UNSW
SYDNEY

New South Wales Needle and Syringe Program Enhanced Data Collection

2020-2024

A report for the NSW Ministry of Health
by the Kirby Institute, UNSW Sydney

September 2024

Prepared by
Ms Lucy O'Shaughnessy, Ms Sue Heard, Dr Bradley Mathers and Professor Lisa Maher

Kirby Institute
UNSW Sydney
Sydney NSW 2052
Australia

Telephone: +61 (2) 9385 0900
www.kirby.unsw.edu.au

Suggested citation: O'Shaughnessy, L, Heard, S, Mathers, B and Maher, L. New South Wales Needle and Syringe Program Enhanced Data Collection Report 2020-2024, Kirby Institute, UNSW Sydney, 2024.

Table of Contents

Acknowledgements

We would like to thank the attendees of New South Wales (NSW) Needle and Syringe Program (NSP) sites who participated in data collection. We are grateful to NSP staff who worked with NSP attendees to collect the data presented in this report and to the NSW Ministry of Health, the HIV and Related Program Managers, and the Harm Minimisation Coordinators who supported and coordinated the 2024 data collection.

Acronyms

ACON	AIDS Council of NSW
DAAs	Direct-acting antivirals
HCV	Hepatitis C virus
LHD	Local Health District
NNEDC	New South Wales Needle and Syringe Program Enhanced Data Collection
NSP	Needle and syringe program
NSW	New South Wales
NUAA	NSW Users and AIDS Association
OOS	Occasions of service
OAT	Opioid agonist therapy
PIEDs	Performance and image enhancing drugs
PWID	People who inject drugs
RSS	Receptive syringe sharing

Key findings

A total of 2893 occasions of service (OOS) were recorded across 45 participating NSP sites over the two-week data collection period in February/March 2024, equating to approximately 1,450 OOS per week.
During the data collection period, 1914 NSP attendees completed the NNEDC, 15% were repeat attendees, and 19% declined to participate. After excluding repeat attendees, the state-wide response rate was 78% in 2024.

The median age of respondents was 42 years in 2024. One in twenty respondents (6%) were aged less than 25 years, consistent with proportions reported in the previous five-year period (2020-2024) (p-trend=0.053).

One in four respondents (23%) reported being of Aboriginal or Torres Strait Islander background in 2024, a significant increase from 19% in 2020 (p-trend=0.008).

In the previous 12 months, one in four respondents (23%) had experienced homelessness, one in four (23%) reported a mental health issue, one in ten (11%) reported being imprisoned.
The proportion of respondents who reported a mental health issue in the previous 12 months remained stable over the five-year period (p-trend=0.742).

One in five (20%) respondents reported being prescribed opioid agonist therapy in the previous 12 months.
The proportion of respondents who reported recent opioid agonist therapy was a significant decline from 24% in 2020 (p-trend>0.001).

Half of all respondents (50%) reported injecting daily or more frequently in 2024, consistent with previous years (p-trend=0.440).

One in ten (12%) respondents reported initiating injecting within the previous three years, a small but significant increase from 10% in 2020 (p-trend=0.005).

Stimulants and opioids were the most common classes of drug last injected in 2024, reported by 38% and 37% of respondents respectively, followed by performance and image enhancing drugs (20%).
A significant decline was observed in the proportion of respondents who reported last injecting an opioid, from 43% in 2020 to 37% in 2024 (p-trend<0.001). The proportion of respondents who reported last injecting a stimulant was stable over the five-year period (p-trend=0.970) with methamphetamine the most commonly reported stimulant.

In 2024, one in five respondents (18%) reported at least on one occasion in the previous month injecting with using a needle-syringe that had been used by someone else (receptive syringe sharing, RSS), consistent with previous years (p-trend=0.222).
Those reporting RSS in 2024 were more likely to have experienced recent homelessness, injecting more than one class of drug at last injection, not receiving OAT, and reporting sexual identity as "other".

Almost three quarters of respondents (68%) reported ever having been tested for hepatitis C virus (HCV), including 41% who reported testing in the previous 12 months.
The proportion of respondents who reported a HCV test in the previous 12 months was stable (p-trend<0.227) over the last five years.

Among respondents who reported ever receiving a HCV diagnosis and who did not report spontaneous clearance of the virus, 86% reported having received HCV treatment.
In 2024, one in four respondents who had a lifetime history of HCV treatment reported accessing treatment through public-sector community settings (28%).

Background

The NSW Needle Syringe Program (NSP) is a public health initiative that aims to reduce the transmission of blood borne viruses and other harms related to injection drug use through the provision of sterile injecting equipment and health related information and support. The NSP operates within the principles of harm minimisation embedded in both the National and NSW HIV and Hepatitis C Strategies. The NSW public sector program is delivered through a mix of primary and secondary NSP outlets in health, welfare and pharmacy settings, augmented by mobile and outreach services and syringe dispensing machines and chutes.

The NSW Ministry of Health established the NSW NSP Enhanced Data Collection (NNEDC) as a mechanism to provide an annual snapshot of the NSW NSP client population in 2004. The NNEDC was subsequently repeated in 2008 and in a revised format annually in all years since 2013. The 2024 NNEDC was conducted at 47 NSPs over a two-week period (26th February to 10th March) and was the twelfth consecutive data collection in the new format. This report presents data from the previous five years, 2020 to 2024. Details on the study methodology, participating sites and data collection instrument are included at Appendices A, B and C, respectively.

Respondents and Occasions of Service

Key findings:

- **2,893 occasions of service were recorded over the two-week data collection period in 2024:**
  - 66% (n=1,914) completed the NNEDC, a significant increase from 65% in 2020 (p-trend<0.001).
  - 15% (n=427) were repeat attendees, a significant decline from 21% in 2020 (p-trend<0.001).
  - 19% (n=552) declined to participate, a significant increase from 15% in 2020 (p-trend<0.001).
- **After excluding repeat NSP attendees, the state-wide response rate in 2024 was 78%.**

Forty-five sites participated in the NNEDC in 2024, representing all 15 Local Health Districts (LHDs, see Appendix B). The number of sites participating in each LHD varied and ranged from one site each in the Far West, Illawarra Shoalhaven and Nepean Blue Mountains LHDs to seven sites in the Northern NSW LHD.

In 2019 the methodology of the NNEDC was amended to encourage all NSP attendees to complete a minimum of the first four questions in the data collection instrument. This report includes data collected from both NSP attendees who completed all questions on the data collection instrument and those who elected to respond to the first four questions only. As a result, the proportion of respondents who did not respond to subsequent questions (from question 5) varies. In order to examine trends over time in a consistent manner, missing data are excluded when calculating proportions for all variables.

In 2024, a total of 2,893 occasions of service (OOS) were recorded during the data collection period, with approximately 1,450 NSP OOS record in each week.

Increases in OOS were observed across nine of the fifteen LHDs, however six LHDs (Central Coast, Sydney, Western Sydney, Nepean Blue Mountains, South Eastern Sydney and Southern NSW LHDs) recorded a decline in OOS in 2024, compared to 2023.

Of the 2,893 OOS recorded in 2024, approximately three quarters (66%, n=1,914, Table 1) of NSP attendees agreed to participate in the NNEDC (hereafter referred to as respondents), and this was a significant increase from 65% in 2020 (p-trend<0.001). Furthermore, of the 1,914 respondents recorded in 2024, four in five (82%, n=1,575) completed all questions in the data collection instrument. While higher than the proportion reported in 2023 (72%, p<0.001), the proportion of respondents who completed all questions in the NNEDC over the five-year period was stable (p-trend=0.160).

NSP attendees are only able to complete the NNEDC survey once during the annual data collection period. In 2024, approximately one in six NSP attendees (15%, n=427) were repeat NSP attendees during the data collection period. Over the 5-year period, a significant decline was observed in the proportion of repeat attendees, from 21% in 2020 to 15% in 2024 (p-trend<0.001).

Approximately one in five NSP attendees (19%, n=552) declined to participate in the NNEDC in 2024 and for whom no demographic or drug use data were recorded. Between 2020 and 2024, there was a significant increase in the proportion of NSP attendees who declined to participate, from 15% in 2020 to 19% in 2024 (p-trend<0.001).

In 2024 the state-wide response rate, which excludes repeat respondents, was 78%. Between 2020 and 2024, there has been a significant decline in the response rate, (range 78% to 87%, p-trend=0.004).

Metropolitan LHDs

Consistent with previous years, approximately two thirds of state-wide OOS (70%, n=2,038) were recorded at NSPs in metropolitan LHDs, 330 (16%) of which were repeat attendances. Among the 1,708 non-repeat OOS, 25% (431) attendees declined to participate in the survey. The response rate of 75% in metropolitan LHDs in 2024 represented a significant decrease over the five-year period from 85% in 2019 (p-trend<0.001).

As shown in Figure 1, among metropolitan LHDs, South Eastern Sydney LHD had the highest number of OOS in 2024 (n=618). The highest response rate was recorded by both Nepean Blue Mountains LHD (95%) and Western Sydney LHD (95%).

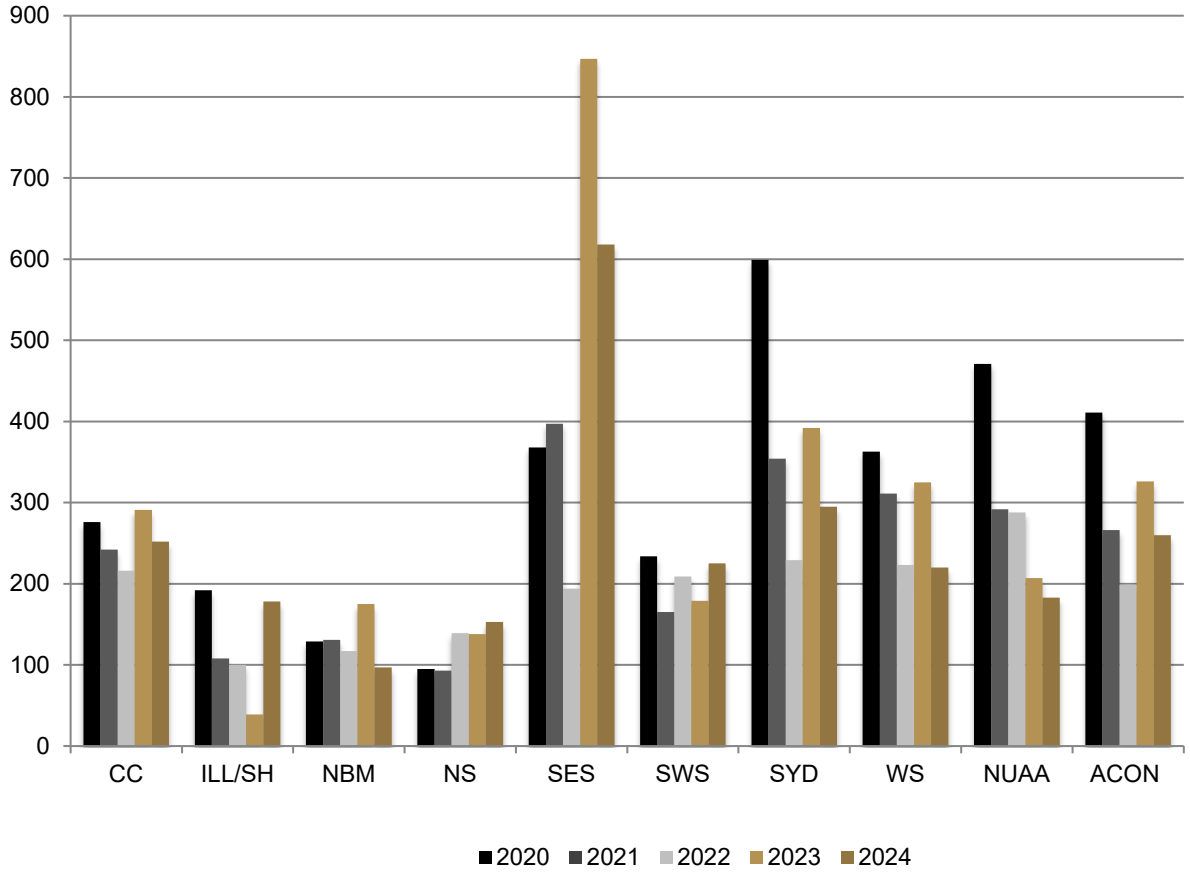
Rural and regional LHDs

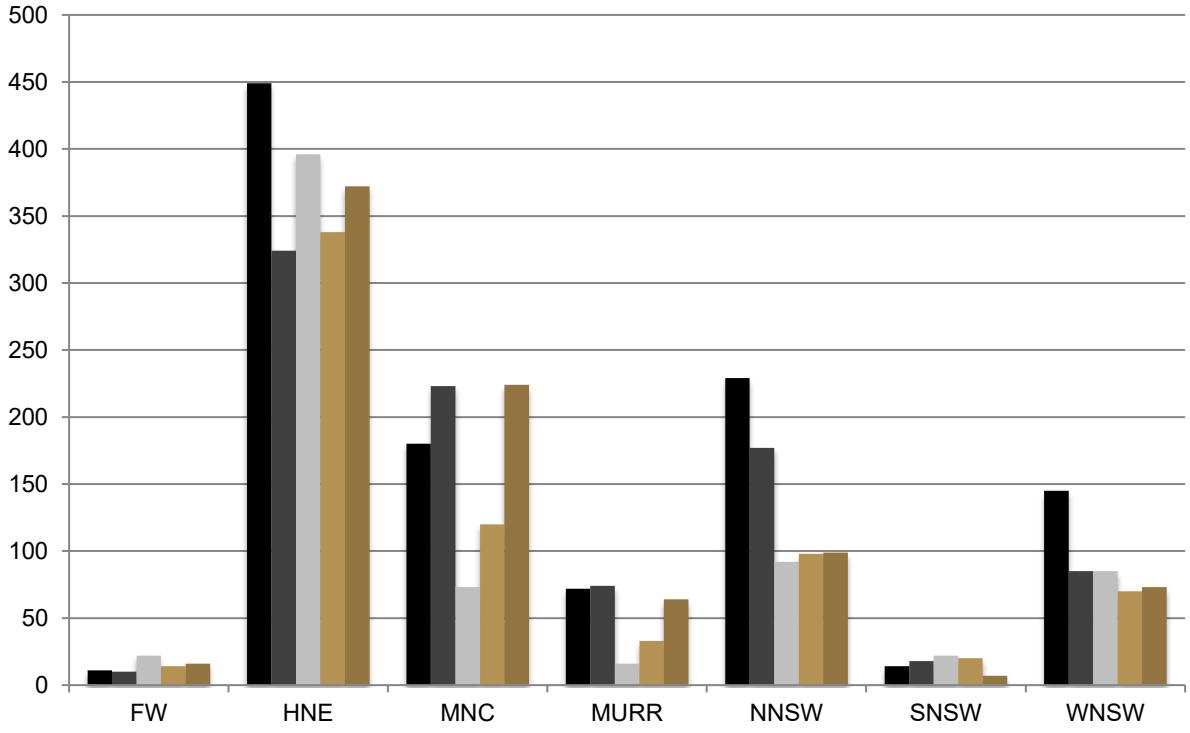
The remaining third (30%, n=855) of state-wide OOS in 2024 were recorded at NSPs in rural and regional LHDs, 97 (11%) of which were repeat attendances. Among the 758 non-repeat OOS, 16% (121) attendees declined to participate in the survey. The response rate of 84% in rural and regional LHDs in 2024 was a significant increase over the five-year period, from 72% in 2019 (p-trend<0.001).

