

|  |
| --- |
| Victorian Needle and Syringe Program Framework and Practice Guidelines |
|  |
|  |

|  |
| --- |
| Victorian Needle and Syringe Program Framework and Practice Guidelines |
|  |

|  |
| --- |
|  |
| To receive this document in another format, email <[aod.enquiries@health.vic.gov.au](mailto:aod.enquiries@health.vic.gov.au)>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, April 2025.  In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.  Available at <https://www.health.vic.gov.au/publications/victorian-needle-and-syringe-program-operating-policy-and-guidelines> |
|  |

Contents

[Acknowledgement of Aboriginal and Torres Strait Islander Victorians 6](#_Toc195268842)

[Introduction 6](#_Toc195268843)

[The Needle and Syringe Program in Victoria 6](#_Toc195268844)

[Part one: Policy Framework 8](#_Toc195268845)

[The National Harm Minimisation Framework 8](#_Toc195268846)

[Harm reduction 8](#_Toc195268847)

[Related state and national strategies and guidelines 8](#_Toc195268848)

[Legislative and regulatory environment in Victoria 9](#_Toc195268849)

[Part two: Practice Guidelines 10](#_Toc195268850)

[Objectives 10](#_Toc195268851)

[NSP service types 10](#_Toc195268852)

[Operating models for NSP services 12](#_Toc195268853)

[NSP supplies 13](#_Toc195268854)

[NSP Agency Coordinators 15](#_Toc195268855)

[State-wide management of the needle and syringe program 17](#_Toc195268856)

[Additional resources 18](#_Toc195268857)

[Key NSP assistance, training and support 18](#_Toc195268858)

[General help lines 18](#_Toc195268859)

[Cohort-specific support 18](#_Toc195268860)

[Condition-specific support 19](#_Toc195268861)

[Department of Health 19](#_Toc195268862)

[Peer-based organisations 19](#_Toc195268863)

# Acknowledgement of Aboriginal and Torres Strait Islander Victorians

The Victorian Government acknowledges the Traditional Owners of the lands on which we all work and live. We recognise that Aboriginal people in Victoria practice their lore, customs and languages, and nurture Country through their deep spiritual and cultural connections and practices to land and water.

The Victorian Government is committed to a future based on equality, truth, and justice, and acknowledge that the entrenched systemic injustices experienced by Aboriginal people endure. The Victorian Government is also committed to working with Aboriginal and Torres Strait Islander communities to embed cultural responses and acknowledge Aboriginal and Torres Strait Islander ways of knowing, being and doing

We pay our deepest respect and gratitude to ancestors, Elders, and leaders – past and present. They have paved the way, with strength and courage, for our future generations.

# Introduction

This document presents the Victorian Needle and Syringe Program (NSP) Policy and Practice Guidelines, current as of 2025. It replaces the previous NSP Operating Policy and Guidelines and has been updated to reflect new developments and contemporary service models.

This document should be read in conjunction with the Penington Institute [NSP Handbook](https://www.penington.org.au/wp-content/uploads/2022/10/NSP-Handbook.pdf)   
< https://www.penington.org.au/resources/secure-dispensing-units> which provides detailed advice for NSP workers and coordinators.

The Victorian NSP Policy Framework and Practice Guidelines document offers guidelines, except where required by law or regulation. They are neither stipulations nor requirements.

A list of Victorian NSPs can be found at [www.health.vic.gov.au/aod-treatment-services/needle-and-syringe-program](https://dhhsvicgovau.sharepoint.com/sites/AODPolicyandPrograms-DHHS-GRP/Shared%20Documents/AOD%20Policy/01%20Portfolios%20and%20projects/NSPs/NSP%20operating%20guidelines%20review/www.health.vic.gov.au/aod-treatment-services/needle-and-syringe-program)

# The Needle and Syringe Program in Victoria

Needle and Syringe Programs (NSPs) commenced operation in Australia in 1986 and are an important part of Victoria’s health care system. NSPs contribute to the overall health of the community and save lives by reducing the transmission of blood born viruses (BBVs).

