet type and remoteness area in 2020

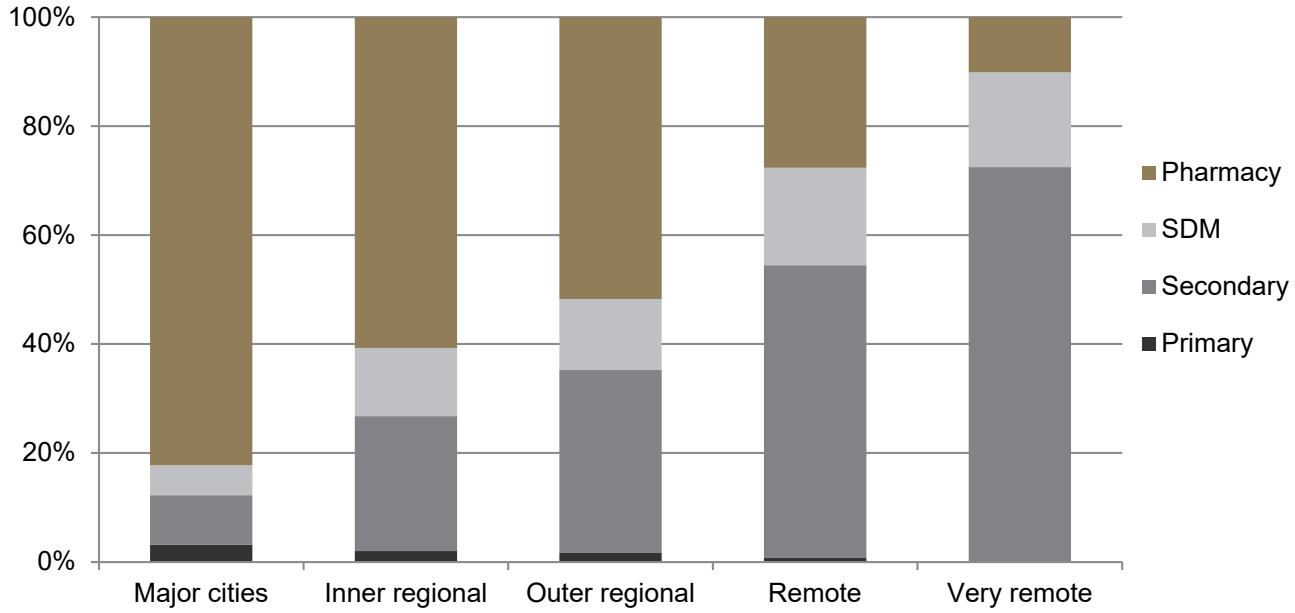
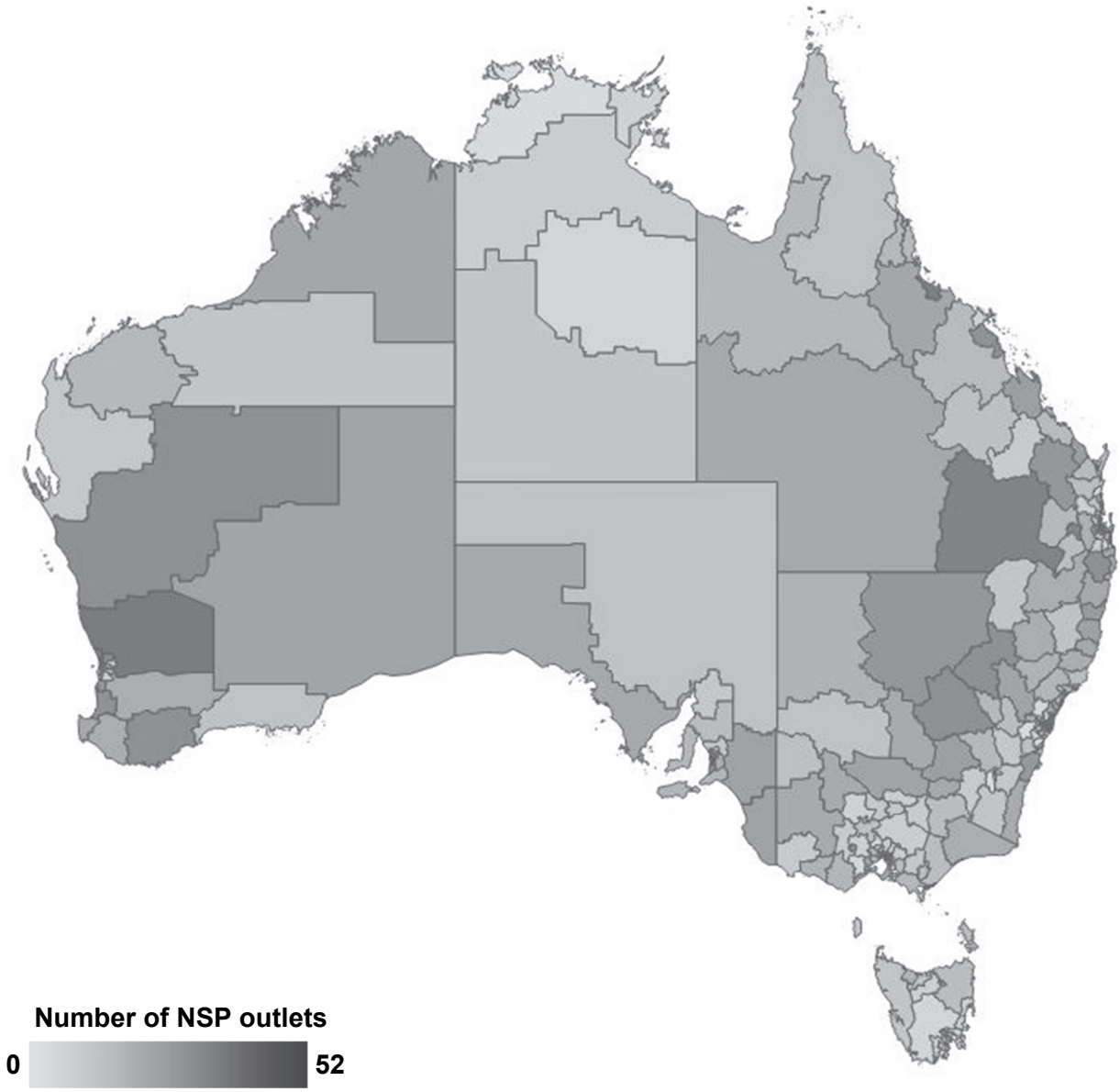


Figure 2.6 National number of NSPs by outlet type and SA3 in 2020

Figure 2.7 National total number of NSP outlets by SA3 in 2020



3. Service Provision

NSP occasions of service

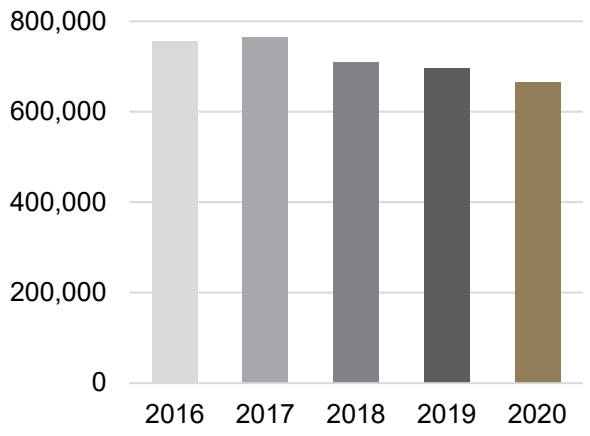
All jurisdictions collect client-level OOS data. Data collection varies according to outlet type with limited capacity at secondary outlets and no capacity at SDMs or pharmacy NSPs. In 2015, the NSP NMDC National Reference Group agreed on four client-level OOS data elements (age, gender, Indigenous status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

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

Jurisdictional client-level OOS data were collected on a nominated snapshot day during the last week of February in all years. It should be noted that client-level OOS data were not collected from every NSP outlet in some jurisdictions and that client level data were unavailable for a small number of OOS in all years 2016-2020 (range n=59-207).

Nationally, there were 2,473 OOS recorded at participating public sector NSPs in Australia on the nominated snapshot day in February 2020. Data on occasions of service (OOS) were collected in late February 2020, prior to the World Health Organisation (WHO) declaration of COVID-19 as a global pandemic on 11 March 2020. It is therefore unlikely that OOS data presented in this report were impacted by the COVID-19 pandemic, however OOS likely declined from March 2020 as jurisdictions implemented a range of public health prevention measures, some services modified their mode of service delivery and NSP clients were encouraged to ensure they had sufficient supplies of injecting equipment. Notwithstanding COVID-19 disruptions from March 2020, public sector NSP services were on track to provide ~665,000 OOS in this reporting period. As shown in Figure 3.1 the estimated number of OOS at primary and secondary NSPs has declined over the last five years (from 755,000 in 2016 to n=665,000 in 2020).

Figure 3.1 National OOS in 2016-2020

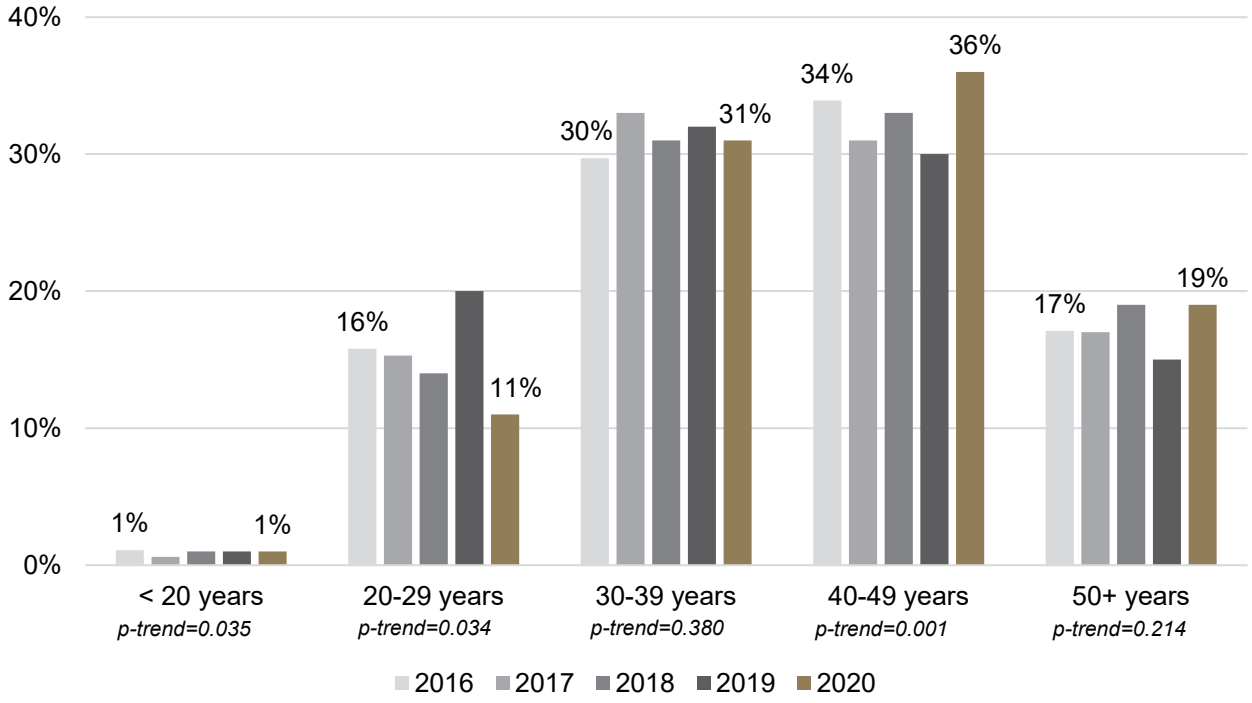


Age

The NSP NMDC Data Dictionary[8] defines age according to the ABS Age Standard[14] as AGEP (age of the NSP client in single years). All jurisdictions collected 'age' as a data element in 2020. Most jurisdictions collected age in single years (AGEP), however two jurisdictions collected age group and the minimum data available to report in the NSP NMDC is ten-year age groups (AGE10P). It should also be noted that there was minor misalignment with AGE10P and the age group categories collected in one jurisdiction and some adjustment of data was necessary (see Appendix A: Methodological Notes).

Two in three (67%) OOS at public sector NSPs on the 2020 snapshot day involved NSP attendees aged 30-49 years (36% aged 40-49 years and 31% aged 30-39 years). One in five (19%) OOS involved NSP attendees who were aged 50 years or older and one in ten (11%) involved NSP attendees aged 20-29 years. One percent of OOS involved attendees aged less than 20 years. Young people (aged less than 25 years) comprised four percent (n=93) of OOS at public sector NSPs nationally in 2020. As shown in Figure 3.2, based on the ABS AGE10P grouping, over the period 2016 to 2020 a significant increase was observed in the proportion of attendees aged 40-49 years (p-trend=0.001), while significant decreases were observed in the proportion of NSP attendees aged less than 20 years (p-trend=0.035) and those aged 20-29 years (p-trend=0.034). The age breakdown of NSP attendees according to ABS AGE10P was stable for participants aged 30-39 years and 50+ years.

Figure 3.2 National OOS (%) by age group in 2016-2020



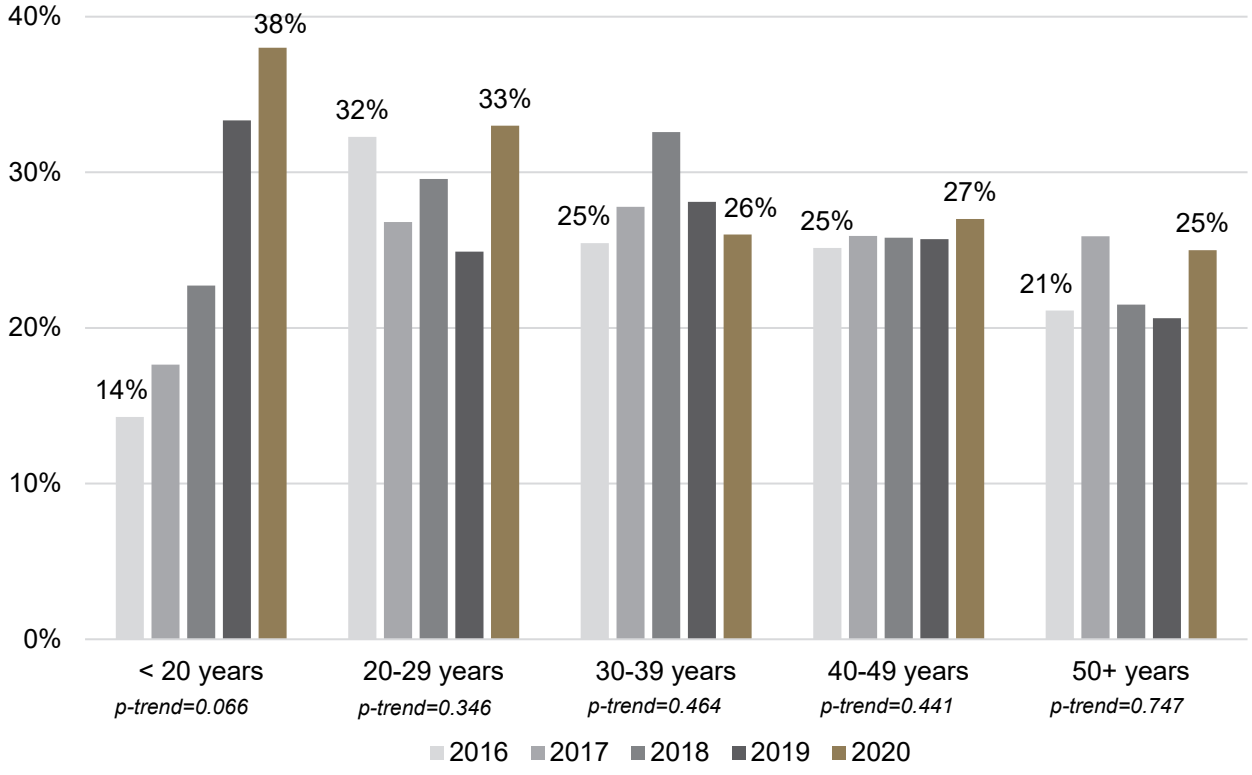
Gender

The NSP NMDC Data Dictionary[8] defines gender as per the ABS Standard for Sex and Gender Variables[15] which states gender is the distinction between male, female, and genders which are a combination of male and female, or neither male nor female, as reported by the client. All jurisdictions collected gender in 2020, with most jurisdictions (n=5) collecting this data element according to the ABS standard where permissible values are: 1) Male, 2) Female and 3) Other.