Among rural and regional LHDs, Hunter New England LHD recorded the highest number of OOS (n=372) in 2024, and the highest response rate was recorded by both Far West LHD (100%) and Southern NSW LHD (100%).

Differences in NSP service delivery modalities may account for variations observed in the number of OOS recorded in metropolitan and rural/regional LHDs. In general, rural and remote LHDs are more reliant on secondary NSPs and syringe dispensing machines (vending machines and chutes) in order to provide access to injecting equipment over large geographic areas. For this reason, a greater proportion of NSP attendees may not interact with staff and be invited to participate in NNEDC data collection.

Figure 1 Occasions of service by LHD, NUAA & ACON Sydney, 2020-2024





Demographic characteristics

Key findings:

- **Four in five respondents (82%) identified as heterosexual, a significant decrease from 84% in 2020 (p-trend=0.043) and one in twenty (6%) identified as homosexual, a significant decrease from 8% in 2020 (p-trend=0.006).**
- **Over the five-year period, the gender composition of the sample remained stable.**
- **One in twenty respondents (6%) were aged less than 25 years in 2024, consistent with previous years (p-trend=0.053).**
- **One in four respondents (23%) reported an Aboriginal background in 2024, a significant increase from 19% in 2020 (p-trend=0.008).**
- **One in twenty respondents (5%) reported in 2024 that their parents spoke a language other than English at home, a significant decline from 7% in 2020 (p-trend=0.021).**

Gender

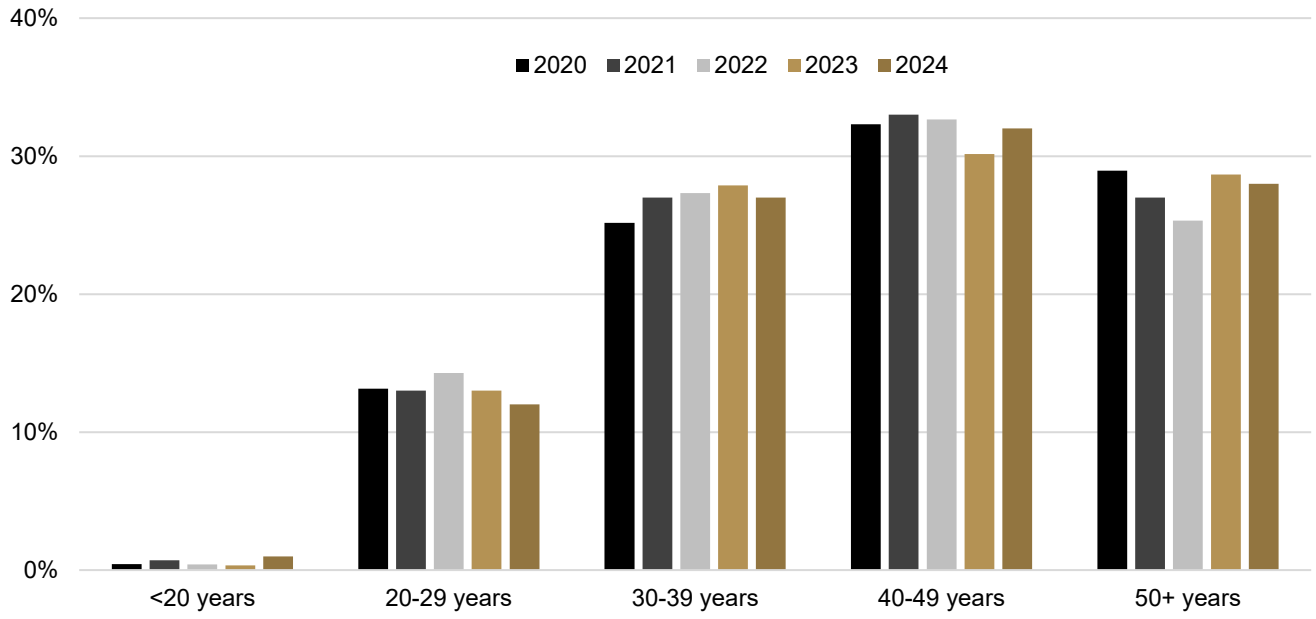
Three quarters of respondents (73%, n=1,386) in 2024 were men and 26% (n=489) women. While only 1% of respondents (n=15) identified their gender as 'other', this was a significant increase across period of the previous 5 years (p-trend=0.036). In 2024, men comprised the majority of respondents in all LHDs, apart from Southern NSW. Women comprised a significantly greater proportion of respondents from rural and regional LHDs compared to metropolitan LHDs (33% vs 23%, p<0.001).

Age

The median age of respondents was 42 years (range 17 to 75 years) in 2024, consistent with the previous 5 years of surveys. In 2024, the lowest median age (35 years) was recorded in Illawarra Shoalhaven LHD, while the highest (46 years) was recorded in Northern NSW LHD.

In 2024 there was no significant difference in the median age between respondents from rural or regional LHDs (42 years) compared to metropolitan LHDs (42 years, p=0.519).

Figure 2 Proportion of respondents by age category, 2020-2024



As in previous years, in 2024 there was no significant difference in the median age between men (42 years) and women (43 years, p=0.987). Among respondents who reported last injecting a psychoactive drug (defined as all drugs excluding performance and image enhancing drugs [PIEDs]), the median age of men was significantly higher than that of women (46 years vs 43 years, p<0.001). This association has been observed in each of the last five-years.

As observed in previous years, in 2024, respondents who reported last injecting PIEDs had a significantly lower median age compared to respondents who reported last injecting a psychoactive drug (34 years vs 45 years, p<0.001).

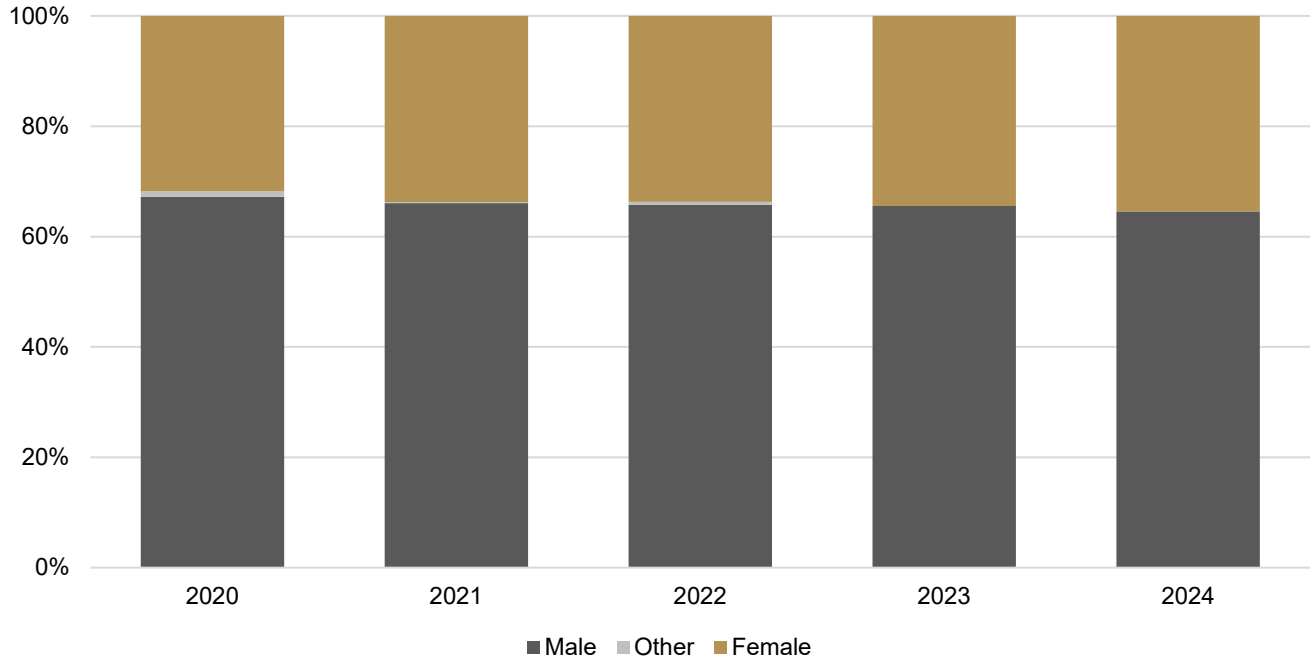
In 2024, one in twenty respondents (6%, n=104) were aged less than 25 years (young people), and this was consistent with proportions reported in previous years (p-trend=0.053, Figure 2). In 2024 the highest proportion of young people was observed in Illawarra Shoalhaven LHD (24%), while Southern NSW LHD recorded no young people attending NSPs during the 2024 data collection period.

Sexual identity

Approximately four in five respondents (82%, n=1,222) identified as heterosexual in 2024, approximately one in ten identified as bisexual (9%, n=131) and approximately one in twenty identified as homosexual (6%, n=92). Over the five-year period, there was a significant decrease in both the respondents identifying as heterosexual, from 84% in 2020 to 82% in 2024 (p=0.043) and homosexual, from 8% in 2020 to 6% in 2024 (p=0.006). The proportion of respondents identifying as bisexual remained stable. In 2022 the questionnaire was revised to align with preferred ABS formulation to include the additional response option 'I use a different term'. In 2024, 3% of respondents reporting using a different term to describe their sexuality.

As in previous years, in 2024 women were significantly more likely than men to identify as bisexual (17% vs 6%, p<0.001). In 2024, there was no significant difference between the proportion of men and women who identify as homosexual (6% vs 6%, p=0.563). In 2024, the proportion of respondents who identified as homosexual or bisexual ranged from 0% in Southern NSW LHD to 53% in Far West LHD.

Figure 3 Aboriginal and Torres Strait Islander respondents by gender, 2020-2024



Cultural and linguistic diversity

In 2024, one in four respondents (23%, n=407) reported being of Aboriginal descent, which was a significant increase from 19% in 2020 (p-trend=0.008). Smaller proportions of respondents reported either an Aboriginal and Torres Strait Islander background (1%, n=25) or a Torres Strait Islander background (1%, n=17).

In 2024, the proportion of Indigenous respondents (Aboriginal and/or Torres Strait Islander background) ranged from 9% in South Western Sydney LHD to 57% in Western NSW LHD. The proportion of Indigenous respondents was significantly higher in rural and regional LHDs compared to metropolitan LHDs in 2024 (33% vs 21%, p<0.001), and this was observed in all years over the five-year period.

As in previous years, in 2024, women were significantly more likely than men to report an Indigenous background (34% vs 22%, p<0.001, Figure 3).

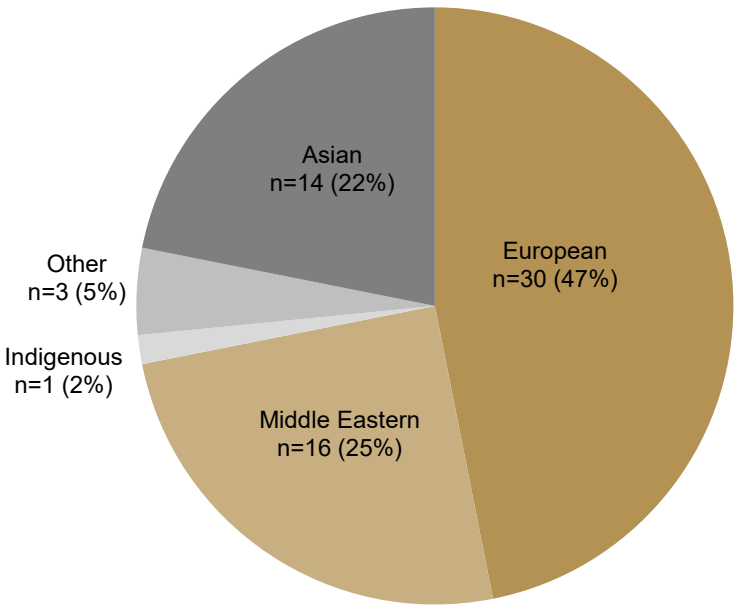
In 2024, one in twenty respondents (5%, n=73) reported a language other than English as the main language spoken by their parents at home.

Over the five-year period, a small but significant decline was observed in this sub-population, from 7% in 2020 to 5% in 2024 (p-trend=0.021).

Among respondents who reported that their parents spoke a language other than English, European languages were most commonly reported in 2024, reported by one in two respondents (47%, n=30, Figure 4). This was followed by one in four respondents who reported a Middle Eastern language (25%, n=16) and one in five respondents who reported an Asian language (22%, n=14). Smaller proportions of respondents reported that their parents spoke another language (5%, n=3) or an Indigenous language (2%, n=1).

The highest proportion of respondents who reported a language other than English as the main language spoken at home by their parents was recorded in South Western Sydney LHD (17%) in 2024, while six LHDs (Far West, Murrumbidgee, Western NSW, Mid North Coast, Illawarra Shoalhaven and Southern NSW) had no respondents who reported that their parents spoke a language other than English at home.

Figure 4 Languages other than English spoken at home by parents in 2024



Social, legal and health issues

Key findings:

- **In the previous 12 months:**
- **In 2024 one in four respondents (23%) had experienced homelessness, consistent with previous years (p-trend=0.442).**
- **One in four respondents (23%) reported living with or being diagnosed with a mental health issue, consistent with previous years (p-trend=0.742).**
- **One in ten respondents (11%) reported recent imprisonment, consistent with previous years (p-trend=0.207).**
- **One in five respondents (20%) reported recent opioid agonist therapy, a significant decline from 24% in 2020 (p-trend<0.001).**

Homelessness

Recent (in the previous 12 months) homelessness was reported by one in four respondents (23%, n=360, Figure 5) in 2024. Over the five-year period, the proportion of this sub population was stable, (p-trend=0.442, Table 3).

