New Zealand Needle Exchange Programme

National Office | NEST

6 Monthly Drug Use Report: July– December 2022

NZ Needle Exchange Programme

NEEDLE EXCHANGE SERVICES TRUST

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Background

This report addresses overall trends, drug use and client characteristics, as well as meeting our contractual obligations to Te Whatu Ora to provide a periodic report on these, along with risks, barriers and mitigations of harm. The present report is for period of July – December 2022.

Data contained in the present report include: demographics, i.e. ethnicity and age; drug use and type, by ethnicity, age and region, for occasions of service; and reporting on the evaluation of the Naloxone project.

Demographic data have been collected over many years while drug use data are a relatively new information source, with collection commencing in July 2020. There are caveats regarding the quality of demographic and drug data. For example, these are not consistently being self-reported nationally by clients but at some sites rely on assumptions by frontline staff, a practice we are in the process of changing to align with the Ministry of Health guidelines covering ethnicity data protocols (MoH, 2017:2); a matter taken up further in the discussion section of the present report. Drug use data provided by clients are collected as below:

- ADIO – from December 2021 to date
- Midlands, DISC, TNET – from July 2020 to date
- DHDP – July 2020, July 2021, May 2022 & from October 2022 to date

From October 2022, all regions are collecting drug use by client information. The present report also provides a 'snapshot' data for October - December 2022, this being in part to accommodate DHDP's drug use data collection for that period only.

In the present report data are accompanied by commentary summarising the most salient aspects of reported information. The report concludes with a discussion that highlights particular risks, barriers to service provision and mitigation options to inform service enhancements.

Terminology: The report adopts the Australian terminology describing client visits, i.e. "occasion of service". This records each client visit to an exchange (NEX), i.e. clients will visit multiple times over the reporting period and therefore be counted multiple times. While this reporting reflects the relative frequency of use of individual NEXs, it should not be taken as a clear proxy for relative distribution of clients nationally, as each region will have varying drug use patterns which may more or less accurately reflect client numbers and also patterns of service use.

Occasion of service - Client numbers by ethnicity and age

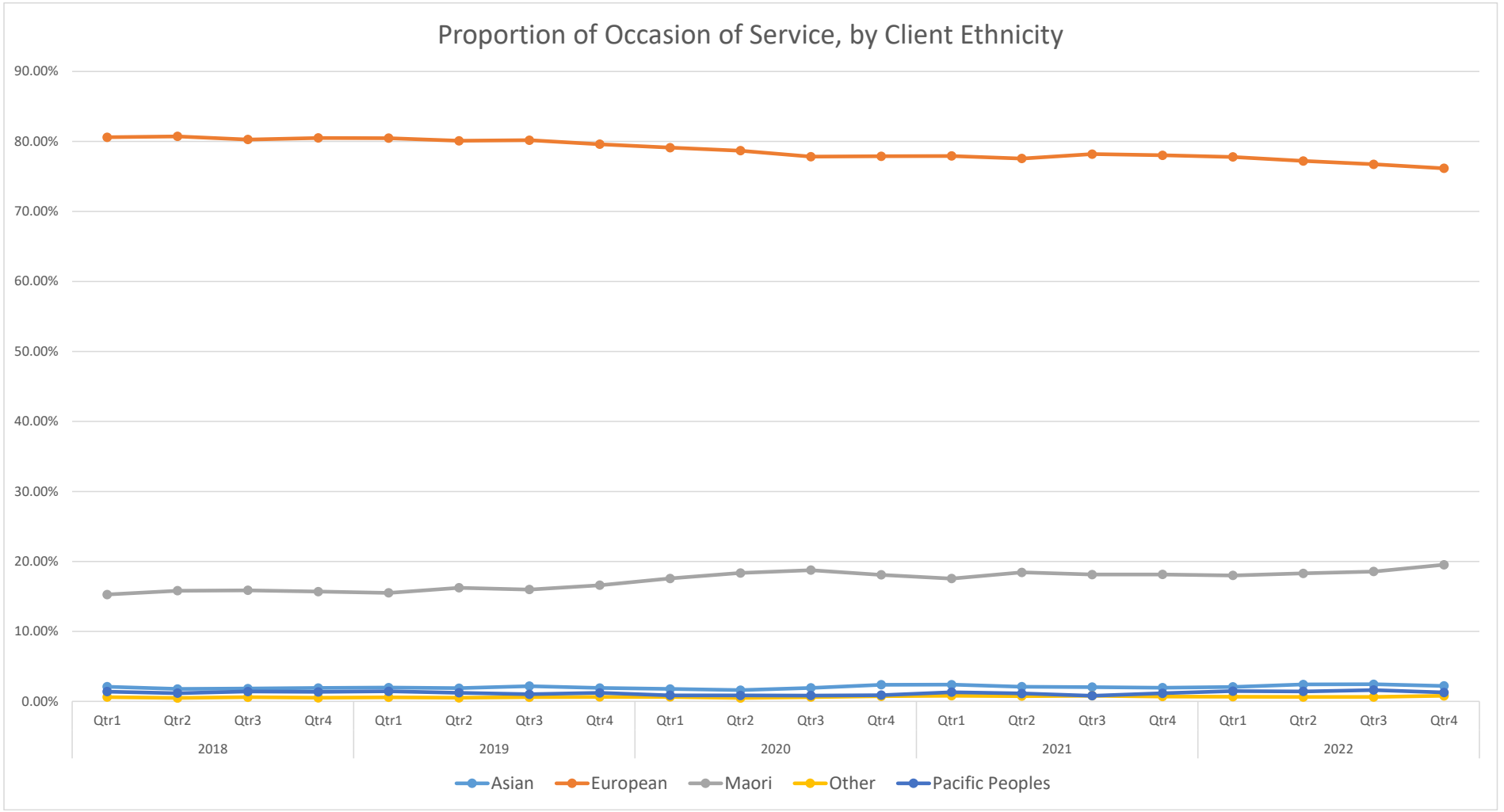


Figure 1: Client transaction proportions by recorded ethnicity, January 2018 to December 2022

Comments:

Figure 1 describes the percentage of clients by ethnicity recorded by NZNEP outlet staff (Occasion of Service, i.e. not unique individuals) for the period January 2018 to December 2022. The most obvious trends involve the gradual decrease of European-identified clients over this period (80.5% to 76.1%), which is contrasted by a proportionally gradual increase in Māori clients (15.3% to 19.5%). Of the other ethnicities, Asian client percentages are relatively consistent (approx. 2.2%), as are Pacific Peoples (approx. 1.4%).

There is a noticeable increase of proportion of Māori clients in DHDP needle exchanges (Lower North Island) in quarter 4 of 2022. Extensive staff training has been carried out in October 2022, which put more emphasis on the importance of self-identification of clients' ethnicity, rather than staff guessing. It appears that clients may have been wrongly recorded as European in the past, but now self-identify as Māori.

The programme is continuously working on improving national consistency and to ensure staff follow Ministry of Health guidelines in reporting ethnicity, which requires this to be self-identified. In asking clients their ethnicity, staff create further opportunities to engage more fully with those using the service, thereby increasing the opportunities for harm reduction.

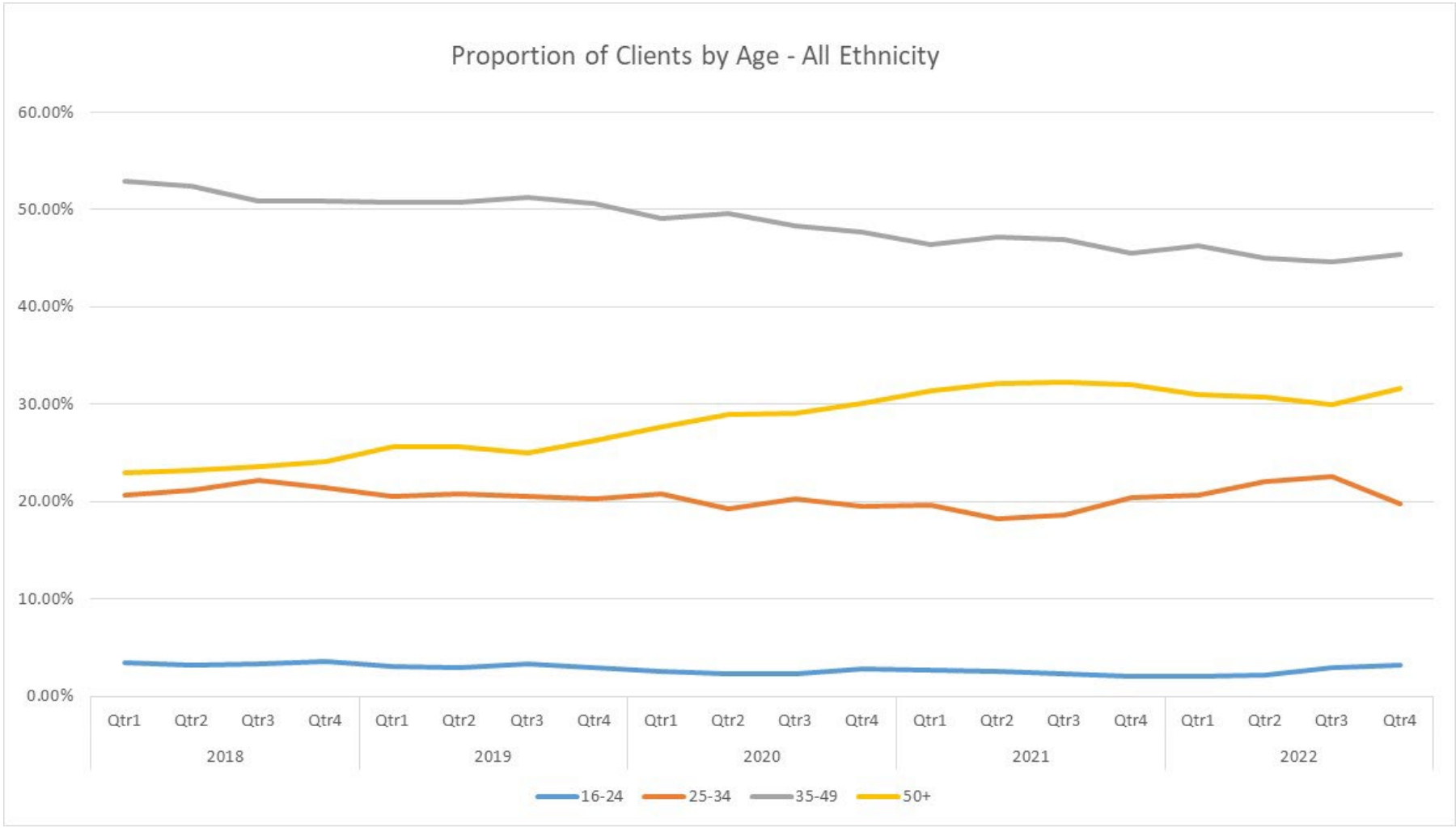


Figure 2: Proportion of client transactions, by age, January 2018 to December 2022

Comments:

The proportion of clients aged over 50 has increased from 23% to 31.5% over the preceding five years.