NSPs are evidence-based programs, supported by the Victorian and Commonwealth Governments, Victoria Police, the World Health Organization, and UNAIDS.

The principal purpose of NSPs is to provide a range of confidential health services that aim to reduce the harms associated with injecting drug use, including prevention of blood-borne viral infections (BBVs) and sexually transmissible infections (STIs). NSPs aim to reduce health risks through the provision of sterile injecting equipment, disposal of used injecting equipment and supply of sexual health products.

NSPs provide information and advice on safe injecting techniques, and alternative routes of drug administration to reduce harm. They also provide referrals to alcohol and drug, health, legal and social services.

NSPs are part of a broader network of health and community services across Victoria. NSP services engage with people who often experience stigma, discrimination and marginalisation. They offer anonymous services to people who inject drugs, with minimal conditions attached thereby reducing barriers to accessing health support and information.

NSPs do not supply drugs or allow people to inject drugs on the premises.

The last decade has seen the introduction of new drug types and equipment, changing injecting practices, expansion of NSP services and the introduction of secure dispensing units to increase access to sterile injecting equipment.

Australia has also seen considerable development in its response to preventing and treating blood-borne viruses (BBVs) and sexually transmissible infections (STIs). Among other developments, these include the listing of Pre-Exposure Prophylaxis (PrEP) for HIV prevention and additional HIV treatment medicines.

Despite these developments, BBVs continue to affect tens of thousands of Victorians.[[1]](#endnote-2) Australia has the lowest HIV prevalence among people who inject drugs globally, at 1.1%, (compared to a global prevalence of 17.8%) but hepatitis C (HCV) prevalence is above the global average of 52.3%, at 57.1%[[2]](#endnote-3). While minimising the spread of HIV via injecting drug use has been successful, there has been less success with preventing the spread of viral hepatitis. NSP services continue to be an essential component of viral hepatitis prevention and treatment.

# Part one: Policy Framework

## The National Harm Minimisation Framework

NSPs are situated within the harm reduction component of Australia’s harm minimisation framework. Harm minimisation underpins *Australia’s National Drug Strategy 2017-2026*, which describes Australia’s commitment to harm minimisation through demand, supply and harm reduction strategies.[[3]](#endnote-4)

Harm minimisation is a broad strategic framework that encompasses demand reduction (including activities such as education and treatment), supply reduction (focused on law enforcement) and harm reduction.

## Harm reduction

Harm reduction refers to policies, programs, practices and philosophies that aim to minimise the negative health and social impacts associated with drug use, drug policies and drug laws. It is grounded in justice, human rights and does not require people to stop using drugs as a precondition of support. Harm reduction approaches are used across the AOD system and are not unique to Harm Reduction services.

Harm reduction encompasses a range of health, social services and practices that aim to reduce drug related harms, including but not limited to information, the supervised injective facility, needle and syringe programs, pharmacotherapy, overdose prevention and response and drug checking.

Approaches such as these are cost-effective, evidence-based and have a positive impact on individual and community health.

More information about harm reduction can be found at [Harm Reduction Victoria](https://www.hrvic.org.au/)   
<https://www.hrvic.org.au>.

## Related state and national strategies and guidelines

In addition to *Australia’s National Drug Strategy 2017-2026*, NSP practice is also directly informed by a suite of related strategies and policies, including:

**State**

* *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*
* *Victorian public health and wellbeing plan 2023–27*

**National**

* *The Fourth National Hepatitis B Strategy 2023-2030*
* *The Sixth National Hepatitis C Strategy 2023-2030*
* *The Nineth National HIV Strategy 2024-2030*
* *The Fifth National Sexually Transmissible Infections Strategy 2024-2030*

NSPs are a key component of the National Strategies for reducing blood borne viruses (BBV) and sexually transmissible infections (STIs). The aims of these National Strategies are to reduce the transmission of HIV, hepatitis B and hepatitis C, and sexually transmissible infections (STIs) and to reduce the associated morbidity, mortality and personal and social impacts.