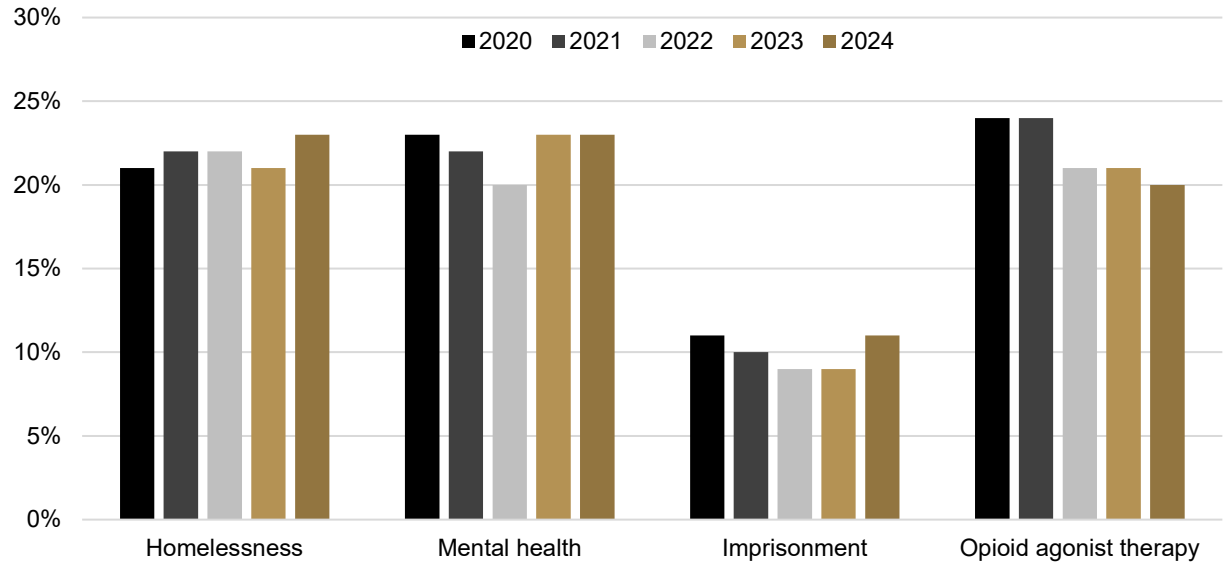
As in previous years, in 2024, the majority of respondents who reported recent homelessness were men (65%, n=234), identified as heterosexual (77%, n=278), and completed the NNEDC at a NSP in a metropolitan LHD (58%, n=210). The median age of respondents who reported recent homelessness was 41 years (range 17-67), and 7% (n=26) of respondents who reported recent homelessness were young people.

Mental health

Living with, or being diagnosed with a mental health issue, in the preceding 12 months was reported by one in four respondents (23%, n=362) in 2024, consistent with previous years (p-trend=0.742).

Most respondents who reported a mental health issue in 2024 were men (57%, n=205), identified as heterosexual (73%, n=264) and completed the NNEDC at an NSP in a metropolitan LHD (53%, n=193). These characteristics remained stable across the 5-year period. The median age of respondents who reported a recent mental health issue was 42 years (range 17-64 years) in 2024, and 9% (n=31) of respondents who reported a mental health issue were young people.

Figure 5 Social, legal and health issues in the previous 12 months, 2020-2024



Imprisonment

One in ten respondents (11%, n=163) reported recent (in the previous 12 months) imprisonment in 2024. The proportion of respondents who reported recent imprisonment in 2024 was consistent with proportions reported in previous years (p-trend=0.207).

As in previous years, in 2024, most respondents who reported imprisonment in the previous 12 months were men (75%, n=121), identified as heterosexual (82%, n=129), and completed the NNEDC at a NSP in a metropolitan LHD (58%, n=95). The median age of respondents who reported recent imprisonment was 41 years (range 18-63), while 4% (n=6) of respondents who reported recent imprisonment were young people aged less than 25 years.

Opioid agonist therapy

In 2024, one in five respondents (20%, n=306) reported that they were prescribed opioid agonist therapy (OAT) in the previous 12 months. When the data were restricted to the n=564 respondents who reported last injecting an opioid and completed the social, legal and health questions, two in five respondents (37%, n=206) reported being prescribed OAT in the previous 12 months. Among the 306 respondents reporting they were prescribed OAT, 25% reported injecting a stimulant at last injection. The proportion of respondents who reported being prescribed OAT in 2024 (20%) represented a significant decline from 24% in 2020 (p-trend<0.001).

Most respondents who reported being prescribed OAT in the previous 12 months were men (66%, n=201), identified as heterosexual (82%, n=252), and completed the NNEDC at a NSP in a metropolitan LHD (68%, n=209). These characteristics remained stable across the 5-year period. The median age of respondents who reported recent OAT in 2024 was 46 years (range 18-74), and eight respondents (3%) who reported being prescribed OAT were young people.

Drug last injected

Key findings:

- **In 2024, stimulants and opioids were the most commonly reported classes of drug last injected, reported by two in five respondents (38% and 37% respectively).**
- **Methamphetamine was the most commonly reported drug last injected in 2024, reported by 37% of respondents, consistent with previous years (p-trend=0.727).**
- **Approximately two in five respondents (37%) reported last injecting an opioid in 2024, a significant decrease from 43% in 2020 (p-trend<0.001).**
- **One in four respondents in 2024 reported last injecting heroin (24%, n=427), a significant decline from 30% in 2020 (p-trend<0.001).**
- **One in five respondents (20%) reported last injecting PIEDs in 2024, a significant increase from 16% in 2020 (p-trend<0.001).**

Opioids

Opioids (heroin, opioid pharmacotherapies and pharmaceutical opioids) were reported as last drug injected in 2024 by approximately two in five respondents (37%, n=667, Figure 6). Over the five-year period, a significant decline was observed in the proportion of respondents who reported last injecting an opioid (from 43% in 2020 to 37% in 2024, p-trend<0.001, Table 2). Opioids were the most commonly reported class of drug last injected in nine of the fifteen LHDs in 2024, and the proportion of respondents who reported last injecting an opioid ranged from 30% in Central Coast LHD to 55% in Illawarra Shoalhaven LHD.

Heroin was the most commonly reported opioid last injected in 2024, reported by approximately one in four respondents (24%, n=427, Figure 7). This was followed by methadone (8%, n=148), pharmaceutical opioids (2%, n=40), and buprenorphine (2%, n=28), while smaller proportions of respondents reported last injecting other opioids or more than one opioid (1%, n=17), and buprenorphine-naloxone (<1%, n=7).

Over the five-year period, significant declines were observed in the proportion of respondents who reported last injecting heroin (from 30% in 2020 to 24% in 2024, p-trend<0.001), and pharmaceutical opioids (from 4% in 2020 to 2% in 2024, p-trend<0.001). All other opioids last injected remained stable over the five-year period.

Stimulants

Stimulants were the most common class of drug last injected by NNEDC respondents in 2024. Approximately two in five respondents (38%, n=671) reported last injecting a stimulant (predominantly methamphetamine) in 2024. Over the five-year period, the proportion of respondents who reported last injecting a stimulant was stable (p-trend=0.970). Stimulants were the most common class of drug last injected in six of the fifteen LHDs, and the proportion of respondents who reported last injecting a stimulant ranged from 20% in Nepean Blue Mountains LHD to 63% in Far West LHD.

Methamphetamine was the most commonly reported stimulant last injected in 2024, with the injection of methamphetamine reported by two in five respondents (37%, n=653). Smaller proportions of respondents reported last injecting cocaine (1%, n=18).

Over the five-year period, a significant decline was observed in the proportion of respondents who reported last injecting another type or more than one type of stimulant, from <1% in 2020 to 0% in 2024 (p-trend=0.007). All other stimulants remained stable over the five-year period.

Performance and image-enhancing drugs

PIEDs (predominantly anabolic steroids, peptides and growth hormone) were the third most

common class of drug last injected in 2024, reported by approximately one in five respondents (20%, n=360), a significant increase from 16% in 2020 (p-trend<0.001). The highest proportion of PIEDs injection was recorded in Nepean Blue Mountains LHD (42%), while Far West and Southern NSW LHDs recorded no respondents who reported last injecting PIEDs in 2024.

Anabolic steroids were the most commonly reported PIED last injected in 2024, reported by approximately one in eight respondents (13%, n=226). Smaller proportions of respondents reported last injecting peptides (3%, n=60), growth hormone (2%, n=40), and more than one or other PIEDs (2%, n=34).

Over the five-year period, significant increases were observed in the proportion of respondents who reported last injecting anabolic steroids (from 12% in 2020 to 13% in 2024, p-trend=0.001) and peptides (from 1% in 2020 to 3% in 2024, p-trend<0.001). The prevalence of all other PIEDs as the last drug injected remained stable over the five-year period.

In 2024, a small proportion of respondents reported last injecting more than one class of drug (4%, n=63), while 1% (n=21) reported last injecting other drugs or substances such as vitamin B12.

The proportion of respondents who reported last injecting more than one class of drug or other drugs remained stable over the five-year period.

Drug last injected among young people

Consistent with prevalence reported in previous years, approximately two in five young people (40%, n=41) reported last injecting PIEDs in 2024. This was followed by one in three young people (30%, n=31) who reported last injecting a stimulant and one in five (22%, n=22) who reported last injecting an opioid.

While the pattern of drug last injected among young men mirrored the overall pattern for young people, among young women stimulants were the most commonly reported class of drugs last injected, reported by two in five young women (60%, n=12) in 2024, followed by opioids (20%, n=4), and PIEDs (10%, n=2).

Drug last injected by location

Among respondents completing the NNEDC in a metropolitan LHD, opioids were the most commonly reported class of drug last injected, reported by approximately two in five respondents (40%, n=474). This was followed by approximately one in three respondents (33%, n=389) who reported last injecting a stimulant, and one in four respondents (23%, n=277) who reported last injecting PIEDs.

Among respondents completing the NNEDC in a rural or regional LHD, stimulants were the most commonly reported class of drug last injected, reported by approximately one in two respondents (48%, n=282). This was followed by approximately one in three respondents (33%, n=193) who reported last injecting an opioid, and one in seven respondents (14%, n=83) who reported last injecting PIEDs.

Figure 6 Opioids, stimulants and PIEDs as the drug last injected in NSW and by LHD in 2024

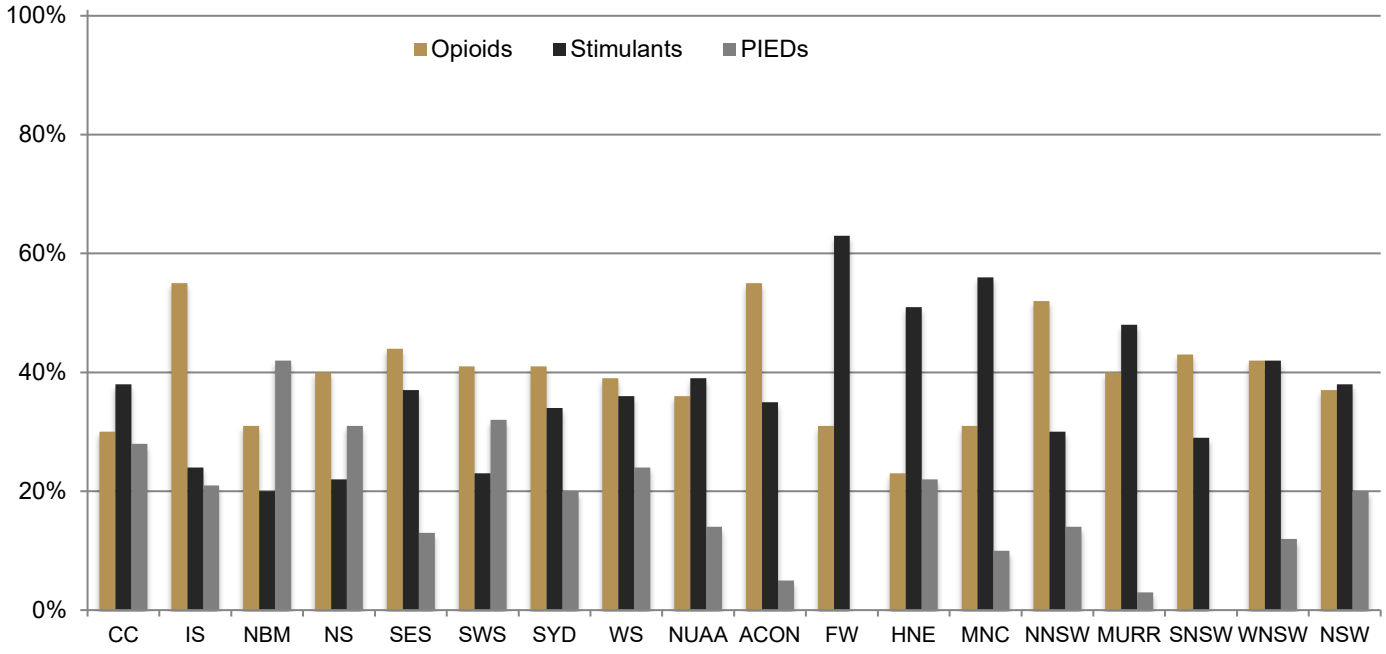
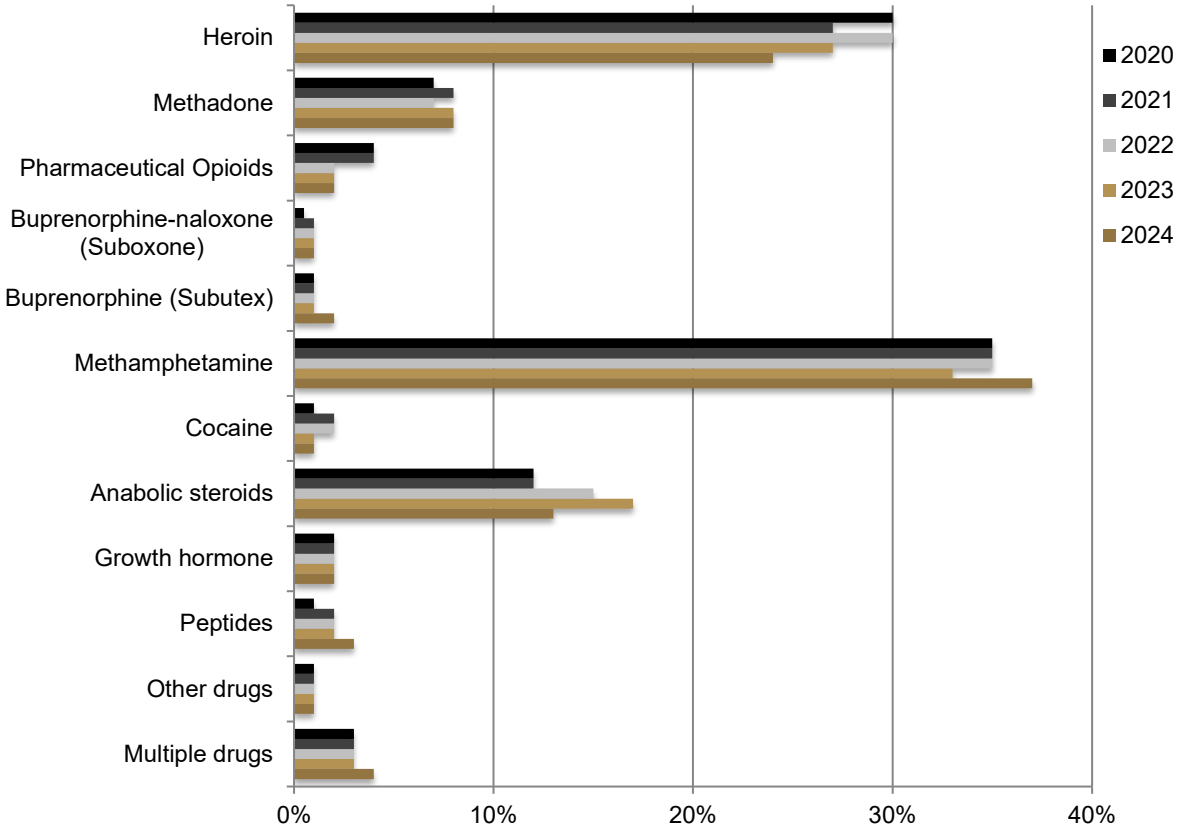


Figure 7 Drug last injected, 2020-2024



Injecting Behaviour

Key findings:

- **Approximately one in two respondents (50%) reported injecting daily or more frequently in 2024, which was stable over the five-year period (p-trend=0.440).**
- **The median number of years since first injection was 20 years (range 0-56 years) and the median age at first injection was 21 years (range 10-71 years).**
- **One in ten respondents (12%) reported injection initiation within the previous three years, a significant increase from 10% in 2020 (p-trend=0.005).**

Frequency of injection

Approximately one in two respondents (50%, n=767) reported injecting daily or more frequently in 2024, which was consistent over the five-year period (p-trend=0.440). One in four respondents (26%, n=399) reported injecting more than weekly, but not daily, and one in five respondents (16%, n=246) who reported injecting less than weekly. Finally, one in ten respondents (8%, n=126) reported not injecting in the month prior to data collection.