Consistent with previous years, on the snapshot day in 2020, three quarters (73%) of NSP OOS recorded involved male NSP attendees and one quarter of NSP OOS recorded involved females. Eight NSP OOS (<1%) recorded on the snapshot day in 2020 involved people who identified their gender as 'other'.

Females comprised between one fifth and one third of NSP attendees in all age groups in all years 2016 to 2020, except among NSP attendees aged <20 years, where the proportion of females ranged from 14% in 2016 to 38% in 2020. The proportion of females in all age groups was stable over the period 2016 to 2020 (Figure 3.3).

Figure 3.3 National proportion female (%) by age group in 2016-2020



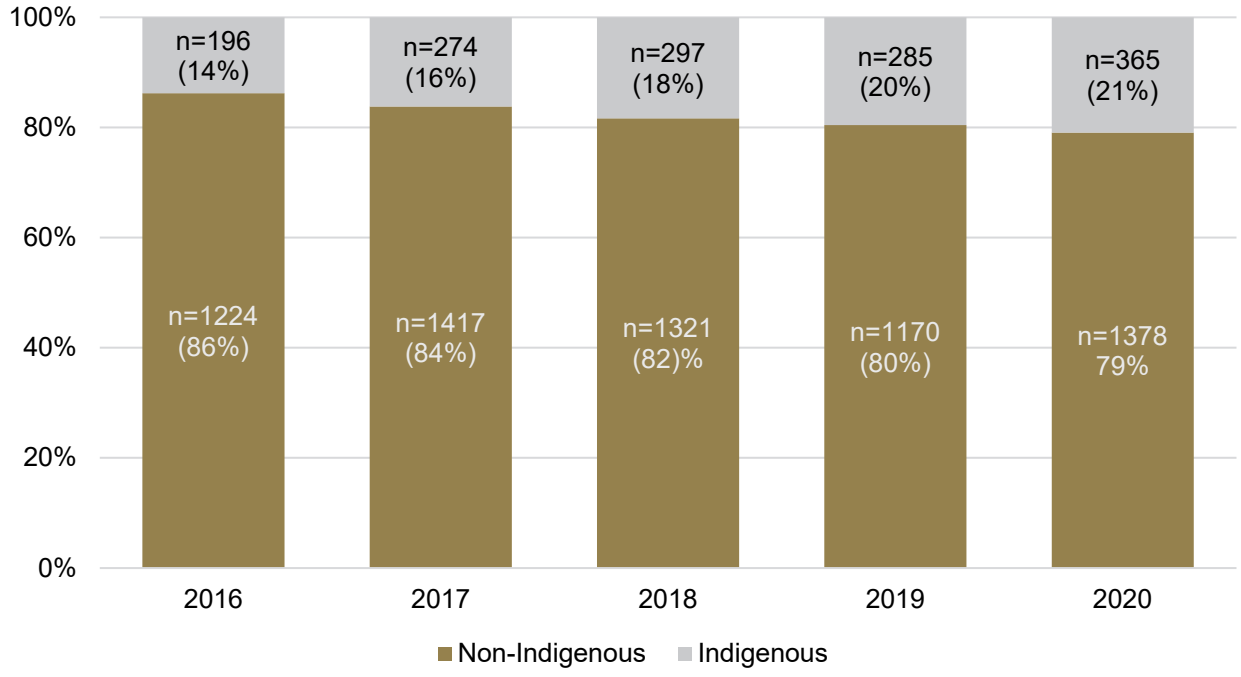
Indigenous status

The NSP NMDC Data Dictionary[8] uses the ABS Indigenous Status Standard[16], which define Indigenous status as "Whether a person identifies as being of Aboriginal or Torres Strait Islander origin."

The permissible values are: 1) Aboriginal but not Torres Strait Islander origin, 2) Torres Strait Islander but not Aboriginal origin, 3) Both Aboriginal and Torres Strait Islander origin, 4) Neither Aboriginal nor Torres Strait Islander origin. Seven of the eight jurisdictions currently collect client-level OOS data on Indigenous status, although data collection is not aligned to the ABS standard in one of these jurisdictions. The minimum reporting in the 2020 NSP NMDC is Indigenous status as a binary response; 'Yes, Aboriginal and/or Torres Strait Islander origin' or 'Neither Aboriginal nor Torres Strait Islander origin'.

Among the seven jurisdictions where client-level OOS data on Indigenous status was collected and excluding OOS where Indigenous status was not reported, 21% (n=365) of NSP OOS on the snapshot day involved NSP attendees who identified as Aboriginal and/or Torres Strait Islander (Figure 3.4). Over the period 2016 to 2020 there was a significant increase in the proportion of attendees who identified as Aboriginal and/or Torres Strait Islander (from 14% in 2016 to 21% in 2020, p-trend<0.001).

Figure 3.4 National OOS (%) by Indigenous status in 2016-2020



Note: One jurisdiction did not collect data on Indigenous status in any years 2016-2020, and one jurisdiction did not collect data on Indigenous status between 2016-2019.

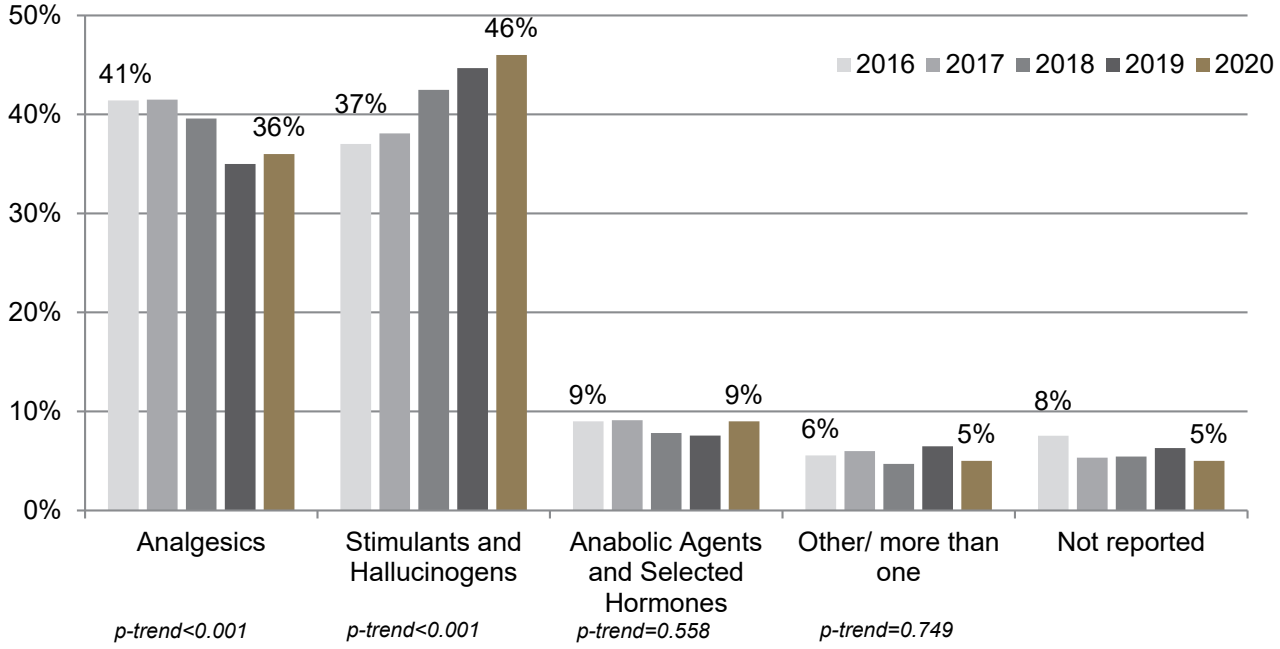
Drugs injected

The NSP NMDC uses the ABS Drugs of Concern Classification[17] Broad and Base level groups to report on the drug/s injected as defined in the NSP NMDC Data Dictionary[8].

The NSP NMDC Data Dictionary[8] defines drugs injected as the drug (or drug type), as stated by the client. Given differences in existing jurisdictional data collections, this is either the drug the client is intending to inject following the current OOS (three jurisdictions) or the drug last injected by the client on the most recent occasion of injection (four jurisdictions). One jurisdiction does not currently collect client-level OOS data on the type of substance injected.

Figure 3.5 illustrates the breakdown of drugs injected by NSP attendees on the nominated snapshot day according to ABS Drugs of Concern Broad Groups in 2016-2020. Stimulants and Hallucinogens were the most commonly reported class of drugs injected for the third consecutive year in 2020 (n=832, 46%), followed by Analgesics (n=645, 36%) and Anabolic Agents and Selected Hormones (n=156, 9%). Injecting more than one drug subtype was reported at 5% (n=99) of all OOS at public sector NSPs nationally in 2020. Over the period 2016 to 2020, a significant increase was observed in the proportion of NSP attendees who reported Stimulants and Hallucinogens, such as methamphetamine, as the class of drugs injected (p-trend<0.001) and a concurrent decrease in those who reported Analgesics such as heroin and other opioids (p-trend<0.001).

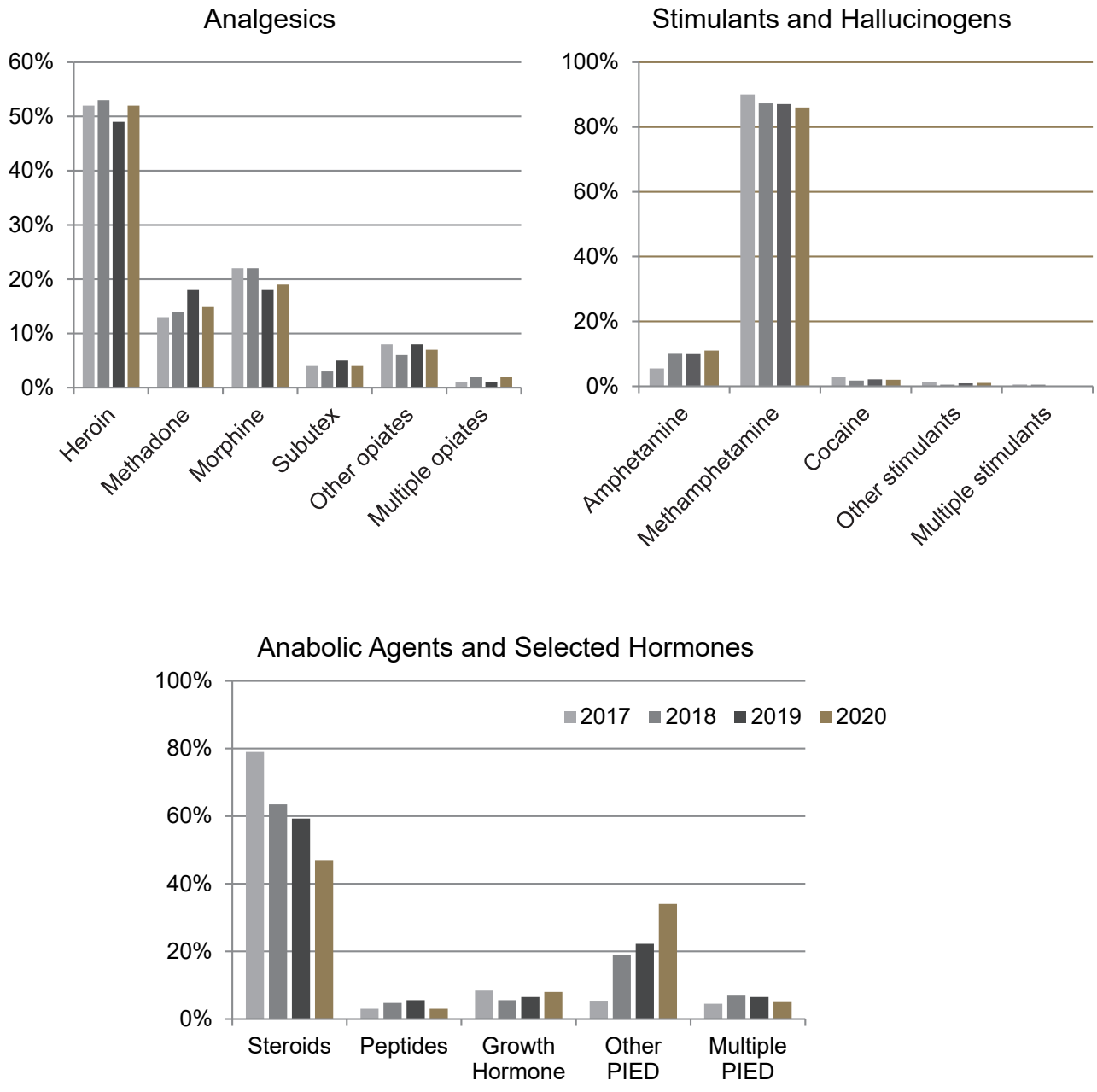
Figure 3.5 National OOS drug injected (%) by ABS Drugs of Concern Broad Groups in 2016-2020



Note: One jurisdiction did not collect data on drug injected in any years 2016-2020

In the five jurisdictions where data on ABS Drugs of Concern at Base level units were available (n=1,507 in 2020), heroin (n=309, 52%) was the most commonly reported drug injected by NSP clients in the 'Analgesics' category, while methamphetamine (n=550, 86%) was the most commonly reported drug injected in the 'Stimulants and Hallucinogens' category (see Figure 3.6). As in previous years, steroids (n=71, 47%) were the most commonly reported drug injected in the 'Anabolic Agents and Selected Hormones' category.

Figure 3.6 National OOS drug injected (%) by ABS Drugs of Concern Broad Groups and Base Groups in 2017-2020



Note: Among the five jurisdictions that collected ABS Drugs of concern at Base level units (data available from 2017)

Young people

Among young people (aged less than 25 years) attending NSPs on the snapshot day in 2020 and excluding the jurisdiction that did not collect data on drugs injected, Stimulants and Hallucinogens were the most commonly reported drug class last injected, reported by 47% of young people in 2020. This was followed by Anabolic Agents and Selected Hormones (30%) and Analgesics (21%). Nine percent of young people reported injecting other drugs or more than one drug subtype and 6% did not report drug/s injected.