Those aged 35-49 years are the biggest client group for needle exchanges, representing approximately half of all client occasions of service. This group has dropped slightly in proportion from 53% to 45% over the years 2018-2022, albeit with a slight increase in last 6 months.

Historically, people aged between 25-34 have comprised approximately 20% of NEP clients, while clients aged between 16-24 have remained stable over the same period at around 3% of total. Historically at some sites, age has been guessed by staff. Additionally, more recently age recording has moved to five-year periods from earlier larger brackets. These factors may have impacted on previous reporting.

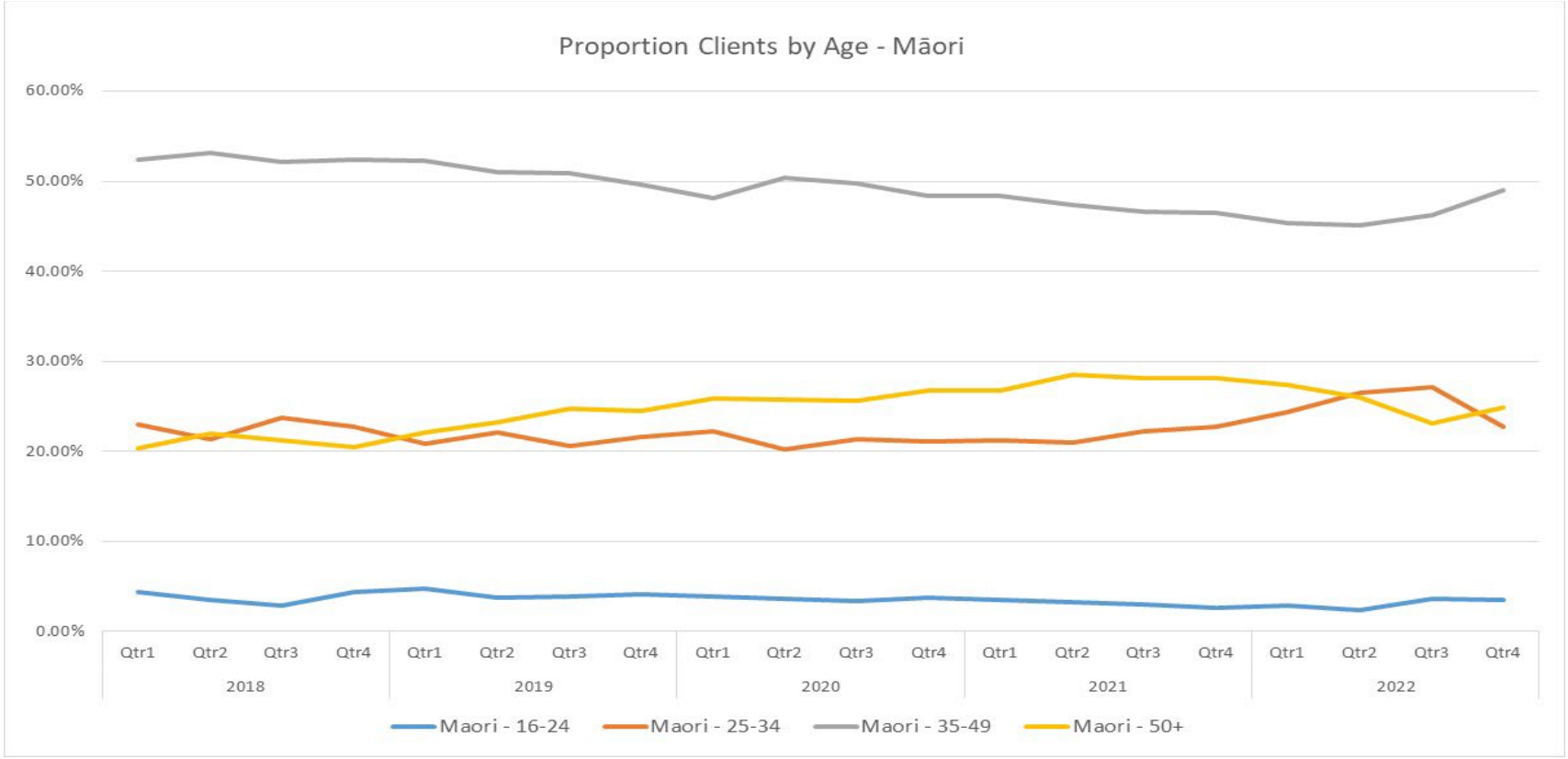


Figure 3: Māori clients as a proportion, by age, January 2018 to December 2022

Comments:

The proportion of Māori clients belonging to each age group (figure 3) are mostly similar to trends for all clients (figure 2). However, Māori clients aged 35-49 are increasing in proportion more rapidly compared to non-Māori clients in Q3 & Q4 of 2022. This trend was mainly due to the increase of proportion in Northland, Auckland & Hamilton regions. Additionally, 26% of Māori clients are under 35 vs 22% of non-Māori clients. By contrast, there are more non-Māori clients aged 50+ (33%) compared to Māori (25%), although both are increasing.

National Occasions of Service Drug Use by All Clients – Quarter 4 2022 vs May 2022 – All Clients

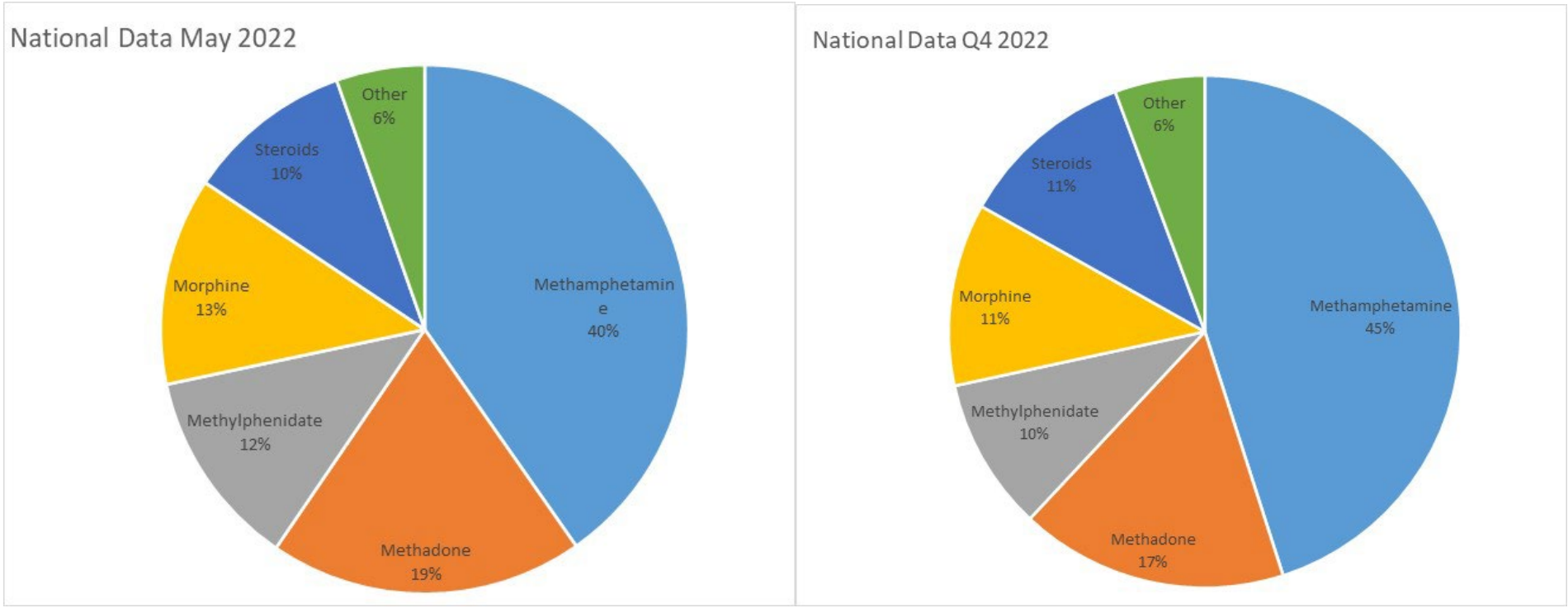


Figure 4: Proportions of drugs reported injected by all clients, Data of five regions May 2022 vs Quarter 4, 2022

Comments:
May 2022 and October – December 2022 are the only two periods when drug data is collected in all regions. Therefore, we have presented those 2 periods side by side.

As in previous reports, methamphetamine remained the most commonly injected drug during the Q4 period, followed by Methadone. A greater proportion of service occasions were associated with Methamphetamine use (40% to 45%) during this period compared with May 2022. This was accompanied by a lower proportion of service occasions associated with Methylphenidate, Methadone and Morphine. Methylphenidate (Ritalin) was less commonly identified in this period than Morphine and Steroids use, which became the 3rd & 4th most frequently identified drugs for injection.

