



New South Wales Needle and Syringe Program Enhanced Data Collection

2021-2025

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The Kirby Institute at UNSW Sydney acknowledges that we are situated on the Traditional Lands of the Bidjigal peoples. We pay our deepest respects to the Bidjigal, and to all Traditional Owners of the land across Australia, whose stewardship has nurtured and sustained the land, sea, and waters for over 70,000 years.

We recognise their enduring and deep connection to Country, which is reflected in their rich cultural heritage, traditions, and knowledge systems that continue to be passed down through generations. We honour and respect the diverse Aboriginal and Torres Strait Islander communities, their cultures, and their Elders, both past and present, and acknowledge their vital role in the ongoing care of the land and in the preservation of their cultural legacy.

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 3216 occasions of service (OOS) were recorded across 46 participating NSP sites over the two-week data collection period in February/March 2025, equating to approximately 1,600 OOS per week.

During the data collection period, 2323 NSP attendees completed the NNEDC, 13% were repeat attendees, and 15% declined to participate. After excluding repeat attendees, the state-wide response rate was 83% in 2025.

The median age of respondents was 43 years in 2025. One in twenty respondents (6%) were aged less than 25 years, consistent with proportions reported in the previous five-year period (2021-2025) (p-trend=0.094).

One in four respondents (24%) reported being of Aboriginal or Torres Strait Islander background in 2025, a significant increase over the previous five-year period (p-trend=0.003).

In the previous 12 months, one in four respondents (24%) had experienced homelessness, one in four (24%) reported a mental health issue, one in ten (10%) reported being imprisoned.

The proportion of respondents who reported a mental health issue in the previous 12 months increased significantly over the past five years from 22% in 2021 (p-trend=0.040).

One in five (19%) 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 over the past five years from 24% in 2021 (p-trend>0.001).

Half of all respondents (52%) reported injecting daily or more frequently in 2025, a significant increase over the past five years from 46% in 2021 (p-trend=0.003).

One in ten (12%) respondents reported initiating injecting within the previous three years, a small but significant increase over the last five years from 11% in 2021 (p-trend=0.032).

Opioids were the most common classes of drug last injected in 2025, reported by 36% of respondents, followed by stimulants (33%) and performance and image enhancing drugs (26%).

The proportion of respondents reporting last injecting an opioid, declined from 42% in 2021 to 36% in 2025 (p-trend<0.001).

The proportion of respondents reporting last injecting a stimulant ranged between 33% and 38%, with methamphetamine the most commonly reported stimulant. The proportion of respondents reporting last injecting performance and image enhancing drugs increased from 17% in 2021 to 26% in 2025.

In 2025, 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=0.671).

In 2025, recent RSS was more likely to be reported by respondents who reported recent homelessness, recent imprisonment, or a language other than English spoken at home by their parents.

Two thirds of respondents (68%) reported ever having been tested for hepatitis C virus (HCV), including 33% who reported testing in the previous 12 months.

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; 75% reported DAAs and 11% interferon-based treatment as the last treatment they had received.

In 2025, one in four respondents who had a lifetime history of HCV treatment reported accessing treatment through public-sector community settings (27%).

Respondents in rural/regional LHDS were more likely to report receiving syringes from sources other than NSP compared to those in metropolitan LHDS.

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 2025 NNEDC was conducted at 46 NSPs over a two-week period (24th February to 9th March) and was the thirteenth consecutive data collection in the new format. This report presents data from the previous five years, 2021 to 2025. 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:

- **3,216 occasions of service were recorded over the two-week data collection period in 2025:**
 - 72% (n=2,323) completed the NNEDC.
 - 13% (n=406) were repeat attendees.
 - 15% (n=487) declined to participate.
- **After excluding repeat NSP attendees, the state-wide response rate in 2025 was 83%.**

Forty-six sites participated in the NNEDC in 2025, 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 and Nepean Blue Mountains LHDs to six 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 onwards) varies. To examine trends over time in a consistent manner, missing data are excluded when calculating proportions for all variables.

In 2025, a total of 3,216 occasions of service (OOS) were recorded during the data collection period, with approximately 1,600 NSP OOS recorded in each week.

Increases in OOS were observed across eleven of the fifteen LHDs, however four LHDs (Mid North Coast, Northern NSW, South Western Sydney and Western Sydney LHDs) recorded a decline in OOS in 2025, compared to 2024.

Of the 3,216 OOS recorded in 2025, approximately three quarters (72%, n=2,323, Table 1) of NSP attendees agreed to participate

in the NNEDC (hereafter referred to as *respondents*), which was fairly consistent over the five-year period (range 66% - 74%). Furthermore, of the 2,323 respondents recorded in 2025, three quarters (76%, n=1,767) completed all questions in the data collection instrument.

NSP attendees are only able to complete the NNEDC survey once during the annual data collection period. In 2025, approximately one in six NSP attendees (13%, n=406) were repeat NSP attendees during the data collection period.

Approximately one in six NSP attendees (15%, n=487) declined to participate in the NNEDC in 2025 and for whom no demographic or drug use data were recorded. This was a decrease from the 19% of NSP attendees who declined to participate in 2024.

In 2025 the state-wide response rate, which excludes repeat respondents, was 83%. Between 2021 and 2025, the response rate has fluctuated, (range 78% to 86%).

Metropolitan LHDs

Consistent with previous years, approximately two thirds of state-wide OOS (69%, n=2,218) were recorded at NSPs in metropolitan LHDs, 334 (15%) of which were repeat attendances. Among the 1,884 non-repeat OOS, 15% (287) of attendees declined to participate in the survey. The response rate in metropolitan LHDs was 85% in 2025 and has fluctuated over the five-year period (range 91% – 75%) but has decreased overall (p-trend<0.001).

As shown in Figure 1, among metropolitan LHDs, South Eastern Sydney LHD had the highest number of OOS in 2025 (n=674). The highest response rate was recorded by Nepean Blue Mountains LHD (100%).

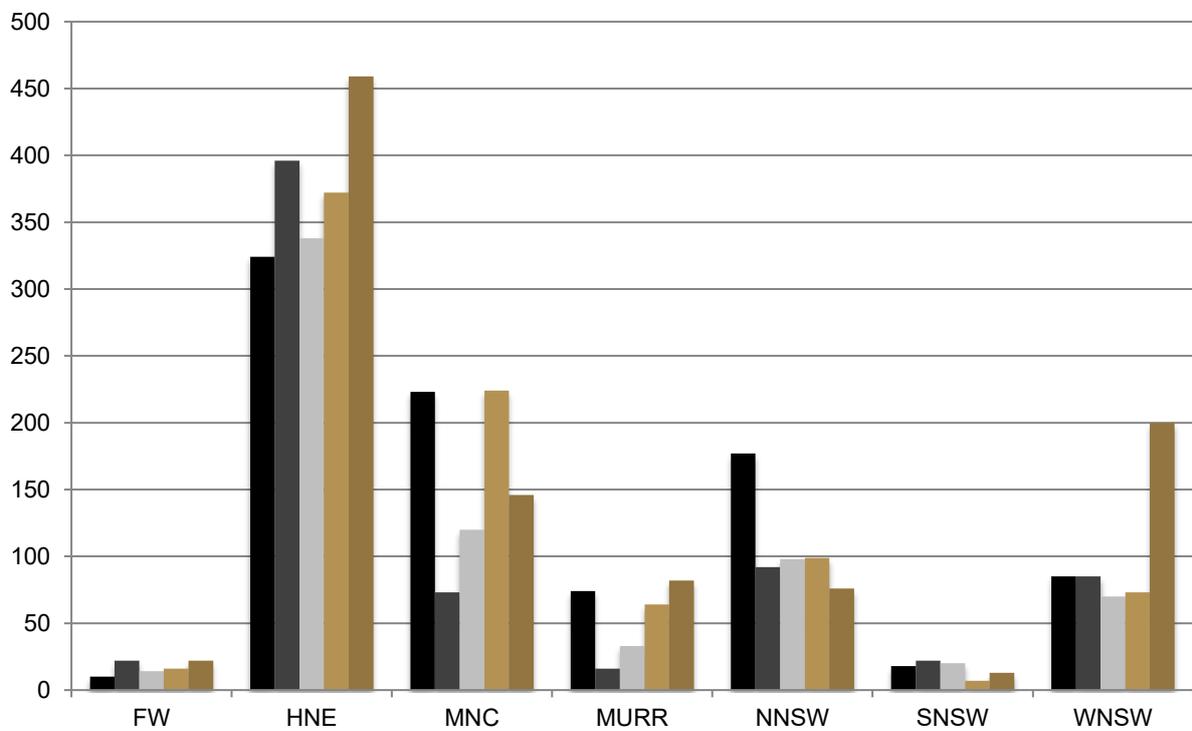
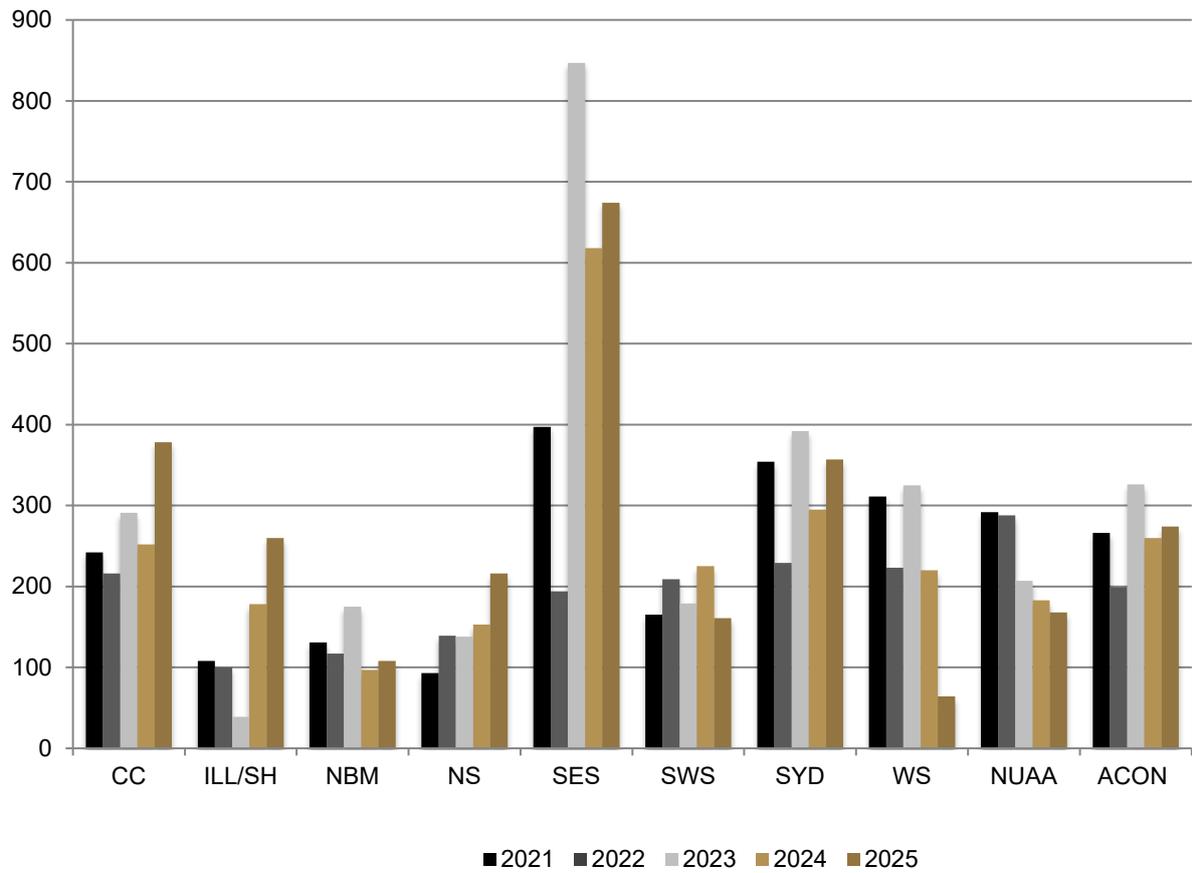
Rural and regional LHDs

The remaining third (31%, n=998) of state-wide OOS in 2025 were recorded at NSPs in rural and regional LHDs, 72 (7%) of which were repeat attendances. Among the 926 non-repeat OOS, 22% (200) of attendees declined to participate in the survey. The response rate in rural and regional LHDs was 78% in 2025 and has fluctuated over the five-year period (range 68% - 86%) with a significant trend of increase (p-trend<0.001).

Among rural and regional LHDs, Hunter New England LHD recorded the highest number of OOS (n=459) in 2025, and the highest response rates were recorded by Far West LHD (100%), Southern NSW LHD (100%) and Murrumbidgee 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, NUA & ACON Sydney, 2021-2025



Demographic characteristics

Key findings:

- Four in five respondents (82%) identified as heterosexual, which was stable over the five-year period (p-trend=0.279) and one in twenty (7%) identified as homosexual, a significant decrease from 9% in 2021 (p-trend=0.014).
- Over the five-year period, the overall gender composition of the sample remained stable, with a small but significant increase in respondents identifying as trans or gender diverse.
- One in twenty respondents (6%) were aged less than 25 years in 2025, consistent with previous years (p-trend=0.094).
- One in five respondents (22%) reported an Aboriginal background in 2025, consistent with previous years (p-trend=0.084).
- One in twenty respondents (4%) reported in 2025 that their parents spoke a language other than English at home, consistent with previous years (p-trend=0.182).