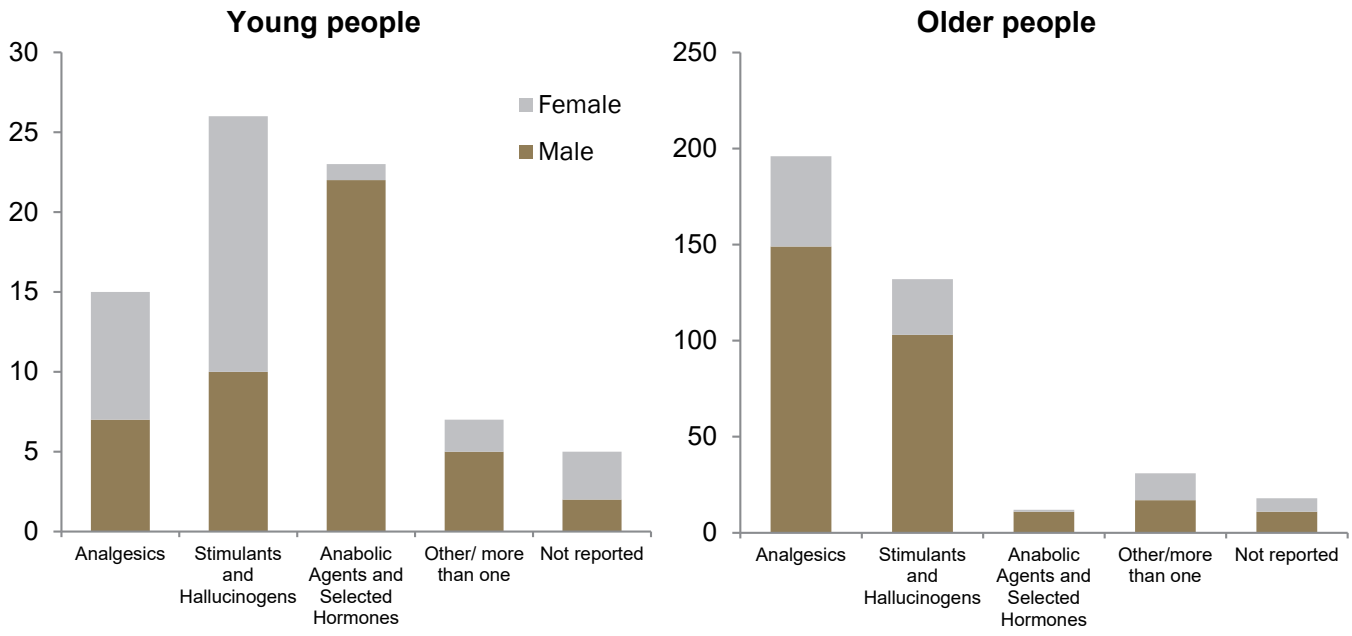
As previously stated, men accounted for approximately 60% of OOS involving a young person in 2020. Men comprised 44% of young people who injected Analgesics, 38% of those who injected Stimulants and Hallucinogens and 96% of those who injected Anabolic Agents and Selected Hormones (Figure 3.7).

Older people

The NSP NMDC defines older people as those aged 50 years and older. Among OOS involving older people and excluding the jurisdiction that did not collect data on drugs injected, 50% of older people reported injecting Analgesics, 34% reported injecting Stimulants and Hallucinogens and 3% reported injecting Anabolic Agents and Selected Hormones in 2020. Eight percent of older people reported injecting more than one drug and 5% did not report the drug injected.

Consistent with previous years, men comprised the majority of OOS that involved older people in all ABS Drugs of Concern Broad Groups in 2020 (Figure 3.7).

Figure 3.7 National OOS among young people (aged <25 years) and older people (aged ≥50 years) by gender and drug injected in 2020



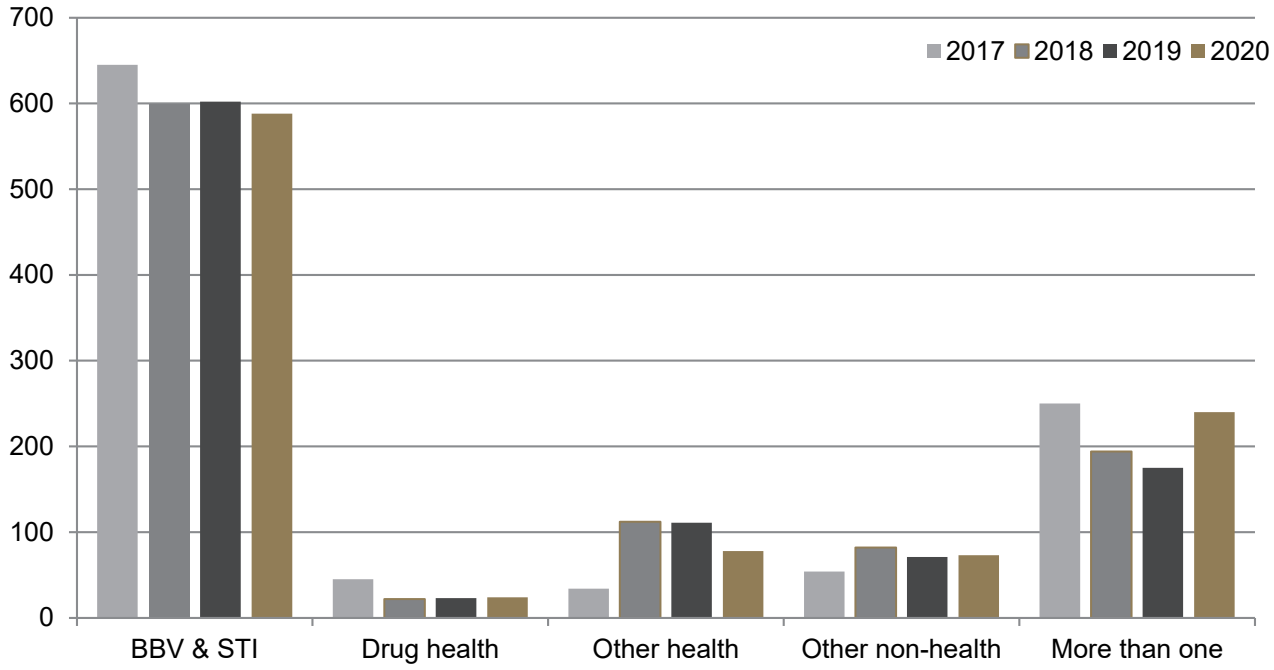
Health education/interventions provided

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

Where detailed data on health education/intervention was available, data were recoded into the five broad groups defined in the NSP NMDC Data Dictionary[6]: 1) BBV and STI, 2) Drug health, 3) Other health, 4) Other non-health and 5) Peer-based.

Among NSP services that collected data on the provision of health education/ interventions, approximately one in two (45%) OOS at public sector NSPs included the provision of a health education/ intervention. As shown in Figure 3.8, three in five (n=588, 60%) health education interventions provided at NSP services in 2020 related to BBVs and STIs (including safer injection practices and vein care), and this was consistent with proportions reported in previous years (63% in 2017, 59% in 2018 and 61% in 2019). Following BBV and STI health education/ interventions was the provision of more than one health education/interventions (24%), other health (n=78, 8%) and other non-health (n=73, 6%) education/ interventions. A minority of health education/interventions were related to drug health in 2020 (n=24, 2%).

Figure 3.8 National NSP OOS health education interventions in 2017-2020



Referrals

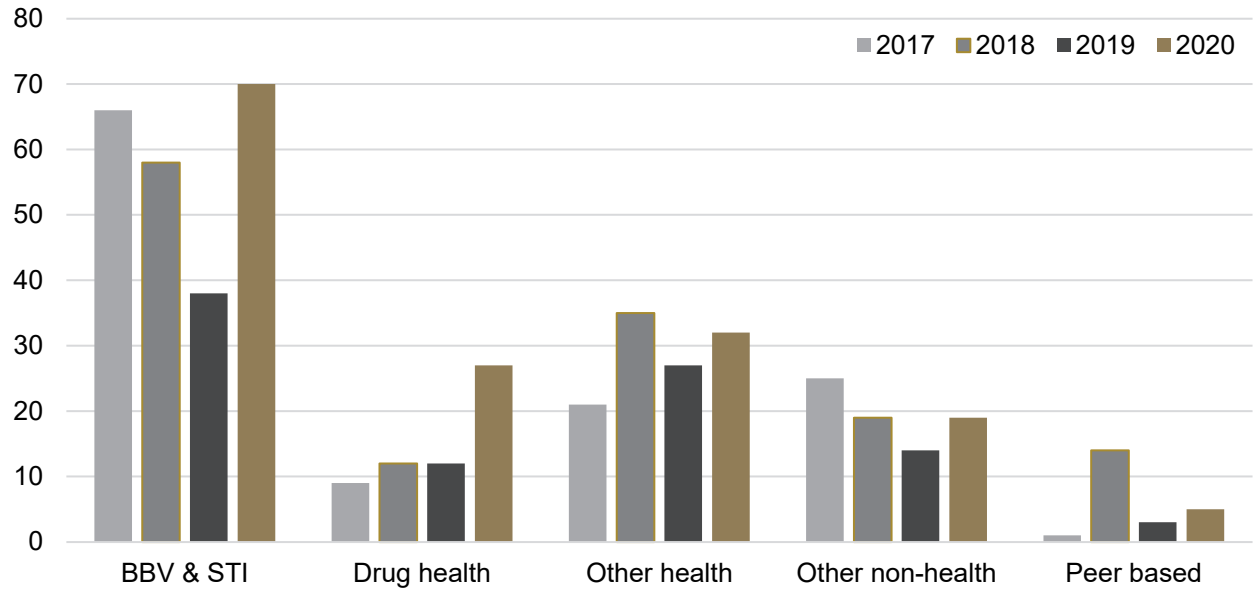
Primary and secondary NSP services also provide attendees with referrals to a range of health, welfare, legal and other agencies. The NSP NMDC Data Dictionary[8] defines referral as "The type of service or agency to which a client is referred during a NSP service contact."

As with health education/interventions and described previously, the NSP NMDC uses a two-level hierarchical structure to collate referrals due to some inconsistency in the way this data element is currently collected at the jurisdictional level. The hierarchical structure of this data element enables recoding of existing jurisdictional data into broad groups. Although all jurisdictions collect this data element, 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. Data were available from 2017.

Of the NSP services that recorded data on referrals on the snapshot day in 2020, one in ten (n=96, 9%) OOS at public sector NSPs involved the provision of a referral. Two in five (n=70, 43%) referrals were made to BBV and STI services, while one in five (n=32, 20%) were made to other health services and one in six (n=27, 16%) were made to drug health services. Smaller proportions of referrals were made to other non-health services (n=19, 12%) or peer-based services (n=5, 3%). Multiple referrals were provided on one in twenty (n=10, 6%) NSP OOS that involved a referral. Figure 3.9 shows the national NSP OOS referral destination in 2017-2020.

Figure 3.9 National NSP OOS referral destination in 2017-2020



Note: Data available fom 2017

4. Needle and Syringe Distribution

The NSP NMDC used the NSP NMDC Data Dictionary[8] definition for 'Needles and syringes distributed' which includes a description of 1) combined needle and syringe, 2) syringe without needle and 3) needle without syringe. Because injection requires both a needle and a syringe, the Data Dictionary guide for use states "the total number of needles and syringes is obtained using the calculation: 'Combined needle and syringe' + 'syringe without needle' to avoid double counting".

The NSP NDMC reports needle and syringe distribution by financial year. The most recent reporting period, from July 2019 to June 2020, covers a period where needle and syringe distribution was impacted by COVID-19, the disease announced as a global pandemic by the World Health Organisation on March 12. The COVID-19 pandemic resulted in some distortion of needle and syringe distribution in 2020. Known COVID-19 impacts relate to a) stockpiling of injecting equipment and b) COVID-19 related modifications to NSP operating procedures[2].

In Australia, concerns regarding potential disruptions to supply chains and service delivery in the early phase of the COVID-19 pandemic led to stockpiling of injection equipment and inflated needle and syringe distribution during the January to March quarter of 2020. Further, the COVID-19 pandemic necessitated modification to NSP operating procedures, including restrictions on staff, volunteer and client interactions and changes in patterns of use of SDMs, as well as modification from cost recovery to free-vend at some SDMs.

As shown in Figure 4.1, COVID-19 impacts resulted in an anomaly whereby public sector distribution increased by 29% and pharmacy distribution increased by 12% in the January to March quarter of 2020 compared to the seasonally comparable January to March quarter in 2019. As previously stated, this substantial increase was likely due to stockpiling, with a subsequent decline in needle and syringe distribution observed in the April to June quarter 2020 compared to the same quarter in 2019.

Overall, a 9.6% increase in needle and syringe distribution was observed between January and June 2020 (29.4 million) compared to the same period in 2019 (26.8 million). This trend was also observed prior to the pandemic (Figure 4.1), with a 9.3% increase in needle and syringe distribution observed in July to December 2019 (28.4 million) compared to July to December 2018 (26.0 million). Thus, the fluctuations in needle and syringe distribution in quarters 1 and 2 of 2020 likely balanced out and had limited impact on the overall trend in needle syringe distribution in 2019/20.

In 2019/20, 57.8 million needles and syringes were distributed nationally in Australia (Figure 4.2). This represents a 17% increase over the five-year period 2015/16 to 2019/20 and a 53% increase over the ten-year period from 2010/11 to 2019/20. In 2019/20, the public and pharmacy sectors dispensed 51.1 million (89%) and 6.6 million (11%) needles and syringes respectively.

