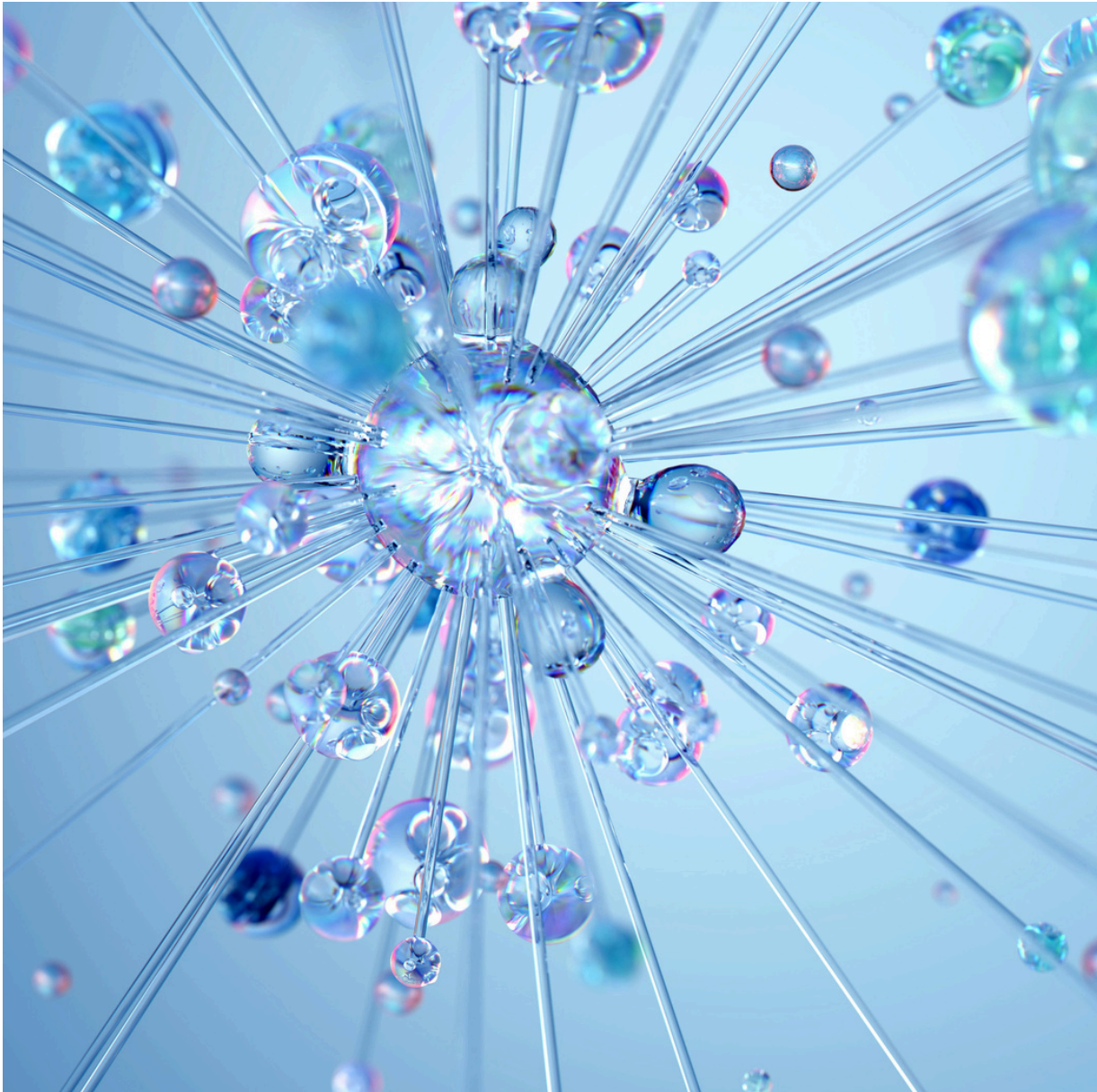


# 2024 NDARC Annual Research Symposium



Friday, 20 September 2024 | Wesley Convention Centre



UNSW  
NDARC  
National  
Drug & Alcohol  
Research Centre

## Symposium Handbook

# Acknowledgement of Country

The National Drug and Alcohol Research Centre, UNSW Sydney acknowledges the Gadigal people of the Eora Nation who are the Traditional Owners of the unceded lands on which this symposium takes place. We acknowledge the Aboriginal and Torres Strait Islander peoples—the First Australians—whose lands, winds, and waters we all now share, and pay respect to their unique values, and their continuing and enduring cultures which deepen and enrich the life of our nation and communities. We pay our respects to Elders past and present, and extend that respect to all First Nations people present today.