Gender

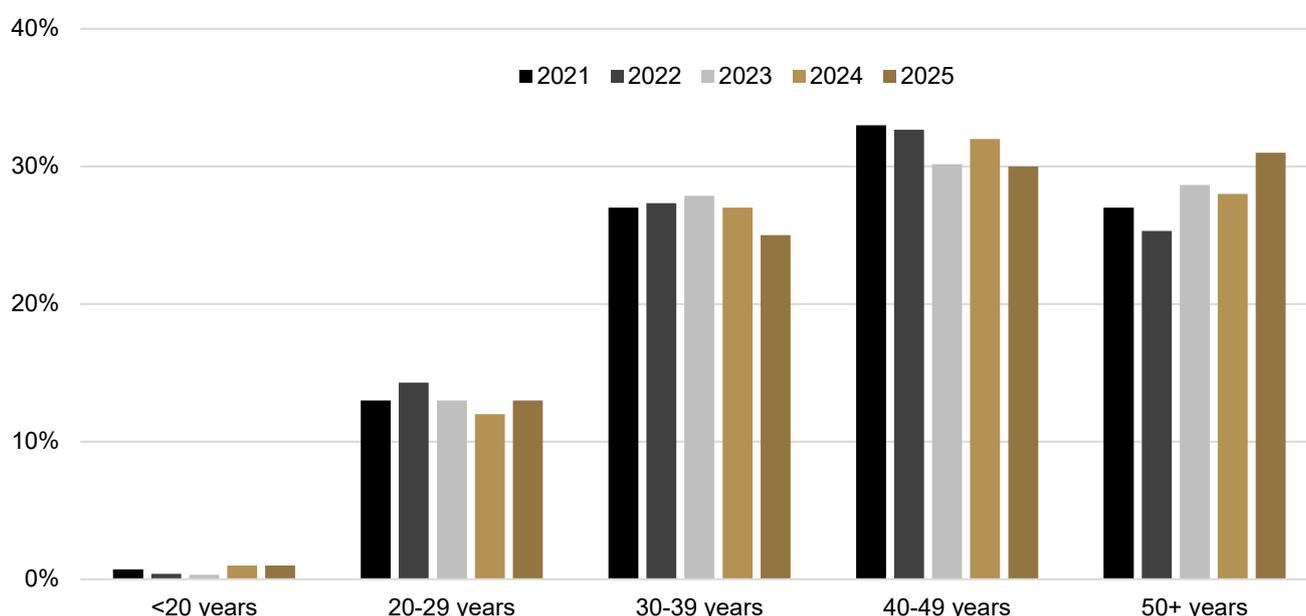
Three quarters of respondents (73%, n=1,607) in 2025 were men and 26% (n=577) women. While only 1.2% of respondents (n=27) identified their gender as 'other', there has been a small but statistically significant increase across the period of the previous 5 years (p-trend=0.028). In 2025, men comprised the majority of respondents in all LHDs. Women comprised a significantly greater proportion of respondents from rural and regional LHDs compared to metropolitan LHDs (34% vs 23%, p<0.001).

Age

The median age of respondents was 43 years (range 16 to 86 years) in 2025, one year older than the median which remained 42 years across the previous 4 years. In 2025, Far West LHD recorded the lowest median age (36.5 years), while the highest (50.5 years) was recorded in Southern NSW LHD.

In 2025 the median age of respondents from rural or regional LHDs (42 years) was 1 year lower than for metropolitan LHDs (43 years); this difference was significant (p=0.019).

Figure 2 Proportion of respondents by age category, 2021-2025



As in previous years, in 2025 there was no significant difference in the median age between men (43 years) and women (43 years, $p=0.806$). 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 (47 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 2025, respondents who reported last injecting PIEDs had a significantly lower median age compared to respondents who reported last injecting a psychoactive drug (35 years vs 46 years, $p<0.001$).

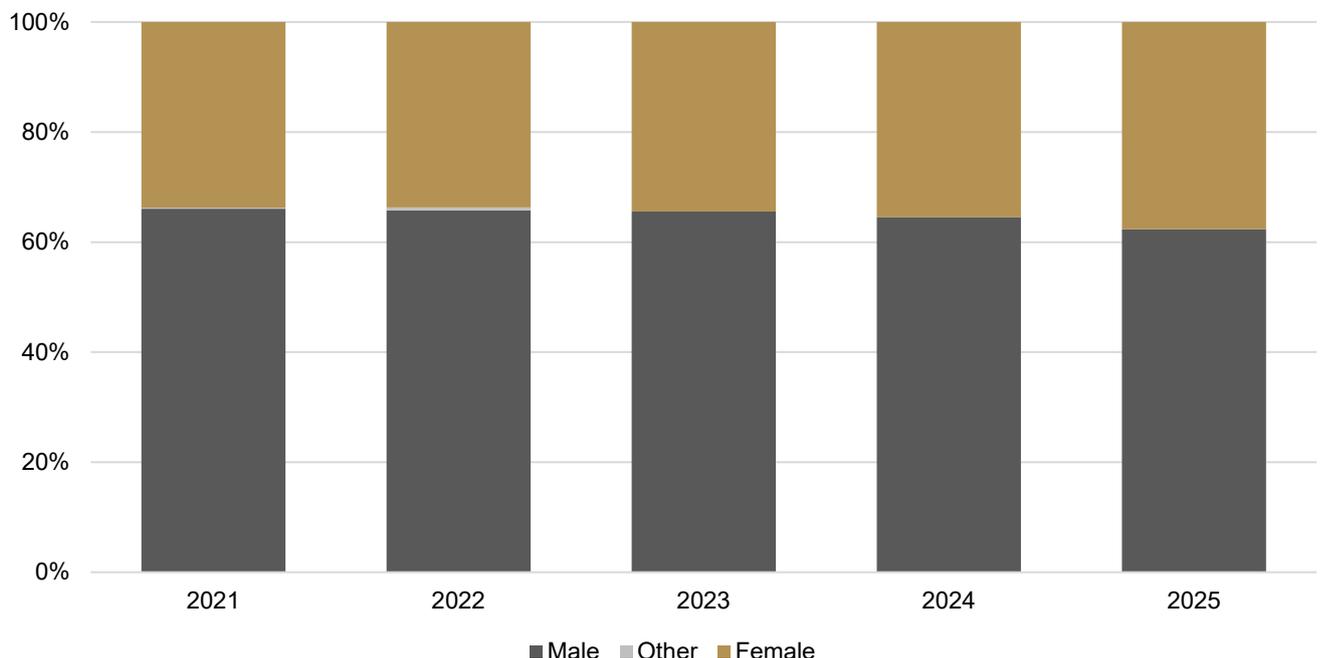
In 2025, one in twenty respondents (6%, $n=125$) were aged less than 25 years (young people), and this was consistent with proportions reported in previous years (p -trend=0.094, Figure 2). In 2025 the highest proportion of young people was observed in Western NSW LHD (15%), while Northern NSW LHD recorded the lowest proportion of young people during the 2025 data collection period (1%).

Sexual identity

Approximately four in five respondents (82%, $n=1,348$) identified as heterosexual in 2025, approximately one in ten identified as bisexual (9%, $n=151$) and approximately one in twenty identified as homosexual (7%, $n=108$). Over the five-year period, there was a significant decrease in the proportion of respondents identifying as homosexual, from 9% in 2021 to 7% in 2025 ($p=0.014$). The proportion of respondents identifying as heterosexual and 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 2025, 2% of respondents reporting using a different term to describe their sexuality.

As in previous years, in 2025 women were significantly more likely than men to identify as bisexual (18% vs 5%, $p<0.001$). In 2025, there was no significant difference between the proportion of men and women who identify as homosexual (7% vs 5%, $p=0.167$). In 2025, the proportion of respondents who identified as homosexual or bisexual ranged from 4% in Nepean Blue Mountains LHD to 28% in South Eastern Sydney LHD.

Figure 3 Aboriginal and Torres Strait Islander respondents by gender, 2021-2025



Cultural and linguistic diversity

In 2025, one in five respondents (22%, n=497) reported being of Aboriginal descent, which was consistent with proportions reported over the previous five-year period (p-trend=0.084). Smaller proportions of respondents reported either an Aboriginal and Torres Strait Islander background (2%, n=42) or a Torres Strait Islander background (1%, n=13).

In 2025, the proportion of Indigenous respondents (Aboriginal and/or Torres Strait Islander background) ranged from 8% in South Western Sydney LHD to 53% in Western NSW LHD. The proportion of Indigenous respondents was significantly higher in rural and regional LHDs compared to metropolitan LHDs in 2025 (32% vs 20%, p<0.001), and this was observed in all years over the five-year period.

As in previous years, in 2025, women were significantly more likely than men to report an Indigenous background (33% vs 20%, p<0.001, Figure 3).

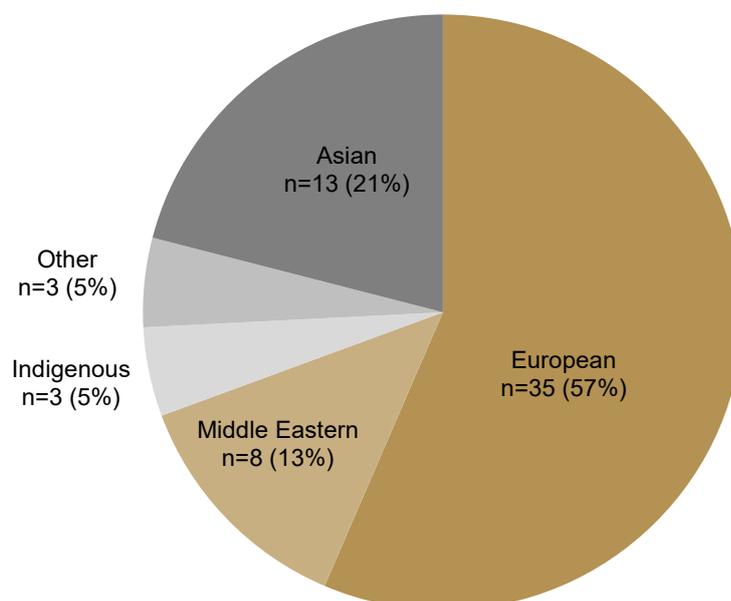
In 2025, 67 respondents (4%) reported a language other than English as the main language spoken by their parents at home.

This proportion was consistent over the previous five-year period (p-trend=0.182).

Among respondents who reported that their parents spoke a language other than English, European languages were most commonly reported in 2025, reported by one in two respondents (57%, n=35, Figure 4). This was followed by one in five respondents who reported an Asian language (21%, n=13) and one in ten respondents who reported a Middle Eastern language (13%, n=8) and. Smaller proportions of respondents reported that their parents spoke another language (5%, n=3) or an Indigenous language (5%, n=3).

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 (16%) in 2025, while five LHDs (Far West, Central Coast, Western NSW, Mid North Coast 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 2025



Social, legal and health issues

Key findings:

In the previous 12 months:

- In 2025 one in four respondents (24%) had experienced homelessness, consistent with previous years (p-trend=0.219).
- One in four respondents (24%) reported living with or being diagnosed with a mental health issue, a significant increase from 22% in 2021 (p-trend=0.040).
- One in ten respondents (10%) reported recent imprisonment, consistent with previous years (p-trend=0.703).
- One in five respondents (19%) reported recent opioid agonist therapy, a significant decline from 24% in 2021 (p-trend<0.001).

Homelessness

Recent (in the previous 12 months) homelessness was reported by one in four respondents (24%, n=399, Figure 5) in 2025. Over the five-year period, the proportion of this sub population was stable, (p-trend=0.219, Table 3).

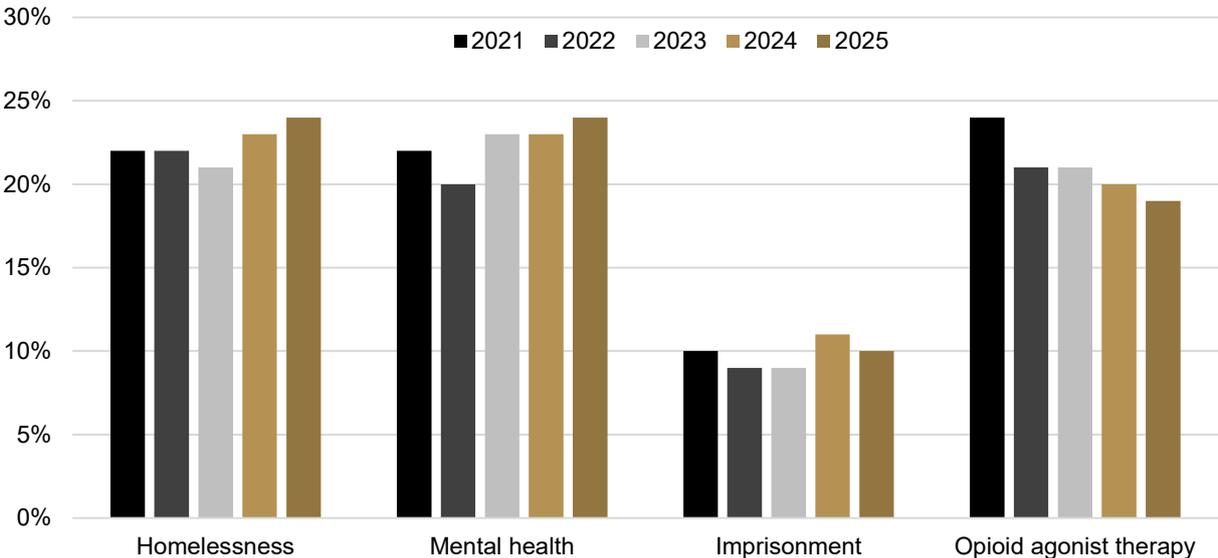
As in previous years, in 2025, the majority of respondents who reported recent homelessness were men (54%, n=214), identified as heterosexual (69%, n=277), and completed the NNEDC at a NSP in a metropolitan LHD (61%, n=242). The median age of respondents who reported recent homelessness was 44 years (range 16-67), and 6% (n=25) 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 (24%, n=411) in 2025, which was a significant increase from 22% in 2021 (p-trend=0.040).

