

APSAD Conference
1 November 2024

Individual level harm reduction coverage among people in Australia who inject drugs

Paul Dietze

Olivia Price, Samantha Colledge-Frisby, Daniel O'Keefe, Rachel Sutherland, Raimondo Bruno, Amy Peacock



UNSW
NDARC
National
Drug & Alcohol
Research Centre



Funders



Partners



Supporters



Australian Government

**Department of Health
and Aged Care**



**UNSW
NDARC**
National
Drug & Alcohol
Research Centre



Participants

Advisory Committee



Other stakeholders

Harm reduction intervention coverage targets

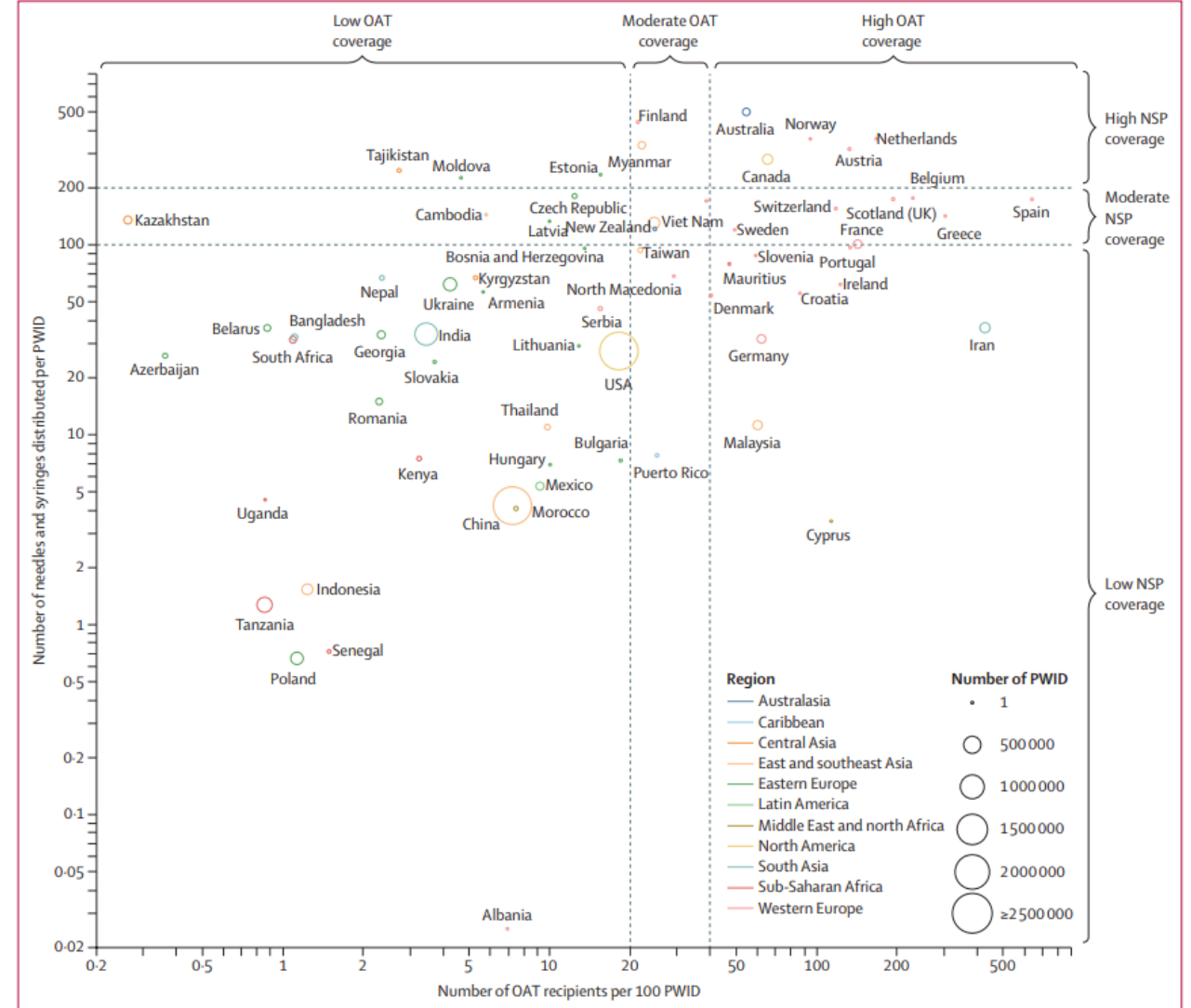
- **Needle-syringe programs, opioid agonist treatment and take-home naloxone** are key interventions to reduce injecting drug related harm
- Targets set by international organisations to improve coverage
 - **NSP:** WHO recommends 200 sterile syringes per person who injects drugs per year (increasing to 300 by 2030)
 - **OAT:** WHO and UNAIDS recommend 40-50 OAT clients per 100 people dependent on opioids
 - **THN:** WHO/UNODC recommend 90-90-90% for education, access, and carriage of THN