# Contents

<b>Symposium Program</b>	<b>2</b>
<b>Venue Map</b>	<b>6</b>
<b>Keynote and Invited Speakers</b>	<b>8</b>
<b>Poster Listing</b>	<b>19</b>
<b>Abstracts</b>	<b>21</b>

# Symposium Program

Please note this program may be subject to change.

Time	Activity
8.30 – 9.00 AM	Registration
9.00 – 9.07 AM	Welcome to Country <b>Uncle Michael West</b> Metropolitan Local Aboriginal Land Council
9.07 – 9.10 AM	Director's Welcome <b>Professor Michael Farrell</b> Director, National Drug and Alcohol Research Centre (NDARC), UNSW Sydney
<b>Plenary One</b>	<i>Opioids</i> <b>Session Chair: Ms Carolyn Paterson</b> Assistant Secretary, Alcohol and Other Drugs Branch, Australian Government Department of Health and Aged Care
9.10 – 9.20 AM	<i>Using linked cohorts to examine population-wide effects of opioid agonist treatments in NSW.</i> <b>Scientia Professor Louisa Degenhardt, AO</b> Research Director, NDARC, UNSW
9.20 – 9.42 AM	<i>Keynote Address: The UK supervised heroin treatment trial: success and failure to advance science, policy and practice.</i> <b>Professor Sir John Strang</b> Director, National Addiction Centre (King's College London)   Academic Lead, Addictions Clinical Academic Group, Kings Health Partners Academic Health Science Centre
9.42 – 10.02 AM	<i>Keynote Address: Examining Trends in Drug-Related Deaths – the crucial importance of cohorts in informing our understanding of changing risks and harms.</i> <b>Professor Matthew Hickman</b> Professor, Public Health and Epidemiology, Bristol Medical School
10.02 – 10.18 AM	<i>Global coverage of interventions to prevent and manage injecting drug use related harms in prisons: a systematic review.</i> <b>Dr Thomas Santo Jr</b> Postdoctoral Fellow, NDARC, UNSW
10.18 – 10.35 AM	<i>Development of opioid use disorder following treatment with opioid analgesics for non-cancer pain relief: an Australian state-wide nested case-control study.</i> <b>Dr Chrianna Bharat</b> Postdoctoral Fellow, NDARC, UNSW



10.35 – 10.55 AM	<b>Morning Tea</b>
10.55 – 10.56 AM	<p><i>Spotlight poster presentations by NDARC, UNSW Higher Degree Research students &amp; postdoctoral fellows.</i></p> <p><b>Session Chair: Professor Mel Miller</b> Partner, S&amp;BD Economics, Deloitte Australia   Chair, NDARC Advisory Board   Adjunct Professor, Psychology, University of Queensland   Professor, Health Group, Griffith University</p>
10.56 – 11.22 AM	<p><i>Retention in opioid agonist treatment following childbirth and associated factors.</i> <b>Ms Joanna Zhou</b></p> <p><i>Trends in prescription opioid analgesic utilisation in Australia from 2015 to 2022.</i> <b>Mrs Kendal Chidwick</b></p> <p><i>Age, period, and cohort trends of substance poisoning, alcohol-related disease, and suicide deaths in Australia, 1980-2019.</i> <b>Dr Ria Hopkins</b></p> <p><i>Population ageing and the apparent decline in the initiation of injecting drug use in Australia.</i> <b>Ms Olivia Price</b></p> <p><i>Co-occurring DSM-IV mental disorders among people with methamphetamine dependence.</i> <b>Dr Tayla Degan</b></p> <p><i>Presentations and characteristics of trans and gender-diverse patients presenting to an Australian Emergency Department.</i> <b>Dr Emily Symes</b></p>
<b>Plenary Two</b>	<p><i>New, Novel, and Trending</i></p> <p><b>Session Chair: Professor Nadine Ezard</b> Clinical Director, Alcohol and Drug Service, St Vincent's Hospital Sydney   Director, National Centre for Clinical Research on Emerging Drugs (NCCRED)</p>
11.22 – 11.52 AM	<p><i>The Changing Face of Overdose.</i></p> <p><b>Professor Shane Darke</b> Professor, NDARC, UNSW</p>
11.52 – 12.08 PM	<p><i>Emerging drugs of concern - Prompt Response Network update.</i></p> <p><b>Dr Brendan Clifford</b> Senior Research Fellow, NCCRED</p>
12.08 – 12.25 PM	<p><i>Emerging drug use, harms, and markets trends: Findings from Drug Trends 2024.</i></p> <p><b>Dr Rachel Sutherland</b> Senior Research Fellow, NDARC, UNSW</p>
12.25 – 12.35 PM	Q & A
12.35 – 1.35 PM	<b>Lunch</b>