In terms of aggregate drug "classes", stimulants (methamphetamine, methylphenidate) were most commonly injected at 55% in Q4 2022 (increased from 52% in May 2022), with opioids (methadone, morphine) second at 28% (down from 32% in the previous reporting period). This decrease accommodates the increase in reported methamphetamine injecting, underscoring the increasing salience of methamphetamine in the NZ drug use landscape.

As discussed in the preceding report, the increasing use of steroids is of significance due to clients using these not being traditionally associated with the NEP. Less is known about these clients and their needs, and they in turn often do not identify as "PWIDs". The NEP would benefit from developing greater knowledge about this cohort and the drugs they use as well as engaging peer workers with lived and living experience of steroid use, which would make the programme more attractive to clients using PIEDs (performance and image enhancing drugs) accessing harm reduction services. Further details of NEP research into this group and its implications for both clients and staff are included in the previous report.

National Occasion of service Drug Use – Quarter 4 2022 vs May 2022– Māori Clients

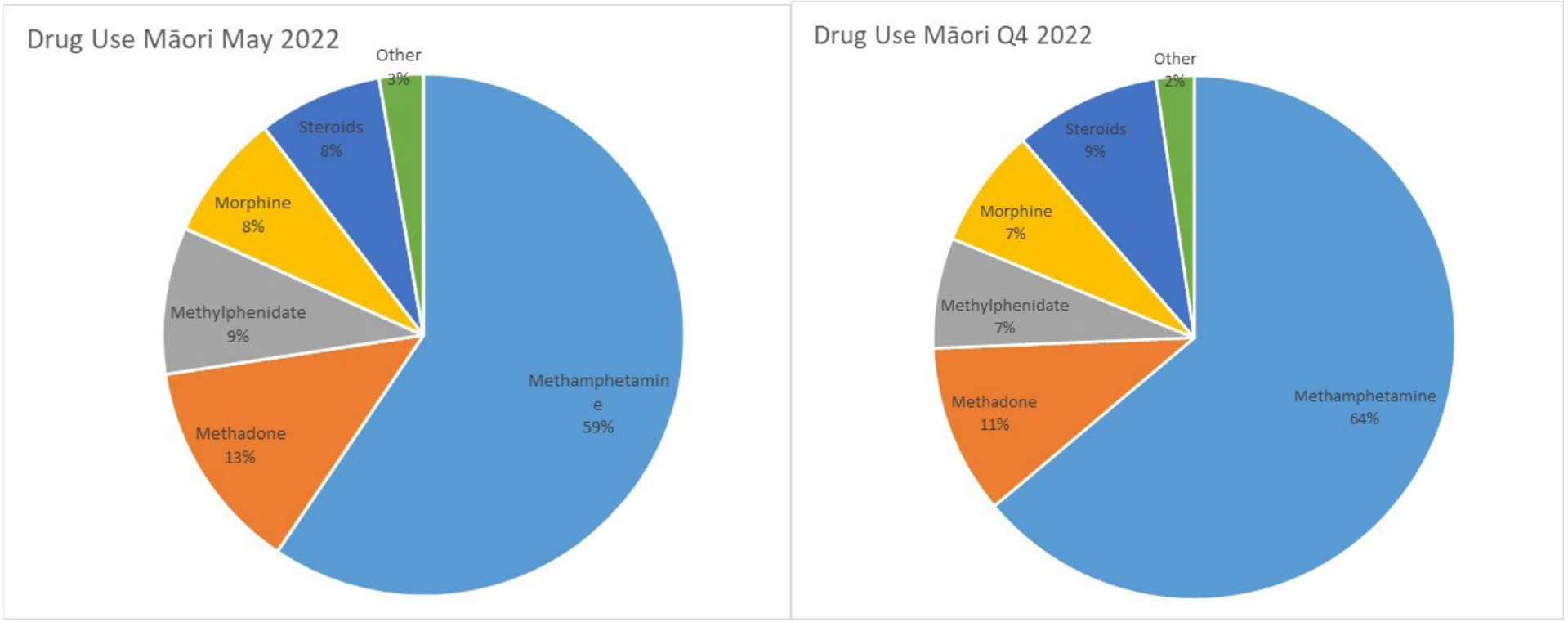


Figure 5: Proportions of drugs reported injected by Māori clients, Data of five regions May 2022 vs Quarter 4 2022

Comments:

While Māori are slightly over-represented amongst NZNEP clients (19.5% v 16.6% of the national population), as discussed in earlier reports, their disproportionate use of methamphetamine compared to NEP clients generally (64% in Māori clients vs 45% in all ethnicities [*Figure 4*]) is significant and of considerable concern. This

trend is most evident in subsequent data (see *Figures 14 & 15*), 62% - 70% of Māori clients below 50 years old are injecting Methamphetamine, with the trend extending across all age groups. Along with negative sequelae of methamphetamine use per se, its use chronically and with other drugs (particularly alcohol and opioids) is associated with a range of substantial harms (Darke et al., 2008).

The extent of methamphetamine use by Māori adds further impetus to the need for the NEP to support this priority client group, a matter further taken up in the discussion.