Most respondents who reported a mental health issue in 2025 were men (54%, n=223), identified as heterosexual (67%, n=277) and completed the NNEDC at an NSP in a metropolitan LHD (58%, n=240). These characteristics remained stable across the 5-year period. The median age of respondents who reported a recent mental health issue was 44 years (range 16-74 years) in 2025, and 7% (n=28) of respondents who reported a mental health issue were young people.

Figure 5 Social, legal and health issues in the previous 12 months, 2021-2025



Imprisonment

One in ten respondents (10%, n=166) reported recent (in the previous 12 months) imprisonment in 2025. The proportion of respondents who reported recent imprisonment in 2025 was consistent with proportions reported in previous years (p-trend=0.703).

As in previous years, in 2025, most respondents who reported imprisonment in the previous 12 months were men (78%, n=120), identified as heterosexual (76%, n=123), and completed the NNEDC at a NSP in a metropolitan LHD (57%, n=95). The median age of respondents who reported recent imprisonment was 42 years (range 19-69), while 4% (n=7) of respondents who reported recent imprisonment were young people aged less than 25 years.

Opioid agonist therapy

In 2025, one in five respondents (19%, n=318) reported that they were prescribed opioid agonist therapy (OAT) in the previous 12 months. When the data were restricted to the n=617 respondents who reported last injecting an opioid and completed the social, legal and health questions, one in three respondents (34%, n=212) reported being prescribed OAT in the previous 12 months. Among the 318 respondents reporting they were prescribed OAT, 23% reported injecting a stimulant at last injection. The proportion of respondents who reported being prescribed OAT in 2025 (19%) represented a significant decline from 24% in 2021 (p-trend<0.001).

Most respondents who reported being prescribed OAT in the previous 12 months were men (59%, n=188), identified as heterosexual (79%, n=252), and completed the NNEDC at a NSP in a metropolitan LHD (65%, n=205). These characteristics remained stable across the 5-year period. The median age of respondents who reported recent OAT in 2025 was 47 years (range 20-78), and six respondents (2%) who reported being prescribed OAT were young people.

Drug last injected

Key findings:

- In 2025, opioids were the most commonly reported class of drug last injected, reported by two in five respondents (36%).
- Methamphetamine was the most commonly reported drug last injected in 2025, reported by 31% of respondents.
- Approximately two in five respondents (36%) reported last injecting an opioid in 2025, a significant decrease over the last 5 years from 42% in 2021 (p-trend<0.001).
- One in four respondents in 2025 reported last injecting heroin (25%, n=570).
- One in four respondents (26%) reported last injecting PIEDs in 2025, an increase from 17% in 2021.

Opioids

Opioids (heroin, opioid pharmacotherapies and pharmaceutical opioids) were the most common class of drug last injected by NNEDC respondents in 2025. Opioids were reported as last drug injected in 2025 by approximately two in five respondents (36%, n=806, Figure 6). Over the five-year period, a significant decline was observed in the proportion of respondents who reported last injecting an opioid (from 42% in 2021 to 36% in 2025, p-trend<0.001, Table 2). Opioids were the most commonly reported class of drug last injected in five of the fifteen LHDs in 2025, and the proportion of respondents who reported last injecting an opioid ranged from 15% in Southern NSW LHD to 62% in South Western Sydney LHD.

Heroin was the most commonly reported opioid last injected in 2025, reported by one in four respondents (25%, n=570, Figure 7). This was followed by methadone (7%, n=149), pharmaceutical opioids (1%, n=32), and buprenorphine (1%, n=24), while smaller proportions of respondents reported last injecting other opioids or more than one opioid (<1%, n=17), and buprenorphine-naloxone (<1%, n=14).

Stimulants

Approximately one in three respondents (33%, n=737) reported last injecting a stimulant (predominantly methamphetamine) in 2025. Over

the five-year period, the proportion of respondents who reported last injecting a stimulant ranged between 33% and 38%. Stimulants were the most common class of drug last injected in seven of the fifteen LHDs, and the proportion of respondents who reported last injecting a stimulant ranged from 11% in South Western Sydney LHD to 50% in Murrumbidgee LHD.

Methamphetamine was the most commonly reported stimulant last injected in 2025, with the injection of methamphetamine reported by one in three respondents (31%, n=705). Smaller proportions of respondents reported last injecting cocaine (1%, n=27) or more than one stimulant (<1%, n=5).

Performance and image-enhancing drugs

PIEDs (predominantly anabolic steroids, peptides and growth hormone) were the third most common class of drug last injected in 2025, reported by approximately one in four respondents (26%, n=583), an increase from 17% in 2021. The highest proportion of PIEDs injection was recorded in Nepean Blue Mountains LHD (50%), while Far West LHD recorded no respondents who reported last injecting PIEDs in 2025.

Anabolic steroids were the most commonly reported PIED last injected in 2025, reported by approximately one in five respondents (17%, n=377). Smaller proportions of respondents reported last injecting peptides (4%, n=85), growth hormone (3%, n=61), and more than one or other PIEDs (3%, n=60).

Over the five-year period, the proportion of respondents who reported last injecting anabolic steroids ranged from 12% in 2021 to 17% in 2025, peptides from 2% in 2021 to 4% in 2025.

Other drugs

In 2025, a small proportion of respondents reported last injecting more than one class of drug (4%, n=84), while 1% (n=33) 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 (43%, n=53) reported last injecting PIEDs in 2025. This was followed by one in three young people (33%, n=41) who reported last injecting a stimulant and one in five (19%, n=23) 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 three young women (62%, n=16) in 2025, followed by opioids (31%, n=8), and PIEDs (4%, n=1).

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 (37%, n=572). This was followed by approximately one in three respondents (29%, n=455) who reported last injecting PIEDs and one in three respondents (29%, n=443) who reported last injecting a stimulant.

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 two in five respondents (44%, n=294). This was followed by approximately one in three respondents (33%, n=234) who reported last injecting an opioid, and one in five respondents (18%, n=128) who reported last injecting PIEDs.

Figure 6 Opioids, stimulants and PIEDs as the drug last injected in NSW and by LHD in 2025

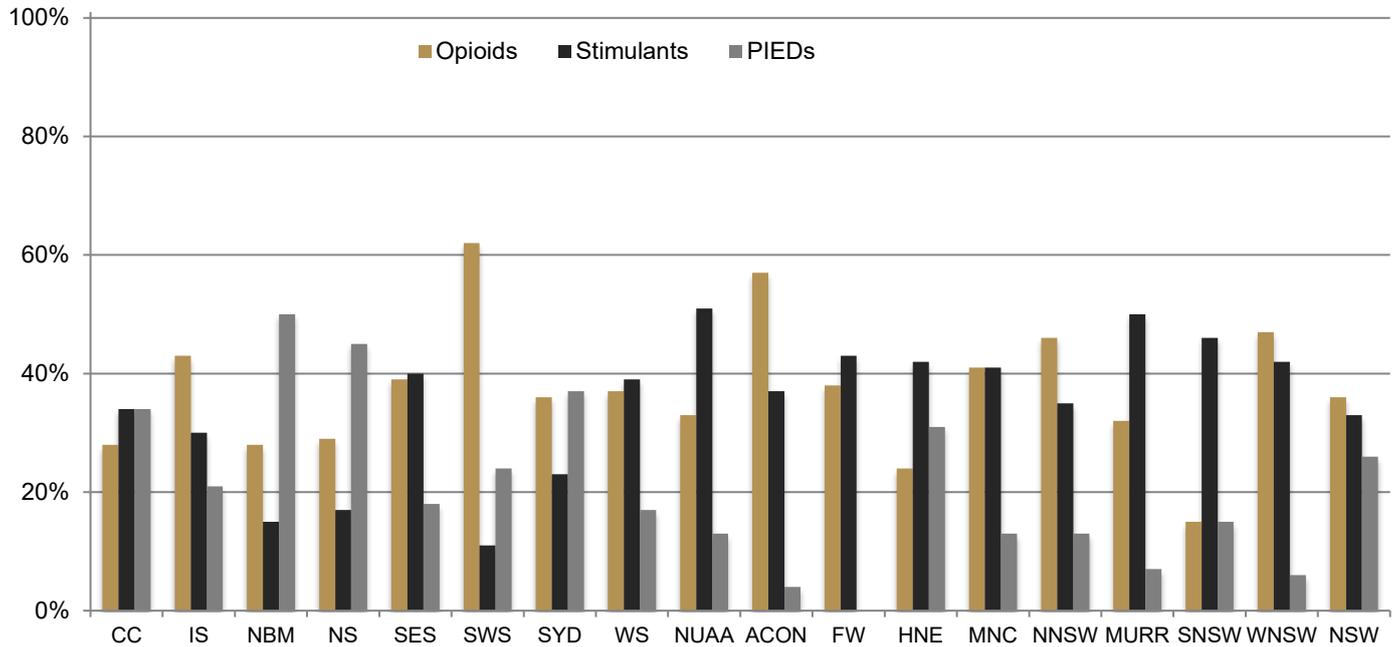
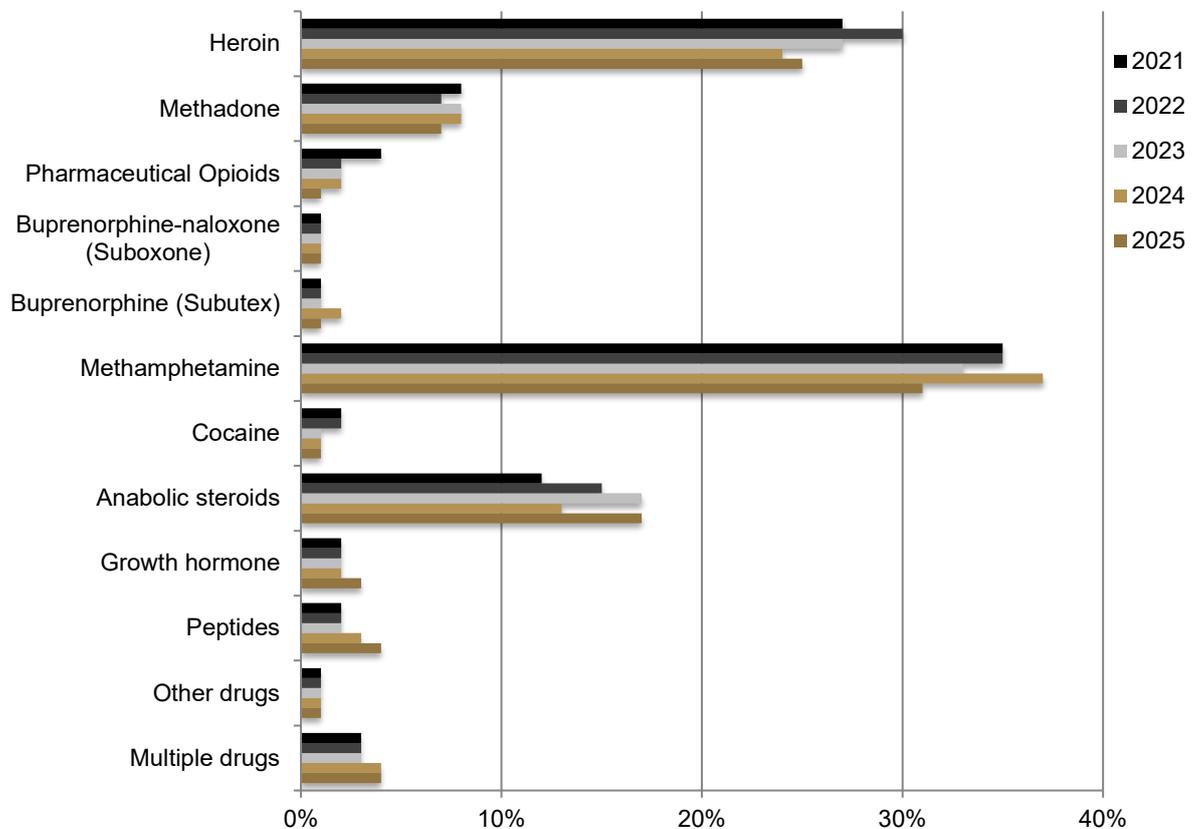


Figure 7 Drug last injected, 2021-2025



Injecting Behaviour

Key findings:

- **Approximately one in two respondents (52%) reported injecting daily or more frequently in 2025, a significant increase from 46% in 2021 (p-trend=0.003).**
- **The median number of years since first injection was 20 years (range 0-58 years) and the median age at first injection was 21 years (range 10-64 years).**
- **One in ten respondents (12%) reported injection initiation within the previous three years, a significant increase from 11% in 2021 (p-trend=0.032).**

Frequency of injection

Approximately one in two respondents (52%, n=873) reported injecting daily or more frequently in 2025. One in four respondents (26%, n=437) reported injecting more than weekly, but not daily, and one in six respondents (14%, n=231) reported injecting less than weekly. Finally, approximately one in ten respondents (8%, n=133) reported not injecting in the month prior to data collection.

Over the five-year period, there was a significant increase in the proportion of respondents who reported injecting daily or more frequently, from 46% in 2021 to 52% in 2025 (p-trend=0.003). Conversely, there was a significant decrease in the proportion of respondents who reported injecting less than weekly, from 19% in 2021 to 14% in 2025 (p-trend<0.001). All other frequencies of injection in the last month remained stable.

Time since first injection and new initiates

In 2025, the median number of years since first injection was 20 years (range 0-58 years), and the median age at first injection was 21 years (range 10-64 years).

In 2025, one in ten respondents (12%, n=198) reported injection initiation within the previous three years (new initiates), a small but significant increasing trend over the last 5 years from 11% in 2021 (p-trend=0.032).