Figure 4.1 National needle and syringe distribution by public and pharmacy sector NSP, 2016-2020 by quarter

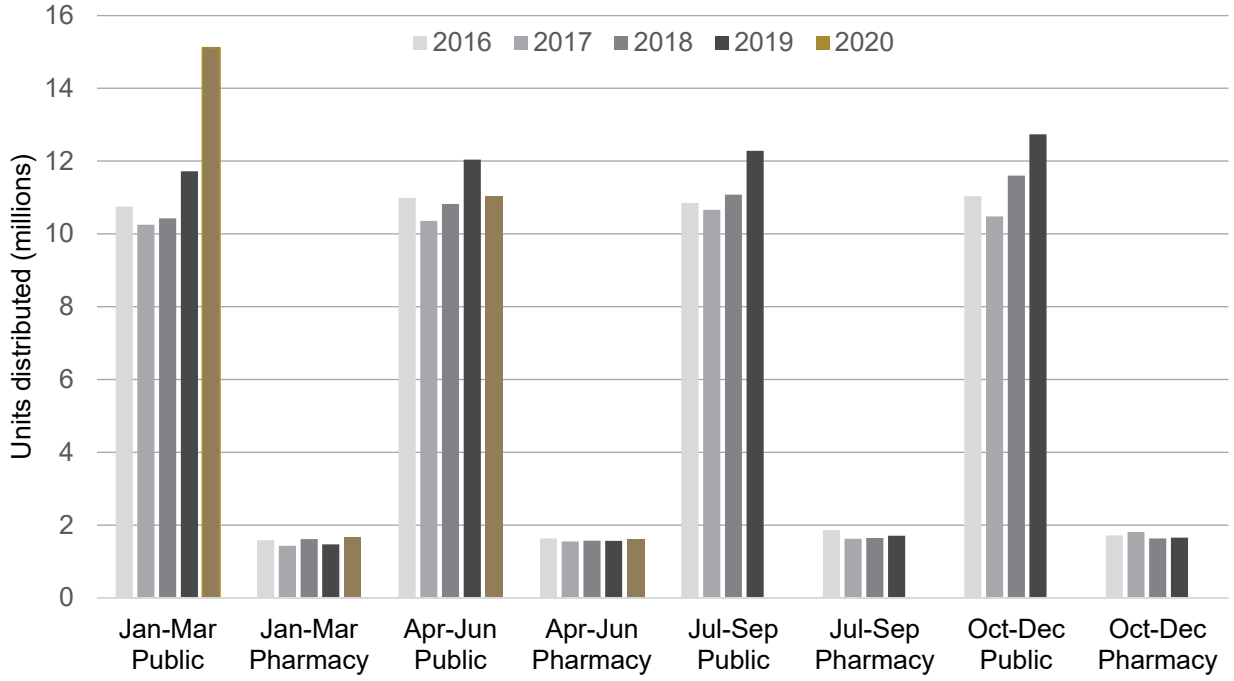
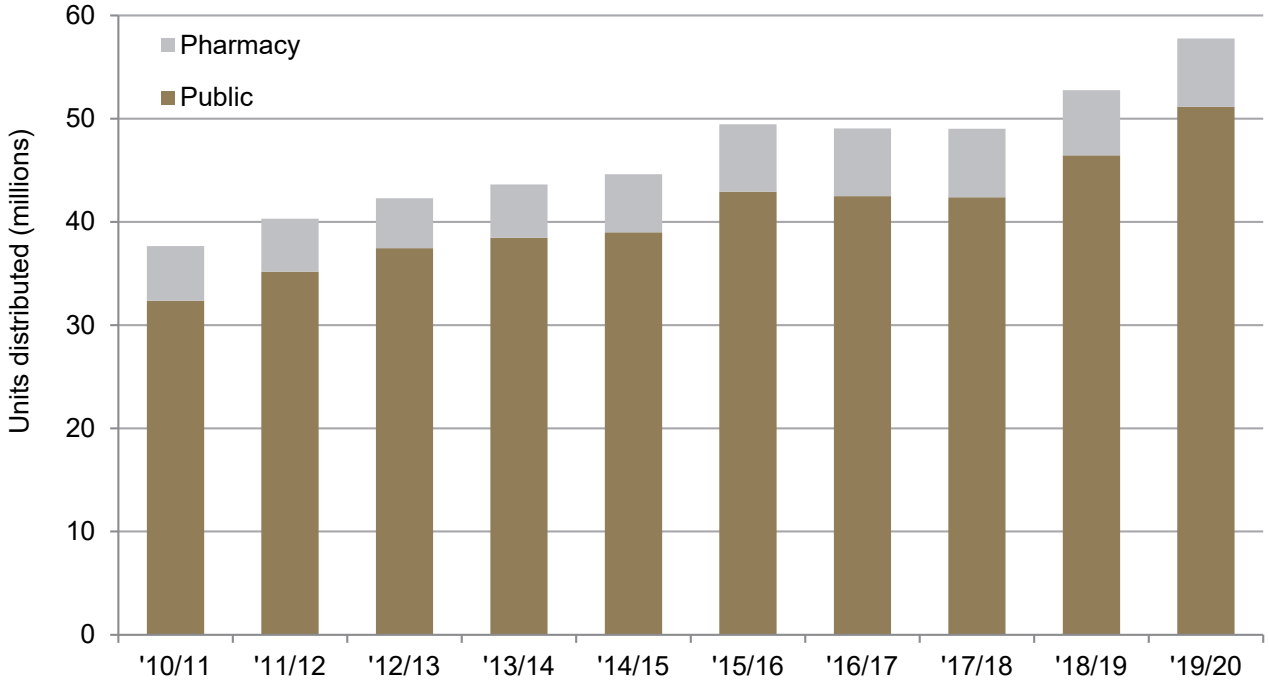


Figure 4.2 National needle and syringe distribution by public and pharmacy sector NSP, 2010/11-2019/20



Per capita needle and syringe distribution

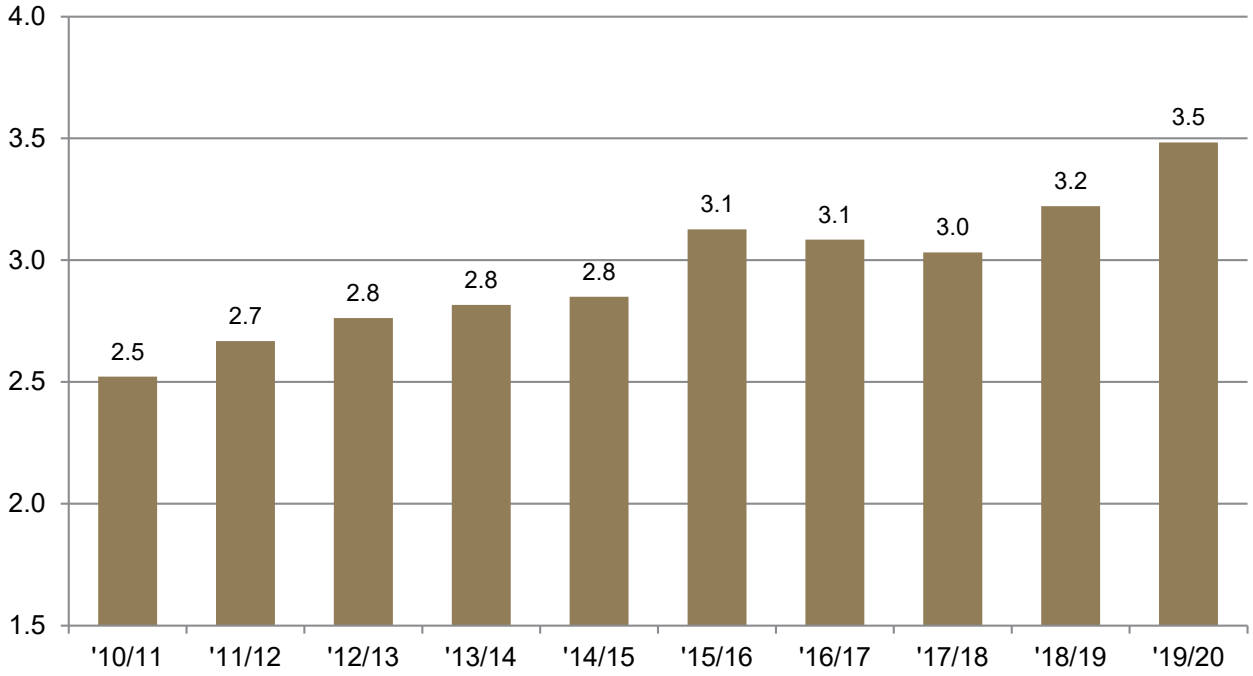
Per capita needle and syringe distribution was calculated by dividing the number of needles and syringes distributed by the Australian population aged 15-64 years. The denominator excluded children (aged less than 15 years) and older people (65 years and older) as injection drug use is less prevalent in these age groups. Calendar year ABS population data was converted to financial year by calculating the mean of the population estimate in consecutive calendar years. The per capita rate of needles and syringes distributed nationally increased by 40% over the ten-year period from 2010/11-2019/20 and 13% over the five-year period from 2015/16 to 2019/20 (Table 4.1 and Figure 4.3). In 2019/20, 3.5 needles and syringes were distributed per person aged 15-64 years.

Table 4.1 National syringe distribution and per capita syringes distributed, 2010/11-2019/20

Year	Needle and syringe distribution (millions)			Per capita needles/syringes
	Public	Pharmacy	Total	
2010/11	32.4	5.3	37.6	2.5
2011/12	35.2	5.1	40.3	2.7
2012/13	37.4	4.8	42.3	2.8
2013/14	38.5	5.2	43.6	2.8
2014/15	39.0	5.6	44.6	2.8
2015/16	42.9	6.5	49.5	3.1
2016/17	42.5	6.6	49.0	3.1
2017/18	42.4	6.6	49.0	3.0
2018/19	46.4	6.3	52.8	3.2
2019/20	51.1	6.6	57.8	3.5

Notes: Denominator for per capita needles and syringes is the population aged 15-64 years.
Total may not add up due to rounding

Figure 4.3 Per capita needle and syringe distribution, 2010/11-2019/20



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

Syringe distribution per PWID

UNAIDS Global AIDS Monitoring includes 'needles and syringes distributed per person who injects drugs' as one of the key indicators for reporting on the global AIDS response[9]. UNAIDS defines syringe coverage as 'low' (<100 syringes per PWID per annum), 'medium' (100-200 syringes per PWID per annum) and 'high' (>200 syringes per PWID per annum)[18]. In addition, the World Health Organization Global Health Sector Strategy on Viral Hepatitis, 2016–2021[19] has set a target of 300 syringes per PWID by 2030.

Based on previous methods that estimated the Australian PWID population size[20], a method to generate annual estimates of the PWID population size was developed by Kwon and colleagues[21]. PWID were defined as people who had injected drugs in the previous 12 months and included people who inject drugs on a regular basis (defined as people who had injected for at least 12 months, an average of 10 times per month, with injecting in most months) and people who inject drugs occasionally (defined as people who injected at least once in the last 12 months, but not frequently enough to be considered a person who injects drugs on a regular basis).

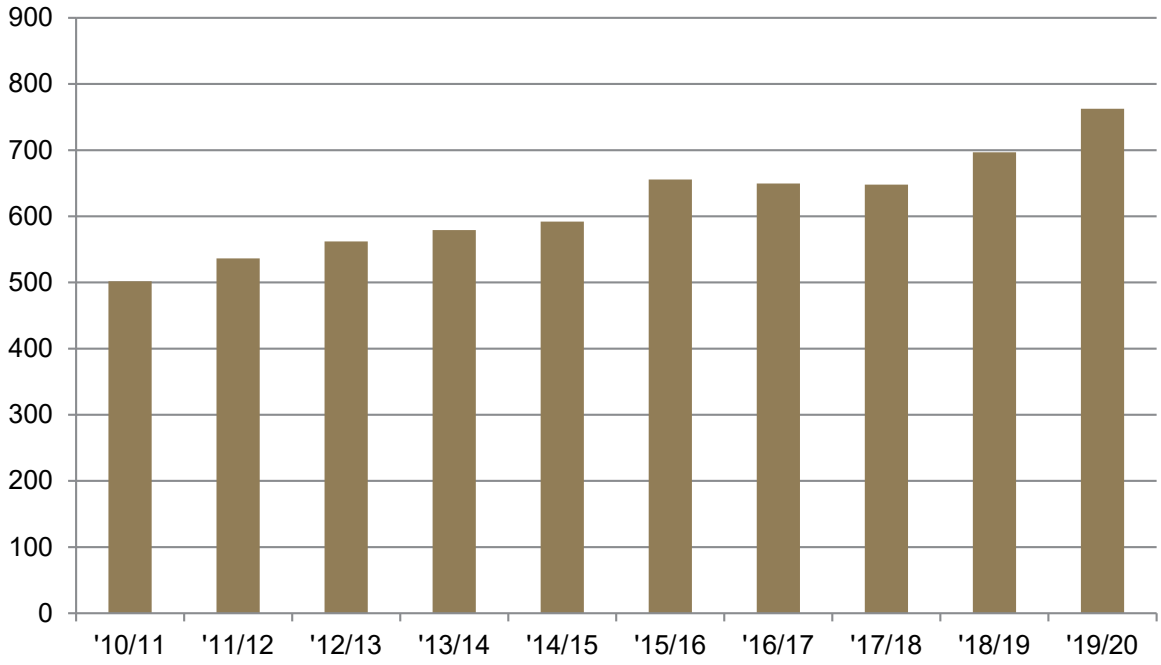
As in previous years, the NSP NMDC used a range of annually updated data sources to estimate trends in the size of the Australian population of people who inject drugs on a regular basis (see Methodological Notes, Appendix A). Calendar year PWID population estimates were converted to financial year estimates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

There were an estimated 75,756 people who inject drugs on a regular basis in Australia in 2019/20 and this population was stable over the past decade (Table 4.2). The mean number of syringes per PWID was calculated by dividing the number of syringes distributed by the estimated number of people who inject drugs on a regular basis in each financial year. As shown in Figure 4.4, there was a 50% increase in syringes distributed per PWID between 2010/11 and 2019/20. In 2019/20 an estimated 762 syringes were distributed per person who injects drugs on a regular basis, the equivalent of two syringes per day and exceeding the UNAIDS definition of high syringe coverage by more than three-fold.

Table 4.2 National syringe distribution per PWID*, 2010/11-2019/20

Year	Number of people who inject on regular basis*	Syringes distributed (millions)	Syringes per PWID*
2010/11	75,047	37.6	502
2011/12	75,148	40.3	536
2012/13	75,236	42.3	562
2013/14	75,315	43.6	579
2014/15	75,387	44.6	592
2015/16	75,452	49.5	655
2016/17	75,512	49.1	650
2017/18	75,668	49.0	648
2018/19	75,713	52.8	697
2019/20	75,756	57.8	762

Figure 4.4 National syringe coverage per PWID*, 2010/11-2019/20



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

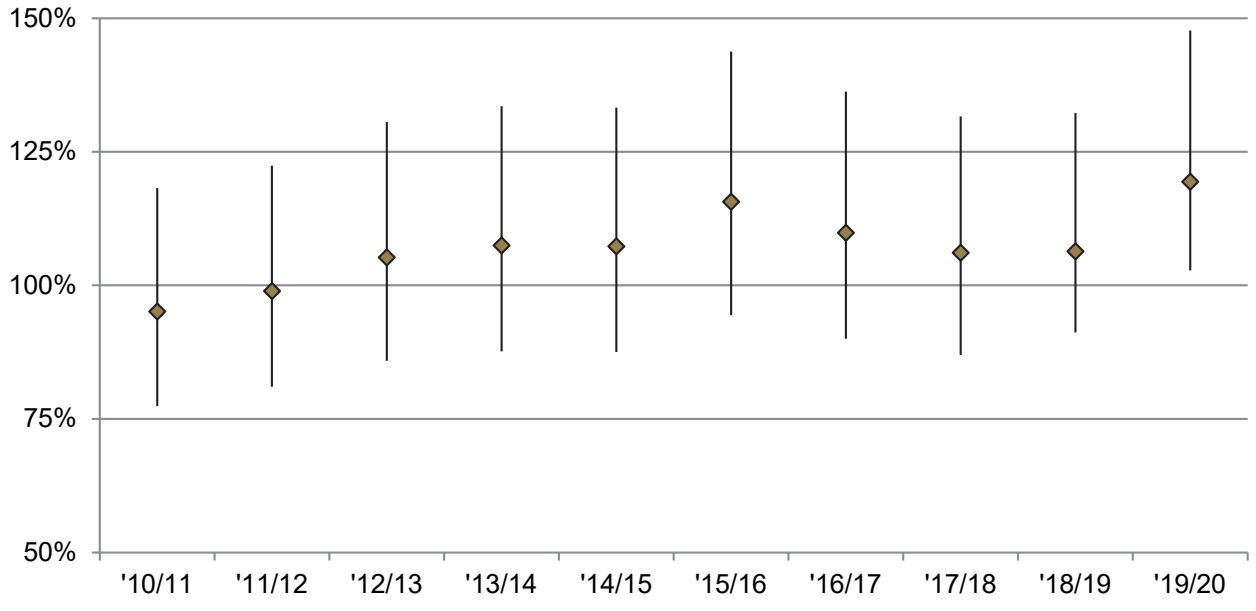
Syringe coverage

Although calculation of the mean number of syringes distributed per PWID is a useful tool to monitor trends over time, it does not take frequency of injection into account. Additional analyses were conducted to assess the extent to which demand for sterile syringes was met. Data on frequency of injection was obtained from the Australian NSP Survey[22] and the methodology described in Kwon et al[21]. estimated the number of sterile syringes required to cover all injections among people who inject drugs on a regular basis (assuming one sterile syringe was used per injection).