## Legislative and regulatory environment in Victoria

Victorian NSPs operate within the Australian and Victorian legislative and regulatory framework. Some of the legislation relates specifically to NSP services, such as an exemption in the *Drugs, Poisons and Controlled Substances Act 1981* (Vic)[[4]](#endnote-5) that allows NSPs to distribute needles and syringes. Other legislation, regulations and standards relate more broadly to any type of service that deals with needles and syringes to ensure safe handling and disposal of used equipment.[[5]](#endnote-6) More broadly still are legislation and regulations that govern the use of people’s personal information[[6]](#endnote-7) and the general requirements for a safe workplace.[[7]](#endnote-8)

The key pieces of legislation, that are applicable to the delivery of NSP services are listed below, they should be followed in conjunction with relevant regulations and standards. NSP agencies should ensure that their services are operating according to legislated requirements.

* Charter of Human Rights and Responsibilities Act 2006 (Vic)
* Children, Youth and Families Act 2005 (Vic)
* Drugs, Poisons and Controlled Substances Act 1981 (Vic)
* Environment Protection Act 1970 (Vic)
* Health Records Act 2001 (Vic)
* Occupational Health and Safety Act 2004 (Vic)
* Privacy and Data Protection Act 2014 (Vic)
* Therapeutic Goods (Victoria) Act 2010
* Therapeutic Goods Act 1989 (Cth)

# Part two: Practice Guidelines

## Objectives

NSPs should adopt the following objectives:

* **Maximise dignity and respect:** Treat all people with dignity and respect; eliminate stigma in all activities; constructively and sensitively address attitudes that are discriminatory or judgmental.
* **Meet local needs:** Deliver services that meet, and are responsive to, local needs, priorities and geographic challenges, while managing relationships with local stakeholders.
* **Build understanding and engagement:** Increase awareness of the factual effects and risks of substance use (as relevant to the individual or context); engage families, friends and communities in how best to respond to another’s drug use and create opportunities for them to reduce drug-related harm.
* **Empower Victorians:** Engage and empower people who use drugs to: make safe, informed and autonomous decisions; improve their health, mental health and safety (if requested); and enjoy the highest attainable standard of wellbeing.
* **Increase connection:** Support people to access other services and enhance their social connectedness (if requested).
* **Innovate:** Contribute to the generation of evidence and innovative program operations and practices.

## NSP service types

There are several different types of NSP in Victoria:

* Primary NSPs
* Secondary NSPs
* Pharmacies who offer NSP services

### Primary NSPs

Primary NSPs are funded by the Department of Health to distribute a range of sterile injecting equipment. Primary NSPs may also provide additional harm reduction equipment as appropriate for their local community, such as sterile water for injection and spoons. These additional supplies are not provided by the Department of Health. NSPs may then charge clients a small fee for these consumables to recover costs.

Primary NSPs may be co-located with medical, social and legal services.

The following is expected of primary NSPs (and encouraged, where possible, at secondary NSPs and pharmacy offering NSP services):

* Provide access to safe injecting equipment and sexual health products
* Provide targeted and relevant information and education on a broad range of topics related to the health and wellbeing of people who inject drugs
* Provide overdose prevention education and support, including access to naloxone
* Provide targeted and tailored brief interventions
* Refer people to drug and other health and social support agencies, including screening for BBVs and STIs – particularly hepatitis C
* Provide on-site disposal units and information about safe, legal disposal
* Collect local syringe litter, following safe collection practices
* Establish and maintain links with local agencies such as police, health and welfare organisations, pharmacies and local government
* Establish and maintain networks with local people who inject drugs, other NSP workers and relevant health and welfare services
* Provide access for sub-populations of people who inject drugs[[8]](#endnote-9) who may have particular needs and who may have limited contact with health and welfare services

