

Geographic and socioeconomic inequities in access to opioid agonist treatment in Australia

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Introduction: Opioid agonist treatments (OAT) are highly effective for opioid dependence, however despite strong evidence, OAT uptake remains low. One reason is limited services and distance to OAT health service providers. This study aims to quantify geographic distances from home to OAT service providers in Australia. Secondly, the study will examine how distance to OAT providers varies by geography and demographic factors.

Method: This study analysed 2023-2025 Pharmaceutical Benefits Scheme data within the Person Level Integrated Data Asset. Distances between clients and OAT prescribers/dispensers were calculated using the Haversine formula based on postcode mid-points. Multivariable regression models with log-transformed distance estimated factors associated with distance to OAT. Coefficients were exponentiated to produce distance ratios. Adjusted geometric means were obtained using in Stata. Covariates included age, sex, state, remoteness, socioeconomic status, OAT medication type, treatment retention, entitlement status, month and year.

Results: Travel distance to OAT prescribers and dispensers varied by demographic and geographic factors. Shorter distances were seen for older age groups, females, less disadvantaged populations, those with a concession card and those with longer treatment retention. Variation among states was seen. Distances increased with remoteness, buprenorphine injection use and in later years (for prescriber distance only).

Discussions and Conclusions: Geographic access to OAT in Australia is highly variable, with greater distances in regional and remote areas. This highlights the need for service expansion and alternative delivery models such as telehealth. Prescriber access is more limited than dispensing access and is worsening year on year suggesting workforce and regulatory barriers. Socioeconomic inequities further indicate uneven service distribution. Greater distances for injectable buprenorphine may reflect its suitability for individuals living further from services due to less frequent attendance requirements.

Implications on communities, practice or policy: Findings highlight substantial geographic and socioeconomic inequities in OAT access emphasising the need for targeted service expansion, workforce support (especially for prescribers) and alternative delivery models to improve equitable access.

Disclosure of Interest Statement:

Nil to report