Regional Occasions of service –Drug use trend

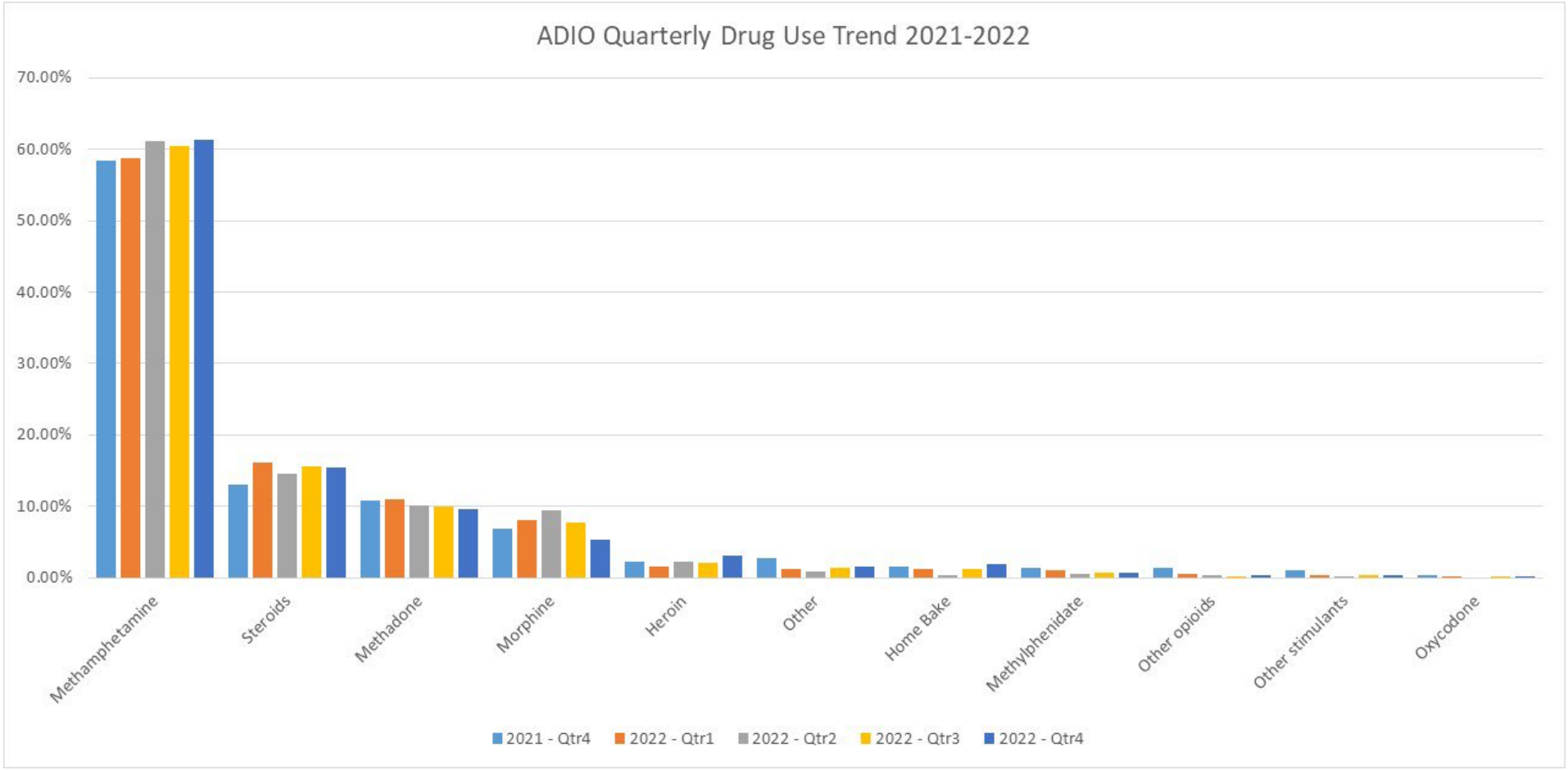


Figure 6: Quarterly drug use reported by ADIO, December 2021 – December 2022

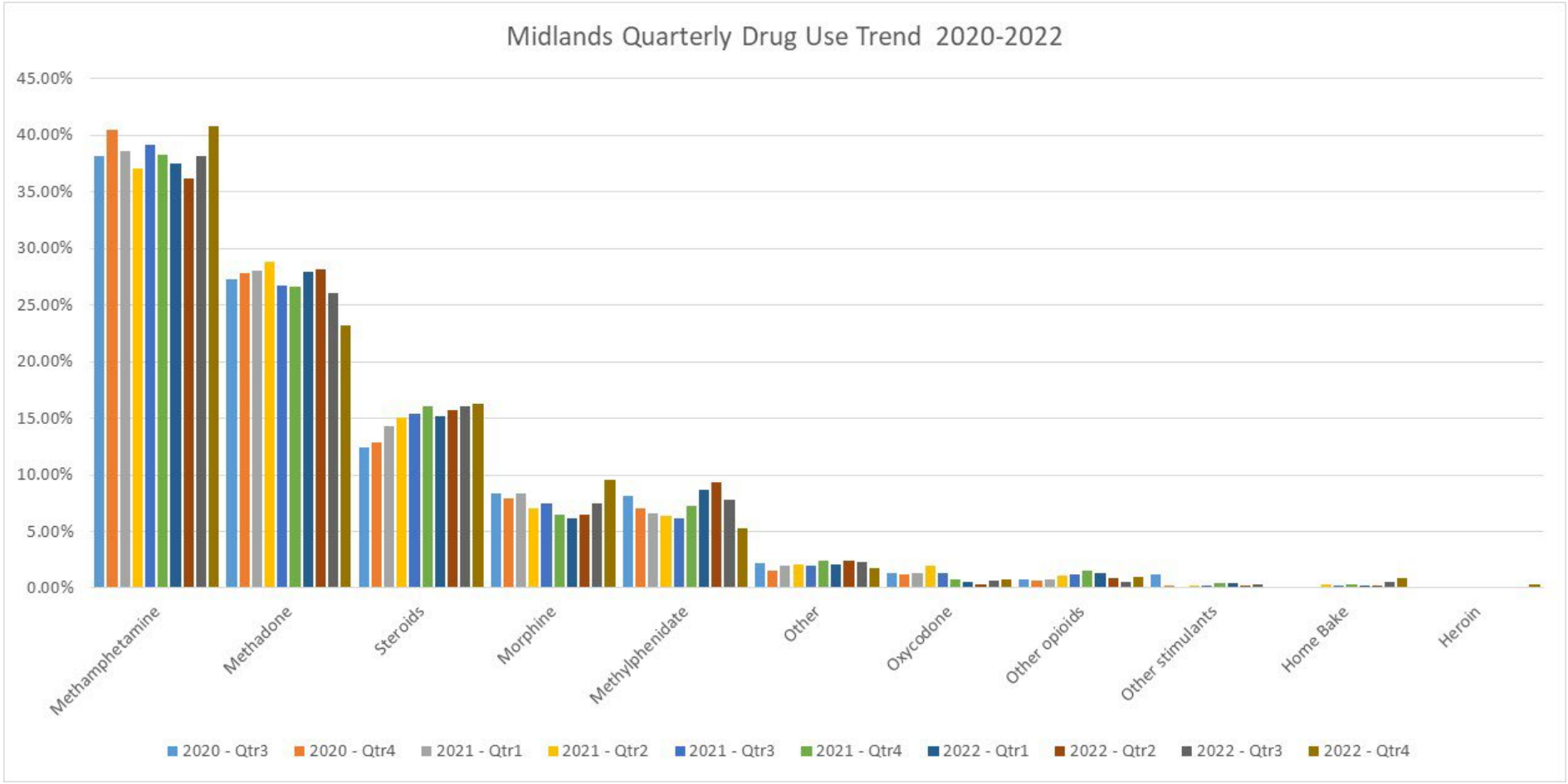


Figure 7: Quarterly drug use reported by Midlands, July 2020 – December 2022

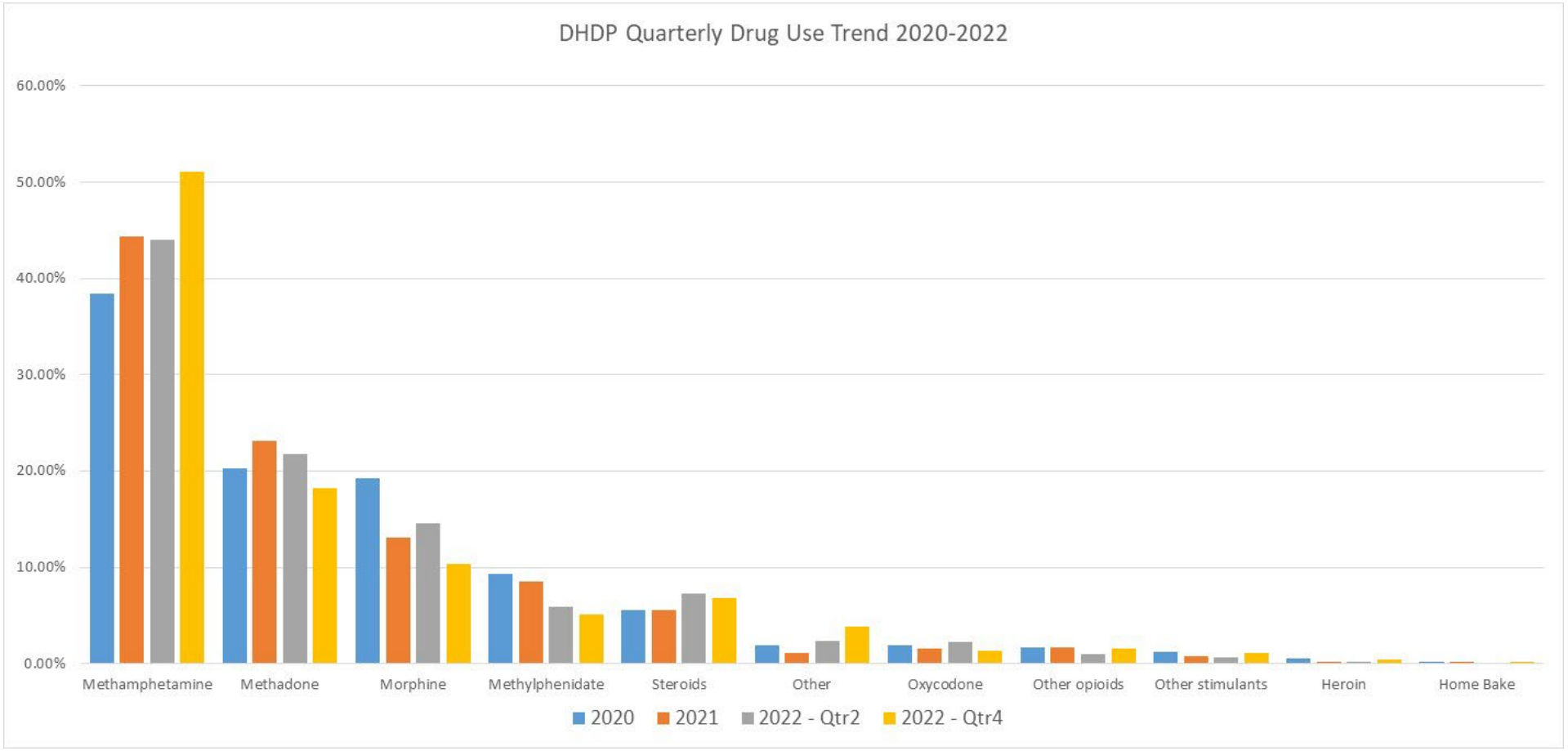


Figure 8: Drug use reported by DHDP, July 2020, July 2021, May 2022 & Qter 4 2022