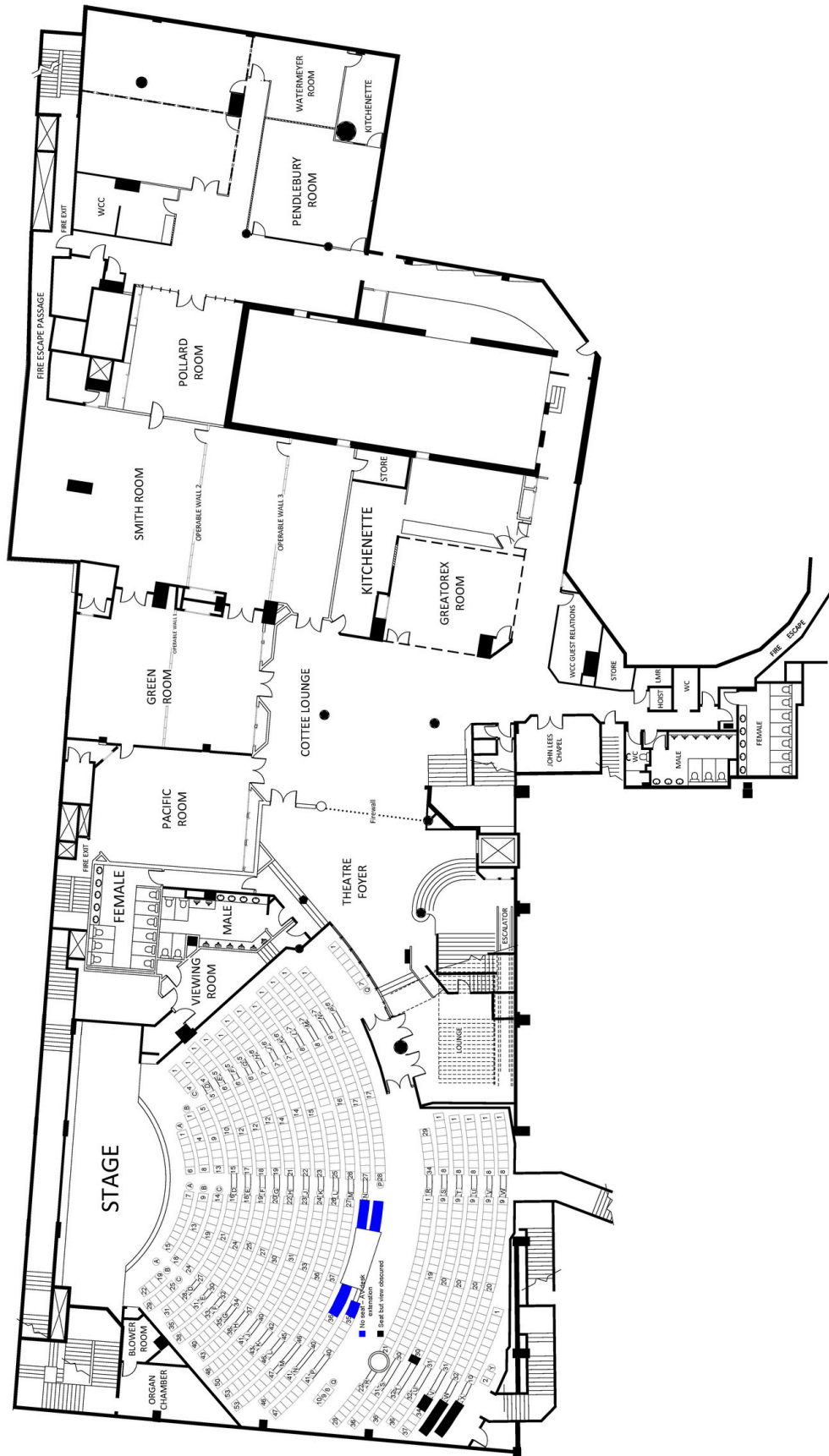
# Symposium Program (continued)