In their role as ‘harm reduction hubs’, there may be opportunities for primary NSPs to provide other health-related services for people who inject drugs. Examples include:

* Screening for blood borne viruses and sexually transmissible infections
* Providing hepatitis B vaccination, counselling services and vein care
* Providing hepatitis C treatment information, access and support
* Providing information, support and access to nursing services around injecting-related injury and disease, such as wound care
* Providing information, support and access to mental health services and counselling
* Providing information, support and access to general practitioners and medically-assisted treatment for opioid dependence
* Providing access to amenities, such as showers, laundry facilities, computers and the internet

Access to these services is voluntary, and does not interfere with timely service to those clients who do not wish to seek additional care.

For primary NSPs, the facilities should be designed so that there is space available for individual, private interactions, preferably in a dedicated space. If a dedicated space cannot be provided, another private room should be available on an as needs basis. Spaces that offer little potential for interaction should be avoided where possible, as they may limit opportunities for building rapport and relationships with people who access the service.

There should also be sufficient space for the display of a wide range of educational material and sufficient storage for a well-stocked supply of equipment.

### Secondary NSPs

Secondary NSP services are located at agencies whose key roles are to provide a broader scope of health or social services, with NSP consumables being distributed as an additional service. Secondary NSPs operate without dedicated NSP funding.[[9]](#endnote-10)

Secondary NSP agencies may provide the same range of services as primary NSPs, but typically have a limited capacity to deliver specialist services other than the dispensing of sterile injecting equipment and sexual health products, and the provision of disposal facilities.

Secondary NSPs are encouraged to aim to provide as many of the same services as primary NSPs as possible, practicable and appropriate for their organisation. The general principles of NSP operation remain applicable for secondary NSPs.

For secondary NSPs equipment can be distributed in ready-made packs over the counter at the reception area. Alternatively, a self-help area may be appropriate, although it is less preferable than an over-the-counter systems as it offers no personal interaction for the client.

### Pharmacy NSP services

The provision of pharmacy NSP services is at the discretion of individual pharmacy owners.

Pharmacy NSPs are community retail pharmacies that distribute a range of NSP consumables such as NSP injecting equipment, sexual health products and sharps disposal containers. Many of these NSP pharmacies also provide sharps disposal service.

Some community pharmacies offer both NSP services and medically assisted treatment for opioid dependence, as well as naloxone for the treatment of opioid overdose.

In pharmacy NSPs equipment is usually offered directly by the pharmacy staff at the prescription counter or payment counter. As pharmacists’ discussions with their clients are required to have some level of privacy, these facilities may be used for the distribution of equipment.

The general principles of NSP operation remain applicable for pharmacy NSP services.

## Operating models for NSP service delivery

There are three main models of NSP service operation: fixed site services, outreach/mobile services and secure dispensing units. NSP outlets may operate all three methods of NSP service delivery.

### Fixed site

Fixed site are NSPs that operate from a building at a fixed location with staff attendance. This includes primary, secondary and pharmacy-based NSP services. This is the most common operating model for NSPs.

### Mobile services

Outreach/mobile services are provided by NSP staff members traveling to meet clients at locations other than NSP premises. They often operate outside of normal business hours.

Outreach/mobile services may be run on a timetable basis, with regular trips or on a call-out basis. The services may operate from vehicles, allowing them to cover large geographic areas, or they may be offered on-foot, covering small but busy locations.

Equipment may only be distributed by authorised mobile NSP service workers, at authorised places and only while they are on duty.

### Secure Dispensing Units

Secure Dispensing Units (SDUs), also known as syringe dispensing or vending machines, are self-contained units that hold and dispense equipment at no cost or for a small fee. They typically operate in locations and at times when other NSP services are unavailable and are usually co-located with disposal facilities.

A detailed [*Guide to Secure Dispensing Units for Victorian NSPs*](https://www.penington.org.au/secure-dispensing-unit/)   
<https://www.penington.org.au/resources/secure-dispensing-units> is available from the Pennington Institute.