Over the five-year period, frequency of injection in the last month remained stable.

Time since first injection and new initiates

In 2024, the median number of years since first injection was 20 years (range 0-56 years), and the median age at first injection was 21 years (range 10-71 years).

In 2024, one in ten respondents (12%), n=183) reported injection initiation within the previous three years (new initiates), a significant increase from 10% in 2020 (p-trend=0.005).

In 2024, as in previous years, the majority of new initiates were men (78%, n=143), identified as heterosexual (78%, n=143), and completed the NNEDC at an NSP in a metropolitan LHD (64%, n=117). The median age of new initiates was 29 years (range 17-62), and one in four new initiates (27%, n=49) were aged less than 25 years.

PIEDs was the most commonly reported class of drug last injected among new initiates in 2024, reported by approximately three in five new initiates (60%, n=110). This was followed by stimulants (24%, n=44) and opioids (11%, n=20). Injecting weekly or more frequently was the most commonly reported frequency of injection among new initiates, reported by one in three (37%, n=67). This was followed by daily or more frequently (26%, n=47) and less than weekly (22%, n=40), and. Approximately one in seven new initiates (13%, n=23) reported no injection in the month prior to data collection.

Recent receptive syringe sharing

Key findings:

- **One in five respondents (18%) reported at least one episode of receptive syringe sharing (RSS) in the month prior to data collection in 2024.**
- **Of the 255 respondents who reported RSS in 2024:**
  - One in three (31%) reported five or more occasions of RSS.
  - One in four (28%) reported two occasions of RSS.
  - One in five (22%) reported a single occasion of RSS.
  - One in five (19%) reported between three and five occasions of RSS.
- **The proportion of respondents who reported recent RSS was stable over the five-year period (p-trend=0.222).**
- **Factors associated with an increased risk of recent RSS in 2024 were recent homelessness, listing their sexual identity as "other" or injecting more than one class of drug.**

In 2024, of the 1,412 respondents who reported at least one injection episode in the month prior to data collection, approximately one in five (18%, n=255, Figure 8) reported at least one occasion of receptive syringe sharing (RSS) in the previous month. Over the five-year period, the proportion of respondents who reported RSS was stable (p-trend=0.222).

Among respondents who reported RSS in the previous month in 2024, approximately one in three (31%, n=79, Figure 9) reported that RSS had occurred on five or more occasions, one fifth of respondents (19%, n=49) reported that RSS had occurred on between three and five occasions, one in four reported that RSS had occurred twice (28%, n=71), and one in five that RSS had occurred once (22%, n=56).

As RSS is a highly stigmatised behaviour, reporting may be affected by social desirability bias (White et. al., 2007). Consistent with previous years, in 2024 approximately one in five respondents (18%, n=255) required assistance with the completion of the NNEDC data collection instrument. Respondents who were assisted to complete the NNEDC by either NSP staff or other NSP attendees in 2024, were significantly less likely to report RSS, compared to respondents who did not require assistance (11% vs 22%, p<0.001).

As this observation has been reported in all years in the five-year period, it is likely that the observed RSS prevalence of 18% is an under-estimate of the actual prevalence of this behaviour.

Factors independently associated with recent RSS

In 2024 no associations were observed between recent RSS and gender, age, language spoken at home by parents, rural/regional or metropolitan LHDs, recent imprisonment, or living with a mental health issue. Respondents who reported recent homelessness, their sexual identity as "other", injected more than one class of drug at last injection, or injected daily or more frequently were significantly more likely to report recent RSS. Respondents who reported recent prescription of OAT were significantly less likely to report RSS. (See Table 5).

Figure 8 RSS in the previous month with 95% confidence intervals, 2020-2024

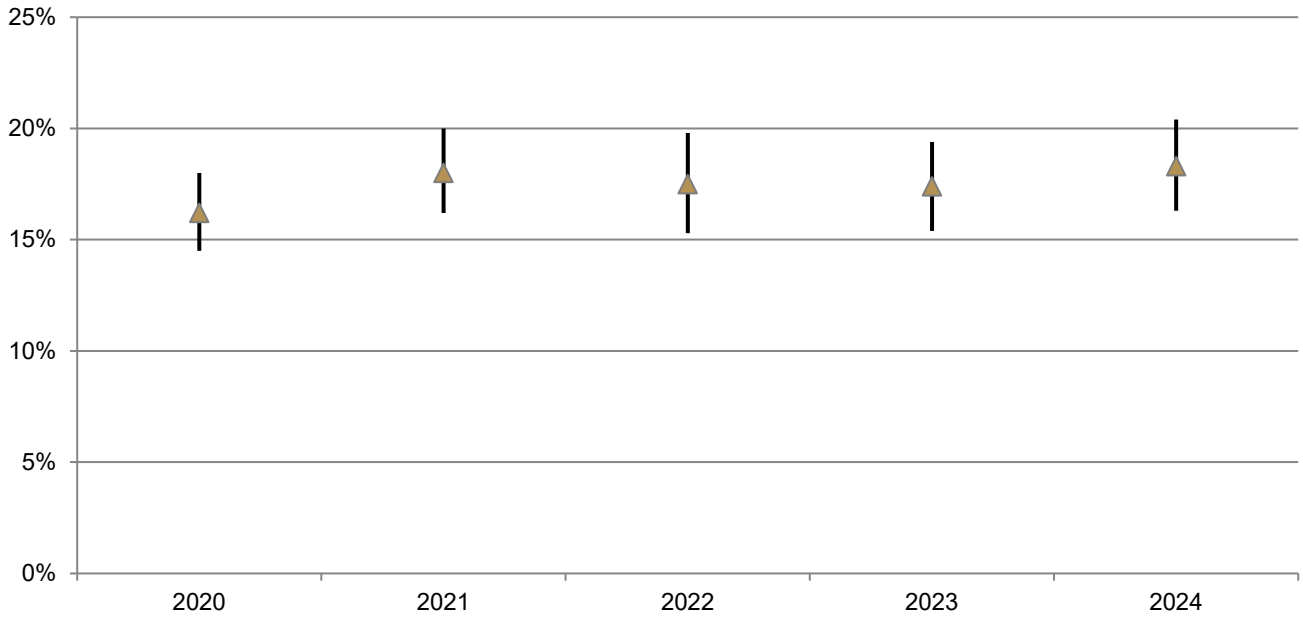
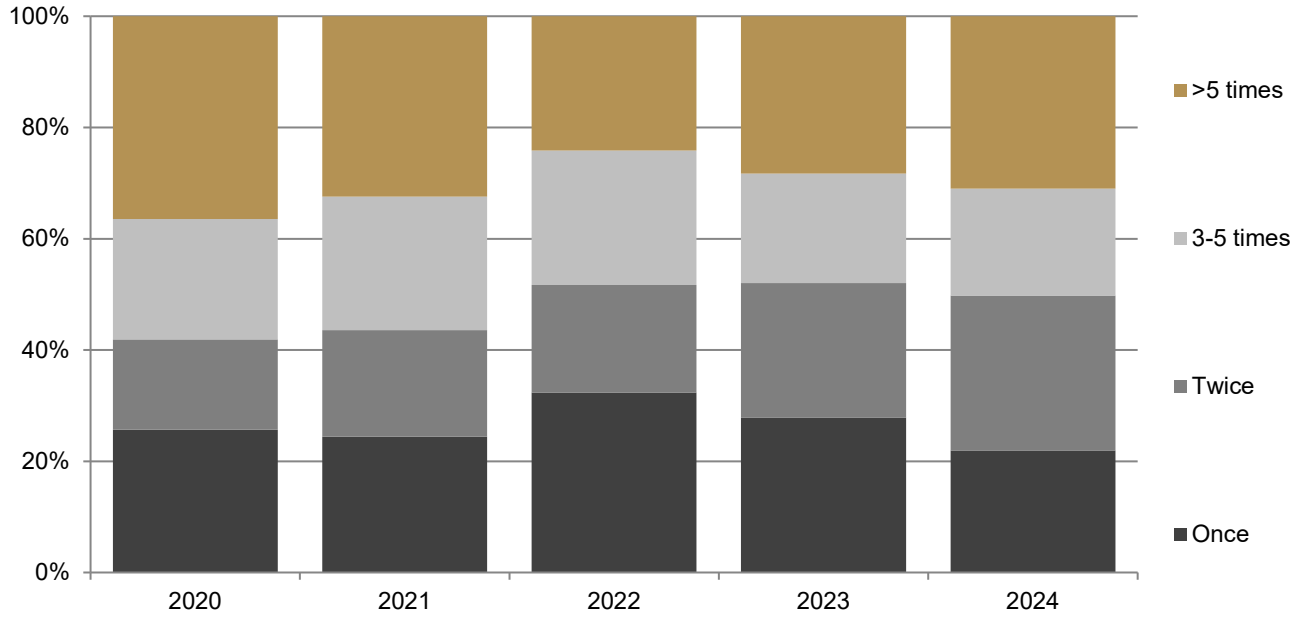


Figure 9 Frequency of RSS among respondents who reported RSS in the previous month, 2020-2024



Hepatitis C testing and treatment uptake

Key findings:

- **In 2024, approximately two thirds of respondents (68%) reported a lifetime history of hepatitis C (HCV) testing, including 41% who reported testing in the previous 12 months.**
  - **One in three respondents (32%) reported never having had a test for HCV.**
- **Among respondents who reported ever receiving an HCV positive diagnosis and who did not report spontaneous clearance, the proportion in 2024 who reported a lifetime history of HCV treatment was 86%, a significant increase from 78% in 2020 (p-trend<0.001).**
- **One in four respondents in 2024 who ever accessed HCV treatment did so through public-sector community settings (28%), and one in four (24%) accessed treatment through tertiary facilities.**
- **Factors associated with lower lifetime HCV treatment uptake in 2024 identifying as homosexual, recent imprisonment and recent RSS.**

Since 2018, additional items were included in the NNEDC data collection instrument to assess the uptake of hepatitis C virus (HCV) direct-acting antiviral (DAA) treatment among people who inject drugs (PWID) attending NSPs in NSW and to identify the range of settings where treatment was accessed. In 2019, further questions were added to determine the proportion of respondents who had received an HCV diagnostic test and the year of HCV treatment.

Prompted by a recent decline in the proportion of survey respondents reporing Interferon-based HCV treatment, in 2024 survey questions were changed to no longer distinguish between Interferon-based treatment and HCV DAA treatment. This follows the listing of HCV DAAs on the Australian Pharmaceutical Benefits Scheme (PBS) in March 2016 and subsequent widespread access and uptake, including among people who inject drugs (Iversen et al., 2019; 2022). In moving to report unspecified HCV treatment this report assumes that the majority of treatment episodes reported by clients comprise DAA treatment.

HCV Testing

A total of 1,538 respondents completed the HCV questions in 2024. Of these, approximately two in three (68%, n=1,044, Table 4) reported a lifetime history of HCV testing, including 41% (n=631) who reported that they had been tested in the previous 12 months. One in three respondents (32%, n=494, Figure 10) reported never having had a diagnostic test for HCV.

A significant decline was observed in the proportion of respondents who reported having ever been tested for HCV from 75% in 2020 to 68% in 2024 (p-trend<0.001). Of those who reported a lifetime history of HCV diagnostic testing, the proportion of respondents who reported a HCV diagnostic test in the previous 12 months remained stable, (p-trend=0.227).

As shown in Table 6, in 2024 no associations were observed between the lifetime uptake of HCV diagnostic testing and gender, sexual identity, language spoken at home by parents, recent homelessness, recent imprisonment, living with a mental health issue, injecting daily or more frequently or reporting RSS in the previous month. Respondents were significantly more likely to report a lifetime history of HCV testing if they were aged 34 years and older, or reported a recent prescription of OAT, compared to those aged less than 34 years and those who did not report recent prescription of OAT, respectively. Respondents were significantly less likely to report a lifetime history of HCV testing if they reported last injecting PIEDs or completed the survey in a rural or regional LHD.

Exposure to HCV

In 2024, one in two respondents (50%, n=522) reported a previous positive HCV diagnosis. Over the five-year period, the proportion of respondents who reported a previous positive HCV diagnosis represented a significant decrease from 57% in 2020 (p-trend<0.001). In the Australian NSP Survey (ANSPS), the prevalence of serologically confirmed HCV antibody among NSW respondents decreased from 43% to 31% between 2019 and 2022. In 2023, 42% of ANSPS participants in NSW tested HCV antibody positive; this increase is understood to be the result of a change to the laboratory testing assay used (Heard et. al. 2024).

Current HCV status

Among the n=522 respondents who reported a HCV diagnosis, and after excluding respondents (n=2) who did not report their HCV treatment status, one in five respondents (16%, n=85, Figure 11) reported that they had spontaneously cleared their HCV infection. Over the five-year period that data were collected on HCV status, the proportion of respondents who reported that they had spontaneously cleared their HCV infection remained stable (p-trend=0.396).

Lifetime HCV treatment uptake

Among n=435 respondents who reported ever receiving a HCV diagnosis and who did not report spontaneous clearance, approximately four in five (86%, n=375) reported they had ever accessed treatment. This is consistent with the 81% of NSW ANSPS respondents who reported a lifetime history of HCV treatment in 2023 (Heard et. al. 2024). Over the five-year period, 2020 to 2024, the proportion of respondents who reported that they had accessed treatment increased significantly, from 78% in 2020 to 86% in 2024 (p-trend<0.001).

As shown in Figure 12, lifetime HCV treatment uptake by LHD ranged from 0% to 100%. Uptake was highest in Southern NSW (100%), followed by Sydney LHD (97%), Northern Sydney LHD (96%), Nepean Blue Mountains LHD (94%), Northern NSW LHD (93%), and Mid North Coast LHD (92%).