1.40 – 2.40 PM	Breakout Sessions	
<p><b>Breakout One:</b> <i>Treatment &amp; Trials</i></p> <p><b>Session Chair: Professor Apo Demirkol</b> Director, SESLHD Drug and Alcohol Services</p>	<p><b>Breakout Two:</b> <i>Community Engagement &amp; Responses</i></p> <p><b>Session Chair: Ms Lisa Russell</b> Manager, Alcohol &amp; Other Drugs Prevention and Harm Minimisation, NSW Ministry of Health</p>	<p><b>Breakout Three:</b> <i>Strong Foundations: Pregnancy &amp; Families</i></p> <p><b>Session Chair: Dr Hester Wilson</b> Chair, RACGP Addiction Special Interest Group   Clinical Director, Murrumbidgee LHD Drug and Alcohol   Medical Advisor, Population and Community Health, SESLHD</p>
<p><i>New behavioural and pharmacological trials for smoking cessation.</i></p> <p><b>Associate Professor Ryan Courtney</b> <b>Professor Hayden McRobbie</b></p> <p><i>LAIB in Prison: A report on qualitative data from patients who commenced treatment during a clinical trial.</i></p> <p><b>Dr Amelia Woods</b></p> <p><i>The impact of the NSW MERIT diversion program reoffending, imprisonment, and health.</i></p> <p><b>Professor Donald Weatherburn</b></p> <p><i>We need to talk about contingency management.</i></p> <p><b>Associate Professor Rebecca McKetin</b></p>	<p><i>Perceptions of religious and community leaders towards alcohol and other drugs and treatment in CALD communities in NSW.</i></p> <p><b>Dr Winifred Asare-Doku</b></p> <p><i>Expanding access to addiction medicine specialist care in regional NSW through telehealth.</i></p> <p><b>Ms Clare Smylie</b></p> <p><i>Defining approaches and research evidence around Community Action to reduce AOD harms.</i></p> <p><b>Dr Peter Gates</b></p> <p><i>Partnering to improve health outcomes in rural communities: Establishment of a clinical service research node in northern NSW.</i></p> <p><b>Dr Catherine Foley</b> <b>Dr Amber Domberelli</b></p>	<p><i>Influences of methamphetamine use on family relationships: Interviews with family members.</i></p> <p><b>Ms Paige Webb</b></p> <p><i>Effectiveness of prescription smoking cessation pharmacotherapies during pregnancy: a multi-national study.</i></p> <p><b>Dr Alys Havard</b></p> <p><i>Trends in the use of opioid agonist treatment for opioid dependence in pregnancy.</i></p> <p><b>Dr Duong Tran</b></p> <p><i>Use of opioid agonist therapy in pregnancy: Timing of initiation and treatment retention.</i></p> <p><b>Ms Bianca Varney</b></p>
2.40 – 3.00 PM	Afternoon Tea	