Information about establishing an NSP is available in the Pennington Institute [NSP Handbook](https://www.penington.org.au/wp-content/uploads/2022/10/NSP-Handbook.pdf)   
<https://www.penington.org.au/resources/nsp-handbook-for-nsp-workers/>.

## NSP supplies

### Equipment

NSP agencies should carry a range of injecting equipment to suit the needs of their local injecting community. Only NSP agencies that have received approval from the Department of Health as either a primary or secondary service provider are able to access NSP supplies. Prospective agencies seeking to join the NSP program can submit an enquiry via [nsp.orders@health.vic.gov.au](mailto:nsp.orders@health.vic.gov.au) for further information.

NSPs supply the following products, which are provided by the Department of Health.

* Sterile needles and syringes (available in different brands)
* Swabs
* Sexual health products, including female and male condoms and lubricant
* Sharps disposal containers
* Carry bags
* Educational material

NSPs may supply other products that are not provided by the Department of Health, including wheel filters, tourniquets and sterile water. NSPs may purchase these additional items independently. It is at their discretion whether to charge consumers for these products.

People who inject drugs should be encouraged to use the smallest appropriate needle possible, as this will reduce the risk or severity of vein damage and infection. There is no limit to the number of items that a person may take from an NSP. Provision of equipment is not contingent on the return of used equipment.

Detailed information about the types of equipment available for NSPs, including combined and separate needles and syringes, health and safety equipment, clinical waste collection equipment and services and sexual health products is available in the Pennington Institute [NSP Handbook](https://www.penington.org.au/wp-content/uploads/2022/10/NSP-Handbook.pdf)   
<https://www.penington.org.au/resources/nsp-handbook-for-nsp-workers/>.

Many NSPs also participate in Victoria’s Take-Home Naloxone Program[[10]](#endnote-11), supplying free naloxone without a prescription to anyone who may witness or experience an opioid overdose. Naloxone is a life-saving medication that will temporarily reverse the effects of an opioid overdose. It does this by blocking opioids from attaching to opioid receptors in the brain. Naloxone supplied through NSPs comes in different formulations – including nasal spray, pre-filled syringes and ampoules.

### Waste and disposal

NSPs should have an External Bin Enclosure (EBE) on premises for enclosing a sharps disposal bin. The EBE has an opening for clients to deposit sharps disposal containers into the bin inside. Used injecting equipment must be placed in sharps disposal containers before they are placed in the EBE.

Bins are supplied upon request by the Department of Health, subject to approval. The costs of the bins, including delivery, are met by the Department, however NSPs are responsible for installation, management and maintenance of the unit.

### Ordering equipment and services

The contact number for ordering NSP consumables and services is 1300 365 483. NSP consumables and services can be ordered from the three contractors below:

1. **Mailforce**: For needles, syringes, alcohol swabs, paper bags, plastic bags, sharps containers and sexual health products.

These consumables can only be ordered by those NSP agencies that have an account set up with Mailforce. Orders can be made via the online portal: https://online.mailforce.info/Login.aspx

Equipment should be checked regularly to ensure that products do not expire or otherwise degrade.

**Warehousing Fulfilment Distribution Solutions (WFDS)**: For NSP educational publication resources, including Penington Institute’s Safer Using series, NSP Handbook, NSP Calendar and NSP Poster, are available via WFDS, at: https://ewfds.wfds.com.au/Customer/CatalogueList?catsubkey=666

Please note that hard copies of NSP publication materials can only be ordered by those NSP agencies that can quote their own “Agency Code” to WFDS. The electronic versions of the materials are available for download and printing via the link above.

These resources are also available free for download via the Penington Institute website: https://www.penington.org.au/resource/

1. **Cleanaway Daniels**: For NSP waste collection services.

The services and consumables provided to NSP agencies by the Department of Health via the contractor Cleanaway Daniels include regular or on-call NSP waste collection, 120-litre and/or 240-litre “wheelie bins” and 20-litre pails (containers/buckets).