In 2025, as in previous years, the majority of new initiates were men (79%, n=156), identified as heterosexual (82%, n=162), and completed the NNEDC at an NSP in a metropolitan LHD (61%, n=120). The median age of new initiates was 29.5 years (range 16-64), and one in four new initiates (28%, n=56) were aged less than 25 years.

PIEDs was the most commonly reported class of drug last injected among new initiates in 2025, reported by approximately three in five new initiates (66%, n=130). This was followed by stimulants (22%, n=44) and opioids (9%, n=18). Injecting weekly or more frequently was the most commonly reported frequency of injection among new initiates, reported by one in three (38%, n=75). This was followed by daily or more frequently (27%, n=54) and less than weekly (21%, n=41). Approximately one in ten new initiates (12%, n=24) reported no injection in the month prior to data collection.

Sources of needles and syringes

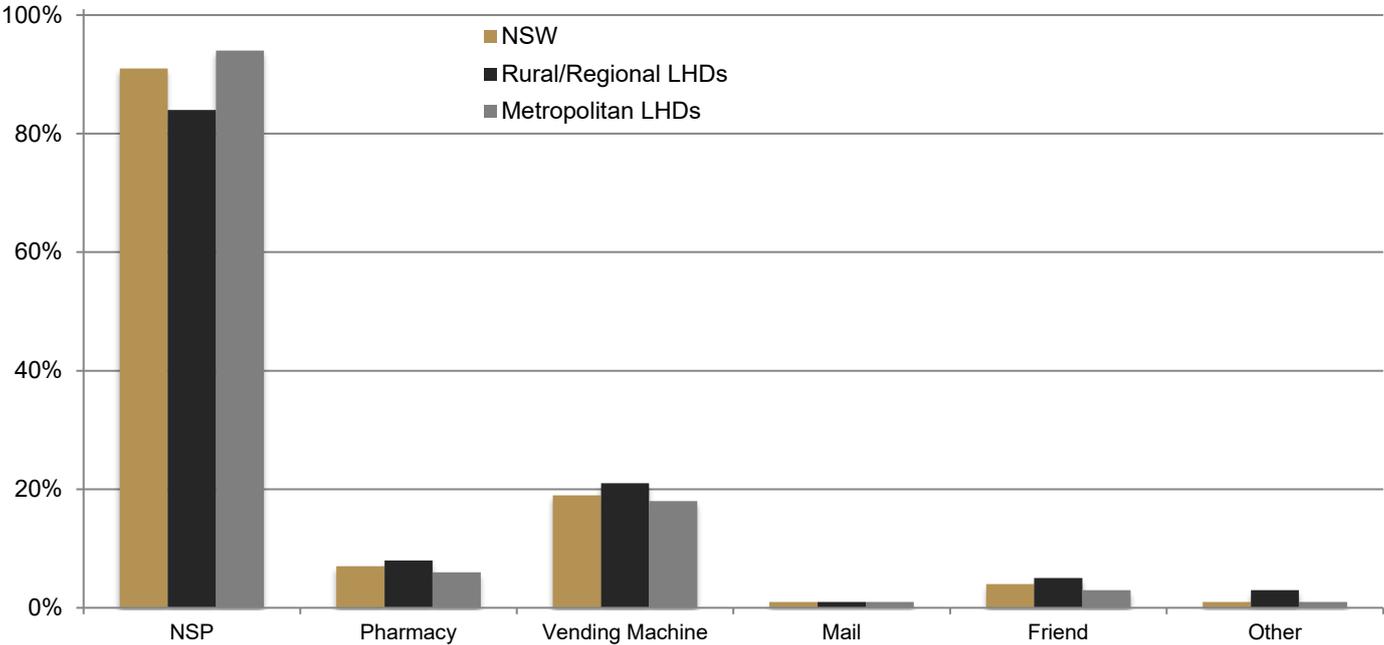
Key findings:

- In 2025, nearly all respondents reported receiving syringes from an NSP (91%).
- Respondents in rural/regional LHDS were more likely to report receiving syringes from sources other than NSP compared to those in metropolitan LHDS.

In 2025, a new question was included in the survey asking respondents “Where do you get your syringes from?”. Of the 1639 respondents answering this question, 91% (n=1485, figure 8) reported receiving syringes from an NSP. Smaller numbers reported sourcing syringes from a vending machine (19%, n=313), a pharmacy (7%, n=107), friends (4%, n=64), in the mail (1%, n=18) or from other sources (1%, n=24).

Compared to respondents in Metropolitan LHDS, fewer respondents in rural/regional LHDS reported receiving syringes from NSPs ($p < 0.001$) and were more likely to report sources other than NSPs.

Figure 8 Syringe source preferences 2025



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 2025.**
- **Of the 280 respondents who reported RSS in 2025:**
 - One in three (30%) reported five or more occasions of RSS.
 - One in three (29%) reported two occasions of RSS.
 - One in four (25%) reported a single occasion of RSS.
 - One in five (16%) 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=0.671).**
- **Factors associated with an increased risk of recent RSS in 2025 were recent homelessness, recent imprisonment, and a language other than English spoken at home by their parents.**

In 2025, of the 1,541 respondents who reported injecting in the month prior to data collection, 18% (n=280, Figure 9) reported receptive syringe sharing (RSS) on at least one occasion in the previous month. Over the five-year period, the proportion of respondents who reported recent RSS was stable (p-trend=0.671).

Among respondents who reported RSS in the previous month in 2025, approximately one in three (30%, n=84, Figure 10) reported that RSS had occurred on five or more occasions, one fifth of respondents (16%, n=45) reported that RSS had occurred on between three and five occasions, one in three reported that RSS had occurred twice (29%, n=82), and one in four that RSS had occurred once (25%, n=69).

As RSS is a highly stigmatised behaviour, reporting may be affected by social desirability bias (White et. al., 2007). Consistent with previous years, in 2025 approximately one in four respondents (26%, n=599) 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 2025, were significantly less likely to report RSS, compared to respondents who did not require assistance (12% vs 21%, 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 2025 respondents who reported recent homelessness (adj OR 2.07, 95%CI 1.55-2.77), recent imprisonment (adj OR 1.92, 95%CI 1.30-2.83), or a language other than English spoken at home by their parents (adj OR 2.08, 95%CI 1.14-3.78) were significantly more likely to report recent RSS.

No associations were observed between recent RSS and gender, sexual identity, age, rural/regional or metropolitan LHDs, recent prescription of OAT, living with a mental health issue, frequency of injection or the type of drug last injected. (See Table 5).

Figure 9 RSS in the previous month with 95% confidence intervals, 2021-2025

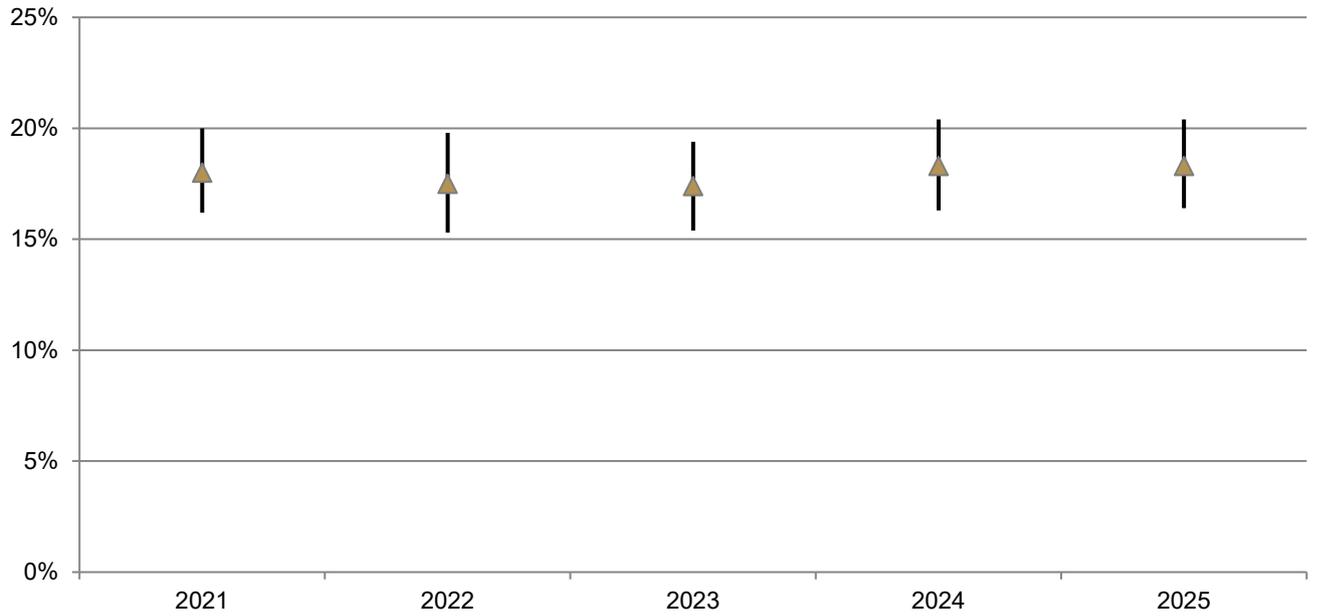
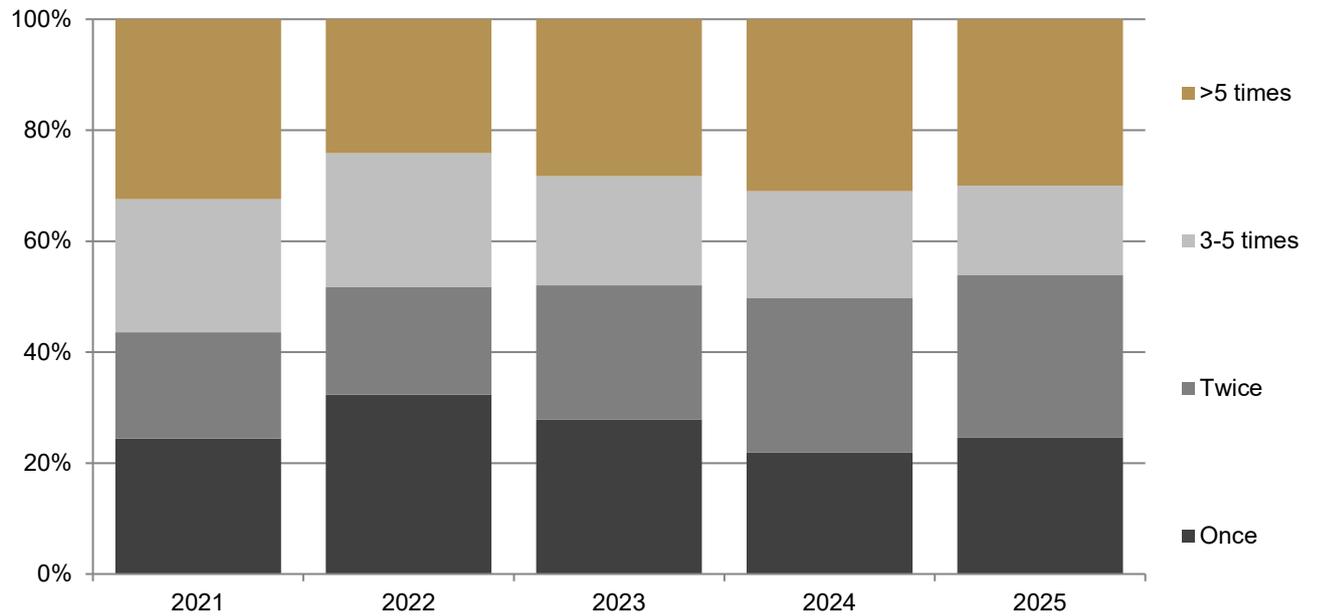


Figure 10 Frequency of RSS among respondents who reported RSS in the previous month, 2021-2025



Hepatitis C testing and treatment uptake

Key findings:

- In 2025, approximately two thirds of respondents (68%) reported a lifetime history of hepatitis C (HCV) testing, including 33% 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 2025 who reported a lifetime history of HCV treatment was 80%, a significant increase from 74% in 2021 (p-trend<0.001).
- One in four respondents in 2025 who ever accessed HCV treatment did so through public-sector community settings (27%), and one in five (19%) accessed treatment through tertiary facilities.
- Factors associated with lower lifetime HCV treatment uptake in 2025 included being over 35 years of age, being from a metropolitan LHD, recent OAT prescription and recent RSS.

Questions in the NNEDC data collection instrument regarding HCV testing and treatment have changed over time. In 2018, questions 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. In 2024 respondents were asked if they had received any treatment for HCV without distinguishing DAA or interferon-based treatments. In 2025 the question on HCV treatment reverted to the formulation used prior to 2024 allowing respondents to report having either received DAA or interferon-based treatment.

HCV Testing

A total of 1,685 respondents completed the HCV questions in 2025. Of these, approximately two thirds (68%, n=1,146, Table 4) reported a lifetime history of HCV testing, including 33% (n=554) who reported that they had been tested in the previous 12 months. One in three respondents (32%, n=539, Figure 11) 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 2021 to 68% in 2025 (p-trend<0.001).

As shown in Table 6, in 2025 having ever had an HCV test (lifetime uptake of HCV diagnostic testing) was significantly more likely among respondents identifying as bisexual or homosexual, those over 35 years of age, those recently imprisoned, those recently prescribed OAT, and respondents reporting the last drug they injected was an opioid.

No independent associations were observed between lifetime uptake of HCV diagnostic testing and gender, language spoken at home by parents, rural or metropolitan LHDs, recent homelessness, living with a mental health issue, injecting daily or more frequently or reporting RSS in the previous month.