<b>Plenary Three</b>	<i>Alcohol</i> <b>Session Chair: Mr Matthew Craig</b> Director, Centre for Alcohol and Other Drugs, NSW Ministry of Health
3.00 – 3.32 PM	<i>Keynote Address: WHO's Global Alcohol Action Plan 2022–2030. What are the critical issues for Prevention and Policy?</i> <b>Professor Jürgen Rehm</b> Senior Scientist, Institute for Mental Health Policy Research and Campbell Family Mental Health Research Institute, CAMH   Professor; Inaugural Chair, Addiction Policy, Dalla Lana School of Public Health, University of Toronto
3.32 – 3.47 PM	<i>Recent trends in alcohol use and harms in Australia.</i> <b>Dr Wing See Yuen</b> Trainee Biostatistician, NSW Ministry of Health
3.47 – 4.03 PM	<i>Alcohol retailers lobbying activities: a comparative analysis of profit and non-profit alcohol retail industry body policy submissions.</i> <b>Dr Michala Kowalski</b> Postdoctoral Fellow, NDARC, UNSW
4.03 – 4.10 PM	<i>Director's Close</i> <b>Professor Michael Farrell</b> Director, NDARC, UNSW
4.10 – 4.30 PM	<i>Entertainment followed by tea &amp; coffee.</i> <b>Choir of Hard Knocks</b>

# Venue Map

## LOWER GROUND FLOOR



Revised: 31/07/2019 10:29:39 AM  
File Name: WCC LG FLOOR PLAN.VSD



# Meet Our Speakers





# Keynote Speakers



**Professor Matthew Hickman**

Professor Matthew Hickman is the Co-Director of the NIHR Health Protection Research Unit in Behavioural Science and Evaluations, and a Member and Co-Investigator of the NIHR School of Public Health Research and DeCIPHER (UKCRC Public Health Centre of Excellence for the Development and Evaluation of Complex Interventions for Public Health Improvement). His research programme focuses on infectious disease control, and the epidemiology and public health consequences of drug use – with active research grants on the prevention of the Hepatitis C Virus, drug-related mortality, and alcohol-related harms.



**Professor Jürgen Rehm**

Professor Jürgen Rehm is a Senior Scientist at the Institute for Mental Health Policy Research at the Centre for Addiction and Mental Health (CAMH), and a Professor at the University of Toronto. His research focuses on strategies to reduce harm from alcohol, tobacco, and other drugs and the impact of socioeconomic status and poverty on substance use. He has received several awards for his work, including the Jellinek Memorial Award (2003) and the European Addiction Research Award (2017).



**Professor Sir John Strang**

Professor Sir John Strang (MBBS, MD, FRCPsych, FRCP, FACHAM, FMedSci) qualified as a Medical Doctor and specialised in psychiatry and addictions, with substantial involvement in UK and international policy and practice (e.g., UN; WHO). Professor Sir Strang has made significant contributions to the field of addictions with over 600 publications, including extensive original research. His special interest in policy formation and its relationship to improving treatment has inspired many. He has also been a Lead Clinician for innovative responses in community and residential settings. Professor Sir Strang was awarded the EUFAS Lifetime Achievement Award (European Federation of Addiction Societies) in 2019 and the Chimera Lifetime Award from EuroPAD in 2022. He received a Knighthood from the Queen in 2016 for 'services to medicine, addictions and public health'.

# Invited Speakers



## **Dr Winifred Asare-Doku**

Dr Winifred Asare-Doku is a Postdoctoral Fellow at the National Drug and Alcohol Research Centre (NDARC), UNSW Sydney. Her research interests focus on alcohol and other drugs, and mental health and well-being among priority populations, including people of culturally and linguistically diverse backgrounds and the criminal justice population.



## **Dr Chrianna Bharat**

Dr Chrianna Bharat is a Postdoctoral Fellow and Applied Biostatistician at NDARC, UNSW. Dr Bharat's current research programme involves a range of epidemiological studies, including population-linked data focusing on people with a history of drug dependence or exposure to incarceration; the safety and effectiveness of pharmaceutical medicines; post-market surveillance; and the implementation, evaluation, and systematic reviews of existing and novel research methodologies. Dr Bharat is Co-Lead of the Knowledge Translation portfolio of the NHMRC Medicines Intelligence Centre for Research Excellence, an Editorial Board Member of the International Journal of Drug Policy, and Deputy Statistics and Methodology Editor for Addiction.