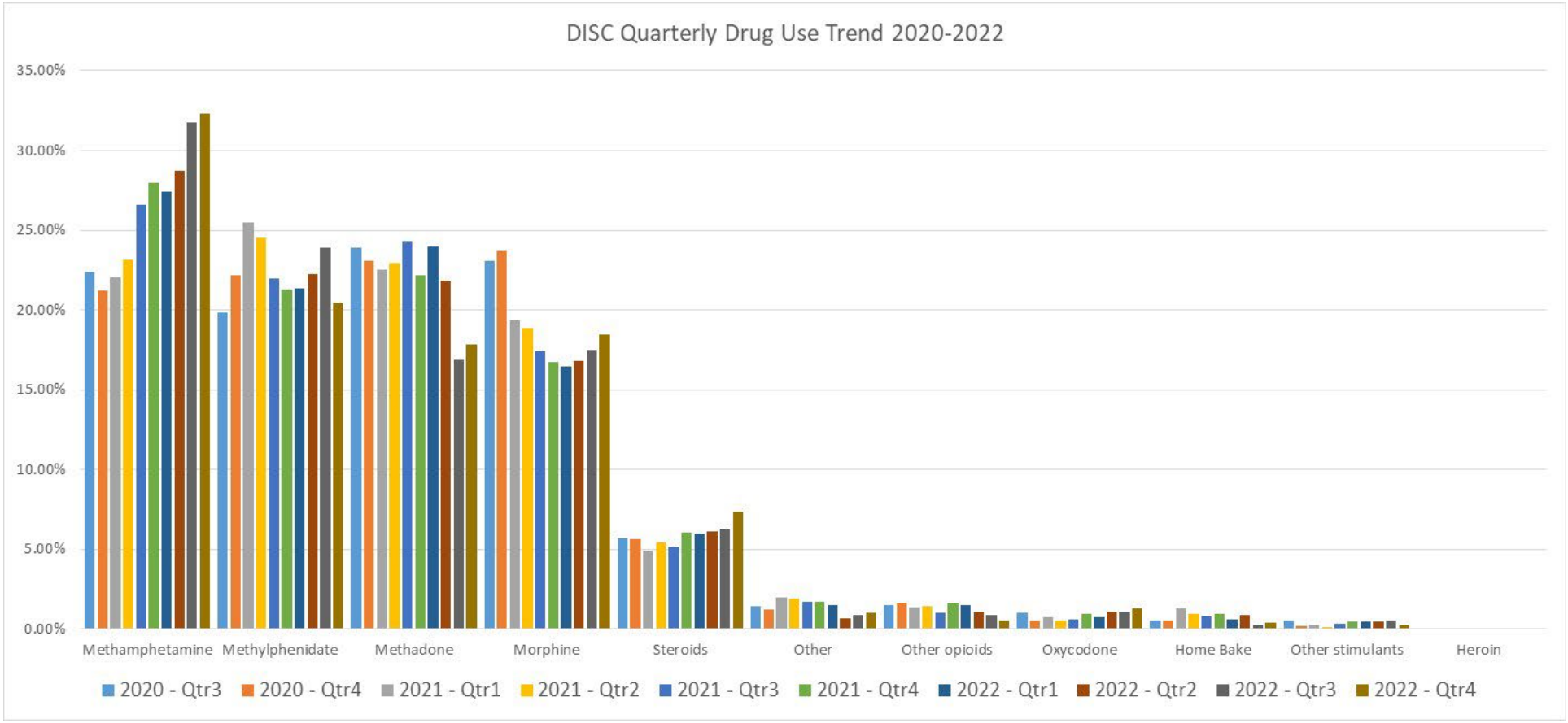


Figure 9: Quarterly drug use reported by DISC, July 2020 to December 2022

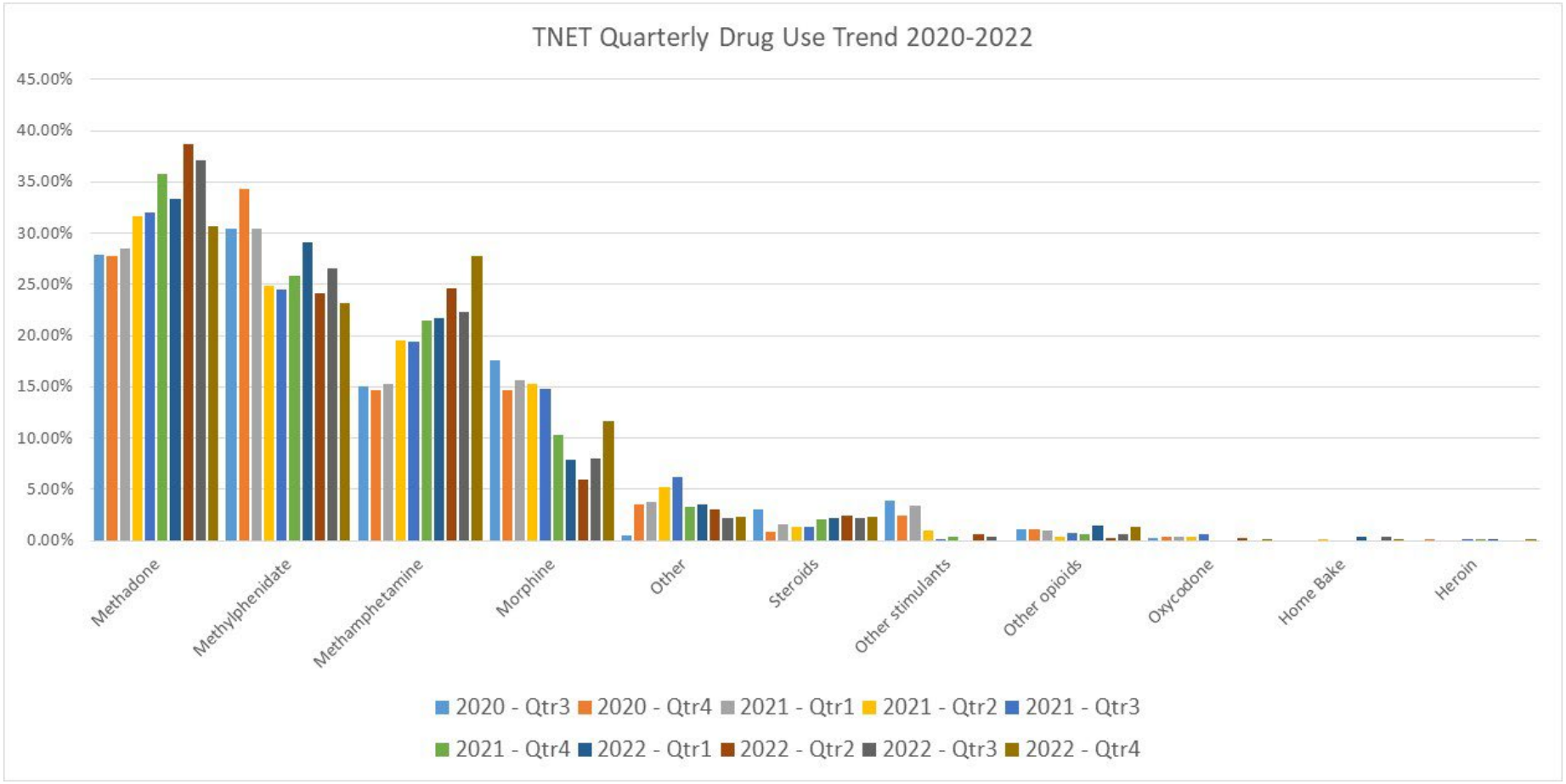


Figure 10: Quarterly drug use reported by TNET, July 2020 to December 2022

Comments:

As the introduction noted, the consistent and appropriate collection of drug use data from clients is a relatively new initiative, having commenced in July 2020, with some inconsistencies remaining in the present report (e.g. DHDP's periodic collection). Figures 6-10 illustrate each region's trend based on data available.

It is nonetheless evident from these data that there is considerable variation in drug use trends across the country, which is clearly of interest regarding specific drug harms and warrants more targeted harm reduction advice. This is also of particular relevance to the National Hepatitis C Action Plan where, for example, the recently completed Northern Regional Alliance (NRA) seroprevalence survey suggests a relatively low level of active HCV infection amongst a predominantly methamphetamine-injecting population, which may not be the case elsewhere in the country (the NRA study report is pending publication).

The data for methamphetamine provides a useful example of variation in proportion of substances injected in different regions. Nationally methamphetamine injecting among service occasions varies widely, i.e. TNET ≆ 28%, DISC ≆ 33%, DHDP ≆ 51%, Midlands ≆ 41% and ADIO ≆ 61%. Methamphetamine dominates in the Northern region (ADIO), with a much lower prevalence in the South Island.

In the second half of 2022, an increased proportion of methamphetamine injecting was not limited to the Northern region (ADIO) but also appears to be occurring further south. In particular, the following Exchanges recorded the biggest increases:

- Palmerston North from 20% to 34% (14 percentage point increase)
- Wellington from 41% to 51% (10 percentage point increase)
- Dunedin from 12% to 19% (7 percentage point increase)
- Christchurch from 39% to 43% (4 percentage point increase)
- Rotorua from 55% to 60% (5 percentage point increase)

The data also highlight variation in reported injecting of methadone across the country. At 10% ADIO clearly held the lowest proportion of occasions where clients were injecting methadone, while at the other end of the country 37% of TNET clients represents the highest. To some extent these variations will be accounted for by the availability of other drugs, most notably methamphetamine. However, the proportion of clients injecting methadone is likely also influenced by each region's OST programmes and their specific rules around how they manage clients, and in relation to this, how OST clients respond (e.g. see Judson et al., 2010).
Finally, and of concern due to the significant harms known to be associated with its use, there remains a high incidence of reported methylphenidate injecting in the South Island. There has been a small drop in methylphenidate-associated service occasions between May 2022 and Q4 2022, presumably due to increased availability of methamphetamine. Approximately 21% of DISC and TNET clients reported injecting methylphenidate during the latter period.