Figure 10 Self-reported HCV status and HCV treatment uptake, 2020-2024

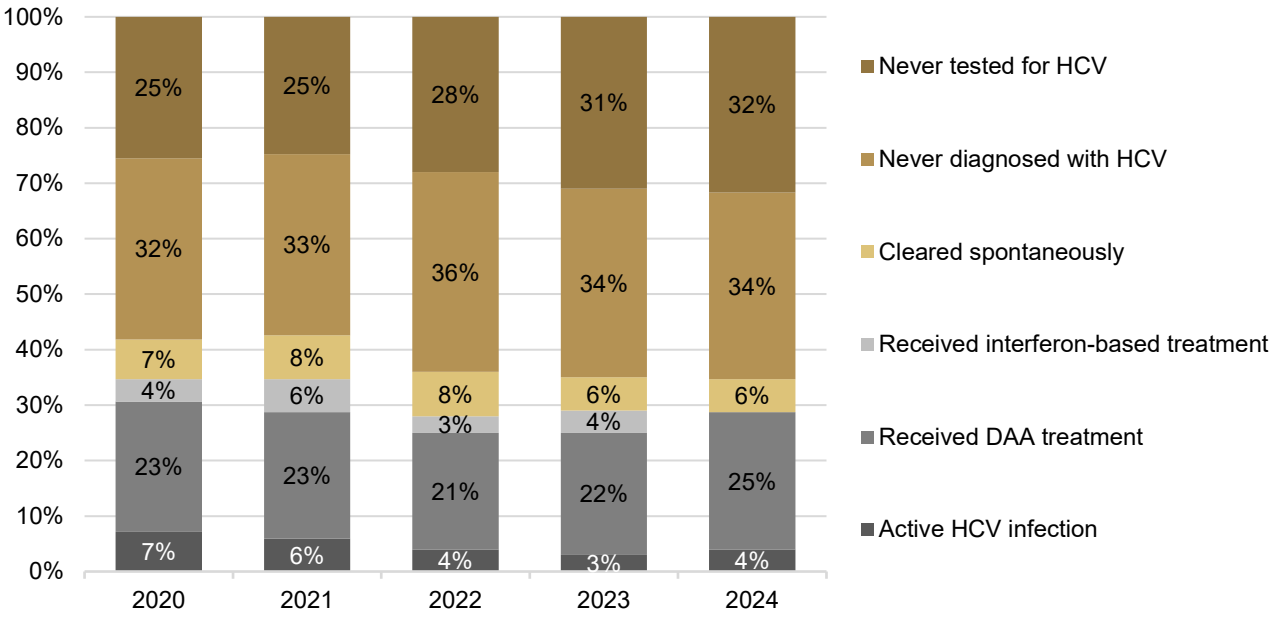


Figure 11 Self-reported HCV status among respondents who reported a previous HCV diagnosis, 2020-2024

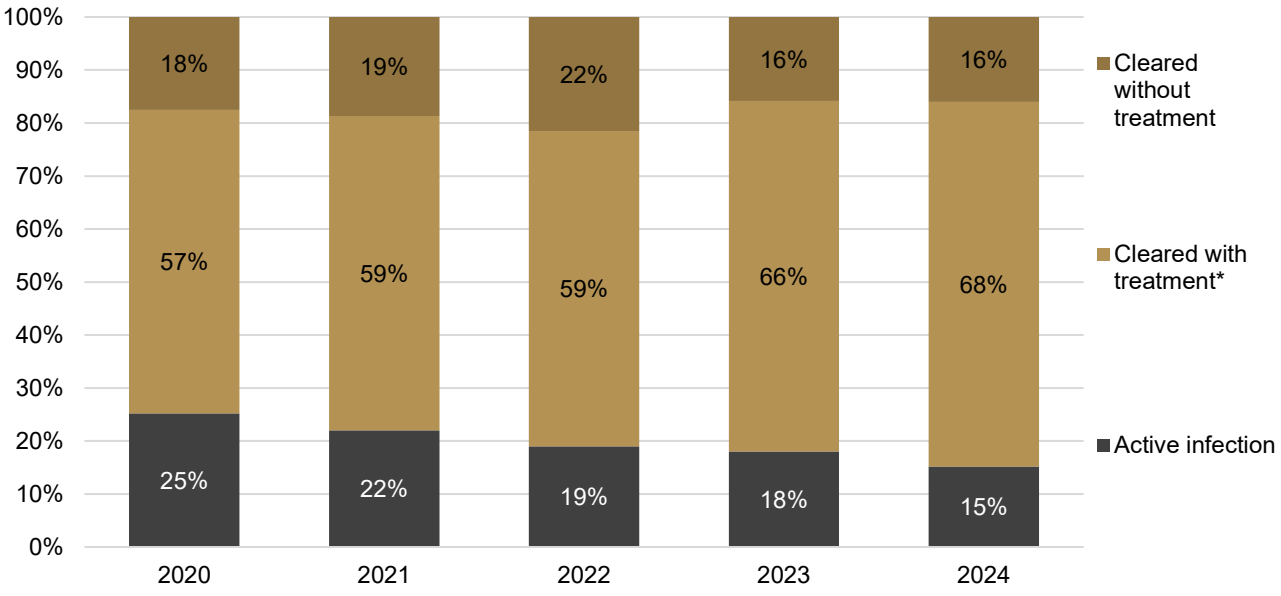
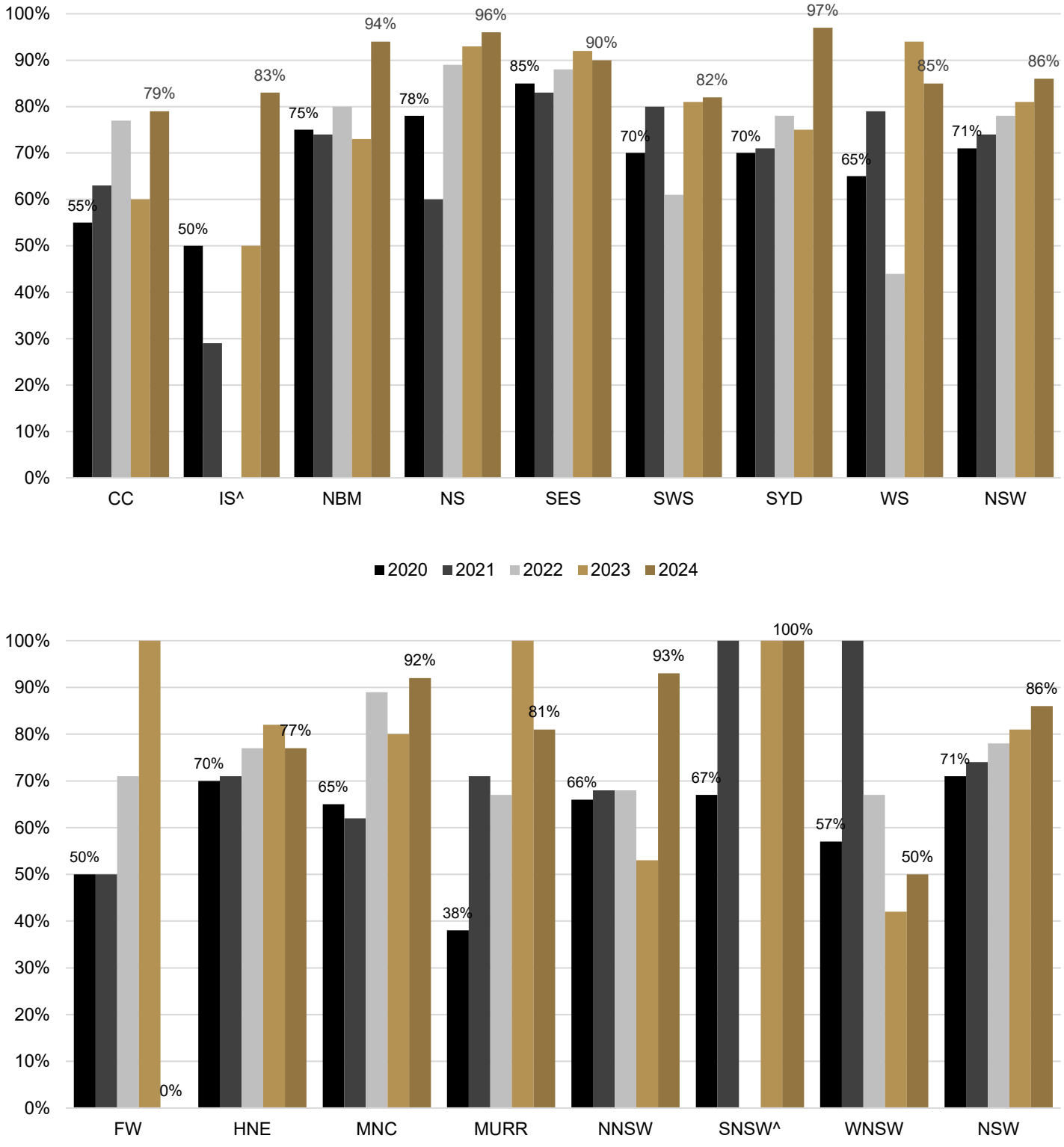


Figure 12 Lifetime HCV treatment uptake* by LHD, 2020-2024



* Denominator comprised those who self-reported ever receiving an HCV diagnosis, excluding those who reported spontaneous clearance, and those with successful Interferon-based treatment until 2024 (assumes 55% cure among respondents who reported Interferon-based therapy). From 2024 respondents were asked about HCV treatment without specifying treatment type; it is assumed that the majority of treatment episodes comprise DAA treatment.

^ No respondents from IS or SNSW LHDs reported HCV exposure in 2022.

HCV treatment uptake by year

One quarter of respondents (27%, n=98) reported they had accessed treatment in the 12 months prior to data collection (in 2023 or later), one in seven respondents (14%, n=50) reported accessing treatment in 2022, 8% (n=29) in 2021, 11% (n=38) in 2020, 9% (n=31) in 2019 and one third of respondents (32%, 114) reported accessing treatment in 2018 or earlier. DAA therapy became available in Australia through the Pharmaceutical Benefits Scheme from March 2016 (Iversen et. al, 2019).

Lifetime HCV treatment uptake by health care setting

In 2024 more than 140 different health care settings were reported by respondents who reported ever accessing HCV treatment. Health care settings identified by respondents were subsequently categorised into seven broad groups according to service type.

Among n=375 respondents who reported lifetime HCV treatment and provided health care setting data, one in four (28%, n=84) reported accessing treatment through public-sector community settings (community health centres, sexual health services, community-based liver clinics and NSPs). This was followed by one in four respondents (24%, n=73) who reported accessing treatment through tertiary facilities, including hospitals and tertiary liver clinics. Smaller proportions of respondents reported accessing treatment through correctional facilities (15%, n=46), alcohol and other drug services (both public and private sector including OAT and residential rehabilitation services (13%, n=38), or general practitioners (9%, n=27). One in ten respondents (10%, n=29) reported accessing treatment through 'other' settings, including settings located outside NSW (n=8).

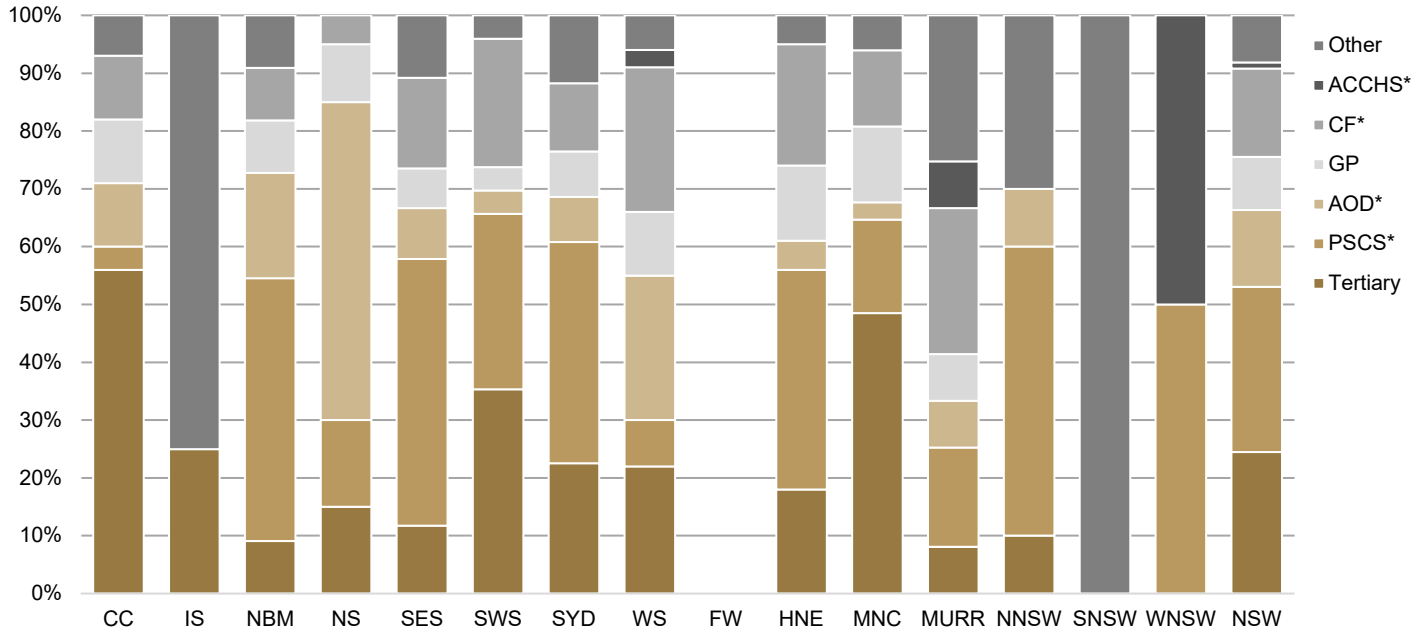
Over the five-year period, 2020 to 2024, there was a significant increase in the proportion of respondents who reported accessing HCV treatment through Tertiary services (p-trend=0.023). Conversely, there was a significant decrease in the proportion of respondents who reported accessing treatment through "other" settings (p-trend=0.044). Treatment uptake in all other health care settings remained stable. Figure 13 provides a breakdown of access to lifetime HCV treatment by health care setting and LHD (based on the LHD where the NNEDC was completed).

Lifetime uptake of HCV treatment among key populations of NSP attendees

As shown in Table 7, in 2024, lifetime uptake of HCV treatment was not independently associated with, age, language spoken at home by parents, geographic location, recent homelessness, living with a mental health issue, drug last injected or injecting daily or more frequently.

Respondents who were female, identified as homosexual, experienced recent imprisonment (in the last 12 months), or reported recent RSS were significantly less likely to report lifetime HCV treatment. Respondents who reported recently being prescribed OAT were significantly more likely to report lifetime treatment.