## **Mrs Kendal Chidwick**

Kendal Chidwick is a Pharmacoepidemiologist at NDARC, UNSW, with over 20 years of healthcare experience. She focuses on using administrative datasets for research to influence policy decisions and improve public health. Her current projects include describing trends in Australian sales of opioids, initiation of opioids post-hospital, and the impact of the introduction of long-acting injectable buprenorphine. Before her current role, she led the MedicineInsight Real World Research team at NPS MedicineWise and worked at the Clinical Practice Research Datalink (CPRD) at the MHRA. She has extensive experience in leading drug utilisation, post-market surveillance, and population health research based on linked general practice data for various health organisations and policymakers. She was also a Member of the National COVID-19 Clinical Evidence Taskforce Observational Data Working Group (2020-2021).

## Invited Speakers (continued)



### **Dr Brendan Clifford**

Dr Brendan Clifford is a Senior Research Fellow with the National Centre for Clinical Research in Emerging Drugs (NCCRED), and a Clinician Researcher who uses interdisciplinary methods to further health equity and enhance access to evidence-based healthcare. He has a broad clinical background having worked in nursing in Ireland, the UK and Australia, mainly in emergency department settings. In addition to undertaking clinical research in alcohol and other drugs, he has also held roles in inclusive health innovation and health professional education.



### **Associate Professor Ryan Courtney**

Associate Professor Ryan Courtney is currently Associate Professor and National Heart Foundation Future Leader, and previous National Health and Medical Research Council (NHMRC) Career Development Fellow (CDF) in health behavior science, at NDARC, UNSW. Associate Professor Courtney has authored or co-authored over 40 publications in the medical, public health, and health behaviour literature. His published work includes research on smoking cessation, in particular tobacco smoking in low socio-economic status (SES) and disadvantaged populations. His research has a strong focus on the relationships between social disparities, including socio-economic inequalities and health behaviours and outcomes.



### **Professor Shane Darke**

Professor Shane Darke has worked in the field of illicit drug research at NDARC since 1988, and is a leading world expert on the morbidity and mortality associated with illicit drug use. He has written many seminal works, particularly on opioid overdose, and has published widely in the area of illicit drug use, including work on opioid overdose, psychostimulant overdose, psychopathology, suicide, trauma, treatment outcome and toxicology. As of December 2021 he had published 300 research articles, six books, 85 monographs and eight book chapters. His most recent books are *The Clinician's Guide to Illicit Drugs and Health* (Silverback Publishing, 2019) and *The Pocket Guide Drugs and Health* (Silverback Publishing, 2021), comprehensive works that examine the health effects of each of the major drugs. He is also the Regional Editor (Australasia and Southeast Asia) of *Addiction*, and an Associate Editor of both *Drug & Alcohol Dependence* and *Drug & Alcohol Dependence Reports*.



### **Dr Tayla Degan**

Dr Tayla Degan is an Affiliated Researcher with the Illawarra Health and Medical Research Institute, School of Psychology, University of Wollongong. Dr Degan has published research in the area of health literacy, mental health, and substance use disorders.



### **Scientia Professor Louisa Degenhardt, AO**

Scientia Professor Louisa Degenhardt, AO (Hons – Psychology, MPsychology [Clinical], PhD) is UNSW Scientia Professor, NHMRC Senior Principal Research Fellow and a Deputy Director at NDARC, UNSW. She has honorary Professorial appointments at the University of Melbourne’s School of Population and Global Health, the Murdoch Children’s Research Institute, and the University of Washington’s Institute of Health Metrics and Evaluation. Scientia Professor Degenhardt conducts diverse epidemiological studies, including analysis of large-scale community and clinical population surveys, data linkage studies focusing on people with a history of drug dependence or chronic pain, and cohort studies of young people.



### **Dr Catherine Foley**

Dr Catherine Foley is a Psychologist and Researcher at NDARC, UNSW. She has a clinical background in mental health, substance use, and trauma. Her research is focused on working alongside communities and health providers in diverse locations to co-design and evaluate holistic health services.