History of HCV infection

In 2025, one in two respondents (54%, n=611) reported a previous positive HCV diagnosis. Over the five-year period, the proportion of respondents who reported a previous positive HCV diagnosis ranged between 57% in 2021 and 50% in 2024. In the Australian NSP Survey (ANSPS), the prevalence of serologically confirmed HCV antibody among NSW respondents decreased from 35% to 31% between 2020 and 2022. In 2023 (42%) and 2024 (39%) 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. 2025).

Current HCV status

Among the n=611 respondents who reported having been diagnosed with HCV positive, and after excluding respondents who did not report their HCV treatment status (n=8), one in five respondents (18%, n=108, Figure 12) reported that they had spontaneously cleared their HCV infection. The proportion of respondents who reported they had spontaneously cleared their HCV infection remained stable over the previous five years (p-trend=0.240).

HCV treatment uptake

In 2025, among n=495 respondents who reported ever receiving a HCV diagnosis and who did not report spontaneous clearance, a total of 86% reported they had received treatment for HCV, 75% having received DAA treatment and 11% interferon-based treatment most recently. In 2024 the same proportion of respondents (86%) reported having received any treatment of HCV. Further, this is broadly consistent with the 78% of NSW ANSPS respondents who reported a lifetime history of HCV treatment in 2024 (Heard et. al. 2025).

Prior to 2024, survey estimates were made of the total number of respondents who reported having been diagnosed HCV positive who were likely eligible for HCV treatment with DAAs. Respondents reporting they had spontaneously cleared HCV were excluded. In addition, in previous years, 55% of those reporting they had received interferon-based treatment were excluded on the assumption that this treatment was successful (Fried et. al. 2002). In 2025, this adjustment for assumed successful treatment was not made as it was judged very likely that many of those who had previously received interferon-based treatment that was not successful may have gone on to receive DAA treatment. Accordingly, it is likely that a greater proportion of those reporting interferon-based

treatment in the survey would have been successfully treated. Therefore, it was decided to exclude those reporting previous interferon based treatment from the group estimated to be eligible for HCV treatment for DAAs.

As shown in Figure 13, lifetime HCV treatment uptake by LHD ranged from 38% to 100%. Uptake was highest in Southern NSW LHD (100%), South Western Sydney LHD (100%) and Far West LHD (100%), followed by South Central Coast LHD (96%) and South Eastern Sydney LHD (92%).

Estimates were derived of current HCV status among respondents who reported having been diagnosed HCV positive, accounting for likely successful treatment. These were based on the assumptions that 55% of individuals receiving of interferon-based treatment (Fried et. al. 2002) and 95% of individuals receiving DAAs are cured. In 2025 (n=603), 19% were estimated to be still infected, 63% were estimated to have cleared the infection through treatment, and 18% reported spontaneous clearance (see Fig 11).

Figure 11 Self-reported HCV status and HCV treatment uptake, 2021-2025

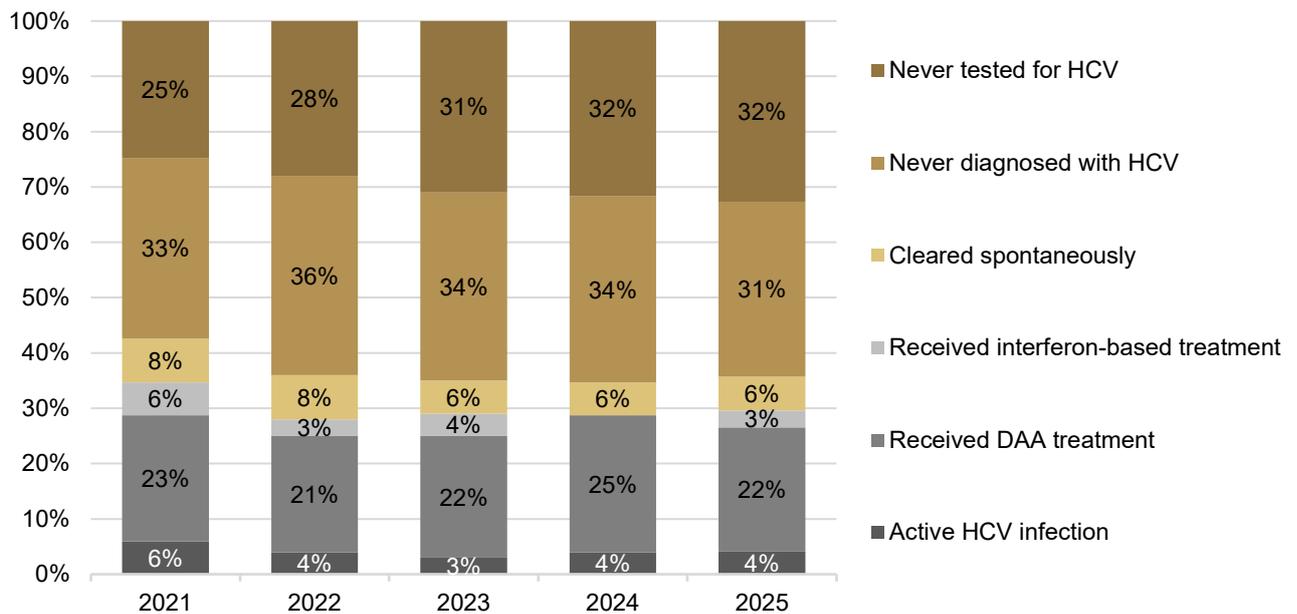


Figure 12 Estimated HCV status among respondents who reported a previous HCV diagnosis, 2021-2025

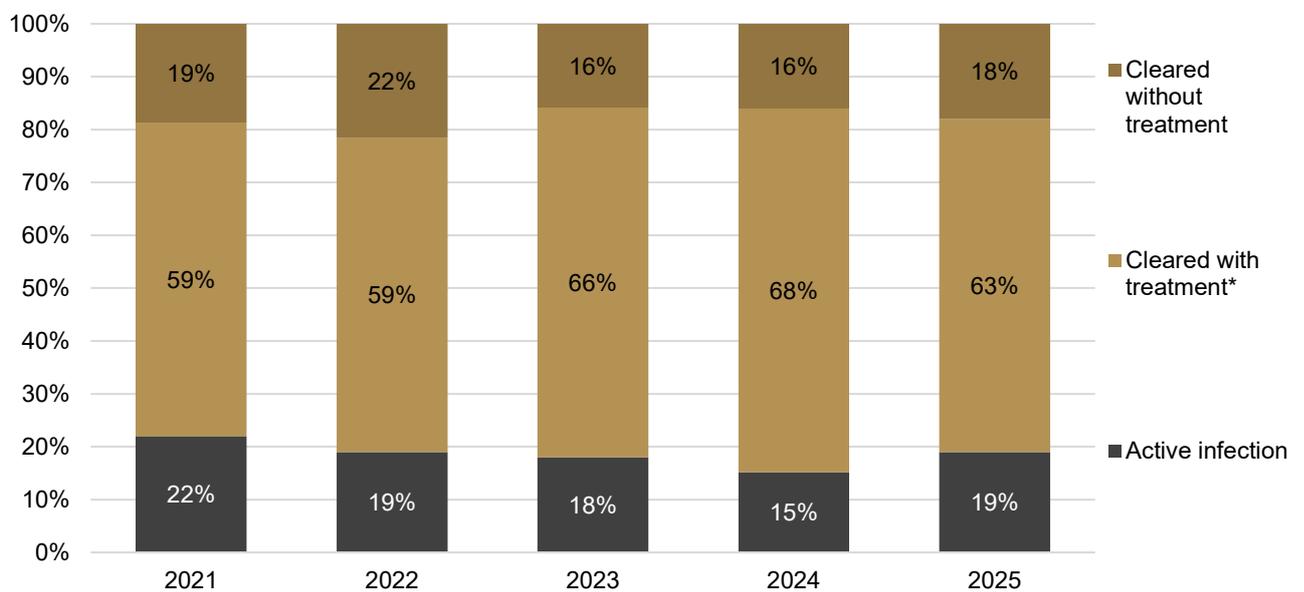
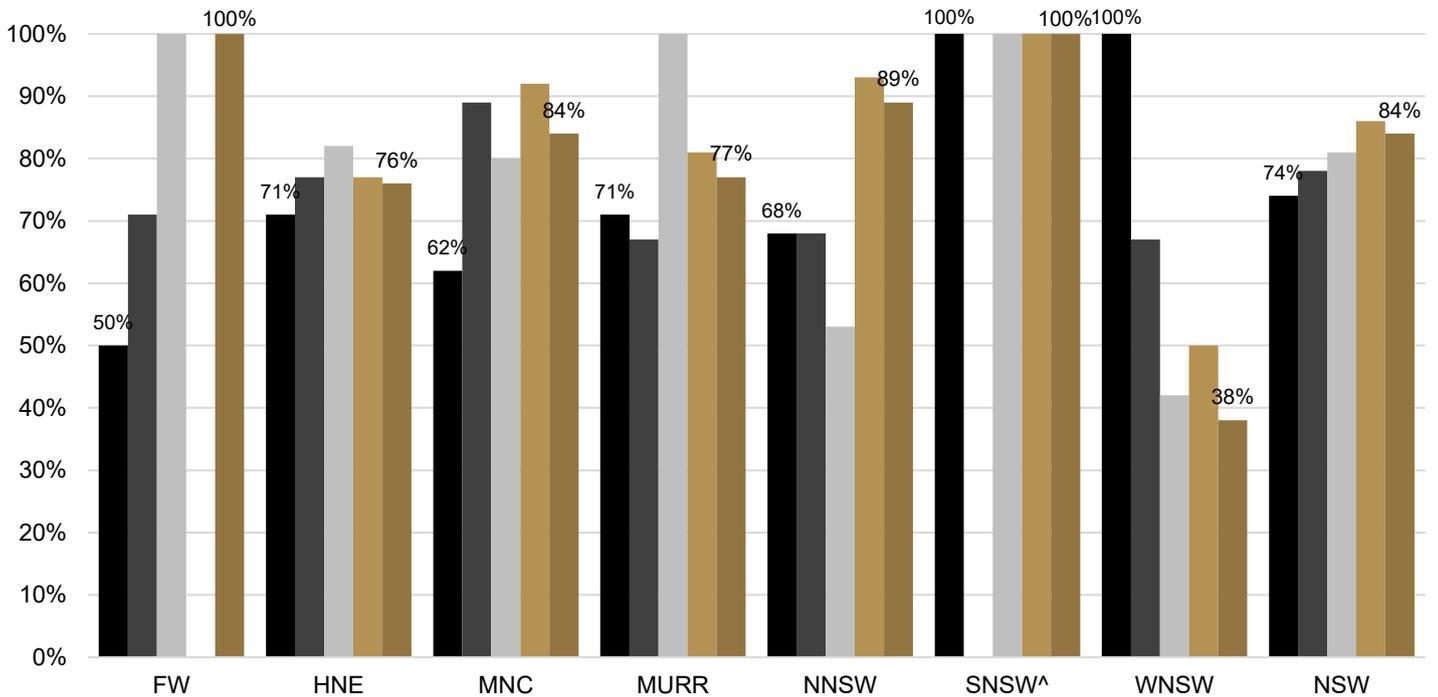
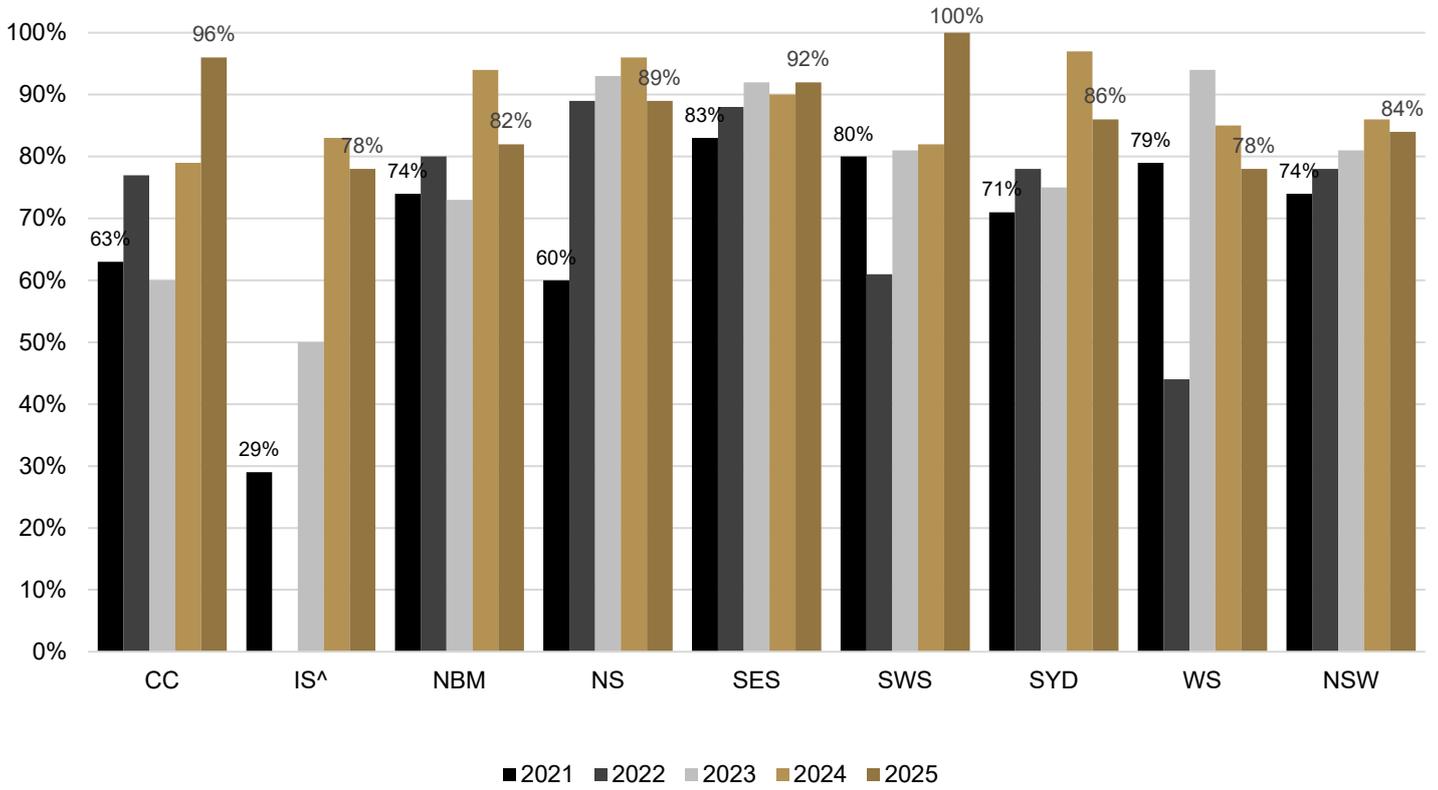


Figure 13 Lifetime HCV treatment uptake* by LHD, 2021-2025



* 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). In 2024 respondents were only asked about HCV treatment without specifying treatment type; in 2025 respondents reporting last receiving interferon based treatment were not included in denominator.

