

Does the location of Opioid Agonist Treatment (OAT) prescribers and dispensers impact the number of opioid-related ambulance attendances?

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Introduction: Harms related to opioids often occur at higher levels in certain geographical pockets. Opioid agonist treatment (OAT) dosing points and prescribers are key components of treatment provision that service individuals residing in certain areas. This study aims to determine where ambulance attendances for opioid-related harms are occurring across the state of Victoria, and determine if there is an association between OAT service locations and opioid-related harms.

Method: This study merged data of 2022 ambulance attendances related to opioids (including prescription opioids and heroin) from the Victorian arm of the National Ambulance Surveillance System with the number of OAT dispensers and prescribers accepting referrals, obtained from DirectLine. Adjusted multilevel regression models were used to determine the association between location and number of OAT dispensers/prescribers and heroin and prescription opioid (PO) ambulance presentations.

Results: Adjusted multilevel results found that higher socioeconomic status assessed using SEIFA (-0.26; $p < 0.001$) and increased OAT dispensers within the Local Government Area (LGA) (-0.26; $p < 0.001$) reduced the risk of PO ambulance presentations. For heroin, a higher socioeconomic status (-0.92; $p < 0.001$) and residing in a regional area (-1.63; $p = 0.003$) reduced the risk of heroin ambulance presentations, whilst increased OAT dispensers within the LGA (0.75; $p = 0.006$) increased the risk of heroin ambulance presentations.

Discussions and Conclusions: This study found that more OAT dispensers in an area led to reduced risk of PO ambulance presentations. This suggests that OAT dosing points, which provide access to harm reduction strategies such as OAT and naloxone alongside POs could be a factor in reducing PO ambulance presentations. This study also found that a greater number of OAT dispensers in an area was associated with greater heroin-related ambulance presentations. This likely reflects that LGAs with more dosing points are areas of greater heroin harms and areas where OAT dosing points are not meeting the treatment needs of the population. Further research into whether greater OAT access, to address need, can reduce opioid harms.

Implications for Practice or Policy: Policy implications include increasing the number of pharmacies that provide OAT services in Victoria, especially in the areas where the greatest harms from heroin are occurring.

Disclosure of Interest Statement:

Nil to report