## Invited Speakers (continued)



**Dr Peter Gates**

Dr Peter Gates (BA [Psych], Dip In Psych, PhD) has had an extensive career at NDARC, UNSW since August 2002. He has worked on projects investigating alcohol use in young Australians, leading to the introduction of the Australian Alcohol Treatment Outcome Measure for dissemination across non-government health organisations. Dr Gates conducted research on the potency and contamination content of Australian cannabis prior to commencing employment with the National Cannabis Prevention and Information Centre (NCPIC) at its inauguration in 2008. He also investigated the barriers users face in receiving treatment specifically for their cannabis use and completed his PhD in August 2012 on developing and evaluating the efficacy of a telephone-based treatment as delivered by the NCPIC's Cannabis Information and Helpline.



**Dr Alys Havard**

Dr Alys Havard is an Associate Professor at both NDARC and the School of Population Health, UNSW. She is also a Deputy Director at NDARC. Dr Havard's research uses linked administrative data to improve our understanding of how medicines are used at a population-level, and their safety and effectiveness in real world settings. She leads two main streams of research; one focuses on smoking cessation pharmacotherapies and the other on medicine use and safety during pregnancy.



**Dr Ria Hopkins**

Dr Ria Hopkins is a Postdoctoral Fellow at NDARC, UNSW. Her interests include pharmacoepidemiology, public health, and healthcare policy. Her current work includes projects aimed at identifying patterns of medicine use and associated outcomes. She is particularly interested in potentially high-risk medicines including opioid analgesics and psychotropic medicines, and priority populations including people living with pain or those diagnosed with mental health conditions.





### **Dr Michala Kowalski**

Dr Michala Kowalski is a Postdoctoral Fellow at NDARC, UNSW. She was awarded her PhD in 2024 for her mixed-methods study of alcohol policy in New South Wales, which examined the role of evidence in policy, the leading problematisations in alcohol policy, and analysed overlooked effects of alcohol policies in the state. Dr Kowalski's current research programme concentrates on alcohol policy, cannabis policy, evolving drug markets, and harm reduction. She is an active Member of the Global Cannabis Cultivation Research Consortium, and the Drug Policy Modelling Program Network, and Co-Convenor of the Safe(r) Supply Network in Australia.



### **Associate Professor Rebecca McKetin**

Associate Professor Rebecca McKetin (BSc[Psychol] Hons, PhD) leads a research programme into stimulant use epidemiology and interventions at NDARC, UNSW. Her current research involves the online delivery of psychological help for people who use stimulants (Breaking the Ice), the trialling of new pharmacotherapy options for methamphetamine dependence (Tina Trial; N-ICE trial; LiMA study), and the development of novel responses to methamphetamine use in Aboriginal and Torres Strait Islander communities (NIMAC). Professor McKetin established the three-year-long Methamphetamine Treatment Outcomes Study (MATES) of 501 methamphetamine-dependent individuals, demonstrating the impact of community-based treatments. She has also estimated the number of dependent methamphetamine users in Australia and contributed to regional drug monitoring systems in the Asia Pacific. Her work has quantified the risk of psychosis, violence, and other mental health outcomes related to methamphetamine use. She holds the position of Senior Editor for *Addiction*, consults for the UN, and is a Member of the Australian Institute of Policy and Science.



### **Professor Hayden McRobbie**

Professor Hayden McRobbie has worked in the field of behavioural medicine for more than 20 years and is a Senior Clinician with a specialist interest in lifestyle medicine. He holds a medical degree from the University of Otago, a doctorate from the University of London, and is currently Professor in Public Health Interventions at NDARC, UNSW, and a Fellow of the Australasian Society for Lifestyle Medicine. He has played a key role in tobacco control in New Zealand, and his current work includes prevention and management of long-term conditions, with a particular focus on improving health outcomes for Māori people.

## Invited Speakers (continued)



### **Ms Olivia Price**

Olivia Price commenced her PhD in 2022 under the supervision of Scientia Professor Louisa Degenhardt and Associate Professor Amy Peacock at NDARC, UNSW. Her project focuses on vaccine-preventable diseases and sexually transmitted infections among people who inject drugs, and aims to examine access to relevant interventions (i.e., vaccination, testing, and treatment) and the burden of disease among this population. She also works in a part-time capacity on the Drug Trends team where exploring trends in illicit drug use, behaviours and markets.