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

HCV treatment uptake by year

One quarter of respondents (28%, n=113) reported they had accessed treatment in the 12 months prior to data collection (in 2024 or later), one quarter of respondents (28%, n=115) reported accessing treatment two to three years ago (in 2022 or 2023), and approximately half of all respondents (44%, n=180) reported accessing treatment four or more years ago (in 2021 or earlier). DAA therapy became widely available in Australia through the Pharmaceutical Benefits Scheme from March 2016 and interferon-based treatment was no longer the first line treatment for HCV (Iversen et. al, 2019).

Lifetime HCV treatment uptake by health care setting

In 2025 more than 130 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=370 respondents who reported lifetime HCV treatment and provided health care setting data, one in four (27%, n=80) 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 five respondents (20%, n=59) who reported accessing treatment through tertiary facilities, including hospitals and tertiary liver clinics. Smaller proportions of respondents reported accessing treatment through correctional facilities (19%, n=56), general practitioners (12%, n=35), or alcohol and other drug services (both public and private sector including OAT and residential rehabilitation services (7%, n=19), or aboriginal community controlled health services (1%, n=4). Approximately one in ten respondents (13%, n=38) reported accessing treatment through 'other' settings, including settings located outside NSW (n=6).

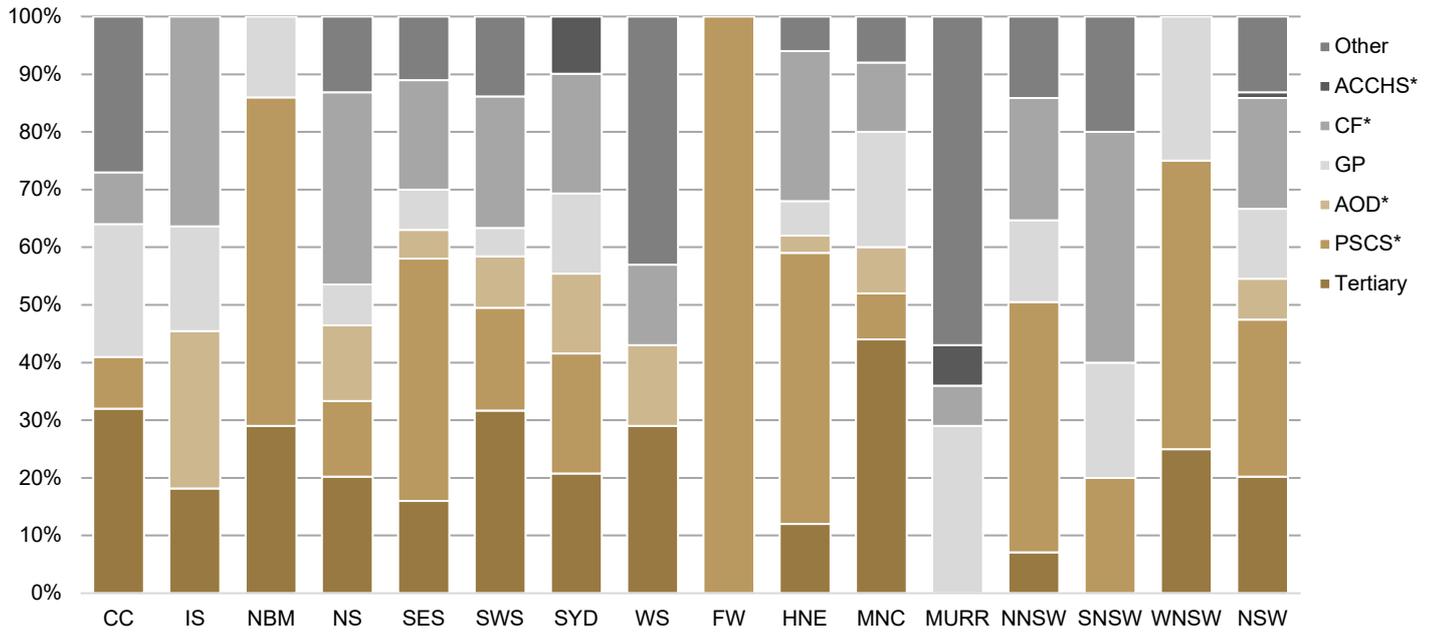
Over the five-year period, 2021 to 2025, there was a significant increase in the proportion of respondents who reported accessing HCV treatment through correctional facilities (p-trend<0.001). Conversely, there was a significant decrease in the proportion of respondents who reported accessing treatment through alcohol and other drug services (p-trend=0.005). Treatment uptake in all other health care settings remained stable. Figure 14 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 DAA treatment for HCV among key populations of NSP attendees

As shown in Table 7, in 2025, ever having received HCV treatment (either DAAs or interferon-based treatment) was significantly more likely among respondents older than 52 years of age, those in metropolitan LHDs, those with a recent OAT prescription, and those reporting recent RSS. No associations were observed between HCV treatment uptake and gender, sexual identity, language spoken at home by parents, recent homelessness, imprisonment, living with a mental health issue, last drug injected, or frequency of injection.

In 2025, ever having received HCV treatment with DAAs was significantly more likely among respondents in metropolitan LHDs and those reporting stimulant use, and less likely among those reporting recent RSS. No associations were observed between HCV treatment uptake and gender, age, sexual identity, language spoken at home by parents, recent homelessness, imprisonment, living with a mental health issue, recent OAT prescription, or frequency of injection.

Figure 14 Lifetime HCV treatment uptake by health care setting and LHD in 2025



*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

	2021	2022	2023	2024	2025
Number of sites	48	43	47	47	46
Number surveyed (OOS)	3,310 (%)	2,620 (%)	3,079 (%)	2,893 (%)	3,216 (%)
Completed survey	2,340 (71)	1,824 (70)	2,274 (74)	1,914 (66)	2,323 (72)
Previously completed (repeat NSP attendee)	575 (17)	369 (14)	472 (15)	427 (15)	406 (13)
Declined to participate	395 (12)	427 (16)	333 (11)	552 (19)	487 (15)
Response rate	86%	81%	87%	78%	83%
N° surveyed (individuals)	2,340	1,824	2,274	1,914	2,323
Gender					
Male	1,710 (74)	1,344 (75)	1,683 (75)	1,386 (73)	1,607 (73)
Female	587 (25)	442 (25)	540 (24)	489 (26)	577 (26)
Other	12 (1)	15 (1)	27 (1)	15 (1)	27 (1)
Not reported	31 --	23 --	24 --	24 --	112 --
Sexual identity					
Heterosexual	1,309 (83)	1,047 (82)	1,289 (82)	1,222 (82)	1,348 (82)
Bisexual	128 (8)	103 (8)	125 (8)	131 (9)	151 (9)
Homosexual	135 (9)	91 (7)	117 (7)	92 (6)	108 (7)
Other	-- --	31 2	33 (2)	51 (3)	38 (2)
Not reported	768 --	552 --	710 --	418 --	678 --
Age (years)					
Median age (range)	42 (18-72)	42 (17-78)	42 (17-83)	42 (17-75)	43 (16-86)
Less than 25 years	101 (5)	94 (5)	136 (6)	104 (6)	125 (6)
25 years or more	2,143 (96)	1,648 (95)	2,010 (94)	1,681 (94)	2,116 (94)
Not reported	96 --	82 --	128 --	129 --	82 --
Aboriginal and/or Torres Strait Islander					
Yes, Aboriginal	471 (21)	350 (19)	480 (22)	407 (23)	497 (22)
Yes, Torres Strait Islander	7 (<1)	10 (1)	11 (1)	17 (1)	13 (1)
Yes, both Aboriginal and Torres Strait Islander	14 (1)	21 (1)	20 (1)	25 (1)	42 (2)
No	1,760 (78)	1,417 (79)	1,707 (77)	1,343 (75)	1,714 (76)
Not reported	88 --	26 --	56 --	122 --	57 --
Main language spoken at home by parents					
English	1,675 (95)	1,246 (95)	1,524 (95)	1,471 (95)	1,615 (96)
Other	88 (5)	64 (5)	79 (5)	73 (5)	67 (4)
Not reported	577 --	514 --	671 --	370 --	641 --

NB: Percent excludes not reported

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

	2021	2022	2023	2024	2025
Number surveyed (individuals)	2,340 (%)	1,824 (%)	2,274 (%)	1,914 (%)	2,323 (%)
Last drug injected					
Opioids	931 (42)	718 (41)	849 (39)	667 (37)	806 (36)
Heroin	611 (27)	524 (30)	594 (27)	427 (24)	570 (25)
Pharmaceutical opioids	79 (4)	28 (2)	43 (2)	40 (2)	32 (1)
Methadone	181 (8)	127 (7)	167 (8)	148 (8)	149 (7)
Buprenorphine (Subutex)	26 (1)	20 (1)	20 (1)	28 (2)	24 (1)
Buprenorphine-naloxone (Suboxone)	12 (1)	7 (<1)	9 (<1)	7 <1	14 <1
Other opioids/ more than 1 opioid	22 (1)	12 (1)	16 (1)	17 (1)	17 <1
Stimulants	816 (37)	639 (36)	747 (34)	671 (38)	737 (33)
Methamphetamine	775 (35)	610 (35)	716 (33)	653 (37)	705 (31)
Cocaine	35 (2)	27 (2)	31 (1)	18 (1)	27 (1)
Other stimulants/ more than 1 stimulant	6 (<1)	2 (<1)	0 (0)	0 (0)	5 <1
Performance image-enhancing drugs	390 (17)	344 (19)	503 (23)	360 (20)	583 (26)
Anabolic steroids	268 (12)	263 (15)	375 (17)	226 (13)	377 (17)
Growth hormone	51 (2)	28 (2)	45 (2)	40 (2)	61 (3)
Peptides	37 (2)	32 (2)	45 (2)	60 (3)	85 (4)
Others PIEDs/ more than 1 PIED	34 (2)	21 (1)	38 (2)	34 (2)	60 (3)
Other drugs	31 (1)	15 (1)	23 (1)	21 (1)	33 (1)
More than one category	67 (3)	51 (3)	73 (3)	63 (4)	84 (4)
Not reported	105 --	57 --	79 --	132 --	80 --
Frequency of injection last month					
Not last month	155 (9)	116 (9)	185 (12)	126 (8)	133 (8)
Less than weekly	335 (19)	196 (15)	255 (16)	246 (16)	231 (14)
More than weekly, not daily	453 (26)	343 (26)	360 (23)	399 (26)	437 (26)
Daily or more	819 (46)	661 (50)	795 (50)	767 (50)	873 (52)
Not reported	578 --	508 --	679 --	376 --	649 --
Age at first injection					
Median (range)	20 (10-65)	20 (10-62)	20 (11-67)	21 (10-71)	21 (10-64)
Not reported	592 --	538 --	733 --	733 --	798 --
Years since first injection					
Median (range)	20 (0-59)	21 (0-56)	20 (0-57)	20 (0-56)	20 (0-58)
Less than 3 years since first injection	181 (11)	117 (9)	185 (12)	183 (12)	198 (12)
3 or more years since first injection	1,519 (89)	1,123 (91)	1,300 (88)	1,301 (88)	1,439 (88)
Not reported	640 --	584 --	789 --	430 --	686 --

NB: Percent excludes not reported

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

	2021	2022	2023	2024	2025
Number who injected last month	1,607 (%)	1,200 (%)	1,410 (%)	1,412 (%)	1,541 (%)
Receptive syringe sharing last month (RSS)					
No	1,306 (82)	978 (83)	1159 (83)	1,142 (82)	1,246 (82)
Yes	287 (18)	207 (17)	244 (17)	255 (18)	280 (18)
Not reported	14 --	15 --	7 --	15 --	15 --
Ocassions of RSS last month among respondents who reported RSS					
Once	70 (24)	67 (32)	68 (28)	56 (22)	69 (25)
Twice	55 (19)	40 (19)	59 (24)	71 (28)	82 (29)
3-5 times	69 (24)	50 (24)	48 (20)	49 (19)	45 (16)
More than 5 times	93 (32)	50 (24)	69 (28)	79 (31)	84 (30)
Number surveyed (individuals)[#]	1,767 (%)	1,309 (%)	1,597 (%)	1,548 (%)	1,685 (%)
Psychosocial factors in previous 12 months					
Homelessness	394 (22)	284 (22)	333 (21)	360 (23)	399 (24)
Living with, or diagnosed with, a mental health issue	395 (22)	258 (20)	368 (23)	362 (23)	411 (24)
Imprisoned	175 (10)	121 (9)	149 (9)	163 (11)	166 (10)
Prescribed OAT	424 (24)	279 (21)	332 (21)	306 (20)	318 (19)

