

Injecting equipment access and use in a sample of Australians who regularly inject drugs, 2022

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Introduction

People who inject drugs (PWID) have an increased risk of contracting blood-borne viruses (BBV) and injection-related health problems (1). Needle and equipment sharing is still a common occurrence among PWID in Australia, despite high coverage of interventions (2). The stigma associated with drug use might prevent PWID from seeking treatment and engaging with healthcare services which might increase their vulnerability to unsafe injecting behaviours and overdoses (3). Other groups of people (e.g., women, younger people, Aboriginal and Torres Strait Islander communities, people new to injecting) might face greater barriers in accessing needle and syringes programs (NSP) (4). Acquiring sterile injecting equipment from personal sources is a common occurrence in Australia, even though its practice is being regulated differently across each jurisdiction (4). The aim of this bulletin is to describe injecting equipment access and use among a sample of PWID in Australia.

Methods

Data were collected for the <u>Illicit Drugs Reporting System (IDRS)</u> via annual interviews with people residing in Australian capital cities aged \geq 18 who reported regularly injecting illicit drugs (5). Participants reported if they had engaged in select behaviours on their last occasion of injecting drug use (see Appendix 1-3 for jurisdictional results). A total of 879 participants took part in 2022.

Results

Needle access and main reasons for having trouble getting new sterile needles and syringes in the last month, nationally:



Needle access: NSP (85%)

Needle access: Vending machines

(22%)

Chemist

(14%)

Needle access: Needle access: Friend (12%)







Had trouble getting new sterile needles and syringes (11%)

NSP was closed (7%)

Vending machine was out of stock (2%)

Discussion

The majority of the sample obtained their needles and syringes from a NSP, followed by a vending machine. However, vending machines are not available in all Australian capital cities despite their convenience (6). Peer distribution of needles was nearly as common as collecting needles from the chemist, despite not being legal in all jurisdictions (4). These findings suggest that the peer distribution should be legal in all jurisdictions, to encourage the distribution of sterile injecting equipment across the community to prevent BBV and infections. Potential impact of expanding vending machine access should also be considered.

References

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Appendix 1. Type of injecting equipment used in the last month, by capital cities and nationally, 2022.

Type of injecting equipment used in the last month	Sydney N=152	Canberra N=101	Melbourne N=151	Hobart N=102	Adelaide N=103	Perth N=100	Darwin N=70	Brisbane N=100	National N=879
% Needle and syringe (0.5 ml, 1 ml)	97	96	93	81	96	99	71	91	92
	(n=148)	(n=96)	(n=140)	(n=82)	(n=99)	(n=99)	(n=49)	(n=91)	(n=804)
% Syringe or barrel (3ml, 5ml, 10ml, 20ml, 50ml)	24	34	13	45	35	22	45	37	30
	(n=37)	(n=34)	(n=19)	(n=45)	(n=36)	(n=22)	(n=31)	(n=37)	(n=261)
% Detachable needle (tip)	18	23	7	16	18	15	23	37	19
	(n=28)	(n=23)	(n=10)	(n=16)	(n=18)	(n=15)	(n=16)	(n=37)	(n=163)
% Winged vein infusion set	16	22		29	13	14		25	15
(butterfly)	(n=24)	(n=22)	-	(n=29)	(n=13)	(n=14)	-	(n=25)	(n=134)
% Spoons or mixing containers	93	94	91	47	34	62	34	69	70
% Spoons or mixing containers	(n=142)	(n=95)	(n=137)	(n=47)	(n=35)	(n=62)	(n=24)	(n=69)	(n=611)
	68	70	57	42	41	53	40	63	56
% iourniquets	(n=103)	(n=71)	(n=86)	(n=42)	(n=42)	(n=53)	(n=28)	(n=63)	(n=488)
% Wator	98	98	93	85	91	92	97	94	94
	(n=149)	(n=99)	(n=140)	(n=86)	(n=93)	(n=92)	(n=68)	(n=94)	(n=821)
% Swabs	92	93	90	70	80	92	89	95	88
	(n=140)	(n=94)	(n=136)	(n=71)	(n=82)	(n=92)	(n=62)	(n=95)	(n=772)
% Whool filtors		25	4	16	7	18	11	17	12
	-	(n=25)	(n=6)	(n=16)	(n=7)	(n=18)	(n=8)	(n=17)	(n=102)
% Commercial cotton filters	61	71	46	9	20	34	9	32	38
(Sterifilt®)	(n=93)	(n=72)	(n=69)	(n=9)	(n=20)	(n=34)	(n=6)	(n=32)	(n=335)
% Other filters (e.g. cigarette	25	17	42	28	19	41	34	39	31
filters)	(n=38)	(n=17)	(n=63)	(n=28)	(n=19)	(n=41)	(n=24)	(n=39)	(n=269)

Note. - No data labels provided with small cell size (i.e., $n \le 5$ but not 0).



Appendix 2. Needle access in the last month, by capital cities and nationally, 2022.