The following assumptions were used: 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 2-60 syringes per week and injection monthly but not weekly required a mean of 0.5 (range 0.3-0.9) syringes per week.

Figure 4.5 shows the mid-point and lower/upper syringe coverage estimates over the period 2010/11 to 2019/20. Syringe coverage reached 100% for the first time in 2012/13 and has remained >100% in all subsequent years. Notwithstanding, 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 or failed injection attempts). Syringe coverage among the population of people who inject drugs on a regular basis in Australia was 119% in 2019/20.

Figure 4.5 Mid-point, upper and lower estimates of the proportion of injections covered by a sterile syringe among PWID*, 2010/11-2019/20



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

5. Future Directions

This is the fifth annual National Data Report for the NSP NMDC project. Historical data (from 2008) was used to investigate past decade temporal trends in the number and type of NSP services (Section 2). The collation of historical data has also enabled the presentation of past decade temporal trends in needle and syringe distribution (Section 4). Since 2019 the report has also collected and included data on the provision of programs to facilitate access to take-home naloxone (Section 2).

As discussed in Appendix A (Methodological Notes) and throughout this report, 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. Opportunities emerged for improving alignment and completion over time in several jurisdictions. The NSP NMDC Data Dictionary developed in 2017 was updated in 2019 to reflect improvements in national alignment and will continue to provide a framework for future improvements in national alignment of NSP NMDC data elements.

The NSP NMDC project will continue to monitor the impact of COVID-19 on needle syringe distribution and number and type of NSP outlets. Where data are available, the NSP NMDC project will undertake comparisons of occasion of service snapshot data at multiple time points in 2020/21 to further examine impacts of the COVID-19 pandemic on client access to NSP public sector services.

The NSP NMDC Reference Group will continue to provide input into the feasibility and practicality of collecting and reporting additional elements, for example the extent to which ancillary injecting equipment is provided through NSP services and the potential for additional disaggregation of needle and syringe distribution by provider type as outlined in the recent UNAIDS Global AIDS Monitoring 2020 framework.

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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 2020.
2) Demographic and drug use data for attendees at public sector (primary and secondary) NSPs on a snapshot day February in 2020.
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 365 Apps for enterprise (Microsoft Corporation, Redmond WA) and Stata/IC version 14.2 (StataCorp LP, College Station TX). Percentage values in tables and graphs may not add to 100 due to rounding.

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 fifth 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 2020, 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. If a primary or secondary NSP outlet also had SDM(s) these were counted as separate NSPs for the purpose of the NSP NMDC. Historical data on the number of NSPs was obtained from NSP Return on Investment 2 report[17].

Age group categories were not aligned with ABS AGE10P or young people (aged <25 years) in one jurisdiction in 2018, 2019 and 2020, and two jurisdictions in 2016 and 2017. Data was adjusted, on a proportional basis using age distributions from remaining jurisdictions. These adjustments may have resulted in a slight

over-estimate of the proportion of young people in all years, 2016 to 2020.

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

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

One jurisdiction provided data on the number of combined needles and syringes plus needles distributed without syringes. This inconsistency would have minimal impact on the total number of needles and syringes distributed in 2020 or analyses of temporal trends in syringe distribution or syringe coverage. It should also be noted that this report includes minor amendments to previously published NSP needle and syringe distribution data in 2017/18 and 2018/19, following updated data provided by one jurisdiction.

PWID estimates

PWID population size estimates to 2005 were calculated by Razali et al (2007)[20]. The NSP NMDC project used the method described by Kwon et al (2019)[21] to estimate relative change in the Australian population of people who inject drugs on a regular basis from 2005 using the following indicators:

1) Lifetime and recent (last 12 months) injection of illicit drugs (Table A.1)
2) Illicit drug arrests for amphetamine-type stimulants, heroin/other opioids, cocaine and steroids (Table A.2)
3) ATS, heroin and steroid seizures (Table A.3)
4) Accidental deaths due to opioids (Table A.4)
5) Age-standardised rate of opioid-related hospital separations per million persons aged 10-59 years (Table A.5).
6) HCV notifications among 15-24 years (Table A.6)

Given each of these five indicators is an incomplete measure of probable trends in injection drug use, a best estimate was generated using a combined mean of all indicators. This was used to calculate the relative change in injection drug use since 2005, 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 2019/20 are presented in Figure A.2.

Table A.1 National lifetime and recent (past 12 months) injection of illicit drugs (%) among people aged 14 years or older, 2001-2019

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

Source: National Drug Strategy Household Survey 2020

Table A.2 National number of illicit drug arrests, 2005/06-2018/19

	'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
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
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
Cocaine	396	699	669	848	1,244	839	995	1,282	1,466	2,092	2,592	3,366	4,325	5,016
Steroids	67	142	163	214	314	365	511	661	936	1,210	1,297	1,244	1,201	1,264

Source: Illicit Drug Data Report, Australian Crime Commission (2005/06-2018/19)

Table A.3 National number of illicit drug seizures, 2005/06-2018/19

	'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
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
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
Steroid	58	91	104	113	134	205	208	331	357	529	509	474	448	391

Source: Illicit Drug Data Report, Australian Crime Commission (2005/06-2018/19). Note: Includes only those seizures for which a drug weight was recorded.

Table A.4 National number of accidental deaths due to opioids among those aged 15-54 years, 2005-2018

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Accidental deaths due to opioids	374	381	360	500	563	613	617	564	597	701	777	851	761	720

Source: Man, N., Chrzanowska, A., Dobbins, T., Degenhardt, L. & Peacock, A. (2019). Trends in drug-induced deaths in Australia, 1997-2018.Drug Trends Bulletin Series. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. Available at https://drugtrends.shinyapps.io/deaths_2018 (accessed 30 September 2020).

Table A.5 Age-standardised rate of opioid-related hospital separations per million persons aged 10-59 years, 2005/06-2017/18

	'05/06	'06/07	'07/08	'08/09	'09/10	'10/11	'11/12	'12/13	'13/14	'14/15	'15/16	'16/17	'17/18
Separations	510	600	660	660	690	690	690	680	730	740	770	730	710

Source: Chrzanowska, A., Man, N., Degenhardt, L. Dobbins, T & Peacock, A. (2019). Trends in drug-related hospital separations in Australia, 1999/00-2017/18. Drug Trends Bulletin Series. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney Available at https://drugtrends.shinyapps.io/hospitalisations_2018 (accessed 30 September 2020).

Table A.6 Number of new diagnoses of hepatitis C virus infection among people aged 15-24 years, 2005/06-2018/19

	'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
NNDSS	1,711	1,493	1,372	1,309	1,232	1,163	1,146	1,230	1,213	1,160	1,173	1,149	1,140	1,120

Source: National Notifiable Diseases Surveillance System 2005-2019, Australian Government Department of Health.

Figure A.1: Relative change in PWID indicators, 2004/05-2018/19

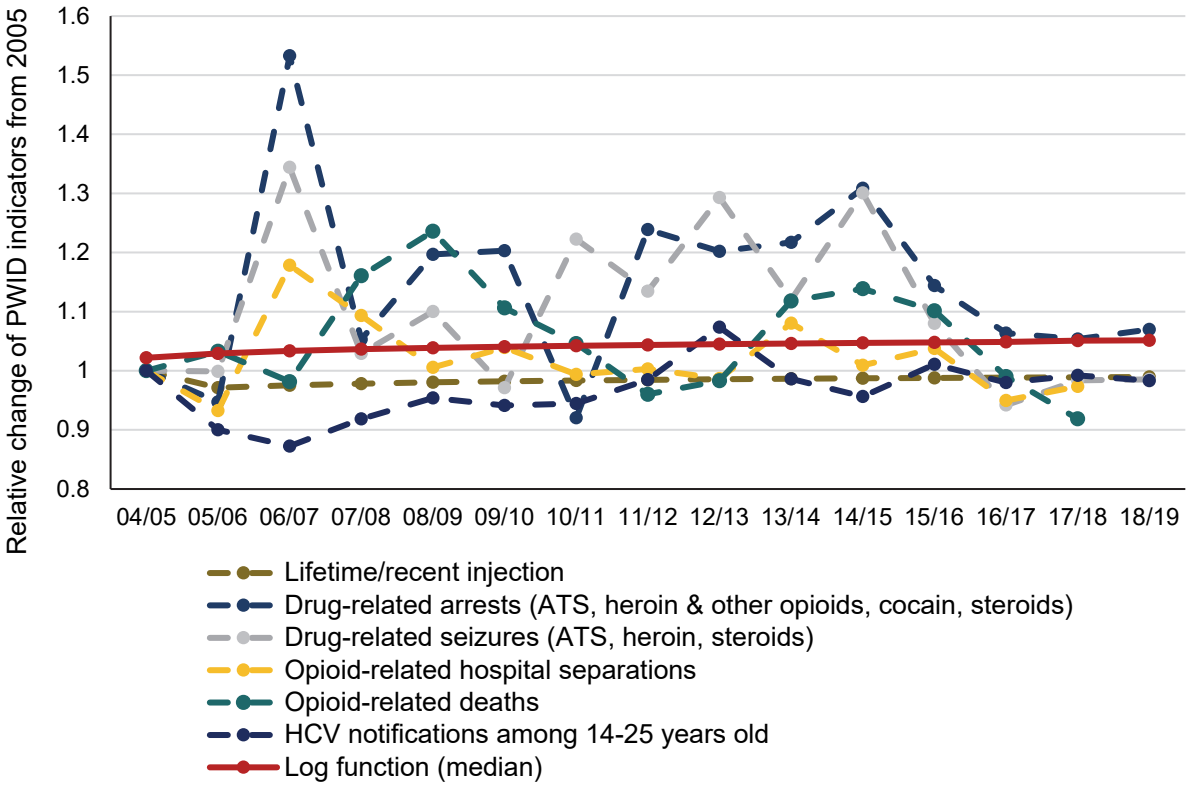
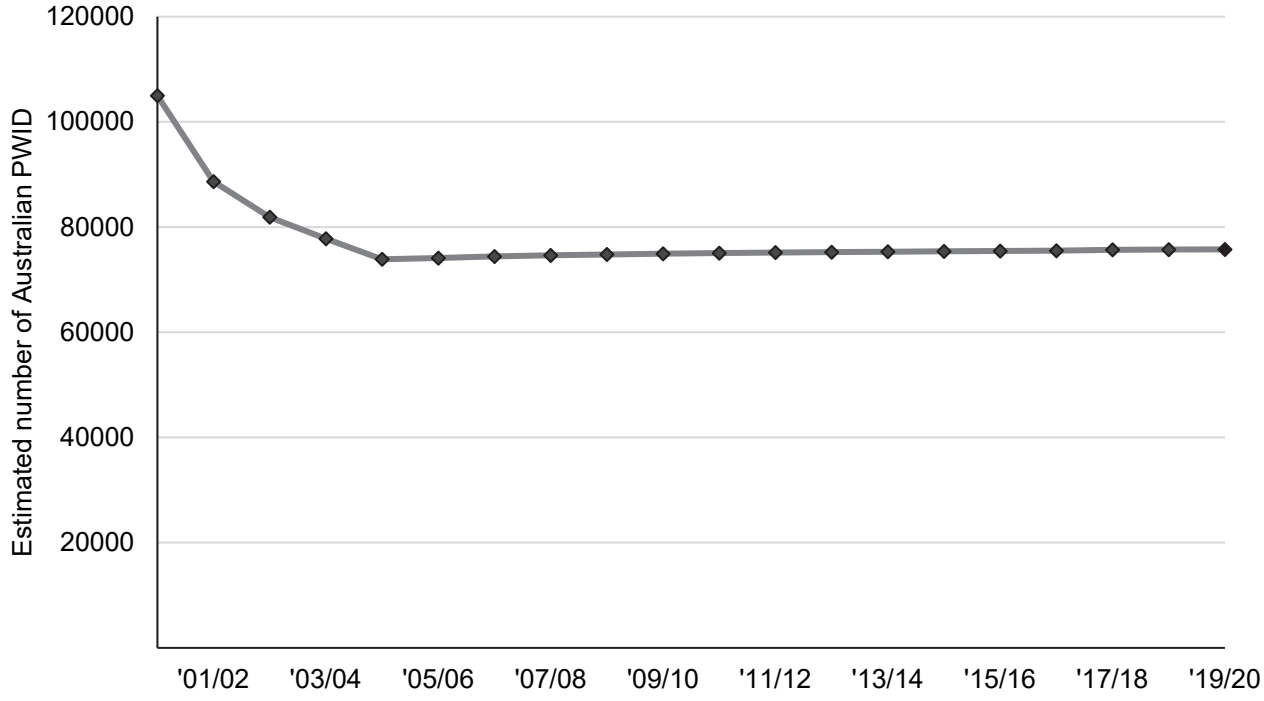


Figure A.2: Trends in the estimated number of people who inject drugs on a regular basis in Australia, 2000/01-2019/20



Appendix B:

National and Jurisdictional Tables

B.1 National

Table B.1.1 Needle and syringe distribution by public and pharmacy sector, 2010/11–2019/20

National	Public	%	Pharmacy	%	Total
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	51,147,820	89%	6,611,976	11%	57,759,796

Note – 2017/18 and 2018/19 data updated in 2020

Table B.1.2 NSP outlet type and method by public and pharmacy sector, 2016-2020

National	**2016**		**2017**		**2018**		**2019**		**2020**	
NSP outlet type (%)	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)
NSP outlet method (%)										
*Public sector NSP^*	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)	167	(18)
Pharmacy sector (fixed)	2,321	(100)	2,422	(100)	2,458	(100)	2,836	(100)	2,867	(100)

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

Table B.1.3 Occasion of service-level data, 2016 to 2020

National	2016		2017		2018		2019		2020	
Client-level	n=2625		n=2797		n=2573		n=2512		n=2392	
Age (%)										
<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	(100)	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)
Aged <25 (%)	190	(7)	174	(6)	141	(5)	98	(4)	93	(4)
Gender (%)										
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)
Indigenous status (%)^										
Yes (Aboriginal or TSI or both)	196	(12)	274	(15)	297	(17)	285	(18)	365	(76)
No	1224	(76)	1417	(79)	1321	(75)	1170	(73)	1378	(20)
Not reported	184	(11)	113	(6)	138	(8)	155	(10)	62	(3)
Drug injected (%)^										
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)
Service-level										
Health education/intervention (%)^										
Yes	1188	(45)	1077	(43)	1029	(42)	1087	(47)	1034	(45)
No	1403	(53)	1436	(57)	1422	(58)	1248	(53)	1278	(55)
Not reported	34	(1)	1	(<1)	0	(0)	0	(0)	0	(0)
Health education/intervention type (%)^										
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)
Referral (%)^										
Yes	142	(9)	122	(7)	146	(8)	96	(6)	164	(9)
No	1483	(89)	1611	(87)	1643	(91)	1477	(94)	1603	(91)
Not reported	34	(2)	128	(7)	17	(1)	0	(0)	0	(0)
Referral type (%)^										
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. Health education/intervention type not collated in 2016

B.2 Australian Capital Territory

Description of NSP services in Australian Capital Territory

The Australian Capital Territory (ACT) has the smallest land area of the eight states and territories and has the second smallest population (~426,000 residents in 2020). 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. Access to take-home naloxone programs is available through both primary outlets and one secondary outlet in the ACT. A more limited range of injecting equipment is available through 10 secondary NSPs and 37 pharmacy NSP outlets. There are 6 SDMs in the ACT, located outside health centres. These machines contain '4 packs' (including 4 x sterile 1ml combined needle and syringe, swabs, water, spoons and cotton wool within a safe disposal container), available for $2 per pack and enabling 24-hour access to sterile injecting equipment. Client-level OOS data are collected at both primary NSPs and some secondary NSPs. Collated monthly data are provided to ACT Health Directorate on a 6-monthly basis.