NB: Percent excludes not reported

[#] Excludes respondents who did not complete entire survey

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

	2021	2022	2023	2024	2025
Number surveyed (individuals)	1,757 (%)	1,314 (%)	1,587 (%)	1,538 (%)	1,685 (%)
Previous hepatitis C test					
Yes, ever	1,324 (75)	952 (72)	1,108 (70)	1,044 (68)	1,146 (68)
In the previous 12 months	636 (36)	459 (35)	543 (34)	631 (41)	554 (33)
>12 months	688 (39)	493 (38)	565 (36)	413 (27)	592 (35)
Never	433 (25)	362 (28)	479 (30)	494 (32)	539 (32)
Self-reported ever hepatitis C infection	N=1,324	N=952	N=1108	N=1044	N=1146
No	559 (43)	465 (49)	540 (49)	516 (50)	524 (46)
Yes	733 (57)	481 (51)	560 (51)	522 (50)	611 (54)
Not reported	32 --	6 --	8 --	9 --	11 --
Ever received treatment	N=733	N=481	N=560	N=522	N=611
No, still hepatitis C positive	95 (13)	58 (12)	53 (10)	60 (12)	71 (12)
No, cleared spontaneously	134 (19)	103 (22)	87 (16)	85 (16)	108 (18)
Yes, received interferon based treatment	97 (14)	43 (9)	65 (12)	-- --	54 (9)
Yes, received treatment with DAAs	392 (55)	275 (57)	344 (63)	-- --	370 (61)
Yes, received treatment	489 (69)	318 (66)	409 (75)	375 (72)	424 (70)
Not reported	15 --	2	11 --	2 --	8 --
Ever eligible for DAA treatment[^]	N=530	N=352	N=426	N=435	N=441
Yes, received treatment with DAAs	392 (74)	275 (78)	344 (81)	375 (86)	370 (84)
Eligible for DAA treatment, previous 12 months[^]	N=244	N=160	N=170	N=158	N=184
Yes, received treatment with DAAs	106 (43)	83 (52)	88 (52)	98 (62)	113 (61)
HCV DAA treatment year[^]	N=392	N=275	N=344	N=375	N=370
In the last year	106 (28)	83 (31)	88 (27)	98 (27)	105 (30)
2 to 3 years ago	179 (47)	98 (37)	108 (33)	79 (22)	108 (30)
4+ years ago	94 (26)	84 (32)	135 (40)	183 (52)	142 (40)
Not reported	13 --	10 --	13 --	15 --	15 --
HCV DAA treatment uptake by health care setting[^]	N=392	N=275	N=344	N=375	N=370
Aboriginal Community Controlled Health Service	1 (<1)	2 (1)	5 (2)	3 (1)	4 (1)
Alcohol and Other Drug services ¹	47 (16)	27 (11)	39 (13)	39 (13)	19 (7)
Correctional Facilities	31 (10)	27 (11)	40 (14)	46 (15)	56 (19)
General Practitioner	32 (11)	26 (10)	20 (7)	27 (9)	35 (12)
Public sector community services ²	97 (32)	80 (32)	95 (32)	84 (28)	80 (27)
Tertiary services	57 (19)	42 (17)	75 (26)	73 (24)	59 (20)
Other ³	36 (12)	44 (18)	19 (6)	29 (10)	38 (13)
Not reported	91 --	27 --	51 --	74 --	79 --

[^] 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 treatment 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 (0.81-1.44)		0.593			
Other	1.34 (0.49-3.69)		0.567			
Sexual Identity						
Heterosexual (reference)	--			--		
Bisexual	1.24 (0.81-1.92)		0.322			
Homosexual	1.35 (0.82-2.21)		0.233			
Other	1.49 (0.67-3.35)		0.330			
Age (quartiles)						
<35 years (reference)	--			--		
35-43 years	1.02 (0.72-1.45)		0.918			
44-52 years	0.88 (0.60-1.27)		0.485			
>52 years	0.78 (0.53-1.13)		0.186			
Language spoken at home by parents						
English (reference)	--			--		
Other	2.02 (1.13-3.63)		0.018	2.08 (1.14-3.78)		0.017
Geographic location						
Metropolitan (reference)	--			--		
Rural/Regional	1.12 (0.86-1.47)		0.384			
Recent homelessness*						
No (reference)	--			--		
Yes	2.31 (1.75-3.06)		<0.001	2.07 (1.55-2.77)		<0.001
Recent imprisonment*						
No (reference)	--			--		
Yes	2.37 (1.64-3.44)		<0.001	1.92 (1.30-2.83)		0.001
Recent OAT*						
No (reference)	--			--		
Yes	1.27 (0.93-1.75)		0.136			
Living with a mental health issue*						
No (reference)	--			--		
Yes	1.34 (1.01-1.79)		0.046			
Drug class last injected						
Opioids (reference)	--			--		
Stimulants	0.93 (0.69-1.26)		0.657			
PIEDs	0.69 (0.47-1.00)		0.051			
Other	0.38 (0.87-1.62)		0.189			
More than one drug	1.81 (1.04-3.14)		0.036			
Daily or more frequent injection						
No (reference)	--			--		
Yes	1.42 (1.09-1.86)		0.010			

* In the previous 12 months

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

Factor	Crude			Adjusted		
	OR	95% CI	<i>p</i> value	OR	95% CI	<i>p</i> value
Gender						
Male (reference)	--			--		
Female	1.84 (1.44-2.36)		<0.001			
Other	1.12 (0.48-2.65)		0.786			
Sexual Identity						
Heterosexual (reference)	--			--		
Bisexual	2.07 (1.37-3.12)		0.001	1.76 (1.10-2.81)		0.019
Homosexual	2.64 (1.58-4.45)		<0.001	2.02 (1.13-3.61)		0.018
Other	2.01 (0.91-4.42)		0.083	1.18 (0.49-2.81)		0.713
Age (quartiles)						
<35 years (reference)	--			--		
35-43 years	2.76 (2.08-3.68)		<0.001	2.45 (1.75-3.43)		<0.001
44-52 years	5.23 (3.86-7.07)		<0.001	3.70 (2.61-5.25)		<0.001
>52 years	8.06 (5.75-11.31)		0.002	4.99 (3.41-7.31)		<0.001
Language spoken at home by parents						
English (reference)	--			--		
Other	0.96 (0.57-1.61)		0.869			
Geographic location						
Metropolitan (reference)	--			--		
Rural/Regional	0.95 (0.77-1.18)		0.660			
Recent homelessness*						
No (reference)	--			--		
Yes	2.13 (1.63-2.79)		<0.001			
Recent imprisonment*						
No (reference)	--			--		
Yes	3.16 (2.01-4.98)		<0.001	2.02 (1.23-3.32)		0.005
Recent OAT*						
No (reference)	--			--		
Yes	4.84 (3.34-7.03)		<0.001	2.03 (1.34-3.06)		0.001
Living with a mental health issue*						
No (reference)	--			--		
Yes	2.43 (1.85-3.20)		<0.001			
Drug class last injected						
Opioids (reference)	--			--		
Stimulants	0.59 (0.44-0.79)		<0.001	0.68 (0.50-0.94)		0.018
PIEDs	0.05 (0.04-0.08)		<0.001	0.10 (0.07-0.14)		<0.001
Other	0.10 (0.05-0.23)		<0.001	0.16 (0.07-0.37)		<0.001
More than one drug	0.81 (0.43-1.54)		0.526	0.87 (0.44-1.69)		0.673
Daily or more frequent injection*						
No (reference)	--			--		
Yes	2.02 (1.64-2.48)		<0.001			
Receptive syringe sharing*						
No (reference)	--			--		
Yes	1.03 (0.77-1.36)		0.859			

* In the previous 12 months

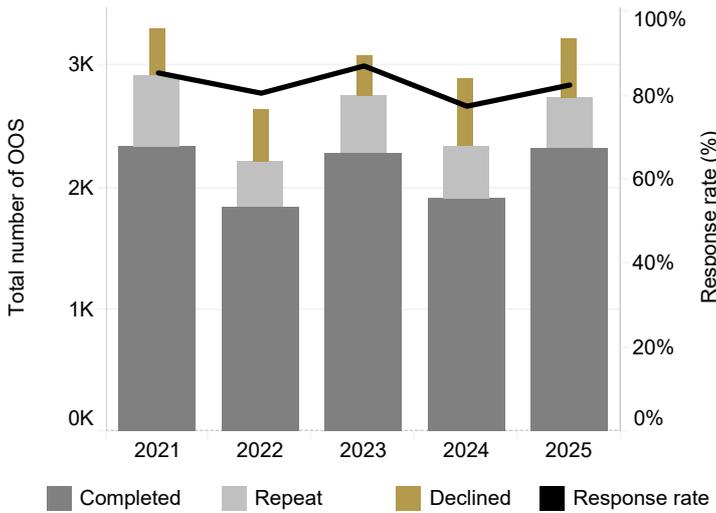
Table 7: Factors independently associated with lifetime uptake of HCV treatment

Factor	Crude			Adjusted		
	OR	95% CI	<i>p</i> value	OR	95% CI	<i>p</i> value
Gender						
Male (reference)	--			--		
Female	0.97 (0.56-1.70)		0.927			
Other	1.07 (0.30-3.76)		0.915			
Sexual Identity						
Heterosexual (reference)	--			--		
Bisexual	2.12 (0.74-6.10)		0.163			
Homosexual	1.07 (0.31-3.75)		0.910			
Other	0.62 (0.17-2.30)		0.477			
Age (quartiles)						
<35 years (reference)	--			--		
35-43 years	2.00 (0.78-5.16)		0.151	2.11 (0.78-5.73)		0.144
44-52 years	1.71 (0.72-4.03)		0.223	1.51 (0.61-3.73)		0.375
>52 years	3.44 (1.39-8.53)		0.008	2.71 (1.04-7.05)		0.04
Language spoken at home by parents						
English (reference)	--			--		
Other	0.95 (0.27-3.34)		0.941			
Geographic location						
Metropolitan (reference)	--			--		
Rural/Regional	0.30 (0.18-0.51)		<0.001	0.32 (0.19-0.55)		<0.001
Recent homelessness*						
No (reference)	--			--		
Yes	0.79 (0.47-1.34)		0.380			
Recent imprisonment*						
No (reference)	--			--		
Yes	0.77 (0.40-1.49)		0.441			
Recent OAT*						
No (reference)	--			--		
Yes	1.77 (0.98-3.21)		0.058	1.88 (1.01-3.48)		0.046
Living with a mental health issue*						
No (reference)	--			--		
Yes	0.80 (0.46-1.37)		0.409			
Drug class last injected						
Opioids (reference)	--			--		
Stimulants	1.24 (0.71-2.18)		0.446			
PIEDs	1 --					
Other	0.55 (0.06-5.39)		0.606			
More than one drug	1.10 (0.40-2.98)		0.858			
Daily or more frequent injection						
No (reference)	--			--		
Yes	0.69 (0.40-1.17)		0.170			
Receptive syringe sharing*						
No (reference)	--			--		
Yes	0.47 (0.26-0.82)		0.008	0.50 (0.28-0.91)		0.022

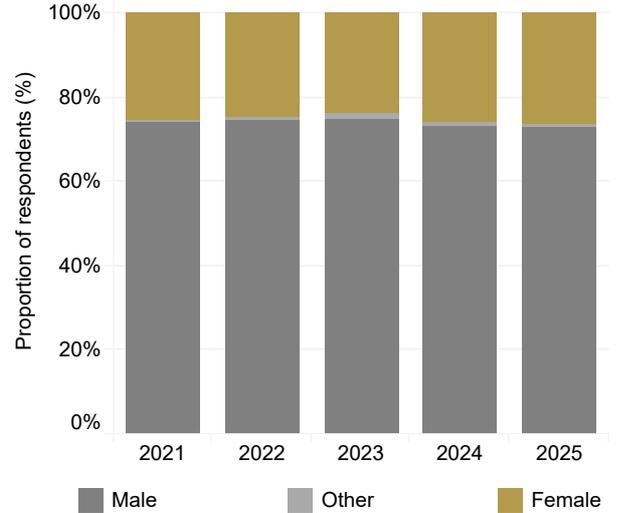
* In the previous 12 months

Graphs: New South Wales

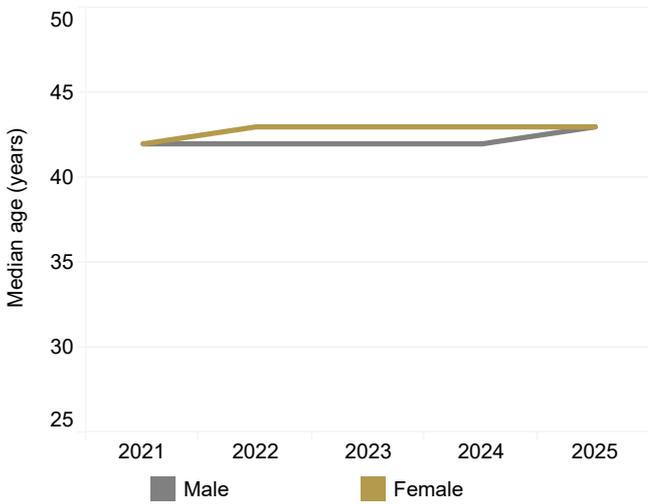
Occasions of service, 2021-2025



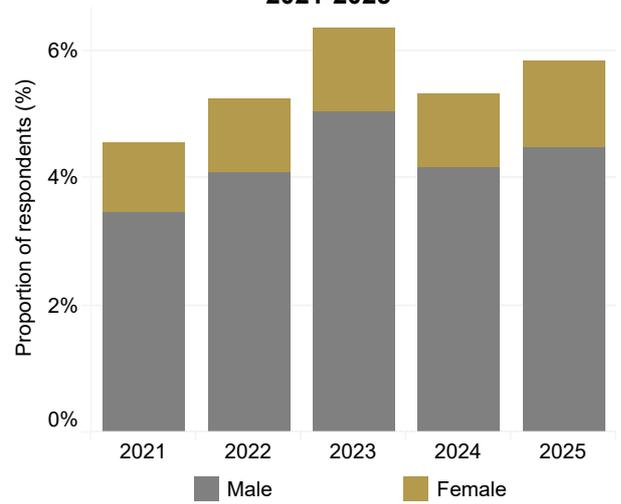
Gender distribution, 2021-2025



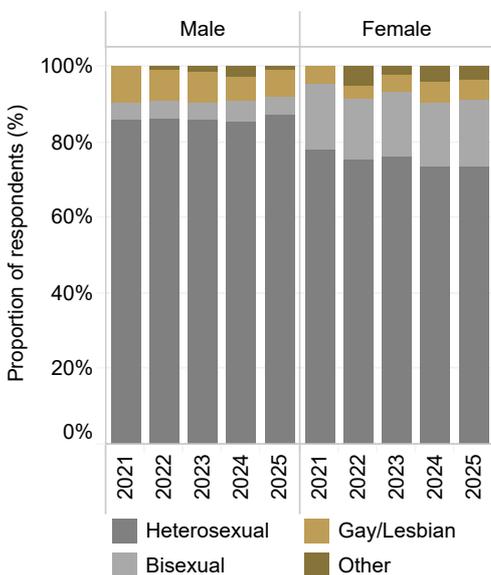
Median age of respondents by gender, 2021-2025