Needle access in the last month Sydney network Carbor network Melbourn network Hobart network Adelaid network Pertu network Darwin network Risbase network Nettor network Nettor network Nettor network Nettor network Network
% A Needle and syringe program (NSP) 68 90 79 89 91 90 96 95 85 (NSP) (n=103) (n=80) (n=80) (n=93) (n=80) (n=60) (n=94) (n=742) % Vending machine 40 7 28 29 15 -+ 19 23 22 % Chemist 0n=60 (n=70) (n=20) (n=10)
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $
% Vending machine 40 7 28 29 15 $-+$ 19 23 22 $(n=60)$ $(n=7)$ $(n=2)$ $(n=2)$ $(n=1)$ $(n=1)$ $(n=2)$ $(n=1)$ $(n=1)$ $(n=2)$ $(n=1)$ $(n=1)$ $(n=2)$ $(n=1)$ $(n=2)$ $(n=1)$ $(n=1)$ $(n=2)$ $(n=1)$ $(n=1)$ $(n=2)$ $(n=1)$
Notesting matrime (n=60) (n=7) (n=42) (n=29) (n=15) $-+$ (n=13) (n=23) (n=191) % Chemist 9 20 6 26 11 18 19 14 (n=14) (n=20) (n=9) (n=26) (n=11) (n=18) 19 (n=18) % Partner <
% Chemist 9 20 6 26 11 18
χ Chemist $(n=14)$ $(n=20)$ $(n=9)$ $(n=26)$ $(n=11)$ $(n=18)$ $(n=19)$ $(n=118)$ χ Partner \ldots \ldots \ldots \ldots \ldots \ldots \ldots $(n=10)$ $(n=11)$ $(n=18)$ $(n=10)$ $(n=110)$ $(n=110)$ $(n=110)$ $(n=110)$ $(n=110)$ $(n=10)$ $(n$
% Partner $\begin{pmatrix} 6 \\ n=6 \end{pmatrix}$ 0 \\ n=0 \end{pmatrix} 2 \\ n=17 \end{pmatrix} % Friend 11 18 15 8 16 8 10 12 % Dealer 10 4 12 5 % Hospital 9 0 0 0 0 0 2
% Partner I
% Friend 11 18 15 8 16 8 1 10 12 % Friend (n=16) (n=16) (n=16) (n=8) (n=8) (n=8) 10 12 (n=104) % Dealer 1 10 10 4 12 12 10
% Friend (n=16) (n=18) (n=23) (n=8) (n=16) (n=8) (n=10) (n=104) % Dealer 10 4 10 4 12 10 12 10
% Dealer 10 4 12 12 1 5 6 % Hospital 9 0 0 0 0 0 0 2
% Dealer - (n=10) (n=6) - (n=12) - - (n=45) % Hospital 9 0 0 0 0 2
9 0 0 2
% Hospital
(n=13) (n=0) (n=0) (n=0) (n=20)
4 10 0 4
% Outreach/peer worker _
% Medically supervised injecting 20 20 7
centre (MSIC) (n=30) NA NA NA NA NA NA (n=63)
% Trouble getting new sterile 6 11 14 17 8 17 9 11
needles and syringes in the last $(n=9)$ $(n=11)$ $(n=21)$ $(n=16)$ $(n=8)$ $(n=17)$ $(n=9)$ $(n=96)$

Note. - No data labels provided with small cell size (i.e., $n \le 5$ but not 0); (NA) not available in these states. (*) 2 people from Canberra and 1 person from Brisbane reported having accessed needles from a MSIC, even though they are not available in these states. (+) In Western Australia, needle and syringe vending machines are available in Karratha, Carnarvon, Geraldton, Kalgoorlie, Esperance, and Busselton hospitals, but not in the Perth metropolitan area (6).



Appendix 3. Reasons for having trouble getting new sterile needles and syringes in the last month, by capital cities and nationally, 2022.

Reasons for having trouble getting new sterile needles and syringes in the last month	Sydney N=152	Canberra N=101	Melbourne N=151	Hobart N=102	Adelaide N=103	Perth N=100	Darwin N=70	Brisbane N=100	National N=879
% Needle and syringe program (NSP) was closed	-	7 (n=7)	9 (n=14)	10 (n=10)	-	14 (n=14)	-	-	7 (n=58)
% Needle and syringe vending machine was broken	-	-	-	-	-	0+ (n=0)	0 (n=0)	0 (n=0)	1 (n=12)
% Chemist was closed	-	-	0 (n=0)	-	0 (n=0)	_	-	-	1 (n=11)
% Vending machine was out of stock	-	-	4 (n=6)	-	-	0+ (n=0)	-	-	2 (n=21)
% Chemist was out of stock	0 (n=0)	0 (n=0)	0 (n=0)	-	0 (n=0)	0 (n=0)	0 (n=0)	-	-
% Didn't have money for vending machine	0 (n=0)	0 (n=0)	0 (n=0)	-	-	0 (n=0)	0 (n=0)	0 (0=0)	-
% Didn't want to wait	0 (n=0)	0 (n=0)	-	0 (n=0)	0 (n=0)	0 (n=0)	-	0 (n=0)	-
% Too far	0 (n=0)	0 (n=0)	-	-	-	-	-	-	1 (n=12)
% Other	-	-	-	-	-	-	0 (n=0)	0 (n=0)	1 (n=13)

Note. - No data labels provided with small cell size (i.e., $n \le 5$ but not 0); (+) In Western Australia, needle and syringe vending machines are available in Karratha, Carnarvon, Geraldton, Kalgoorlie, Esperance, and Busselton hospitals, but not in the Perth metropolitan area (6).