Table B.2.1 Needle and syringe distribution by public and pharmacy sector, 2010/11–2019/20

ACT	Public	%	Pharmacy	%	Total
2010/11	540,051	87%	77,400	13%	617,451
2011/12	529,326	87%	81,200	13%	610,526
2012/13	547,748	87%	80,400	13%	628,148
2013/14	529,244	87%	76,800	13%	606,044
2014/15	536,412	89%	63,120	11%	599,532
2015/16	542,772	88%	71,520	12%	614,292
2016/17	756,034^	91%	73,440	9%	829,474
2017/18	836,031^	92%	71,520	8%	907,551
2018/19	824,076^	93%	61,920	7%	885,996
2019/20	867,544^	91%	82,320	9%	949,864

^ 2016/17 - 2019/20 public sector data includes combined 1ml + syringes as per NSP NMDC Data Dictionary[8], previous years were combined 1ml only

Table B.2.2 NSP outlet type and method by public and pharmacy sector, 2016-2020

ACT	2016	2017	2018	2019	2020
NSP outlet type (%)	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)
NSP outlet method (%)					
*Public sector NSP^*	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)

^ 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 2020

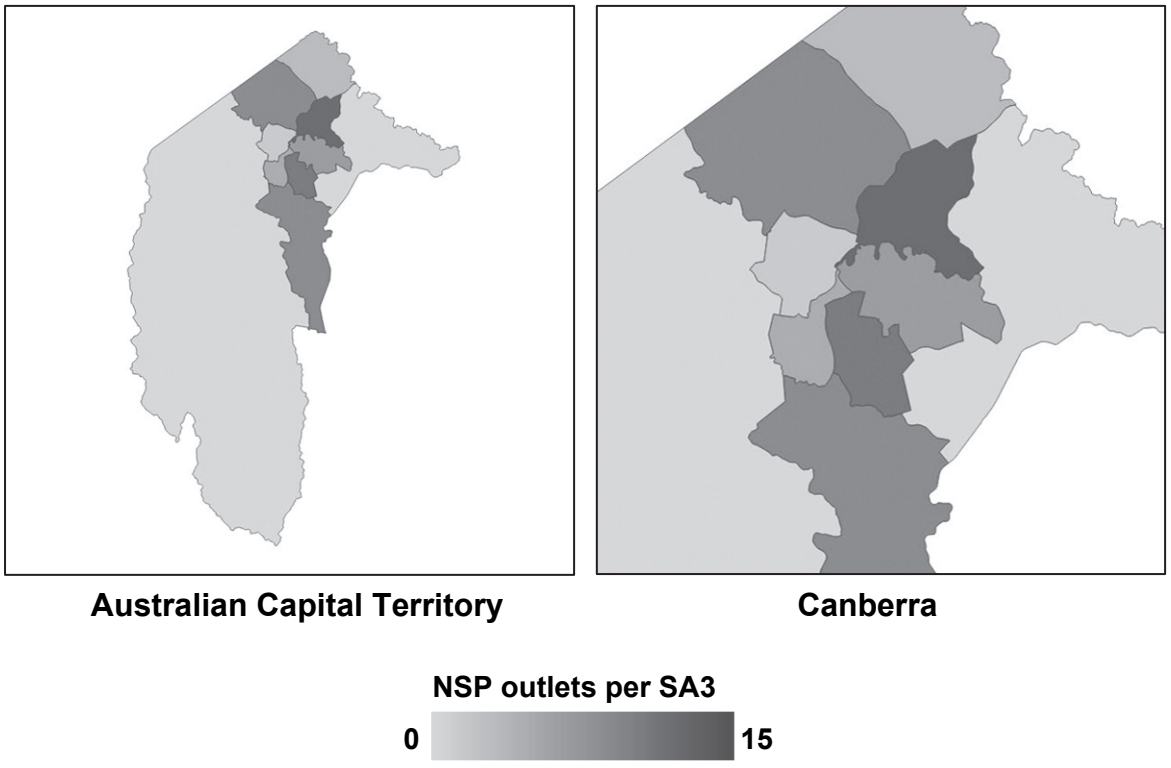


Table B.2.3 Occasion of service-level data, 2016 - 2020

Australian Capital Territory	2016		2017		2018		2019		2020	
Client-level	n=67		n=106		n=109		n=133		n=67	
Age (%)										
<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)
Aged <25 (%)	2	(3)	8	(8)	5	(5)	2	(2)	4	(6)
Gender (%)										
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)
Indigenous status (%)										
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)
Drug injected (%)										
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)
Service-level										
Health education/intervention (%)										
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)
Health education/intervention type (%)^										
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)
Referral (%)										
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)
Referral type (%)										
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)

^ *Health education/intervention type not collated in 2016*

B.3 New South Wales

Description of NSP services in New South Wales

New South Wales (NSW) is the most populous of Australia's eight states and territories, with ~8.0 million people residing in NSW in 2020. The NSW Ministry of Health is responsible for the operation of the NSP via Local Health Districts and non-government organisations. There are 29 primary outlets, 257 secondary outlets, 590 pharmacy NSPs and 269 SDMs in NSW. The extensive network of SDMs (including internal dispensing chutes) are predominantly located in or near community health centres and hospital emergency departments. Cost of injecting equipment at SDMs is typically free or provided at a cost of up to $4.00. Access to take-home naloxone programs is available through 20 outlets (15 primary and 5 secondary) in New South Wales. Client-level OOS data are collected through the Ministry of Health BRISE funded NSW NSP Enhanced Data Collection (NNEDC) project. The NNEDC collects data from ~50 NSPs, including all primary NSPs and some secondary NSPs over a two-week period in late February/early March. NSP NMDC data elements included in the NNEDC are: age, gender, Indigenous status and drug injected. NSW Ministry of Health provides collated quarterly data on needle and syringe distribution and health education/interventions and referrals.

Table B.3.1 Needle and syringe distribution by public and pharmacy sector, 2010/11–2019/20

NSW	Public	%	Pharmacy	%	Total
2010/11	8,400,515	84%	1,574,684	16%	9,975,199
2011/12	9,444,001	85%	1,607,376	15%	11,051,377
2012/13	10,230,040	87%	1,572,380	13%	11,802,420
2013/14	10,743,583	87%	1,554,514	13%	12,298,097
2014/15	11,324,378	89%	1,419,126	11%	12,743,504
2015/16	12,114,913	88%	1,705,015	12%	13,819,928
2016/17	12,189,626	87%	1,744,002	13%	13,933,628
2017/18	12,288,628	87%	1,842,141	13%	14,130,769
2018/19	13,146,005	88%	1,772,934	12%	14,918,939
2019/20	13,812,598	88%	1,809,363	12%	15,621,961

Table B.3.2 NSP outlet type and method by public and pharmacy sector, 2016-2020

New South Wales	2016		2017		2018		2019		2020#	
NSP outlet type (%)	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)
NSP outlet method (%)										
*Public sector NSP^*	n=555		n=557		n=552		n=605		n=555	
Fixed	314	(61)	314	(61)	317	(57)	369	(61)	280	(50)
Outreach/mobile	6	(2)	6	(2)	10	(2)	10	(2)	17	(3)
SDM free	87	(16)	87	(16)	85	(15)	91	(15)	156	(28)
SDM chute	74	(12)	74	(12)	72	(13)	72	(12)	72	(13)
SDM cost	79	(19)	79	(19)	76	(14)	68	(11)	41	(7)
Peer distribution	--	--	--	--	--	--	--	--	--	--
Naloxone*	--	--	--	--	--	--	3	(<1)	20	(7)
Pharmacy sector (fixed)	518	(100)	571	(100)	540	(100)	563	(100)	590	(100)

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

~ Estimate based on 2015/16 data

-- Not collected

** % denominator = primary + secondary*

 # includes temporary changes due to the COVID-19 response

Figure B.3.1 Total number of NSP outlets by SA3 in 2020

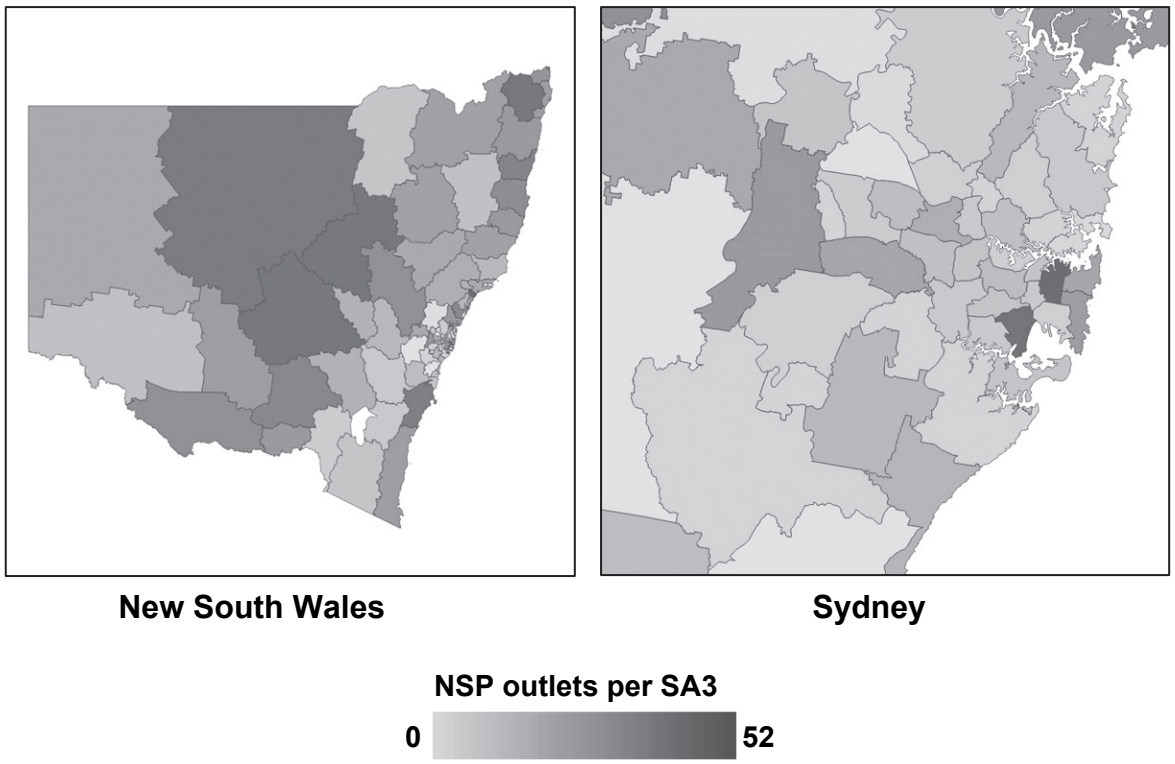


Table B.3.3 Occasion of service-level data, 2016-2020

New South Wales	2016		2017		2018		2019		2020	
Client-level	n=394		n=599		n=495		n=427		n=436	
Age (%)										
<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)
Aged <25 (%)	28	(7)	32	(5)	25	(5)	15	(4)	24	(6)
Gender (%)										
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)
Indigenous status (%)										
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)
Drug injected (%)										
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)
Service-level										
Health education/intervention (%)										
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)
Health education/intervention type (%)^										
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)
Referral (%)										
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)
Referral type (%)										
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)

^ *Health education/intervention type not collated in 2016*

B.4 Northern Territory

Description of NSP services in Northern Territory

The Northern Territory has the third largest land area of Australia's eight states and territories but has the smallest population at ~246,000 residents in 2020. There are 3 primary outlets, 10 secondary outlets, 23 pharmacy NSPs and 4 SDMs. All of the primary NSP outlets are operated by the Northern Territory AIDS and Hepatitis Council (NTAHC) and provide a broad range of injecting equipment alongside information, support and referral services for PWID, including access to take-home naloxone programs through the three primary outlets since 2016 and facilities for the safe disposal of used injecting equipment. Secondary and pharmacy–based outlets typically provide a limited range of sterile injecting equipment and disposal facilities. SDMs were introduced in late 2016 and injecting equipment is accessed through tokens which are obtained free of charge from NSP services in the NT or from packs previously obtained from a SDM. Non-identifiable client-level and service–level OOS data are collected at all primary and most secondary NSP services in the NT and line item data are provided to NT Government Department of Health on a monthly basis.