These NSP waste collection services and consumables can be ordered by contacting Cleanaway Daniels directly on the NSP telephone number above (1300 365 482). Further queries can be communicated with Cleanaway Daniels Customer Service directly or NSP email address nsp.orders@health.vic.gov.au

1. **Needle and Syringe Program – Department of Health**: For External Bin Enclosures (EBEs)

EBEs can be requested via email to nsp.orders@health.vic.gov.au, subject to program approval.

### Complaints about products

Occasionally NSPs may receive complaints and feedback from consumers, community and agencies regarding faulty products. While staff should generally follow their own agency’s complaints procedure, they should also consider the following broader process:

* If a faulty product is identified, efforts should be made to contact people who may have been affected and provide them with support and health and safety information. Consumer communication should be clear and open to ensure consumer health and safety.
* Reports of faulty products should be investigated. Detailed information should be sought from people about the product. The Department of Health, and the supplier should be contacted to inform them of the problem.
* Identify potential resolutions: with the help of the Department of Health and the supplier, identify the most appropriate options for your local community, such as creating educational material (for example, on a new kind of product), or modification, recall or replacement of the product.
* Consider broader communication about the issue: if the issue is a far-reaching one that will affect all NSP services, there should be some form of communication to stakeholders. This may include suppliers, the Department of Health and Penington Institute. A sector-wide bulletin, email or newsletter may also be appropriate.

### Incident reports

From time-to-time various incidents may occur at, or in the vicinity of, an NSP. Such incidents may include altercation between a consumer and another person or staff member, a needle stick injury or a non-fatal or fatal overdose. Any incidents should be reported through the risk management system of the host organisation.

## NSP Agency Coordinators

### Staffing considerations

Harm reduction workers, including NSP agency staff, should preferably have expertise in a broad range of areas such as communication, education, problem-solving, overdose prevention and response, networking and referrals. They should also have an understanding of the NSP as a vital harm-reduction and health-promotion service.

In order to provide a professional and effective service, NSP agency coordinators should ensure that they offer sufficient training opportunities to staff and that they hire staff who will be able to become familiar with, and actively apply, the principles and practices of harm reduction and culturally safe service provision.

Further information for NSP Agency Coordinators is available in the Pennington Institute NSP Handbook.

### Training

The Department of Health funds Penington Institute to provide free training for NSP workers and coordinators. For more information on training opportunities, contact the Penington Institute at [info@penington.org.au](mailto:info@penington.org.au).

### Identification

Each NSP agency must ensure that staff providing NSP outreach services carry photographic staff/organisational identification at all times when providing an outreach service.

### Educational resources

The Department of Health funds Penington Institute to provide educational resources on its website for display around the NSP facility, including posters, pamphlets and booklets. NSP agency coordinators should be aware of this material and make use of those resources which are appropriate for the diverse populations in their local community.

### Consumer participation and engagement

Consumer participation is valuable for service improvement, as well as consumer engagement in the service. Consumers may contribute ideas to how the service is operated and what their needs are (such as material aid, food, access to other services) to better meet their needs

Genuine consumer participation is important to ensure effective service provision. NSP coordinators should consider the most appropriate methods for consumer engagement and feedback for their local community of people who inject drugs. A useful resource is *Straight from the source: A practical guide to consumer participation in the Victorian alcohol and other drug sector*, developed by the Association of Participating Service Users.[[11]](#endnote-12)

## State-wide management of the needle and syringe program

### Department of Health

The role of the Department is to provide stewardship and accountability to the program as a whole, with systems oversight and responsibility for the policy framework. It is not involved in the day-to-day operations of NSPs, but is responsible for:

* Critical incident reporting in coordination with Agency Performance and System Support of the department
* Contract management and procurement for supply of NSP consumables and services
* Provision of NSP and harm reduction information and publication materials
* General stewardship and monitoring of the NSP system operations and policy and practice guidelines

The NSP helpline is 1300 365 482 and the email address is [nsp.orders@health.vic.gov.au](mailto:nsp.orders@health.vic.gov.au).