PIEDs Use

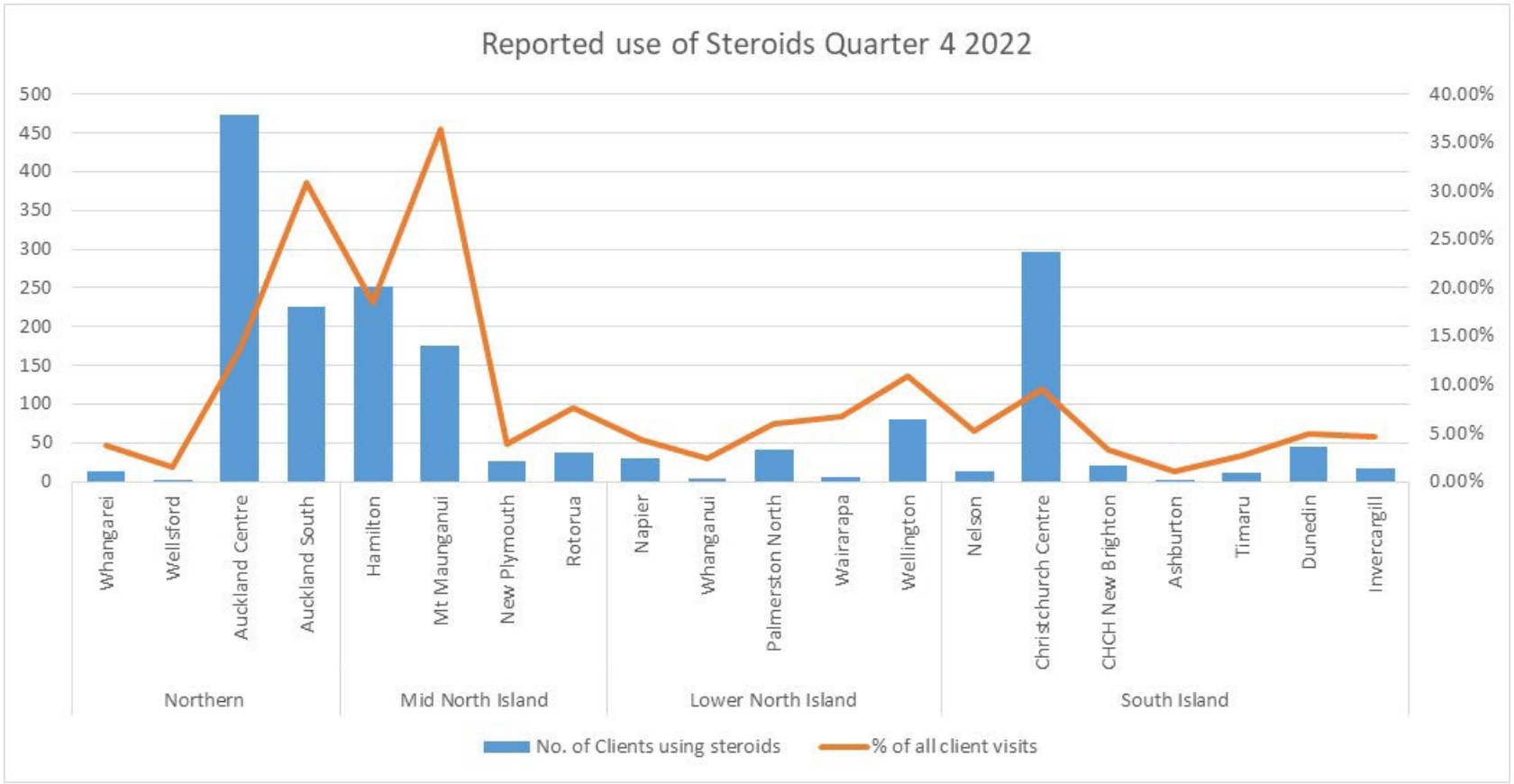


Figure 11: National PIEDs Use, October 2022 – December 2022

As was the case in the previous report, PIEDs use was reported in relatively high proportions of clients in the ADIO and Midlands Trusts, at over 15% of service occasions (Figures 6 and 7 respectively). In addition, Figure 11 further breaks down frequency of steroids use by each outlet. Despite having fewer total identifying steroid use compared to Auckland Central (blue bars), Mt Maunganui had the highest percentage of client service occasions reporting using steroids (36.4%; orange line), which has surpassed Methamphetamine (32.2%, Data not shown), thereby becoming the most commonly reported drug at the Mt Maunganui NEX. This is closely followed by the proportion of occasions associated with PIEDs use in South Auckland NEX of 31% (Data not shown). There is a concentrated area of steroids use between the triangle of Auckland, Hamilton & Mt Maunganui.

Heroin Use

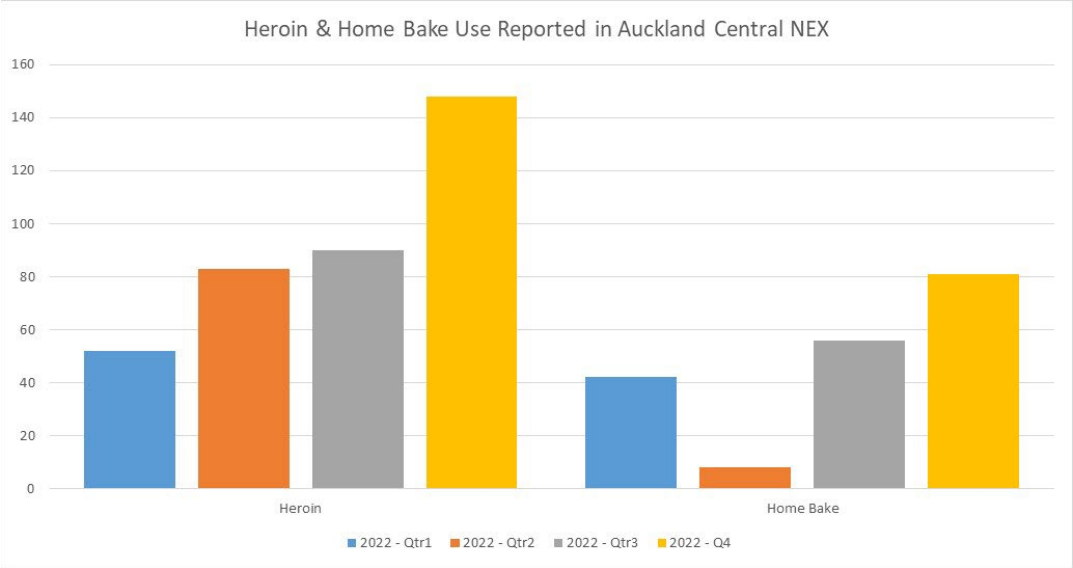


Figure 12: Occasion of Service - Heroin & Home Bake Use Reported in Auckland Central NEX - 2022

Of note during this reporting period is an increase in number of reports of heroin use at the ADIO NEX. This was most prevalent in Q4, though number of heroin reports have been increasing each quarter over the last 12 months. There was also a lower number of reports of morphine use from Q3 to Q4. Whilst absolute numbers of heroin reports at ADIO NEX are relatively small (~50-145 reports) compared to overall drug use reports in this period (3,457 drug reported), the trend is noteworthy and could be a result of the relative unpopularity of m-Eslon morphine compared to previously available formulations which were taken off the NZ market in 2020. Reports of homebake use have also increased over the last 12 months, though numbers are also small overall. The potential for such changes and the associated risks were highlighted by Ponton and George (2020) in a letter to the editor published in the New Zealand Medical Journal. The increased number of heroin and homebake reports could indicate a shift in opioid preference of people injecting opioids from pharmaceutical opioids to powdered opioids. This reinforces the urgent need for New Zealand to implement a national Naloxone distribution scheme as the risk of opioid overdose is significantly higher with powdered opioids of unknown potency and there is greater potential for adulteration with highly potent opioids such as Fentanyl (and its analogues) and nitazenes, which have both been recently detected in New Zealand. It will be important to continue monitoring to see if this trend continues. These concerns are reinforced by the steady increase in overdoses seen in New Zealand between 2017-2021 (New Zealand Drug Foundation report) and anecdotal reports of an increase in opioid overdoses in the latter part of 2022.