Table B.4.1 Needle and syringe distribution by public and pharmacy sector, 2010/11-2019/20

NT	Public	%	Pharmacy	%	Total
2010/11	362,633	90%	40,442	10%	403,075
2011/12	388,587	92%	35,163	8%	423,750
2012/13	454,481	93%	32,285	7%	486,766
2013/14	523,915	95%	30,340	5%	554,255
2014/15	533,278	96%	22,560	4%	555,838
2015/16	542,584	95%	27,165	5%	569,749
2016/17	526,591	97%	17,270	3%	543,861
2017/18	458,193	97%	14,619	3%	472,812
2018/19	421,780	98%	9,650	2%	431,430
2019/20	427,534	97%	15,175	3%	442,709

Table B.4.2 NSP outlet type and method by public and pharmacy sector, 2016-2020

Northern Territory	2016		2017		2018		2019		2020	
NSP outlet type (%)	n=28		n=35		n=37		n=40		n=40	
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)
NSP outlet method (%)										
*Public sector NSP^*	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)
Pharmacy sector (fixed)	15	(100)	19	(100)	21	(100)	23	(100)	23	(100)

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

-- Not collected

Figure B.4.1 Total number of NSP outlets by SA3 in 2020

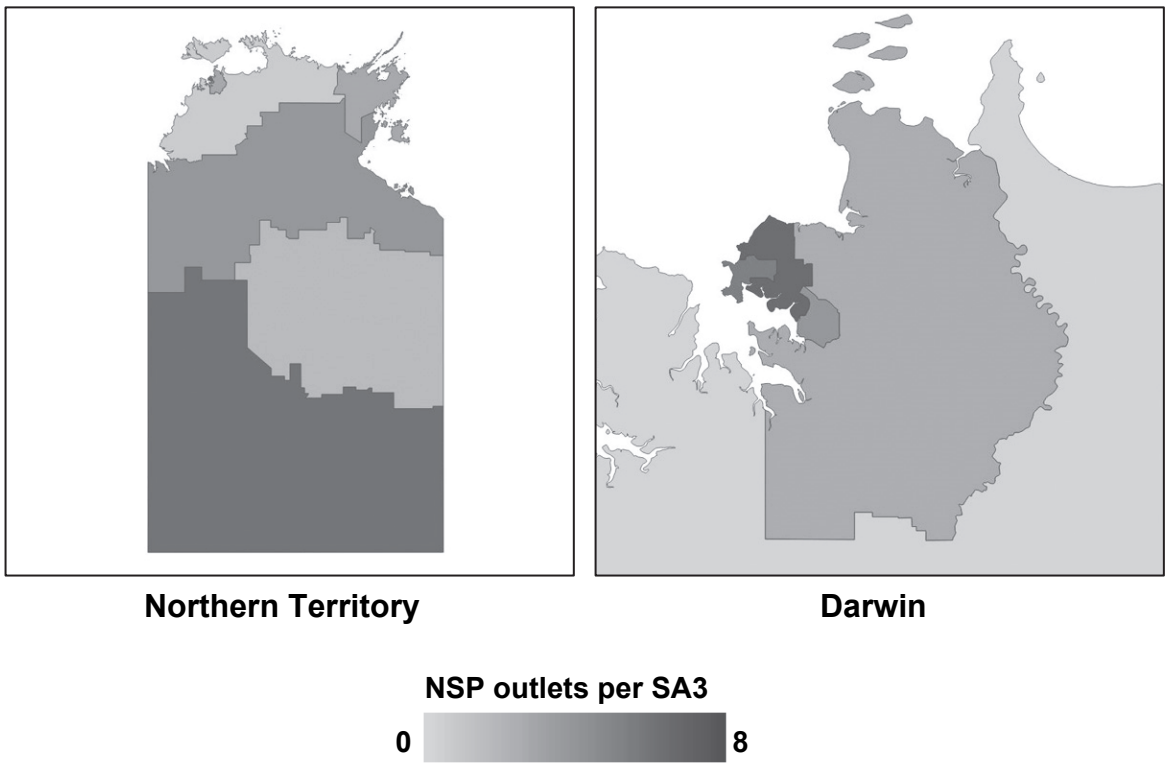


Table B.4.3 Occasion of service-level data, 2016-2020

Northern Territory	2016		2017		2018		2019		2020	
Client-level	n=62		n=39		n=47		n=45		n=45	
Age (%)										
<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)
Aged <25 (%)	16	(26)	6	(15)	8	(17)	5	(11)	4	(9)
Gender (%)										
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)
Indigenous status (%)										
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)
Drug injected (%)										
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)
Service-level										
Health education/intervention (%)										
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)
Health education/intervention type (%)^										
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)
Referral (%)										
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)
Referral type (%)										
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)

^ *Health education/intervention type not collated in 2016*

B.5 Queensland

Description of NSP services in Queensland

Queensland has the second largest land area of Australia's eight states and territories and has the third largest population, with ~5.1 million residents in 2020. Queensland NSP (QNSP) supports a network of 19 primary NSPs, 132 secondary NSPs, 813 pharmacy NSPs and 63 SDMs. QNSP provides sterile injecting equipment, facilitates the safe disposal of used injecting equipment and improves access and referral to drug treatment programs, health care and other health services. SDMs provide sterile injecting equipment at a fixed cost of $2 per pack. Access to take-home naloxone programs is available through 9 primary outlets in Queensland. The Queensland NSP Minimum Data Set (QMDS) is a state-wide standardised data collection system that provides core data about program activities. QMDS requires the collection of non-identifiable client-level and service–level OOS data at all primary and most secondary NSPs throughout Queensland. Line item OOS data are provided to Queensland Health on a monthly basis and QMDS includes all NSP NMDC data elements.

Table B.5.1 Needle and syringe distribution by public and pharmacy sector, 2010/11-2019/20

QLD	Public	%	Pharmacy	%	Total
2010/11	7,384,060	89%	943,434	11%	8,327,494
2011/12	7,923,815	92%	718,365	8%	8,642,180
2012/13	8,221,400	94%	546,121	6%	8,767,521
2013/14	8,662,985	90%	1,000,650	10%	9,663,635
2014/15	8,213,475	84%	1,545,610	16%	9,759,085
2015/16	8,781,445	81%	2,077,635	19%	10,859,080
2016/17	8,088,324	80%	2,030,975	20%	10,119,299
2017/18	8,454,980	80%	2,145,925	20%	10,600,905
2018/19	9,274,875	80%	2,267,300	20%	11,542,175
2019/20	11,417,580	82%	2,478,125	18%	13,895,705

Table B.5.2 NSP outlet type and method by public and pharmacy sector, 2016-2020

Queensland	2016		2017		2018		2019		2020	
NSP outlet type (%)	n=880		n=933		n=962		n=1027		n=1027	
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)
NSP outlet method (%)										
*Public sector NSP^*	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)
Pharmacy sector (fixed)	697	(100)	734	(100)	752	(100)	813	(100)	813	(100)

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

-- Not collected

** % denominator = primary + secondary*

Figure B.5.1 Total number of NSP outlets by SA3 in 2020

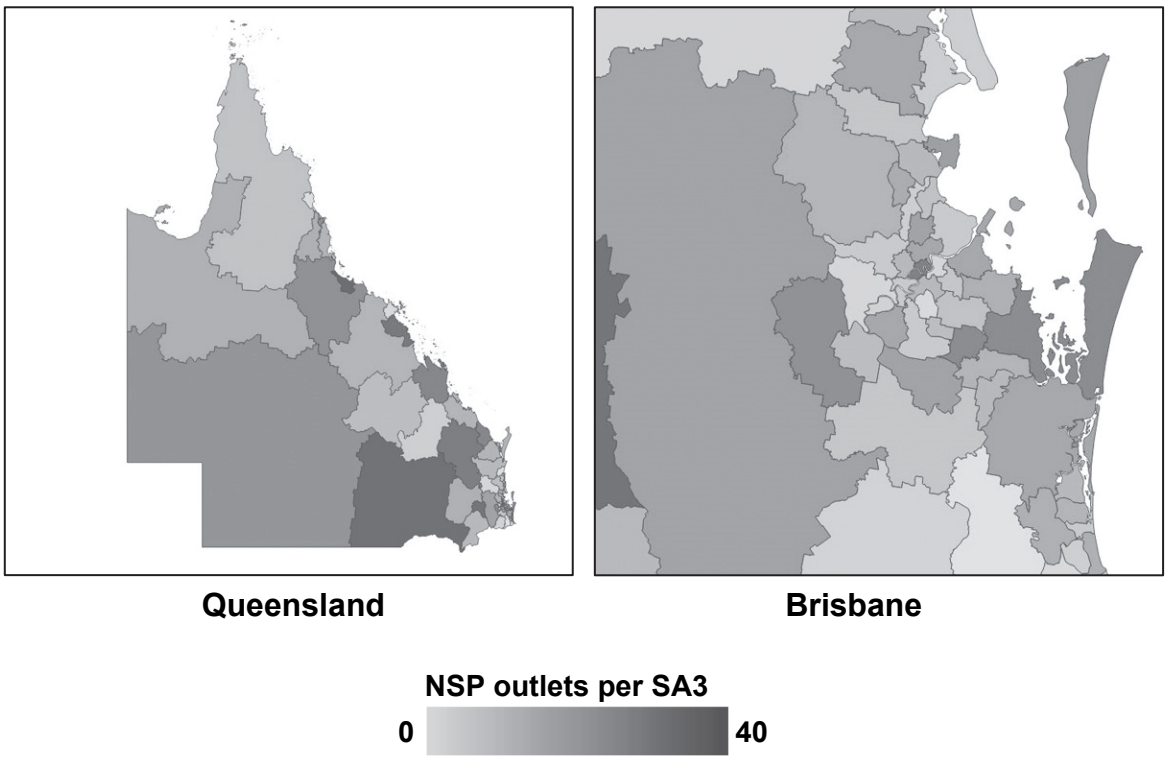


Table B.5.3 Occasion of service-level data, 2016-2020

Queensland	2016		2017		2018		2019		2020	
Client-level	n=689		n=800		n=681		n=644		n=729	
Age (%)										
<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)
Aged <25 (%)	52	(8)	66	(8)	40	(6)	26	(4)	29	(4)
Gender (%)										
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)
Indigenous status (%)										
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)
Drug injected (%)										
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)
Service-level										
Health education/intervention (%)										
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)
Health education/intervention type (%)^										
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)
Referral (%)										
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)
Referral type (%)										
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)

^ *Health education/intervention type not collated in 2016*

B.6 South Australia

Description of NSP services in South Australia

South Australia (SA) has the fourth largest land area of Australia's eight states and territories and is the fifth most populous, with ~1.75 million residents in 2020. The 'Clean Needle Program' provides a range of services to people who inject drugs including the distribution of sterile needles and syringes and disposal equipment, the provision of information and education about safer injecting practices and safe disposal practices, and referral to a variety of services such as drug treatment, health, legal, and social services. Access to take-home naloxone programs is available through all primary and secondary CNP outlets in South Australia. CNP services are provided at a range of sites in metropolitan and regional South Australia with 8 primary outlets, 77 secondary outlets, 287 pharmacy NSPs and 8 SDMs. SDMs dispense packs at a cost of $2 per pack and provide 24 hr access to sterile injecting equipment. Non-identifiable client-level and service–level OOS data are collected at all primary and most secondary NSPs throughout South Australia. Line item OOS data are provided to SA Health on a monthly basis. OOS data collection in SA includes all NSP NMDC data elements; with Health education/ interventions recorded as a binary (yes/no) response.

Table B.6.1 Needle and syringe distribution by public and pharmacy sector, 2010/11-2019/20

SA	Public	%	Pharmacy	%	Total
2010/11	2,779,168	93%	200,000	7%	2,979,168
2011/12	3,152,280	94%	211,752	6%	3,364,032
2012/13	3,303,580	95%	181,500	5%	3,485,080
2013/14	2,987,753	96%	140,700	4%	3,128,453
2014/15	2,948,020	95%	140,400	5%	3,088,420
2015/16	3,598,090	96%	161,800	4%	3,759,890
2016/17	3,765,034	96%	139,900	4%	3,904,934
2017/18	3,634,366	96%	164,500	4%	3,798,866
2018/19	4,063,762	96%	173,700	4%	4,237,462
2019/20	4,100,184	96%	188,900	4%	4,289,084

Table B.6.2 NSP outlet type and method by public and pharmacy sector, 2016-2020

South Australia	2016		2017		2018		2019		2020	
NSP outlet type (%)	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)
NSP outlet method (%)										
*Public sector NSP^*	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)
Pharmacy sector (fixed)	220	(100)	196	(100)	196	(100)	286	(100)	287	(100)

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

-- Not collected

~ Estimate based on 2017 data

** % denominator = primary + secondary*

Figure B.6.1 Total number of NSP outlets by SA3 in 2020

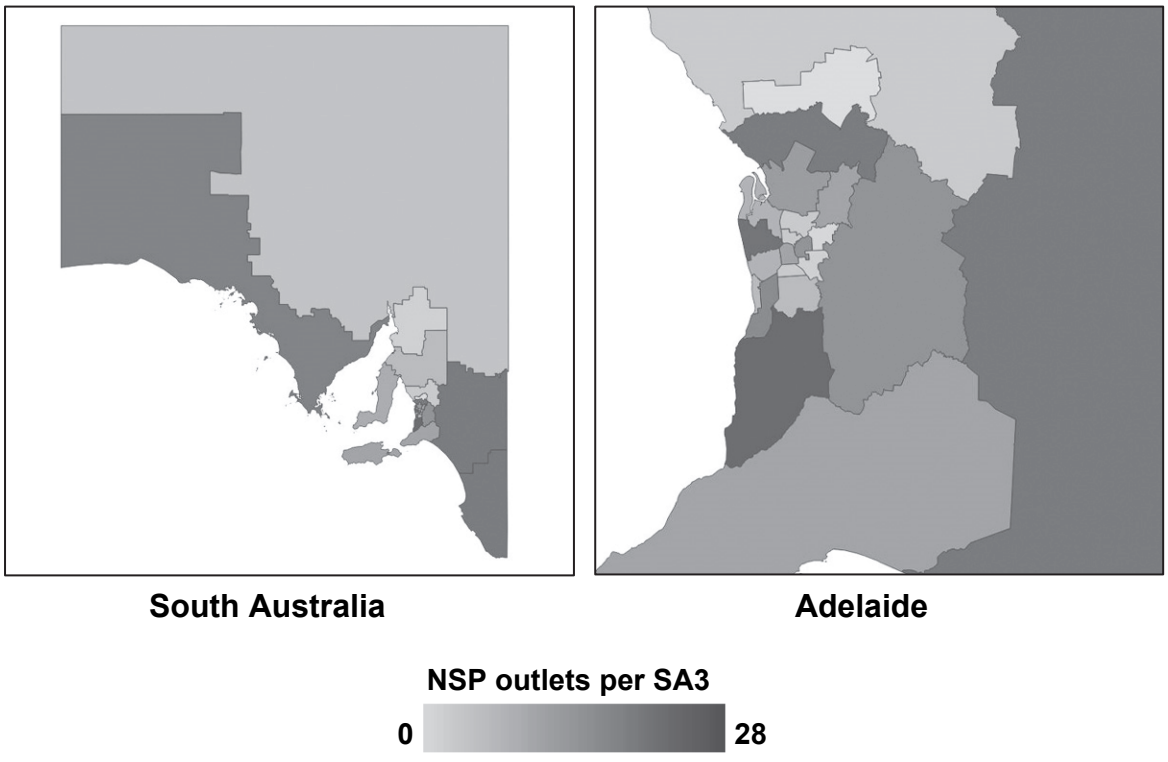


Table B.6.3 Occasion of service-level data, 2016-2020

South Australia	2016		2017		2018		2019		2020	
Client-level	n=213		n=279		n=279		n=267		n=269	
Age (%)										
<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)
Aged <25 (%)	21	(10)	18	(6)	8	(3)	15	(6)	9	(3)
Gender (%)										
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)
Indigenous status (%)^										
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)
Drug injected (%)^										
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)
Service-level										
Health education/intervention (%)^										
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)
Referral (%)^										
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)
Referral type (%)^										
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

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 ~535,000 in 2020. 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, 18 secondary outlets, 94 pharmacy NSPs and 6 SDMs in Tasmania. Non-identifiable client and service–level OOS data are collected at all primary NSPs and some secondary NSPs in Tasmania. Line item OOS data are provided to the Tasmanian Department of Health and Human Services on a monthly basis. Tasmania does not collect data on the Indigenous status of NSP attendees.