Measuring harm reduction coverage

1. Programmatic data

- Tells us about population-level trends
- Provides information to policymakers regarding resourcing
- Relies on population size estimates for the denominator

Based on programmatic data, Australia has high OAT and NSP coverage



Measuring harm reduction coverage



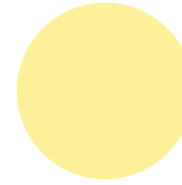
1. Programmatic data

- Tells us about population-level trends
- Provides information to policymakers regarding resourcing
- Relies on population size estimates for the denominator

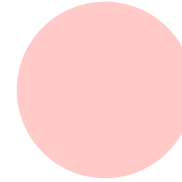
2. Individual level data

- Complements programmatic data
- Incorporates individual need
- Can measure coverage among subpopulations
- Can measure coverage across multiple interventions
- Requires active data collection (e.g., surveys)

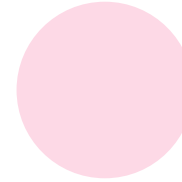
Individual-level
coverage was last
estimated in Australia
using data from 2016



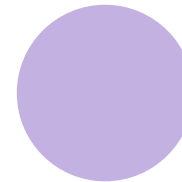
**Depot buprenorphine becomes
available**
2018-2019



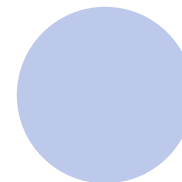
Pilot THN program (3 jurisdictions)
2019



**Fluctuating NSP coverage during
COVID-19 pandemic**
2020-2021



National THN program
2022



Change to OAT access on PBS
2023

Aims

1. Provide up-to-date estimates of individual-level harm reduction coverage estimates
2. Compare coverage in 2023 to 2018
3. Conduct subgroup analyses
 - Gender
 - Sexual identity
 - Accommodation
 - Lifetime incarceration
 - Drug injected most
 - Duration of injecting drug use

Methods

- **Illicit Drug Reporting System**
 - Annual cross-sectional survey
 - Australian capital cities
 - Recruited from services and via word-of-mouth
- **Participants**
 - People who regularly inject drugs and reside in an Australian capital city
- **Analysis**
 - We measured coverage as the % of the relevant sample who had sufficient access to intervention
 - Compared coverage in 2023 to 2018, overall and by risk factor of interest

Syringe coverage was high and stable

- In 2018 and 2023, ~90% had sufficient syringe coverage based on individual injecting frequency
- WHO target: ~80% received >200 syringes for the year
 - Not considering individual injecting frequency has underestimated coverage
- No evidence for difference in syringe coverage by intersectional risk factor

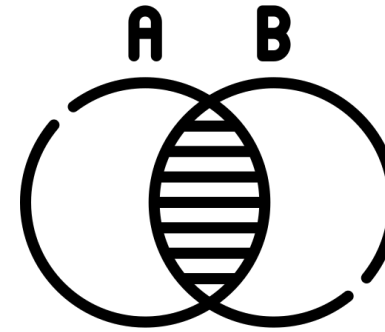
OAT coverage was high with evidence for increase among some groups

- Overall coverage was 71% in 2018, 78% in 2023
- Higher than WHO and UNAIDS targets (40-50%)
- Improvement seen among men and people in stable housing

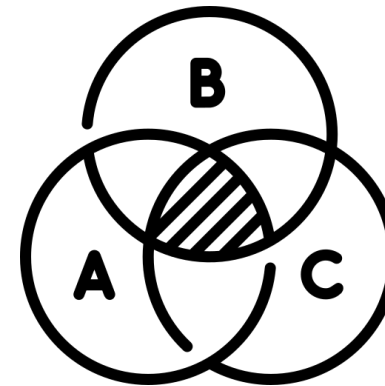
THN coverage doubled between 2018 and 2023 but remains below target

- Overall, THN coverage **significantly increased between 2018 and 2023**
- This improvement was observed among all subgroups analysed
- In 2023, coverage was 52% which is still well **below the 90-90-90% target**
- Coverage was particularly low among people who predominantly use methamphetamine (35%)

Combined coverage estimates



Among the whole sample:
45% had sufficient NSP and
THN coverage



Among people with opioid dependence:
52% had sufficient coverage for all
three interventions

Discussion

- Important to continue to monitor syringe and OAT coverage in context of hepatitis C elimination targets and PBS changes to OAT prescribing
- There was a significant increase in THN coverage
 - Expected given new national program, but our study demonstrates that this increase occurred among different subpopulations
 - Need to target people who predominantly use methamphetamine (and may witness overdose)
- Only 50% of the sample were sufficiently covered for all interventions

Limitations

- Generalisability – service-engaged sample residing in capital cities
 - Likely higher coverage than broader population
- We measured access rather than use of interventions
 - Future work might consider reuse of needles, satisfaction with OAT dose, and THN carriage

Take-home message

Among this sample of people who inject drugs, individual-level harm reduction coverage was high, although gaps remain.

Thanks for listening



o.price@unsw.edu.au



UNSW
NDARC
National
Drug & Alcohol
Research Centre