

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

Olivia Price<sup>1</sup>, Paul Dietze<sup>2,3</sup>, Daniel O'Keefe<sup>2</sup>, Samantha Colledge-Frisby<sup>3</sup>, Rachel Sutherland<sup>1</sup>, Raimondo Bruno<sup>4</sup>, Simon Lenton<sup>3</sup>, Caroline Salom<sup>5</sup>, Louisa Degenhardt<sup>1</sup>, Michael Farrell<sup>1</sup>, Amy Peacock<sup>1,4</sup>

<sup>1</sup>National Drug and Alcohol Research Centre, UNSW Sydney, Sydney, Australia, <sup>2</sup>Disease Elimination, Burnet Institute, Melbourne, Australia, <sup>3</sup>National Drug Research Institute, Perth, Australia, <sup>4</sup>School of Psychological Sciences, University of Tasmania, Hobart, Australia, <sup>5</sup>Institute for Social Science Research, University of Queensland, Brisbane, Australia

Presenter's email: [paul.dietze@burnet.edu.au](mailto:paul.dietze@burnet.edu.au)

**Introduction:** Programmatic data indicates Australia has high coverage of harm reduction strategies at the population level. Surveys with people who use drugs can be used to determine whether individual-level coverage is sufficient. We aimed to estimate and compare individual-level harm reduction coverage among people who inject drugs in Australia between two time points (2018 and 2023) overall and stratified by characteristics of interest.

**Methods:** We used data from the 2018 and 2023 Illicit Drug Reporting System interviews, in which people who regularly injected drugs and resided in an Australian capital city participated. Individual-level needle/syringe coverage was defined as the percentage of participants who had sufficient sterile needles/syringes to cover every reported injection. Coverage for opioid agonist treatment (OAT) was defined as the percentage of participants with possible opioid dependence (i.e. a score of  $\geq 5$  on the severity of dependence scale for opioids) who reported past six-month OAT, while take-home naloxone (THN) coverage was defined as past year access to THN among the whole sample. We used Chi-squared tests to compare coverage between time points and within subgroups (gender, gender/sexual minority, housing, lifetime incarceration, main drug injected, and duration of injecting drug use).

**Results:** In 2018 and 2023, most participants had sufficient needle/syringe coverage: 87% (95% confidence interval [CI]: 80-93%) and 88% (95% CI: 82-95%), respectively. Among those with an indication of possible opioid dependence, 71% (95% CI: 64-78) and 78% (95% CI: 70-87) had recent OAT access in 2018 and 2023, respectively. Fewer participants had recently accessed THN, although this increased from 2018 (24%; 95% CI: 20-27) to 2023 (52%; 95% CI: 47-57;  $p < 0.001$ ). Differences between time points overall were generally observed within the subgroups.

**Discussions and Conclusions:** Individual-level needle/syringe coverage is high in Australia but there are gaps in the implementation of OAT and THN.

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