### Penington Institute

Penington Institute (pennington.org.au) promotes rational, effective and evidence-informed policy and approaches to reduce the harms associated with drug use in Victoria.

# Additional resources

Further information and resources for NSPs may be found via the organisations listed below.

## Key NSP assistance, training and support

**NSP Helpdesk:** 1300 365 482; [nsp.orders@health.vic.gov.au](mailto:nsp.orders@health.vic.gov.au) – Support for finding forms specific to your agency, advice and complaints.

**Penington Institute:** [penington.org.au](https://www.penington.org.au) – Ongoing support for NSP and harm reduction workers and managers, including training, consultancy and advice.

**Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM)** – factsheet for NSPs; health.vic.gov.au/aod-treatment-services/needle-and-syringe-program

## General help lines

**DirectLine:** 1800 888 236 (free call); [directline.org.au](http://www.directline.org.au) – 24-hour, 7-day confidential alcohol and drug counselling, information and referral.

**Disposal Helpline:** 1800 552 355 (free call) – 24-hour disposal helpline provides counselling, advice and assistance to members of the community regarding the safe retrieval and disposal of discarded injecting equipment.

**Family Drug and Gambling Help:** www.sharc.org.au/sharc-programs/family-drug-gambling-help/ – Provides practical help, information and support to families and friends impacted by someone’s drug and alcohol use.

**Lifeline:** 13 11 14; [lifeline.org.au](http://www.lifeline.org.au) – Crisis support, suicide prevention.

**Pharmacotherapy Advocacy, Mediation and Support Service (PAMS):** [hrvic.org.au/pams](http://www.hrvic.org.au/pams) – Provides peer support for people on pharmacotherapy.

## Cohort-specific support

**Centre for Culture, Ethnicity and Health – Multicultural Health and Support Service:** [ceh.org.au/multicultural-health-support-service](https://www.ceh.org.au/multicultural-health-support-service/) – Works to improve the health and wellbeing of people from refugee and migrant backgrounds, offering a multicultural approach to alcohol and other drug support, including the prevention of HIV, viral hepatitis and sexually transmissible infections.

**Resourcing Health & Education (RhED):** [sexworker.org.au](http://www.sexworker.org.au) – A service that aims to improve the health and wellbeing of people who work in the sex industry in Victoria.

**Thorne Harbour Health:** [thorneharbour.org](https://thorneharbour.org) – Formerly the Victorian AIDS Council; a community-controlled organisation working for sex, sexuality and gender diverse communities.

**Victorian Aboriginal Community Controlled Health Organisation (VACCHO):** [vaccho.org.au](http://www.vaccho.org.au) – Peak body for the health and wellbeing of Aboriginal people living in Victoria.

**Women’s Alcohol and Drug Service (WADS)**: [www.thewomens.org.au/health-professionals/maternity/womens-alcohol-and-drug-service](http://www.thewomens.org.au/health-professionals/maternity/womens-alcohol-and-drug-service) – A specialist team at the Royal Women’s Hospital that provides specialist clinical services to pregnant women with complex substance use dependence.

**Youth Support Advocacy Service (YSAS ):** [www.ysas.org.au](http://www.ysas.org.au) – Support for young people affected by, or at risk of being affected by, alcohol, drugs, mental health issues and social disconnection.

**Youth Drug and Alcohol Advice (YoDAA):** Victoria’s service for young people or someone concerned and looking for help - [yodaa.org.au](https://yodaa.org.au/).

## Condition-specific support

**Hepatitis Australia:** [hepatitisaustralia.com](https://www.hepatitisaustralia.com) –The peak body to progress national action on issues of importance to people affected by hepatitis B and hepatitis C.

**LiverWell (incorporating Hepatitis Victoria):** liverwell.org.au – The peak not-for-profit community organisation working across Victoria for people affected by, or at risk of, liver disease and viral hepatitis.