Figure 13 Lifetime HCV treatment uptake by health care setting and LHD in 2024



*PSCS: Public sector community setting
*CF: Correctional facility
*AOD: Alcohol and other drug setting
*ACCHS: Aboriginal Community Control Health Service

New South Wales

Table 1: Demographics characteristics, by year

	2020	2021	2022	2023	2024	5 year p-trend
Number of sites	**50**	**48**	**43**	**47**	**47**	--
Number surveyed (OOS)	**4,238 (%)**	**3,310 (%)**	**2,620 (%)**	**3,079 (%)**	**2,893**	--
Completed survey	2,730 (65)	2,340 (71)	1,824 (70)	2,274 (74)	1,914 (66)	**<0.001**
Previously completed (repeat NSP attendee)	889 (21)	575 (17)	369 (14)	472 (15)	427 (15)	**<0.001**
Declined to participate	619 (15)	395 (12)	427 (16)	333 (11)	552 (19)	**<0.001**
Response rate	82%	86%	81%	87%	78%	**--**
N° surveyed (individuals)	**2,730**	**2,340**	**1,824**	**2,274**	**1,914**	
Gender						
Male	1,996 (75)	1,710 (74)	1,344 (75)	1,683 (75)	1,386 (73)	0.608
Female	666 (25)	587 (25)	442 (25)	540 (24)	489 (26)	0.925
Other	15 (1)	12 (1)	15 (1)	27 (1)	15 (1)	**0.036**
Not reported	53 --	31 --	23 --	24 --	24 --	--
Sexual identity						
Heterosexual	1,590 (84)	1,309 (83)	1,047 (82)	1,289 (82)	1,222 (82)	**0.043**
Bisexual	150 (8)	128 (8)	103 (8)	125 (8)	131 (9)	0.498
Homosexual	149 (8)	135 (9)	91 (7)	117 (7)	92 (6)	**0.006**
Other	-- --	-- --	31 (2)	33 (2)	51 (3)	--
Not reported	841 --	768 --	552 --	710 --	418 --	--
Age (years)						
Median age (range)	42 (13-75)	42 (18-72)	42 (17-78)	42 (17-83)	42 (17-75)	--
Less than 25 years	135 (5)	101 (5)	94 (5)	136 (6)	104 (6)	0.053
25 years or more	2,442 (95)	2,143 (96)	1,648 (95)	2,010 (94)	1,681 (94)	0.053
Not reported	153 --	96 --	82 --	128 --	129 --	--
Aboriginal and/or Torres Strait Islander						
Yes, Aboriginal	507 (19)	471 (21)	350 (19)	480 (22)	407 (23)	**0.008**
Yes, Torres Strait Islander	16 (1)	7 (<1)	10 (1)	11 (1)	17 (1)	0.161
Yes, both Aboriginal and Torres Strait Islander	17 (1)	14 (1)	21 (1)	20 (1)	25 (1)	**0.008**
No	2,077 (79)	1,760 (78)	1,417 (79)	1,707 (77)	1,343 (75)	**0.006**
Not reported	113 --	88 --	26 --	56 --	122 --	--
Main language spoken at home by parents						
English	1,921 (93)	1,675 (95)	1,246 (95)	1,524 (95)	1,471 (95)	**0.021**
Other	134 (7)	88 (5)	64 (5)	79 (5)	73 (5)	**0.021**
Not reported	675 --	577 --	514 --	671 --	370 --	--

NB: Percent excludes not reported

Table 2: Last drug injected and injecting behaviours, by year

	2020	2021	2022	2023	2024	5 year p-trend
Number surveyed (individuals)	**2,730 (%)**	**2,340 (%)**	**1,824 (%)**	**2,274 (%)**	**1,914 (%)**	--
Last drug injected						
Opioids	**1,125 (43)**	**931 (42)**	**718 (41)**	**849 (39)**	**667 (37)**	**<0.001**
Heroin	784 (30)	611 (27)	524 (30)	594 (27)	427 (24)	**<0.001**
Pharmaceutical opioids	103 (4)	79 (4)	28 (2)	43 (2)	40 (2)	**<0.001**
Methadone	169 (7)	181 (8)	127 (7)	167 (8)	148 (8)	0.078
Buprenorphine (Subutex)	34 (1)	26 (1)	20 (1)	20 (1)	28 (2)	0.896
Buprenorphine-naloxone (Suboxone)	2 (<1)	12 (1)	7 (<1)	9 (<1)	7 <1	0.141
Other opioids/ more than 1 opioid	33 (1)	22 (1)	12 (1)	16 (1)	17 (1)	0.118
Stimulants	**937 (36)**	**816 (37)**	**639 (36)**	**747 (34)**	**671 (38)**	0.970
Methamphetamine	898 (35)	775 (35)	610 (35)	716 (33)	653 (37)	0.727
Cocaine	34 (1)	35 (2)	27 (2)	31 (1)	18 (1)	0.440
Other stimulants/ more than 1 stimulant	5 (<1)	6 (<1)	2 (<1)	0 (0)	0 (0)	**0.007**
Performance image-enhancing drugs	**425 (16)**	**390 (17)**	**344 (19)**	**503 (23)**	**360 (20)**	**<0.001**
Anabolic steroids	311 (12)	268 (12)	263 (15)	375 (17)	226 (13)	**0.001**
Growth hormone	41 (2)	51 (2)	28 (2)	45 (2)	40 (2)	0.233
Peptides	29 (1)	37 (2)	32 (2)	45 (2)	60 (3)	**<0.001**
Others PIEDs/ more than 1 PIED	44 (2)	34 (2)	21 (1)	38 (2)	34 (2)	0.559
Other drugs	**37 (1)**	**31 (1)**	**15 (1)**	**23 (1)**	**21 (1)**	0.211
More than one category	**68 (3)**	**67 (3)**	**51 (3)**	**73 (3)**	**63 (4)**	0.066
Not reported	**138 --**	**105 --**	**57 --**	**79 --**	**132 --**	--
Frequency of injection last month						
Not last month	197 (10)	155 (9)	116 (9)	185 (12)	126 (8)	0.974
Less than weekly	314 (15)	335 (19)	196 (15)	255 (16)	246 (16)	0.614
More than weekly, not daily	512 (25)	453 (26)	343 (26)	360 (23)	399 (26)	0.661
Daily or more	1,018 (50)	819 (46)	661 (50)	795 (50)	767 (50)	0.440
Not reported	689 --	578 --	508 --	679 --	376 --	--
Age at first injection						
Median (range)	21 (10-66)	20 (10-65)	20 (10-62)	20 (11-67)	21 (10-71)	--
Not reported	701 --	592 --	538 --	733 --	733 --	--
Years since first injection						
Median (range)	19 (0-54)	20 (0-59)	21 (0-56)	20 (0-57)	20 (0-56)	--
Less than 3 years since first injection	191 (10)	181 (11)	117 (9)	185 (12)	183 (12)	**0.005**
3 or more years since first injection	1,765 (90)	1,519 (89)	1,123 (91)	1,300 (88)	1,301 (88)	**0.005**
Not reported	774 --	640 --	584 --	789 --	430 --	--

NB: Percent excludes not reported

Table 3: Receptive syringe sharing and psychosocial factors in the previous 12 months

	2020	2021	2022	2023	2024	5 year p-trend
Number who injected last month	**1,844 (%)**	**1,607 (%)**	**1,200 (%)**	**1,410 (%)**	**1,412 (%)**	--
Receptive syringe sharing last month (RSS)						
No	1,532 (84)	1,306 (82)	978 (83)	1,159 (83)	1,142 (82)	0.222
Yes	296 (16)	287 (18)	207 (17)	244 (17)	255 (18)	0.222
Not reported	16 --	14 --	15 --	7 --	15 --	--
Ocassions of RSS last month among respondents who reported RSS						
Once	76 (26)	70 (24)	67 (32)	68 (28)	56 (22)	0.684
Twice	48 (16)	55 (19)	40 (19)	59 (24)	71 (28)	**<0.001**
3-5 times	64 (22)	69 (24)	50 (24)	48 (20)	49 (19)	0.268
More than 5 times	108 (36)	93 (32)	50 (24)	69 (28)	79 (31)	0.073
Number surveyed (individuals)[#]	**2,053 (%)**	**1,767 (%)**	**1,309 (%)**	**1,597 (%)**	**1,548 (%)**	--
Psychosocial factors in previous 12 months						
Homelessness	424 (21)	394 (22)	284 (22)	333 (21)	360 (23)	0.442
Living with, or diagnosed with, a mental health issue	463 (23)	395 (22)	258 (20)	368 (23)	362 (23)	0.742
Imprisoned	226 (11)	175 (10)	121 (9)	149 (9)	163 (11)	0.207
Prescribed OAT	490 (24)	424 (24)	279 (21)	332 (21)	306 (20)	**<0.001**

NB: Percent excludes not reported

[#] Excludes respondents who did not complete entire survey

Table 4: Hepatitis C status and treatment uptake, by year

	2020	2021	2022	2023	2024	5 year p-trend
Number surveyed (individuals)	**2,035 (%)**	**1,757 (%)**	**1,314 (%)**	**1,587 (%)**	**1,538 (%)**	
Previous hepatitis C test						
Yes, ever	1,520 (75)	1,324 (75)	952 (72)	1,108 (70)	1,044 (68)	**<0.001**
In the previous 12 months	855 (42)	636 (36)	459 (35)	543 (34)	631 (41)	0.227
>12 months	665 (33)	688 (39)	493 (38)	565 (36)	413 (27)	0.227
Never	515 (25)	433 (25)	362 (28)	479 (30)	494 (32)	**<0.001**
Self-reported ever hepatitis C infection	**N=1,520**	**N=1,324**	**N=952**	**N=1108**	**N=1044**	
No	650 (43)	559 (43)	465 (49)	540 (49)	516 (50)	**<0.001**
Yes	850 (57)	733 (57)	481 (51)	560 (51)	522 (50)	**<0.001**
Not reported	20 --	32 --	6 --	8 --	9 --	--
Ever received treatment	**N=850**	**N=733**	**N=481**	**N=560**	**N=522**	
No, still hepatitis C positive	150 (17)	95 (13)	58 (12)	53 (10)	60 (12)	**<0.001**
No, cleared spontaneously	148 (18)	134 (19)	103 (22)	87 (16)	85 (16)	0.396
Yes, received interferon based treatment	90 (11)	97 (14)	43 (9)	65 (12)	-- --	--
Yes, received treatment with DAAs	456 (54)	392 (55)	275 (57)	344 (63)	-- --	**--**
Yes, received treatment	-- --	-- --	-- --	-- --	375 (72)	**<0.001**
Not reported	6 --	15 --	2	11 --	2 --	--
Ever eligible for DAA treatment^	**N=646**	**N=530**	**N=352**	**N=426**	**N=435**	
Yes, received treatment with DAAs	456 (71)	392 (74)	275 (78)	344 (81)	375 (86)	**<0.001**
Eligible for DAA treatment, previous 12 months^	**N=387**	**N=244**	**N=160**	**N=170**	**N=158**	
Yes, received treatment with DAAs	197 (51)	106 (43)	83 (52)	88 (52)	98 (62)	
HCV DAA treatment year^	**N=456**	**N=392**	**N=275**	**N=344**	**N=375**	
Since 2023	-- --	-- --	-- --	-- --	98 (27)	--
2022	-- --	-- --	-- --	88 (27)	50 (14)	--
2021	-- --	-- --	83 (31)	63 (19)	29 (8)	--
2020	-- --	106 (28)	40 (15)	45 (14)	38 (11)	--
2019	197 (44)	106 (28)	58 (22)	37 (11)	31 (9)	--
2018 & earlier	252 (56)	167 (44)	84 (32)	98 (29)	114 (32)	--
Not reported	7 --	13 --	10 --	13 --	15 --	--
HCV DAA treatment uptake by health care setting^	**N=456**	**N=392**	**N=275**	**N=344**	**N=375**	
Aboriginal Community Controlled Health Service	2 (<1)	1 (<1)	2 (1)	5 (2)	3 (1)	0.140
Alcohol and Other Drug services[1]	51 (13)	47 (16)	27 (11)	39 (13)	39 (13)	0.778
Correctional Facilities	56 (14)	31 (10)	27 (11)	40 (14)	46 (15)	0.379
General Practitioner	48 (12)	32 (11)	26 (10)	20 (7)	27 (9)	0.062
Public sector community services[2]	118 (29)	97 (32)	80 (32)	95 (32)	84 (28)	0.905
Tertiary services	78 (19)	57 (19)	42 (17)	75 (26)	73 (24)	**0.023**
Other[3]	52 (13)	36 (12)	44 (18)	19 (6)	29 (10)	**0.044**
Not reported	51 --	91 --	27 --	51 --	74 --	--

^ Denominator pre-2024: those who report ever receiving HCV diagnosis, excluding those reporting spontaneous clearance, and those with successful Interferon-based treatment (assumes 55% cure among Interferon-based therapy recipients). Denominator from 2024: specific HCV treament type not asked; it is assumed the majority of treatment episodes comprise DAA treatment.

[1] Alcohol and other drugs services includes both public and private sector including OAT and residential rehabilitation services

[2] Public sector community services includes community health centres, sexual health services, community-based liver clinics and NSPs

[3] Other services includes housing services and settings located outside of NSW

Table 5: Factors independently associated with recent receptive syringe sharing

Factor	Crude			Adjusted		
	OR	95% CI	*p value*	OR	95% CI	*p value*
Gender						
Male (reference)	--			--		
Female	1.08	(0.79-1.47)	0.628			
Other	3.32	(1.04-10.59)	**0.042**			
Sexual Identity						
Heterosexual (reference)	--			--		
Bisexual	1.54	(0.98-2.45)	0.064	1.55	(0.97-2.51)	0.067
Homosexual	1.21	(0.69-2.09)	0.508	1.22	(0.69-2.16)	0.484
Other	2.08	(1.04-4.16)	**0.038**	2.03	(1.00-4.01)	**0.049**
Age (quartiles)						
<34 years (reference)	--			--		
34-42 years	1.02	(0.70-1.52)	0.891			
43-51 years	1.00	(0.68-1.47)	0.997			
>51 years	0.74	(0.49-1.13)	0.166			
Language spoken at home by parents						
English (reference)	--			--		
Other	0.70	(0.34-1.42)	0.321			
Geographic location						
Metropolitan (reference)	--			--		
Rural/Regional	1.28	(0.97-1.70)	0.085			
Recent homelessness*						
No (reference)	--			--		
Yes	1.82	(1.35-2.44)	**<0.001**	1.74	(1.27-2.39)	**0.001**
Recent imprisonment*						
No (reference)	--			--		
Yes	1.51	(1.02-2.25)	**0.042**			
Recent OAT*						
No (reference)	--					
Yes	0.75	(0.53-1.08)	0.126	0.68	(0.46-1.00)	**0.048**
Living with a mental health issue*						
No (reference)	--			--		
Yes	1.31	(0.96-1.77)	0.088			
Drug class last injected						
Opioids (reference)	--			--		
Stimulants	0.83	(0.61-1.14)	0.247	0.76	(0.55-1.07)	0.114
PIEDs	0.75	(0.50-1.12)	0.157	0.99	(0.62-1.57)	0.949
More than one drug	2.01	(1.12-3.62)	**0.020**	1.86	(1.02-3.39)	**0.043**
Daily or more frequent injection						
No (reference)	--					
Yes	1.53	(1.15-2.02)	**0.003**	1.4	(1.03-1.91)	**0.030**

* In the previous 12 months

Table 6: Factors independently associated with lifetime uptake of HCV testing

Factor	Crude			Adjusted		
	OR	95% CI	*p value*	OR	95% CI	*p value*
Gender						
Male (reference)	--			--		
Female	1.77	(1.36-2.31)	**<0.001**			
Other	0.29	(0.10-0.88)	**0.029**			
Sexual Identity						
Heterosexual (reference)	--			--		
Bisexual	1.48	(0.98-2.25)	0.064			
Homosexual	0.94	(0.60-1.47)	0.777			
Other	1.30	(0.68-2.49)	0.423			
Age (quartiles)						
<34 years (reference)	--			--		
34-42 years	2.64	(1.96-3.56)	**<0.001**	2.28	(1.61-3.25)	**<0.001**
43-51 years	4.59	(3.34-6.30)	**<0.001**	2.86	(1.99-4.12)	**<0.001**
>51 years	7.06	(4.99-10.00)	**<0.001**	3.49	(2.36-5.14)	**<0.001**
Language spoken at home by parents						
English (reference)	--			--		
Other	0.94	(0.57-1.55)	0.811			
Geographic location						
Metropolitan (reference)	--			--		
Rural/Regional	0.90	(0.72-1.12)	0.332	0.71	(0.54-0.93)	**0.012**
Recent homelessness*						
No (reference)	--			--		
Yes	1.79	(1.36-2.36)	**<0.001**			
Recent imprisonment*						
No (reference)	--			--		
Yes	2.41	(1.58-3.68)	**<0.001**			
Recent OAT*						
No (reference)	--			--		
Yes	10.04	(6.15-16.38)	**<0.001**	5.28	(3.16-8.85)	**<0.001**
Living with a mental health issue*						
No (reference)	--			--		
Yes	1.54	(1.17-2.01)	**0.002**			
Drug class last injected						
Opioids (reference)	--			--		
Stimulants	0.63	(0.47-0.85)	**0.002**	0.93	(0.67-1.27)	0.639
PIEDs	0.06	(0.04-0.08)	**<0.001**	0.10	(0.07-0.15)	**<0.001**
More than one drug	0.45	(0.25-0.82)	**0.009**	0.59	(0.31-1.12)	0.106
Daily or more frequent injection*						
No (reference)	--			--		
Yes	1.96	(1.58-2.44)	**<0.001**			
Receptive syringe sharing*						
No (reference)	--			--		
Yes	0.79	(0.59-1.06)	0.113			