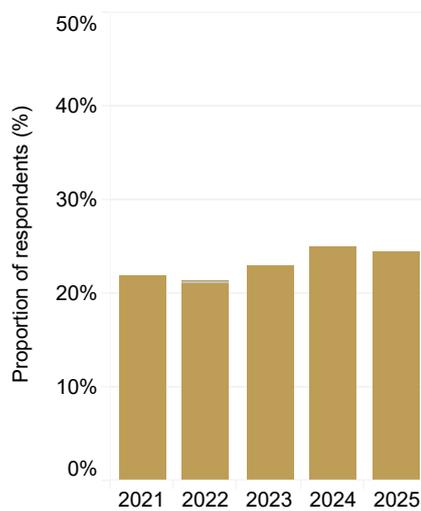
Proportion of respondents under 25 years, 2021-2025



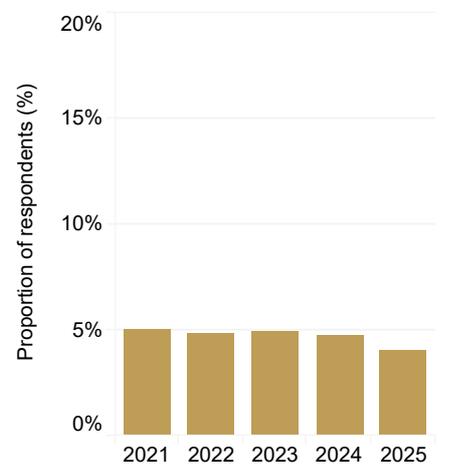
Sexual identity by gender, 2021-2025



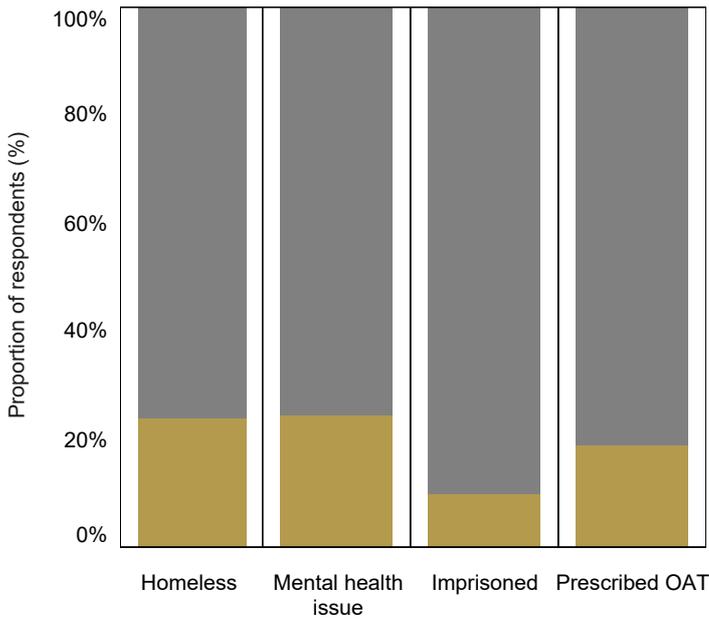
Indigenous background, 2021-2025



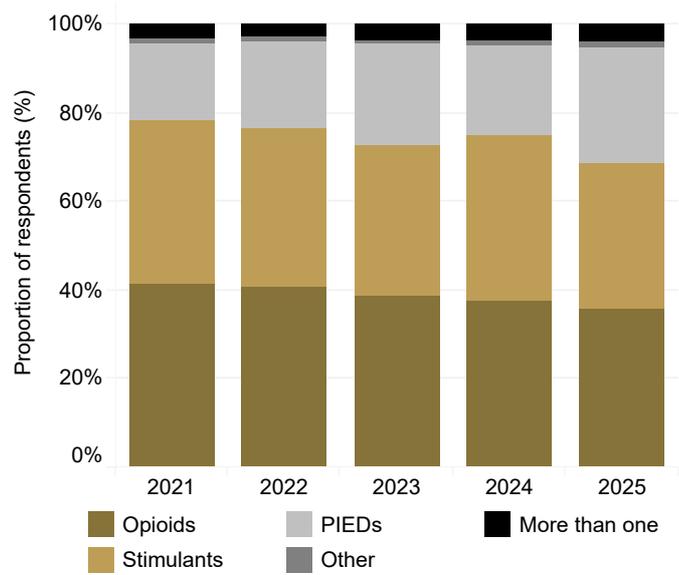
Language other than English spoken at home, 2021-2025



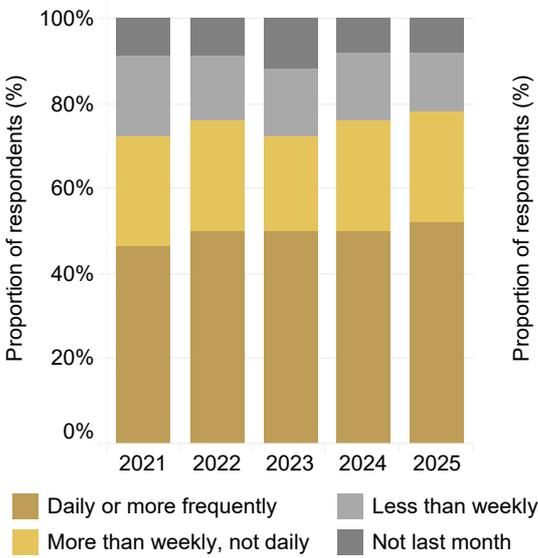
Social, legal and health characteristics in the previous 12 months in 2025



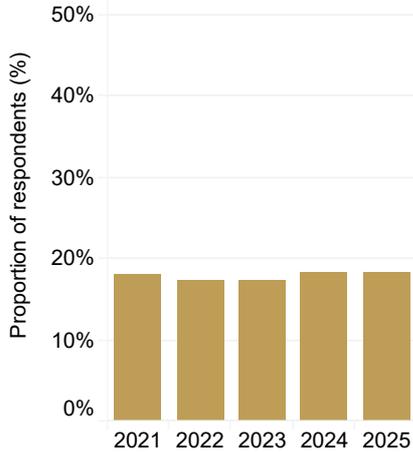
Class of drug last injected, 2021-2025



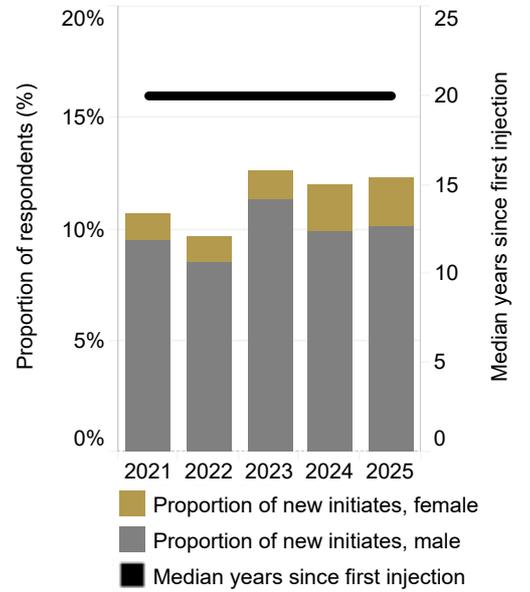
Frequency of injection, 2021-2025



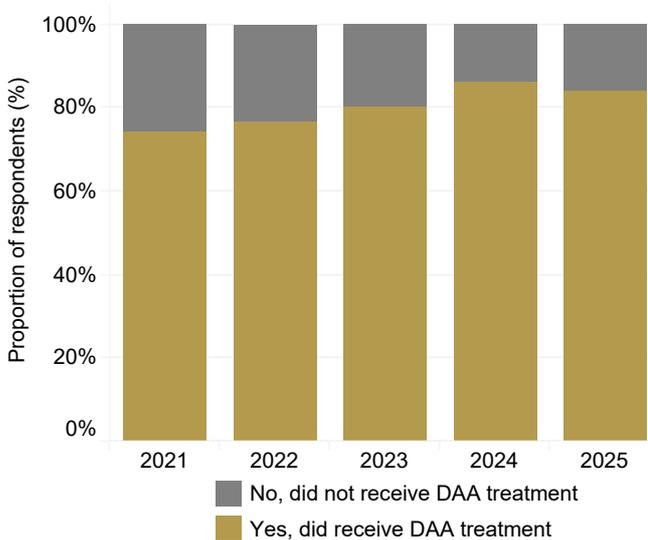
Proportion of respondents who reported RSS*, 2021-2025



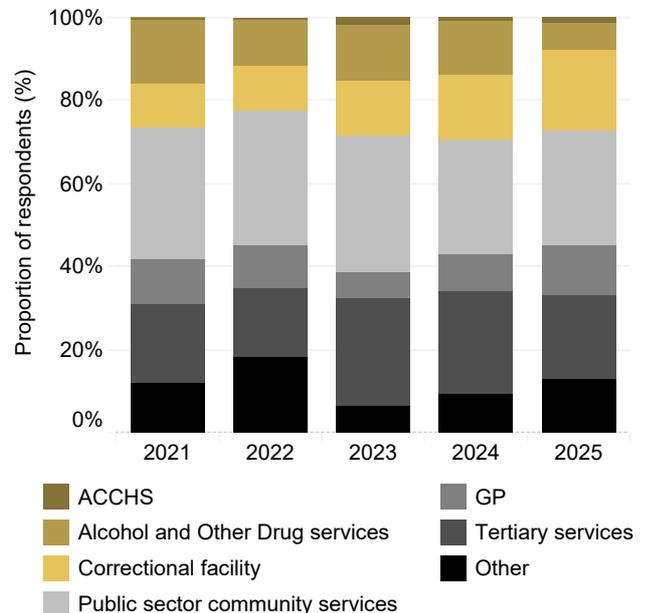
Years since first injection, 2021-2025



HCV DAA treatment uptake^, 2021-2025



HCV DAA treatment uptake by health care setting, 2021-2025



[^] 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.

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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 2025. 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.

Note also that the questionnaire has changed over time to reflect Ministry priorities so some variables not comparable across survey years.

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	2021	2022	2023	2024	2025
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	2021	2022	2023	2024	2025
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	✓	✓	✓	✓	✓

NSW NSP ENHANCED DATA COLLECTION 2025

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 this questionnaire was completed with the assistance of staff, mark this circle: Assisted

[Site Name]

Today's date: / / 2025

1. How do you describe your gender?

- Man or male Woman or female
 Non-binary Prefer not to answer
 I use a different term, please specify _____

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.*

- Heroin
 Morphine
 Oxycodone
 Methadone
 Subutex/Buprenorphine
 Suboxone
 Methamphetamine (Speed, base, ice)
 Cocaine
 Anabolic steroids
 Growth hormone
 Peptides
 Other, please specify _____
 More than one drug, please specify _____

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

6. How often did you inject in the last month?

- 2 or more times most days
 Once a day
 More than weekly, not daily
 Less than weekly (on 1 to 5 days)
 Did not inject in the last month *➔ Go to Q9*

7. Where do you get your syringes from?

- Needle Syringe Program Mail/ post
 Chemist/ Pharmacy Friend
 Vending machine/ chute
 Other, please specify _____



[xxxxxxx]

End of questions, thank you for your time

8. 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

9. 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, subutex or bupe
 None of the above

10. What was the main language spoken at home by your parents?

- English Other, please specify _____

11. 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

12. Have you EVER had a hepatitis C test?

- Yes, in 2024 or 2025 (in last year)
 Yes, in 2023 (a year ago)
 Yes, in 2022 or before
 No, I have never been tested *➔ End of questions.*

12a. Have you EVER been told that you have hep C infection?

- Yes No *➔ End of questions.*

12b. Have you EVER received treatment for your hepatitis C?

- No, I still have hepatitis C *➔ End of questions.*
 No, I cleared without treatment *➔ End of questions.*
 Yes, I received the new treatment (tablets only)
 Yes, I received the old treatment (with injections)

12c. What year did you have your LAST hepatitis C treatment?

- 2024 or 2025 (last year)
 2022 to 2023 (2 to 3 years ago)
 2016 to 2021 (4 to 9 years ago)
 2015 or earlier (10+years ago)

12d. What was the name of the clinic or service where you were LAST prescribed your hepatitis C treatment?