Table B.7.1 Needle and syringe distribution by public and pharmacy sector, 2010/11-2019/20

TAS	Public	%	Pharmacy	%	Total
2010/11	644,620	100%	-	0%	644,620
2011/12	875,950	100%	-	0%	875,950
2012/13	943,280	100%	-	0%	943,280
2013/14	933,160	100%	-	0%	933,160
2014/15	976,980	100%	-	0%	976,980
2015/16	907,670	100%	-	0%	907,670
2016/17	784,230	90%	91,552	10%	875,782
2017/18	743,612	90%	86,280	10%	829,892
2018/19	753,360	89%	90,540	11%	843,900
2019/20	800,090	90%	92,980	10%	893,070

- data not available

Table B.7.2 NSP outlet type and method by public and pharmacy sector, 2016-2020

Tasmania	2016		2017		2018		2019		2020	
NSP outlet type (%)	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)
NSP outlet method (%)										
*Public sector NSP^*	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)
Pharmacy sector (fixed)	90	(100)	95	(100)	82	(100)	86	(100)	94	(100)

Figure B.7.1 Total number of NSP outlets by SA3 in 2020

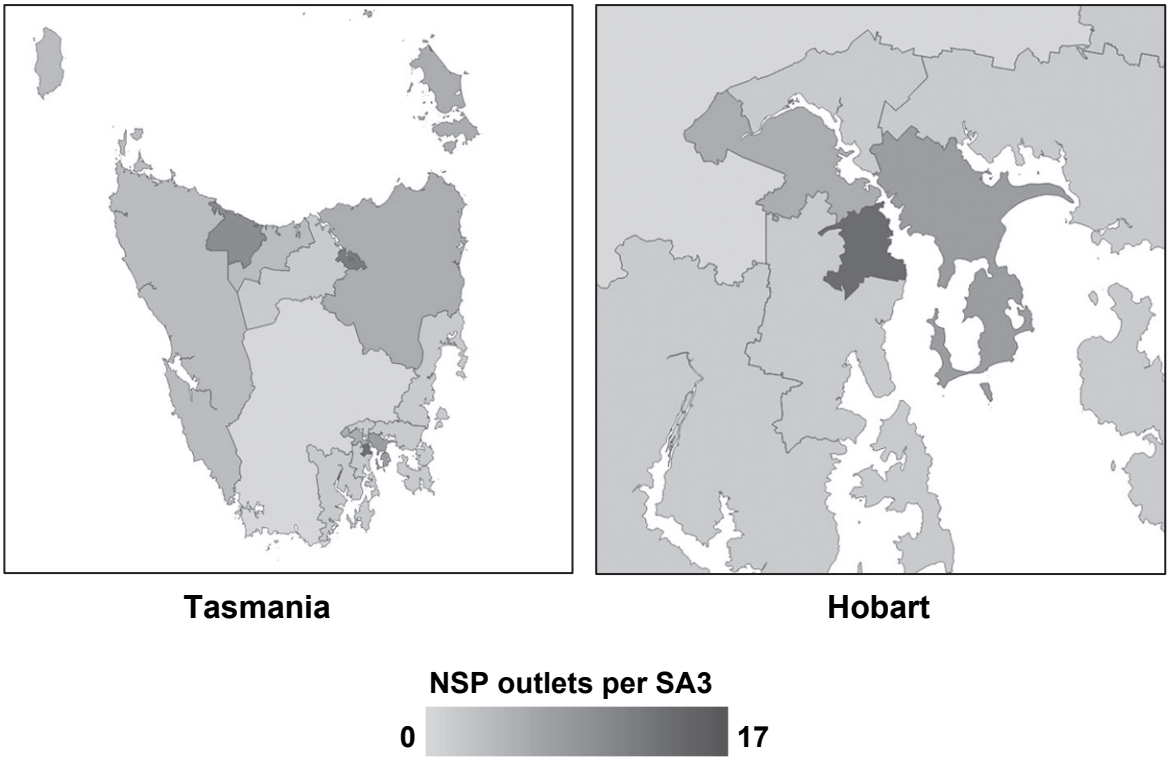


Table B.7.3 Occasion of service-level data, 2016-2020

Tasmania	2016		2017		2018		2019		2020	
Client-level	n=55		n=99		n=126		n=73		n=86	
Age (%)										
<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)
Aged <25	3	(5)	4	(4)	9	(7)	2	(3)	4	(5)
Gender (%)										
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)
Indigenous status (%)										
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)
Drug injected (%)										
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)
Service-level										
Health education/intervention (%)										
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)
Health education/intervention type (%)^										
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)
Referral (%)										
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)
Referral type (%)										
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 2018-2020. Indigenous status not collected in Tasmania 2016-2019. ^Health education/ intervention type not collated in 2016.*

B.8 Victoria

Description of NSP services in Victoria

Victoria is the second most populous state or territory in Australia, with ~6.6 million residents in 2020. 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 17 primary outlets, 202 secondary outlets, 427 pharmacies and 14 SDMs in Victoria. Services are provided through fixed site, mobile services, outreach and foot patrol, and SDMs supply injecting equipment at no cost to the consumer. Access to take-home naloxone programs is available through 35 outlets (11 primary and 24 secondary) in Victoria. Non-identifiable client-level and service–level OOS data are collected at all primary and secondary NSP services in Victoria. Line item client OOS data are sent to Victorian Department of Health and Human Services on a monthly basis. Health education/interventions and referrals are collected as a combined data item and Victoria does not currently collect data on drug injected or the Indigenous status of NSP attendees.

Table B.8.1 Needle and syringe distribution by public and pharmacy sector, 2010/11-2019/20

VIC	Public	%	Pharmacy	%	Total
2010/11	9,255,350	88%	1,267,212	12%	10,522,562
2011/12	9,683,500	89%	1,206,475	11%	10,889,975
2012/13	10,244,250	90%	1,131,895	10%	11,376,145
2013/14	10,258,550	90%	1,078,602	10%	11,337,152
2014/15	10,413,900	91%	1,044,812	9%	11,458,712
2015/16	11,808,350	91%	1,103,818	9%	12,912,168
2016/17	11,799,550	91%	1,228,677	9%	13,028,227
2017/18	11,100,050	90%	1,284,560	10%	12,384,610
2018/19	12,620,750	93%	940,139	7%	13,560,889
2019/20	14,148,860	93%	1,018,191	7%	15,167,051

Table B.8.2 NSP outlet type and method by public and pharmacy sector, 2016-2020

Victoria	2016		2017		2018		2019		2020	
NSP outlet type (%)	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)
NSP outlet method (%)										
*Public sector NSP^*	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)
Pharmacy sector (fixed)	223	(100)	233	(100)	236	(100)	435	(100)	427	(100)

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

-- Not collected

** % denominator = primary + secondary*

Figure B.8.1 Total number of NSP outlets by SA3 in 2020

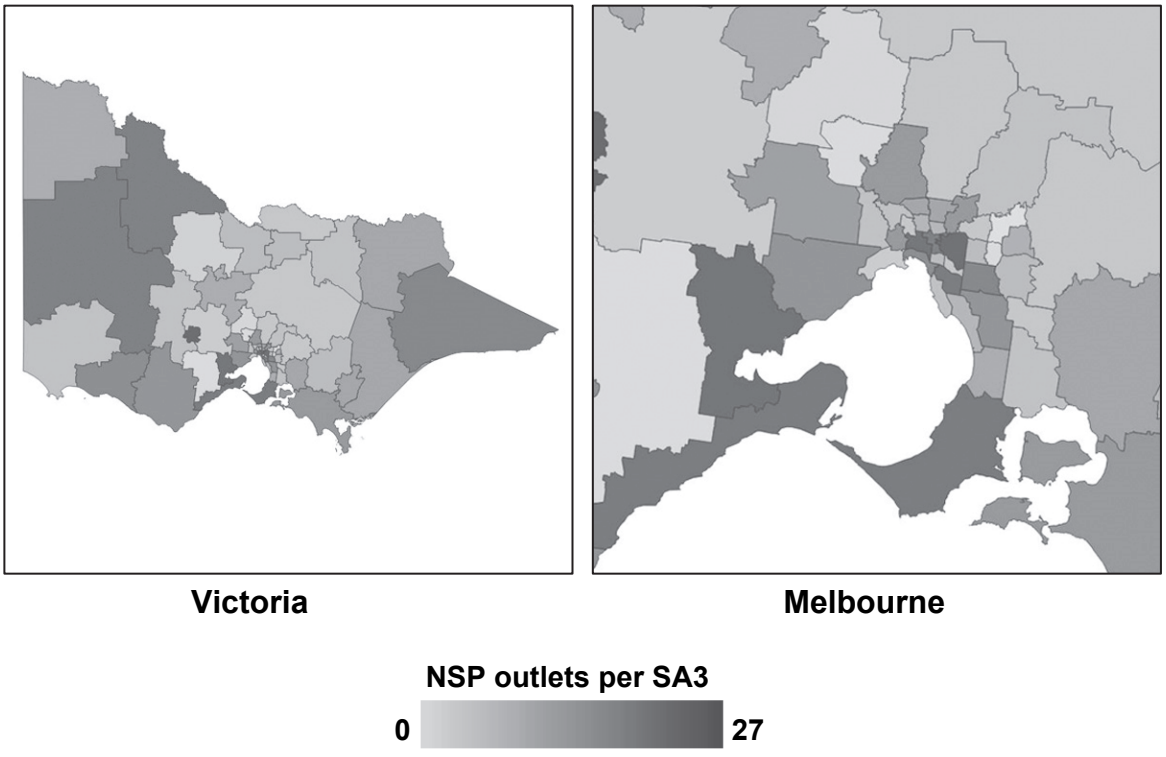


Table B.8.3 Occasion of service-level data, 2016-2020

Victoria	2016		2017		2018		2019		2020	
Client-level	n=966		n=749		n=634		n=750		n=576	
Age (%)										
<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)
Aged <26	62	(6)	33	(4)	31	(5)	26	(3)	16	(3)
Gender (%)										
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)
Service-level										
Health education/intervention (%)										
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)
Health education/intervention type (%)^										
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 are not collected in Victoria. Age groups collected in Victoria are not aligned to AGE10P. Referrals and health education/interventions are combined and reported as health education/interventions in the NSP NMDC. Health education/intervention type not collated in 2016.

B.9 Western Australia

Description of NSP services in Western Australia

Western Australia (WA) has the largest land area of Australia's eight states and territories and is the fourth most populous jurisdiction, with ~2.6 million residents in 2020. NSPs are operated by both government and non-government agencies and include needle syringe exchange programs which supply free sterile needles and syringes upon the return of used equipment. NSPs are operated through a combination of fixed-sites, outreach and mobile services. Health service based NSPs provide sterile injecting equipment at no cost through regional hospitals, 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 most SDMs operate on a cost-recovery basis with packs available for $3 (2 SDMs have no cost). In Western Australia there are 19 primary outlets, 105 secondary outlets, 596 pharmacies and 7 SDMs. Access to take-home naloxone programs is available through 14 outlets (13 primary and 1 secondary) in Western Australia. Non-identifiable client-level and service-level OOS data are collected by selected primary and secondary NSPs on a designated snapshot day on an annual basis in Western Australia. All NSP NMDC client-level and service-level data elements are collected.

Table B.9.1 Needle and syringe distribution by public and pharmacy sector, 2010/11–2019/20

WA	Public	%	Pharmacy	%	Total
2010/11	3,007,352	72%	1,171,964	28%	4,179,316
2011/12	3,182,161	71%	1,270,829	29%	4,452,990
2012/13	3,502,135	73%	1,292,876	27%	4,795,011
2013/14	3,818,543	75%	1,286,760	25%	5,105,303
2014/15	4,048,932	74%	1,391,497	26%	5,440,429
2015/16	4,629,223	77%	1,386,095	23%	6,015,318
2016/17	4,583,785	79%	1,232,483	21%	5,816,268
2017/18	4,871,810	84%	897,988	16%	5,769,798
2018/19	5,268,433	87%	776,236	13%	6,044,669
2019/20	5,573,430	86%	926,922	14%	6,500,352

Note: includes updated data for 2017/18 and 2018/19

Table B.9.2 NSP outlet type and method by public and pharmacy sector, 2016-2020

Western Australia	2016		2017		2018		2019		2020	
NSP outlet type (%)	n=658		n=671		n=729		n=728		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)
NSP outlet method (%)										
*Public sector NSP^*	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)

^ 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 2020

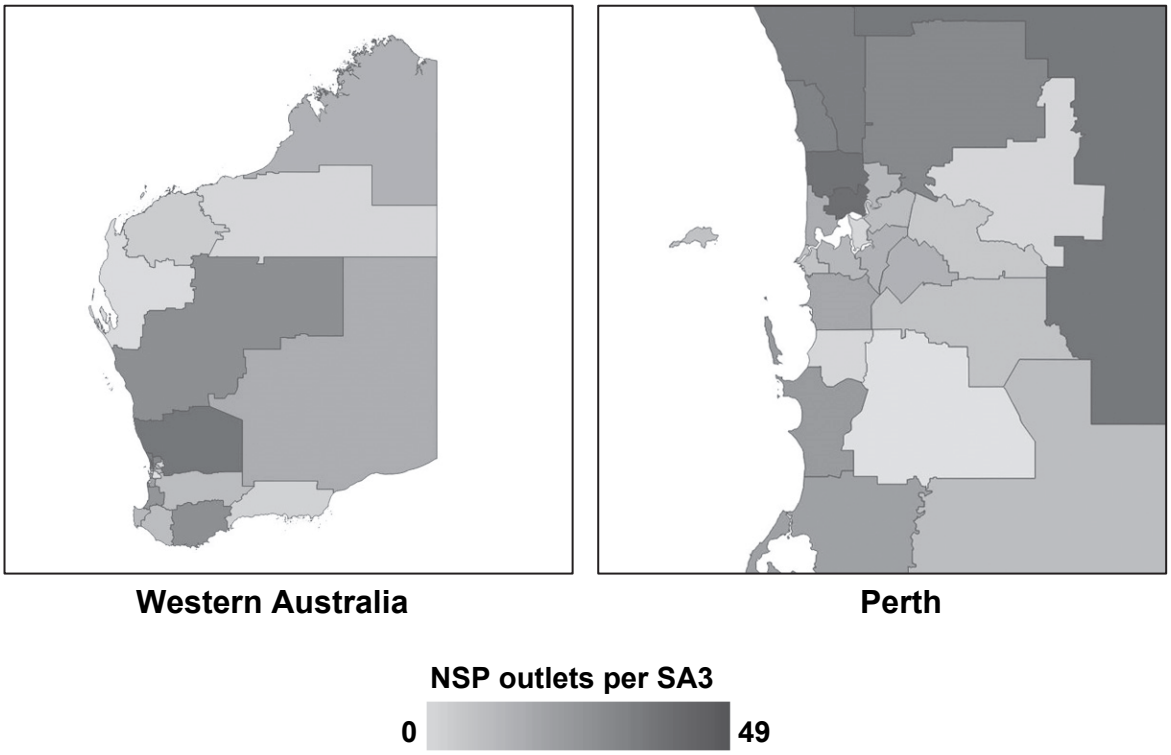


Table B.9.3 Occasion of service-level data, 2016-2020

Western Australia	2016		2017		2018		2019		2020	
Client-level	n=179		n=126		n=202		n=173		n=184	
Age (%)										
<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)
Aged <25 (%)	6	(3)	7	(6)	15	(7)	7	(4)	3	(2)
Gender (%)										
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)
Indigenous status (%)^										
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)
Drug injected (%)^										
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)
Service-level										
Health education/intervention (%)^										
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)
Health education/intervention type (%)^										
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)
Referral (%)^										
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)
Referral type (%)^										
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)

^ Health education/intervention type not collated in 2016

Glossary

Broad-level drug groups from the ABS Drugs of Concern Classification[14] 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)'.