* In the previous 12 months

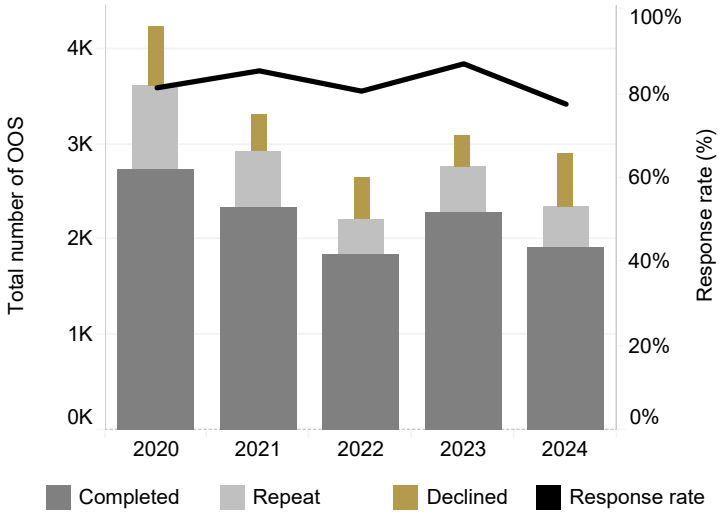
Table 7: Factors independently associated with lifetime uptake of HCV treatment

Factor	Crude			Adjusted		
	OR	95% CI	*p value*	OR	95% CI	*p value*
Gender						
Male (reference)	--			--		
Female	0.51	(0.29-0.91)	**0.021**	0.52	(0.28-0.99)	**0.046**
Other	0.13	(0.01-2.07)	**0.147**	0.21	(0.01-3.89)	0.292
Sexual Identity						
Heterosexual (reference)	--			--		
Bisexual	0.75	(0.30-1.91)	0.552	0.92	(0.33-2.54)	0.875
Homosexual	0.23	(0.07-0.71)	**0.011**	0.25	(0.07-0.82)	**0.023**
Other	0.46	(0.12-1.73)	0.250	0.58	(0.13-2.47)	0.459
Age (quartiles)						
<34 years (reference)	--			--		
34-42 years	1.56	(0.61-3.98)	0.348			
43-51 years	1.95	(0.80-4.76)	0.145			
>51 years	2.93	(1.18-7.30)	**0.021**			
Language spoken at home by parents						
English (reference)	--			--		
Other	2.25	('0.29-17.48)	0.436			
Geographic location						
Metropolitan (reference)	--			--		
Rural/Regional	0.58	(0.33-1.01)	0.055			
Recent homelessness*						
No (reference)	--			--		
Yes	0.57	(0.32-1.01)	0.054			
Recent imprisonment*						
No (reference)	--			--		
Yes	0.5	(0.26-0.95)	**0.035**	0.44	(0.22-0.90)	**0.025**
Recent OAT*						
No (reference)	--			--		
Yes	2.17	(1.16-4.10)	**0.016**	2.05	(1.06-3.98)	**0.034**
Living with a mental health issue*						
No (reference)	--			--		
Yes	0.56	(0.31-1.01)	0.053			
Drug class last injected						
Opioids (reference)	--			--		
Stimulants	0.91	(0.51-1.65)	0.767			
PIEDs	0.37	(0.07-1.98)	0.234			
More than one drug	0.70	(0.22-2.19)	0.537			
Daily or more frequent injection						
No (reference)	--			--		
Yes	0.59	(0.33-1.08)	0.087			
Receptive syringe sharing*						
No (reference)	--			--		
Yes	0.29	(0.16-0.52)	**<0.001**	0.35	(0.19-0.66)	**0.001**

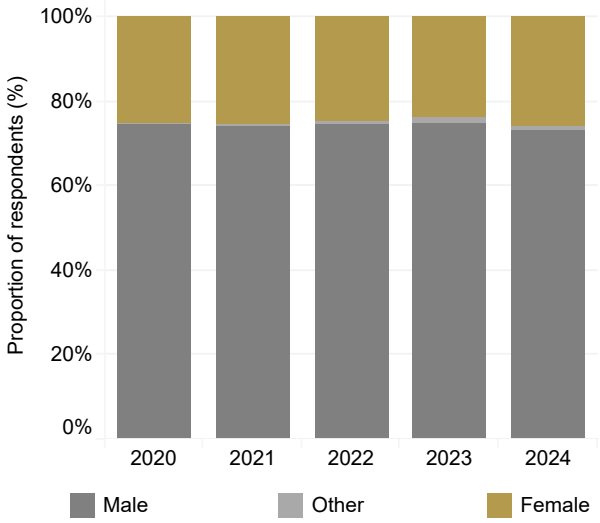
* In the previous 12 months

Graphs: New South Wales

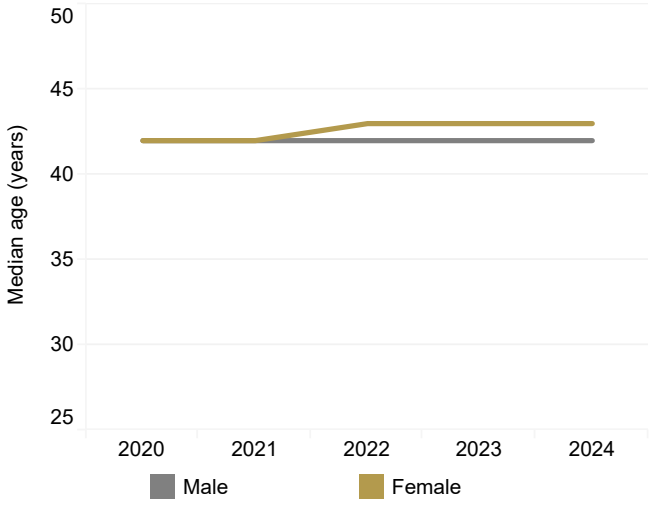
Occasions of service, 2020-2024



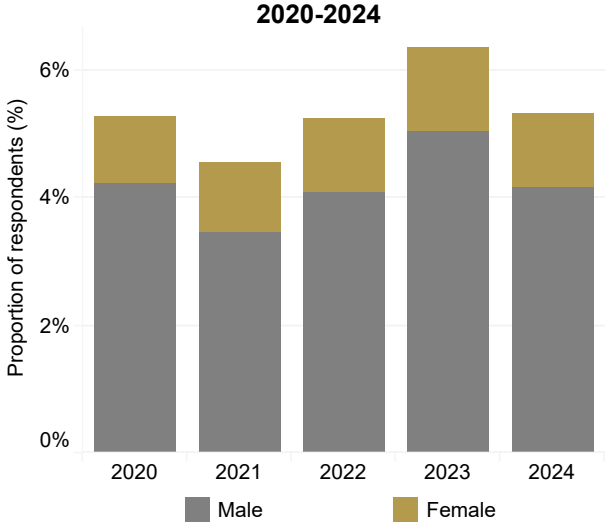
Gender distribution, 2020-2024



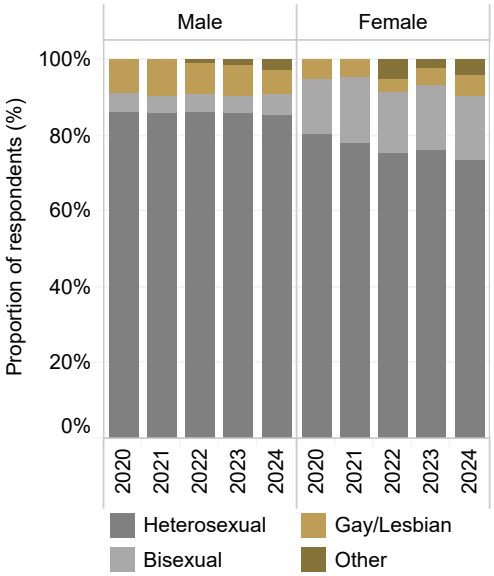
Median age of respondents by gender, 2020-2024



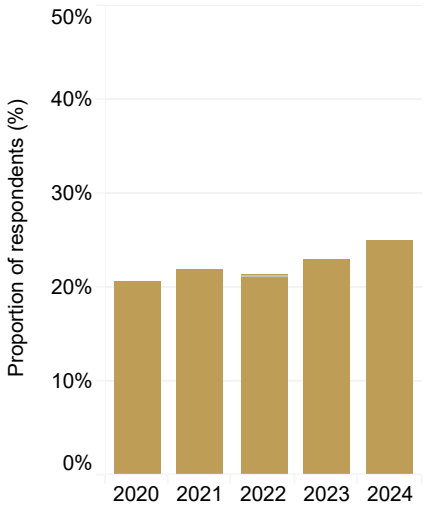
Proportion of respondents under 25 years, 2020-2024



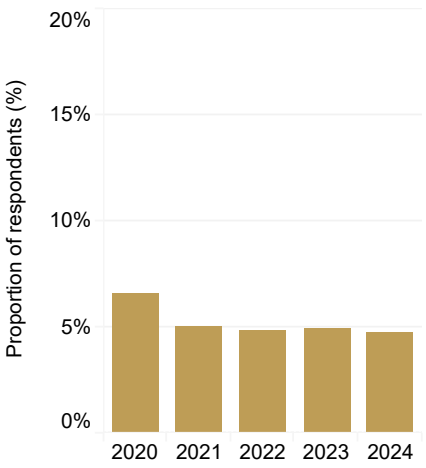
Sexual identity by gender, 2020-2024



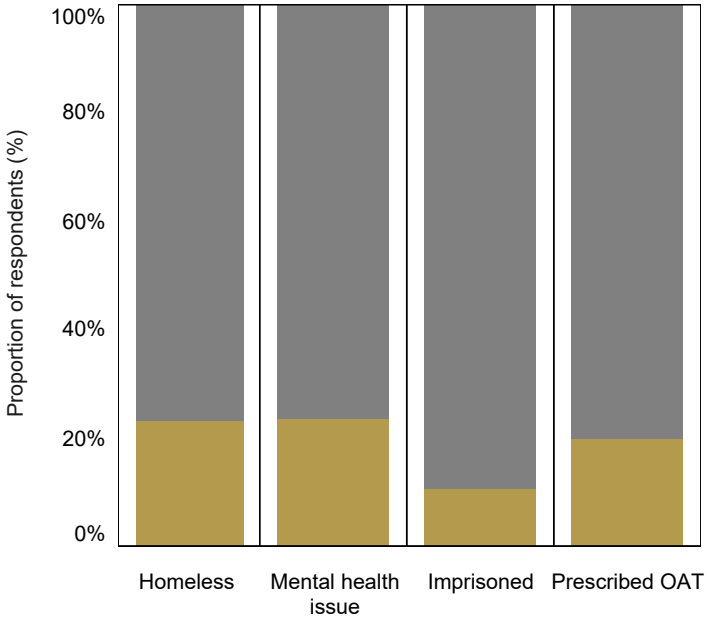
Indigenous background, 2020-2024



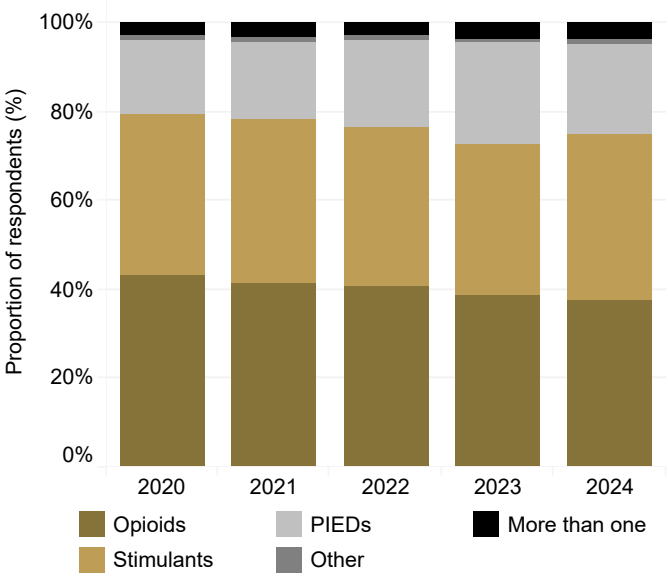
Language other than English spoken at home, 2020-2024



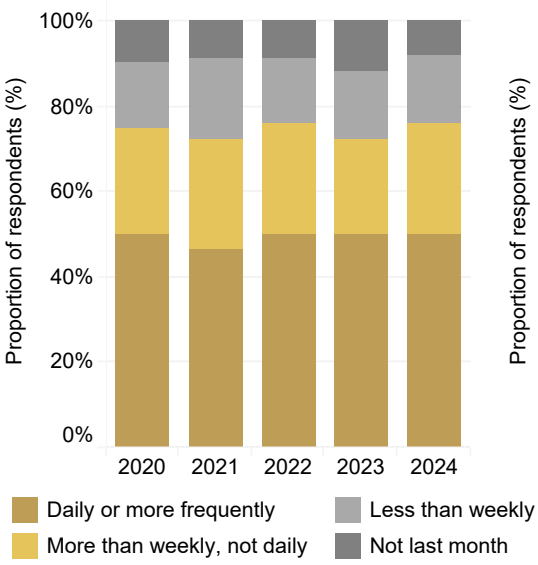
Social, legal and health characteristics in the previous 12 months in 2024