Occasions of service - Drug type - By Age, all clients

National Drug Use by Age – Snapshot October 2022 – December 2022

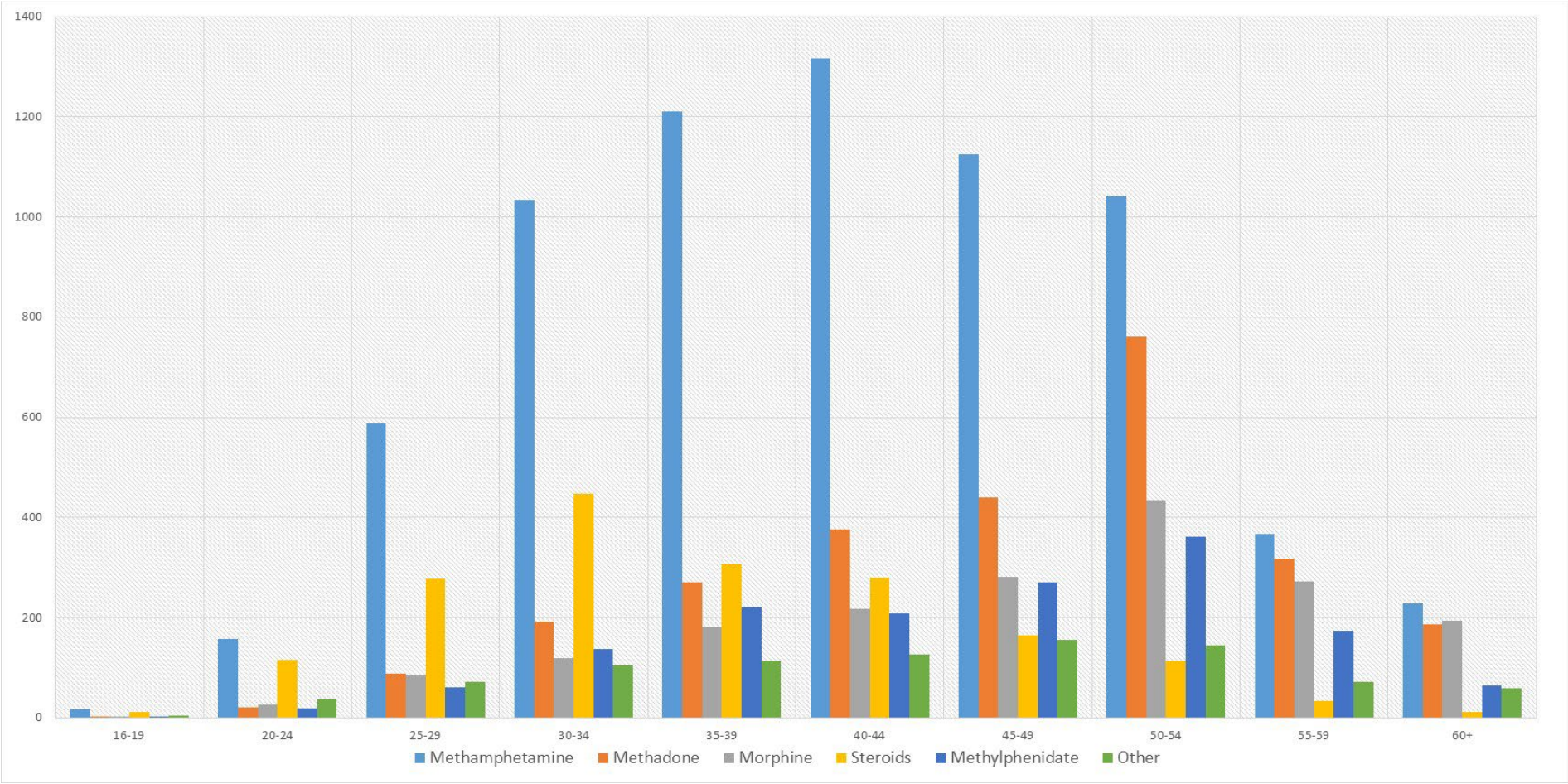


Figure 13: Snapshot drug use by age, October to December 2022

Figure 14: Māori compared with all ethnicities by age 16-24 & 25-34

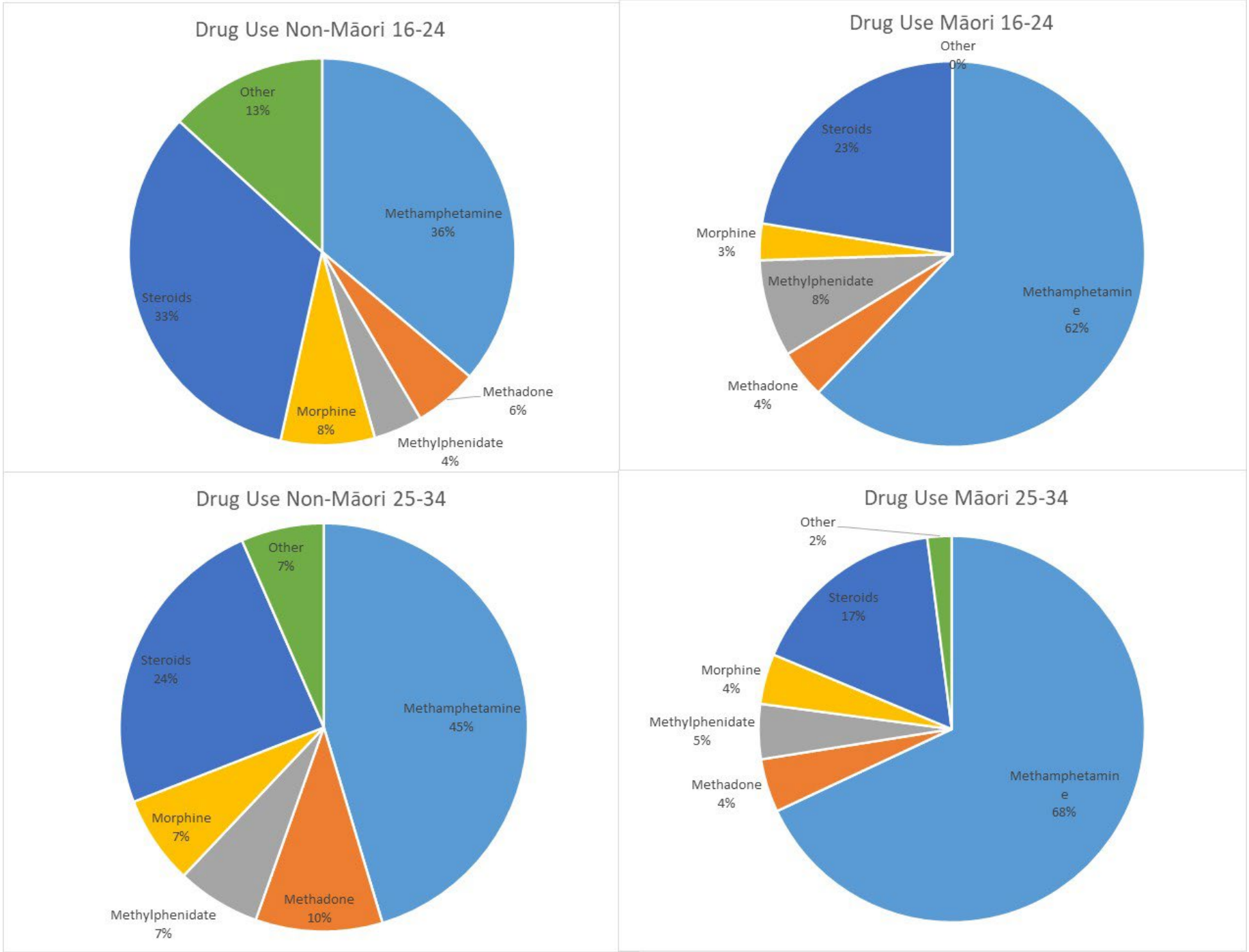
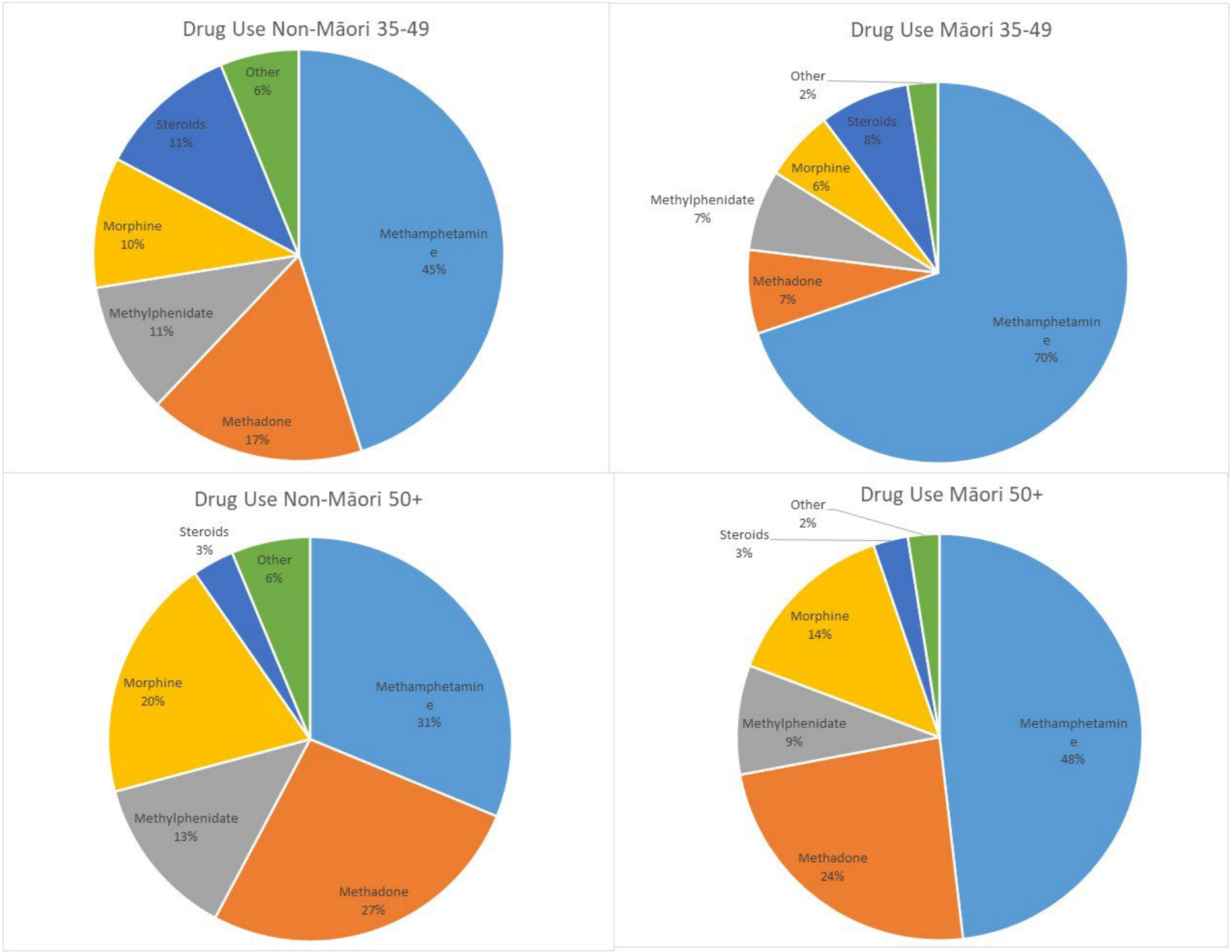


Figure 15: Māori compared with all ethnicities by age 35-49 & 50+



Comments:

Figure 13 reports drug use by age for all client visits October 2022 – December 2022. As such, it represents a snapshot of prevalence at a national level for this period. *Figures 14-15* report drug use by age, comparing Māori & non-Māori clients. Most salient is that for all age groups, methamphetamine is most prevalent, with steroids second in most groups, the exception being those aged over 50, where methadone is second, followed by Morphine.

These data emphasise that there is an older cohort of clients who have likely primarily always injected opioids. Given their lengthy injecting careers and concomitant risk for HCV exposure, they will be a high priority group for HCV testing, and for monitoring their health generally, where clinical services are available. As clients age, the latter issue of general health will become important for the programme to address. This demographic transition warrants developing in-house clinical services and / or to establish meaningful linkages with primary care. Additionally, as noted previously, there is a skew in the numbers of these clients whereby they increase proportionately in the South of New Zealand. This regional variation will impact on resourcing where, for example, efforts to test and treat for HCV are targeted.

By contrast, as the previous report noted, harm reduction service targeting methamphetamine uses becomes more relevant to clients aged up to 49 years. This is especially relevant in the future for the younger clients, with those aged 25-35 appearing to significantly favour methamphetamine, for which there is a growing body of evidence linking to multi-morbidities, e.g. cardiac damage, psychiatric disorders due to neurotoxicity etc. (see e.g. Darke et al., 2008). Of particular concern will be the long-term impact on Māori clients, who already experience poor health outcomes and other inequities, and among whom methamphetamine use is markedly more prevalent in every age group than for non-Māori.

Currently, the injection equipment suitable for methamphetamine use is not sufficiently covered by the free equipment provision. The programme has also recognised the needs for better Māori engagement in general. These issues pose a significant imperative for the programme to address, as does Māori engagement generally, an issue identified in the recent Independent Review of the NZNEP by PwC 2023. This will require investment in the service which to date has not been recognised by the funder.

Naloxone

Comments:
NZNEP Outlets have now distributed 803 Naloxone kits since they were first made available in May 2020, up from 531 noted in the previous report (*Table 1*). That report described distribution via Opioid Substitution Treatment services (OST) and drug treatment (AOD) services, with a 12-month funding round initially available via the Ministry of Health Acute Drug Harm Discretionary Fund. That discretionary funding ended in July 2021, leaving individual DHBs and OST services to determine if further kits will be funded in their regions.