**Positive Living Centre**: thorneharbour.org/services/hiv-positive-services/positive-living-centre – A safe environment for all people living with HIV.

## Department of Health

**Department of Health Alcohol and Other Drugs:** <https://www.health.vic.gov.au/alcohol-other-drugs> – The Victorian Department of Health site for information and policy regarding alcohol and other drug service delivery.

**Department of Health general consumer health information:** betterhealth.vic.gov.au/ – The Victorian Department of Health s site for a broad range of general health information for consumers

**Department of Health information on improving health for** Victoria's multicultural communities**:** <https://www.health.vic.gov.au/populations/improving-health-for-victorians-from-culturally-and-linguistically-diverse-backgrounds> – The Victorian Department of Health site for health-related information and services for people across Victoria's multicultural communities.

## Peer-based organisations

**Association of Participating Service Users:** [sharc.org.au/association-of-participating-service-users](https://www.sharc.org.au/association-of-participating-service-users/) – A consumer representative body at SHARC.

**Harm Reduction Victoria:** [www.hrvic.org.au](http://www.hrvic.org.au) – Provides peer support and safer using information for people who use drugs.

1. Kirby Institute (2018). *HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report*. Sydney: Kirby Institute, UNSW. [↑](#endnote-ref-2)
2. https://www.connections.edu.au/researchfocus/global-picture-injecting-drug-use-hiv-and-anti-hcv-prevalence-among-people-who-inject [↑](#endnote-ref-3)
3. Department of Health (2017). *National Drug Strategy 2017-2026*. Canberra: Commonwealth of Australia, p. 1. [↑](#endnote-ref-4)
4. *Drugs, Poisons and Controlled Substances Act 1981* (Vic) s 80(5)(b). See: <http://www7.austlii.edu.au/cgi-bin/viewdoc/au/legis/vic/consol_act/dpacsa1981422/s80.html>. [↑](#endnote-ref-5)
5. Environmental Protection (Industrial Waste Management) Regulations 2009. See: <https://www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_reg/epwrr2009669/>. AS 3816:2018: Management of clinical and related wastes; AS 4031-1992: Non-reusable containers for the collection of sharp medical items used in health care areas; AS/NZS 4261-1994: Reusable containers for the collection of sharp items in human and animal medical applications. [↑](#endnote-ref-6)
6. *Health Records Act 2001*. See: <https://www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/hra2001144/>. Health Records Regulations 2012. See: <https://www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_reg/hrr2012253/>. *Privacy and Data Protection Act 2014*. See: <https://www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/padpa2014271/>. [↑](#endnote-ref-7)
7. *Occupational Health and Safety Act 2004*. See: <https://www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/ohasa2004273/>. Occupational Health and Safety Regulations 2017. See: <https://www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_reg/ohasr2017382/>. [↑](#endnote-ref-8)
8. This includes, but is not limited to, young people, Aboriginal and Torres Strait Islander people, the LGBTIQ community, people experiencing homelessness, people of culturally and linguistically diverse backgrounds, newly-arrived Australians and any other groups within a local community for whom access to health and social services may be limited in some way. [↑](#endnote-ref-9)
9. Some NSP services are located within larger, funded services, such as a community health centre, that are funded for AOD, mental health, BBV/STI, medical and other health services. These secondary NSPs should act as an entry point for clients to access the broader health system. [↑](#endnote-ref-10)
10. Heard, S., Iversen, J., Kwon, J.A. and Maher, L. (2019). *Needle Syringe Program National Minimum Data Collection: National Data Report 2019*. Sydney: Kirby Institute, UNSW. [↑](#endnote-ref-11)
11. Association of Participating Service Users (2020). *Straight from the source: A practical guide to consumer participation in the Victorian alcohol and other drug sector* (second edition). Carnegie: Association of Participating Service Users. Available at: <https://www.sharc.org.au/wp-content/uploads/2020/03/SFTS-web-version-merged_Final.pdf>. [↑](#endnote-ref-12)