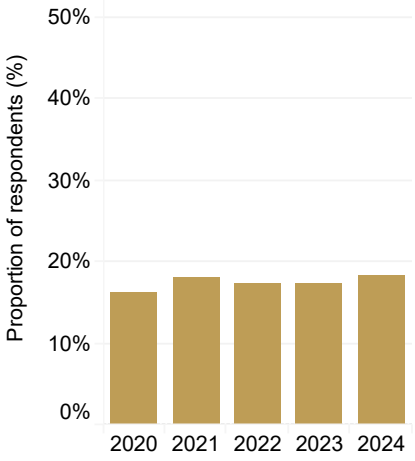
Class of drug last injected, 2020-2024



Frequency of injection, 2020-2024

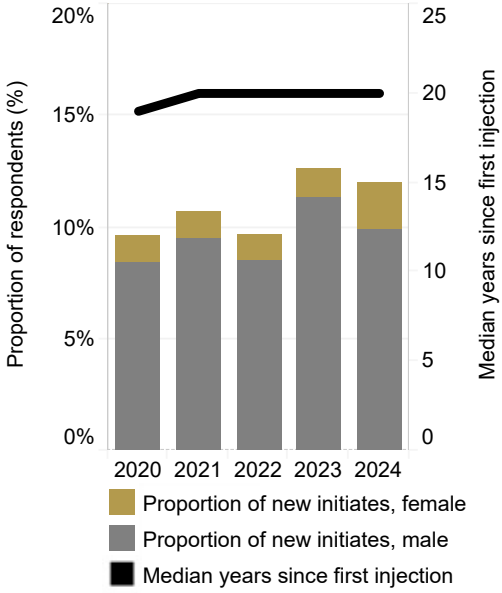


Proportion of respondents who reported RSS*, 2020-2024

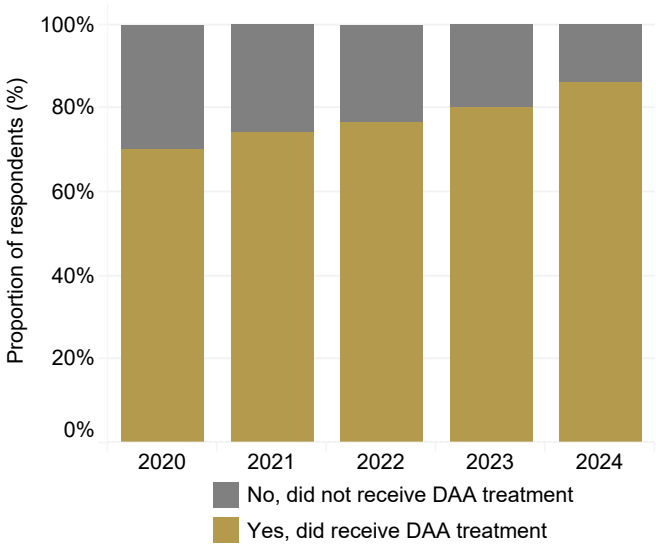


* Among respondents who reported injecting in the month prior to data collection

Years since first injection, 2020-2024

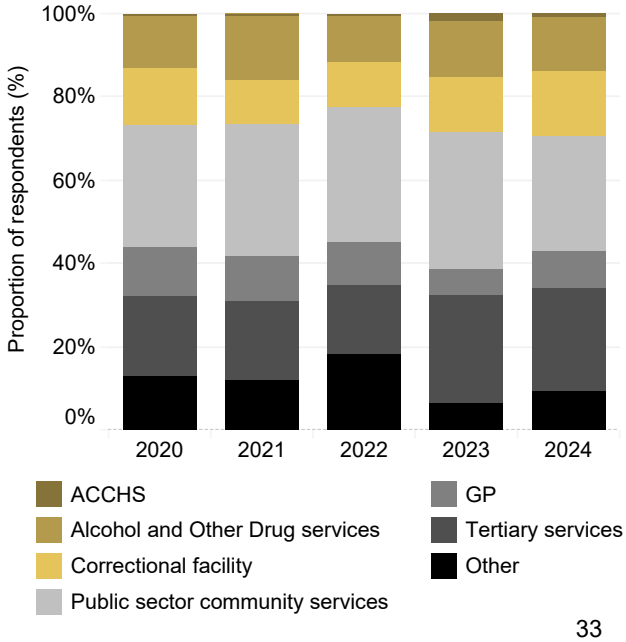


HCV DAA treatment uptake^, 2020-2024



^ 2020-2023 denominator comprised those who self-reported ever receiving a HCV diagnosis, excluding those who reported spontaneous clearance, and those with successful Interferon-based treatment. In 2024 HCV treatment type was not specified; majority of treatment episodes assumed to be DAA treatment.

HCV DAA treatment uptake by health care setting, 2020-2024



References

Fried M, Shiffman M, Reddy K, Smith C, Marinos G, Gonçales F, Häussinger D, Diago M, Carosi G, and Dhumeaux D. (2002). Peginterferon alfa-2a plus ribavirin for chronic hepatitis C virus infection. New England Journal of Medicine; 347 (13): 975-982.

Iversen J, Wand H, McManus H, Dore G, Maher L. (2023). Incidence of primary hepatitis C virus infection among people who inject drugs in Australia pre- and post-unrestricted availability of direct acting antiviral therapies. Addiction; 118 (5): 901-911.

Iversen, J., Dore, G. J., Catlett, B., Cunningham, P., Grebely, J., & Maher, L. (2019). Association between rapid utilisation of direct hepatitis C antivirals and decline in the prevalence of viremia among people who inject drugs in Australia. Journal of Hepatology; 70 (1), 33-39.

Iversen J, Grebely J, Topp L, Wand H, Dore G, and Maher L. (2014). Uptake of hepatitis C treatment among people who inject drugs attending Needle and Syringe Programs in Australia, 1999-2011. Journal of Viral Hepatitis; 21 (3): pp.198-207.

Heard S and Maher L. (2024). Australian Needle Syringe Program Survey National Data Report 2019-2023: Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees. Sydney: Kirby Institute, UNSW Sydney.

White B, Day C, and Maher L. (2007). Self-reported risk behaviour among injecting drug users: self- versus assisted questionnaire completion. AIDS Care; 19 (3): 441-447.

Appendix A

Study methodology

Data collection

The NNEDC was conducted over a two-week period in late February/early March over the past twelve years, 2013 to 2024. A minority of low volume NSPs in rural/regional areas extended the data collection period for an additional week to increase sample size and facilitate data analysis. All primary and some secondary NSP services in NSW were involved in the collection of demographic and drug use information from all NSP attendees. Appendix B provides detail on participating services by year.

The data collection instrument consisted of one A4 page and was designed to be self-completed (see Appendix C). To provide an estimate of the proportion of the broader NSP population, NSP staff submitted a blank NNEDC form on each OOS when a client elected not to participate in the NNEDC. NSP attendees who had previously contributed to the data collection (repeat attendees) were recorded as an OOS but were excluded from re-contributing to the data collection to avoid skewing the data collection towards frequent NSP attendees.

Data analysis

The data presented in this report were electronically scanned and validated. Stata, Version 14.2 (Stata Corporation, College Station TX) was used to analyse data. Percentage values exclude the proportion of respondents who didn't answer the question and may not add to 100 because of rounding. Multivariate logistic regression was undertaken to identify characteristics independently associated with RSS, HCV testing, and treatment uptake. Adjusted odds ratios are reported for variables found to be independently associated.

Ethical approvals for the data collection were obtained from Sydney LHD Ethics Review Committee (RPAH Zone) and the Aboriginal Health and Medical Research Council (AH&MRC). Site Specific Assessment Forms were completed for all Local Health Districts.

Limitations

In some LHDs, NSP services are predominantly or entirely delivered through secondary NSPs and some LHDs distribute a large proportion of injecting equipment via vending machines and dispensing chutes. This may limit opportunities for staff to engage NSP attendees to participate in the data collection in some services and LHDs. The number of NSP attendees who participated in the NNEDC is not an indicator of needle and syringe distribution or NSP coverage. It should also be noted that changes to staffing levels and changes to service delivery may impact on NNEDC participation.

Appendix B

Participating NSP services by LHD

Metropolitan	2020	2021	2022	2023	2024
Central Coast LHD					
Gosford Needle and Syringe Program	✓	✓	✓	✓	✓
Long Jetty Needle and Syringe Program	✓	✓	✓	✓	✓
Woy Woy Needle and Syringe Program	✓	✓	✓	✓	✓
Wyong Hospital Needle and Syringe Program	✓	✓	✓	✓	✓
Wyong Central Needle and Syringe Program				✓	✓
Illawarra Shoalhaven LHD					
First Step: Port Kembla	✓	✓	✓	✓	✓
First Step: Wollongong	✓				
Nepean Blue Mountains LHD					
South Court Primary Care	✓	✓	✓	✓	✓
Northern Sydney LHD					
Manly RUSH	✓	✓	✓	✓	✓
RUSH Royal North Shore Hospital	✓	✓	✓	✓	✓
South Eastern Sydney LHD					
ACON Sydney	✓	✓	✓	✓	✓
Clinic 180	✓				
KRC Kellett Street				✓	
Kirketon Road Centre	✓	✓	✓	✓	✓
Kirketon Road Centre Outreach Bus	✓	✓	✓	✓	
KRC South	✓	✓	✓	✓	✓
Medically Supervised Injecting Centre	✓	✓	✓	✓	✓
New South Wales Users and AIDS Association (NUAA)	✓	✓	✓	✓	✓
South Western Sydney LHD					
Bankstown Harm Minimisation Program	✓	✓	✓	✓	✓
Liverpool Harm Minimisation Program	✓	✓	✓	✓	✓
Sydney LHD					
Canterbury Harm Minimisation Program	✓	✓	✓	✓	✓
Marrickville Harm Minimisation Program	✓				
Redfern Harm Minimisation Program	✓	✓	✓	✓	✓
Western Sydney LHD					
Blacktown Needle and Syringe Program	✓	✓	✓	✓	✓
Kelly Close Needle and Syringe Program	✓	✓	✓	✓	✓
Parramatta Needle and Syringe Program	✓	✓	✓	✓	✓

Rural and Regional	2020	2021	2022	2023	2024
Far West LHD					
Broken Hill Sexual Health Service	✓	✓	✓	✓	✓
Hunter New England LHD					
ACON Hunter	✓	✓	✓	✓	✓
Coledale Community Centre	✓	✓	✓		✓
Eastlakes Community Health Centre	✓	✓	✓	✓	✓
Maitland Neighbourhood Centre	✓	✓			
Newcastle Community Health Centre	✓	✓	✓	✓	✓
Taree Community Health Centre	✓	✓	✓		
Mid North Coast LHD					
Coffs Harbour Needle and Syringe Program	✓	✓	✓	✓	✓
Grafton Needle and Syringe Program	✓	✓	✓	✓	✓
Kempsey Needle and Syringe Program		✓	✓	✓	✓
Port Macquarie Population Health	✓	✓	✓	✓	✓
Murrumbidgee LHD					
Albury Community Health Centre	✓	✓	✓	✓	✓
Griffith Needle and Syringe Program	✓	✓	✓	✓	✓
Wagga Wagga Community Health Centre	✓	✓	✓	✓	✓
Northern NSW LHD					
ACON Lismore	✓	✓		✓	✓
Ballina Needle and Syringe Program	✓	✓		✓	✓
Byron Bay Needle and Syringe Program	✓	✓	✓	✓	✓
Lismore Needle and Syringe Program	✓	✓	✓	✓	✓
Lismore Sexual Health Service (SHAIDS)	✓	✓		✓	✓
Nimbin Hospital Needle and Syringe Program	✓	✓	✓	✓	✓
Tweed Needle and Syringe Program	✓	✓	✓	✓	✓
Southern NSW LHD					
Batemans Bay Community Health Centre	✓	✓	✓	✓	✓
Moruya Community Health Centre	✓	✓		✓	
Narooma Community Health Centre	✓	✓	✓	✓	✓
Western NSW LHD					
Bathurst Sexual Health Clinic	✓	✓	✓		
Dubbo Sexual Health Centre	✓	✓	✓	✓	✓
Cowra Community Health Centre				✓	✓
Orange Sexual Health Clinic	✓	✓	✓	✓	✓

Appendix C

NSW NSP ENHANCED DATA COLLECTION 2024

Please MARK LIKE THIS: ○●○○

To be completed for **every** client attending the NSP during the designated data collection period.
If the client has already completed the data collection at this or another NSP, mark this circle: ○ Already completed
If questionnaire was completed with the assistance of staff, mark this circle: ○ Assisted

Today's date: ☐☐/☐☐/2024

1. **Are you?**
   - ○ Man or male
   - ○ Woman or female
   - ○ Non-binary
   - ○ I use a different term, please specify _____
   - ○ Prefer not to answer

2. **How old are you?** ☐☐

3. **Are you?**
   - ○ Aboriginal
   - ○ Torres Strait Islander
   - ○ Both Aboriginal & Torres Strait Islander
   - ○ Neither

4. **What was the last drug you injected?**
   Mark only one. *If more than one drug was injected at your last injection, mark "other" and specify the drugs injected.*
   - ○ Heroin
   - ○ Morphine
   - ○ Oxycodone
   - ○ Methadone
   - ○ Subutex/Buprenorphine
   - ○ Suboxone
   - ○ Methamphetamine (Speed, base, ice)
   - ○ Cocaine
   - ○ Anabolic steroids
   - ○ Growth hormone
   - ○ Peptides
   - ○ Other, please specify _____

5. **How old were you when you first injected drugs?**
   ☐☐

6. **How often did you inject in the last month?**
   - ○ More than 3 times most days
   - ○ 2 to 3 times most days
   - ○ Once a day
   - ○ More than weekly, but not daily
   - ○ Less than weekly, (on 1 to 5 days)
   - ○ Did not inject in the last month ☛ *Go to Q8*

7. **How many times in the last month have you used a needle/syringe after someone else had already used it?**
   - ○ None
   - ○ Once
   - ○ Twice
   - ○ 3-5 times
   - ○ More than 5 times

8. **At any time in the last 12 months were you?**
   Mark all that apply
   - ○ Homeless
   - ○ Living with or diagnosed with a mental health issue
   - ○ In prison
   - ○ Prescribed methadone or bupe
   - ○ None of the above

9. **What was the main language spoken at home by your parents?**
   - ○ English
   - ○ Other, please specify _____

10. **How do you describe your sexual orientation?**
    - ○ Straight (heterosexual)
    - ○ Bisexual
    - ○ Gay or lesbian
    - ○ I don't know
    - ○ I use another term, please specify _____
    - ○ Prefer not to answer

11. **Have you EVER had a hepatitis C test?**
    - ○ Yes, in 2024 (in last 2 months)
    - ○ Yes, in 2023 (last year)
    - ○ Yes, in 2022 (a year ago)
    - ○ Yes, in 2021 or before
    - ○ No, I have never been tested ☛ *End of questions.*

11a. **Have you EVER been told that you have hep C infection?**
    - ○ Yes, in the last 12 months
    - ○ Yes, more than 12 months ago
    - ○ If YES, how many times? _____ [write number]
    - ○ No ☛ *End of questions.*

11b. **Have you EVER had treatment for hep C and how many times?**
    - ○ Yes, I had treatment _____ [number of times]
    - ○ No, I still have hepatitis C ☛ *End of questions.*
    - ○ No, I cleared without treatment ☛ *End of questions.*

11c. **What year did you START your LAST course of treatment?**
    - ○ 2024 (in last 2 months)
    - ○ 2023 (last year)
    - ○ 2022 (a year ago)
    - ○ 2021 (2 years ago)
    - ○ 2020 (3 years ago)
    - ○ 2019 (4 years ago)
    - ○ 2018 (5 years ago)
    - ○ 2017 (6 or more years)

11d. **What was the name of the clinic or service where you were LAST prescribed your hepatitis C treatment?**

End of questions, thank you for your time.

This information is being collected by the Kirby Institute for the NSW Ministry of Health.
If you have any questions or concerns please contact Professor Lisa Maher, Kirby Institute on phone (02) 9385 0900.

NNEDC2024v1 JAN1223001