Totals in *Table 1* include 60 kits of the nasal spray NYXOID, which were distributed free from the Palmerston North and Nelson NEXs (30 each) as a pilot initiative to determine the desirability of access to Naloxone for NEP clients. The pilot, including an evaluation of its outcomes, involved a partnership between NEST and the New Zealand Drug Foundation (NZDF). The latter raised funds for the kits and supported the pilot by funding incentives for participation. The project included training staff to educate at-risk clients on using Naloxone, to assess clients' knowledge and confidence in administering it, and to follow up clients receiving the kits between 3- and 6-months. Fifty-five kits were distributed during the pilot (29 in Palmerston North and 26 at Nelson / West Coast), with 39 clients followed up (22 in Palmerston North and 17 at Nelson / West Coast). Outcomes included statistically significant shifts in knowledge between training and follow-up for clients' knowledge and attitudes towards naloxone access and use. Of extreme relevance for client health outcomes, three kits were reportedly used to reverse overdoses during the pilot, likely saving the lives of PWID. A final report on the project is currently being prepared and will be discussed in the next six-monthly report.

Table 1: Distribution of Naloxone kits per NEX for the period May 2020 to December 2022, and current stocks

OUTLET	To Sept. '21	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q42022	Total Sold	Distribution per Trust		# of kits in stock
EAST ST AK	10	30	96	29	77	17	259	283	ADIO	
AK SOUTH	4		4	3	1		12			2
WHANGAREI						2	2			7
WELLSFORD	1	7	1			1	10			4
HAMILTON	74	5	7	2	3	5	96	134	MIDLANDS	28
NEW PLYMOUTH				3	13	6	22			9
ROTORUA			1	2	4		7			14
MT. MAUNGANUI			3	3	1	2	9			9
WELLINGTON	79	6	8	7	7	10	117	225	DHDP	18
WAIRARAPA	8			10	11	5	34			3
NAPIER	13	5	1	1	1		21			9
PALM. NORTH		3	15	15	4	5	42			11

WHANGANUI				4	5	2	11			9
DUNEDIN	27				12	14	53	139	DISC	6
CHRISTCHURCH					25	17	42			2
CHRISTCHURCH NB					6	5	11			5
NELSON	4		9	4			17			
WEST COAST			13			3	16			2
TIMARU/ASHB.	6	3	1	4	1	7	22	22	TNET	21

Discussion

In the present report (July to December 2022) trends from the preceding report continue. This is reflected in the discussion covering the following issues:

- NZNEP client characteristics
- Drug use, i.e. the association of drug type with specific client groups
- National consistency regarding data collection
- Trends in specific drug types and in particular regions

There are on-going trends indicating that while some client groups are declining in terms of NZNEP service utilisation (e.g. NZ European clients overall) there are several sub-populations that are either increasing or require particular attention. Māori 25-34 years and those aged 50+ years are increasing in representation among NZNEP clients. The 50+ age group (including NZ European) will become of increasing significance to the programme due to the changing and increasing health needs of this aging cohort. While overall NZ European clients are declining, the increasing proportion of Māori clients should be of concern to the NZNEP as culturally, the programme's origins and focus historically lay with NZ European PWID. The culturally homogeneous orientation of the NZNEP is evidenced by Stephen Luke's PhD study, a theoretically informed social history of the programme, failing to even mention Māori (Luke, 2007). Additionally, the recently completed PwC review of the programme (2023) highlighted this lack of cultural engagement. As the programme develops, therefore, there is an increasingly urgent need to build networks and alliances with hauora Māori providers, as well as services appropriately culturally aligned with these, particularly those with a harm reduction focus. Consequently, building new relationships (whakawhanaungatanga) to achieve parity for Māori health consumers should become a key component of any developmental strategy implemented by the programme going forward. As the PwC report also acknowledged, however, the further development of the programme, particularly involving new initiatives such as a kaupapa Māori services, depends on resourcing, which historically has been in deficit. This was also referenced in the previous report in relation to the failure of the Ministry of Health to engage with the programme on appropriate funding.

The above continues to highlight concerns over how the NZNEP will respond to the needs of its growing proportion of Māori clients, who are identified by the Ministry generally and the National Hepatitis C Action Plan specifically, as a priority sub-population, within the broader priority population of PWID. Given the history of the programme described above, urgent prioritisation (and corresponding funding) is required to address gaps in meeting the needs of Māori clients.

Methamphetamine remains the most salient issue regarding drug use by Māori clients. Māori and particularly younger Māori (25-34 years) report a substantially higher prevalence of methamphetamine injecting than other clients, with this extending to at least those Māori aged up to 50 years. It is worth reiterating the previous report's concerns that along with risks associated with injecting methamphetamine, including acute harm in combination with other drugs such as alcohol and opioids as well as risk of BBV exposure, cumulative harm associated with chronic use is increasingly recognised (Darke et al., 2008; Yasbek et al., 2022). While these are issues for all clients injecting methamphetamine chronically, with the high Māori prevalence it is likely that this client group will experience significant physical and mental health issues as they age. Moreover, recent work on the impact of methamphetamine use and manufacture on tenancy in New Zealand extends concerns to other areas where Māori in particular experience health and social inequities (Sanchez et al, 2022a-c). While dedicated health services will be faced with meeting the future needs of this cohort, the NZNEP's position as a current service provider to them places it in a crucial position to be able to ameliorate harm or reduce its severity. Hence it is vital that the programme recognises this opportunity, increases its capacity and capability appropriately, and secures funding to support this. Again, whakawhanaungatanga becomes essential and along with Māori service providers the NZNEP should continue to nurture its relationships with research partners. Additionally, while improving cultural capability and appropriate service delivery, existing clinical services should not be neglected in the face of changing drug use and client makeup. Attention will need to be paid to increasing the number of needle exchanges with clinical capacity, as the NZNEP provides a trusted front door to a cohort of vulnerable clients with multiple needs who are reluctant to utilise mainstream health services. Increasing the capacity of the programme's peer workforce to meet the needs of client testing, where the National Hepatitis C Action Plan is concerned, is also of high importance. However, the programme remains under-resourced and therefore its contribution to initiatives like the Action Plan will be limited, despite its pivotal role.

Regarding the snapshot of monthly drug use (i.e. in May, *figures 4 and 5),* despite some recent inconsistencies in data collection, it is pleasing that NEP regional sites are increasingly aligned with data collection protocols. In particular, DHDP has recently commenced aligning data collection with the other four trusts. This shift is extending the collection of other data (ethnicity, age etc.) and at the time of writing, the National Office is preparing to survey all NEXs on their data collection practices confirming national consistency in this area. Given there are still five regional trusts, which exacerbates these issues as there has been a tendency for each to develop its own approach, it is hoped that the recently reconfigured health system (including Te Whatu Ora) will provide leadership previously lacking under the Ministry, where support for national consistency is concerned.

The discussion on the small but concerning increase in heroin and homebake use, and concomitant decrease in morphine injecting in association with a reported increase in overdoses, highlights lesser-recognised activities of the programme. These include liaison undertaken by the National Office with relevant partners such as the Drug Intelligence and Alerts Aotearoa New Zealand (e.g. their High Alert programme), partnering harm reduction organisations including NZDF and KnowYourStuffNZ, and also the research into policy implications where changes occur that may negatively impact on NEP clients. Ponton and George's (2020) article discussing the reformulation of NZ morphine preparations and implications for NZ PWID is an example of the significance of the NEP's involvement in research, where staff expertise (in this case National Harm Reduction Lead, Jason George) critically identifies potential pitfalls in introduced policy.

Recommendations

The following recommendations respond to key points raised in the present report (with the exception of 2 and 4, these are broadly similar to the preceding report):

1. The pronounced shift towards methamphetamine injecting and particularly the significant impact this may have on Māori requires that dedicated resources be directed to responding to this development. This should include the development of NZNEP and kaupapa Māori services, particularly in the North Island.
2. As funding becomes available in the South Island for more free equipment, a trial should be run to assess the true equipment needs for methamphetamine users, especially on 1ml insulin syringes.
3. There needs to be a unified (i.e. national) commitment to the provision of Naloxone: including funding, distribution outlets and consistency in the amount of Naloxone provided. For example, whereas it is common for Naloxone kits in parts of New Zealand to contain only 2 ampoules, based on experiences overseas NZNEP recommends kits should contain five ampoules (doses) to ensure a person administering Naloxone has enough to reverse most overdoses - particularly by potent opioids including fentanyl and nitazenes. Alternatively, the NYXOID formulation (I.e. nasal spray) should be considered for renewed funding and distribution, as some clients refuse ampoules but are enthusiastically interested in this alternative format.
4. Appropriate resourcing for the programme in light of changing drug use patterns, client characteristics and needs (e.g. Māori, PIEDs clients) will be essential going forward.
5. As well as increasing recognition of the significance of the NZNEP in relation to targets set to reduce HCV under the National Hepatitis C Action Plan, specific resourcing needs to be put into expanding and better credentialing the NZNEP workforce to deliver consistent, high quality health service.
6. Urgent need for a fully-funded national seroprevalence survey. Related to the preceding point, data from the recently completed NRA seroprevalence survey support the significantly greater use of methamphetamine in the North Island but also suggest that where opioids are more prevalent, we should expect higher rates of HCV. This adds impetus to the need for a national seroprevalence survey and resourcing to support this.
7. With significant levels of methadone injecting in NZ (both prescribed and diverted), relevant agencies should investigate and consider the need for an injectable OST program in NZ which would involve prescribing some clients an opioid to be injected. Injectable OST programs prescribing opioids such as diacetylmorphine (heroin) and hydromorphone for injection, are an effective, evidence-based treatment, and such programmes are successfully used in countries such as the United Kingdom, Canada, the Netherlands and Switzerland as well as other countries. Implementing an injectable OST program in NZ would contribute to improved client-prescriber relationships by reducing the incentive for clients to hide injecting, allow reduced harm from injecting and improved outcomes for clients who inject their OST medication.

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