### **Dr Thomas Santo Jr**

Dr Thomas Santo Jr is a Postdoctoral Fellow at NDARC, UNSW, with observational research and meta-analysis expertise. His research aims to improve the treatment of substance use disorders, with a focus on opioid use disorder treatment. During his PhD candidature, Thomas conducted a mix of high-quality systematic reviews, analysis of prospective cohort data, and linkage of administrative data to examine experiences of childhood trauma and comorbid mental disorders among people with opioid use disorder. He has experience in longitudinal data analysis of data from people who primarily use heroin and those prescribed opioids for chronic pain, and has collaborated with international research groups across several projects, including seven systematic reviews and meta-analyses. He has also contributed as an author to 19 articles, including seven first-author peer-reviewed publications and one technical report.



### **Ms Clare Smylie**

Clare Smylie is a Research Officer at St Vincent's Hospital Sydney, where she is involved in drug and alcohol clinical trials. Her role includes coordinating various aspects of these trials, drawing on her background in anthropology and psychology. In addition to her position at St Vincent's, she works with NCCRED. Her research primarily focuses on pharmacotherapy for methamphetamine use disorder, differing models of care to increase access to drug and alcohol healthcare, and consumer and community involvement in research. Ms Smylie's work aims to contribute to the understanding and development of emerging drugs in Australia through both practical and academic perspectives.



### **Dr Rachel Sutherland**

Dr Rachel Sutherland (BSocSc [Crim] Hons, PhD) is a Research Fellow at NDARC, UNSW and currently holds an NHMRC Investigator Fellowship (2021-2025). Her research programme is focused on monitoring systems for detecting trends in illicit drug use, including new psychoactive substances, and developing and evaluating novel responses to emerging drugs of concern. Dr Sutherland is currently Deputy Program Lead for Drug Trends, and Program Lead of the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS).



### **Dr Emily Symes**

Dr Emily Symes is a Consultant Emergency Physician and Clinical Toxicology Fellow at Sydney Local Health District, and a PhD candidate at NDARC, UNSW supervised by Scientia Professor Louisa Degenhardt and Dr Rachel Sutherland, exploring the epidemiology of substance use and mental health in trans and gender diverse people. She is also Vice-chair of the LGBTIQ+ Association of Doctors and Dentists Australia (GLADD) and a proud member of the trans and gender diverse community.



### **Dr Duong (Danielle) Tran**

Dr Duong Tran is a medically trained Epidemiologist and Research Fellow at NDARC, UNSW. She has over 15 years' research experience using real-world data and specialises in population-based routine data collection. Dr Tran leads multi-national studies investigating prescription medicines for smoking cessation, mental health, and substance use dependence in pregnant women. Her research has been cited in national tobacco control resources for clinicians, public health experts and policymakers. She also conducted a study to assess how the Health Care Home primary care model affects the quality of care and patient outcomes for people in the community with chronic health conditions, the findings of which contributed to the reform of primary care outlined in Australia's Primary Health Care 10-Year Plan 2022-2032. Additionally, she played a crucial role in developing the 'Join Us' research participant register, the first national research resource to promptly engage many Australian adults in health and medical research, thus improving research productivity and efficiency.

## Invited Speakers (continued)



### **Ms Bianca Varney**

Bianca Varney is a Senior Research Officer at NDARC, UNSW, and a Scientia PhD Scholar from the School of Population Health, UNSW. Ms Varney is an emerging Pharmacoepidemiologist who specialises in the use of 'big data' to understand the use and safety of medicines during critical perinatal periods. Her research uses large-scale administrative health data and sophisticated epidemiological techniques to address gaps in current knowledge of the safe use of opioids. She aims to generate high-quality evidence to inform policy, and help women and their doctors make informed decisions about their health. She worked as a Cell Biologist for several years before completing a Master of International Public Health at UNSW.



### **Professor Donald Weatherburn**

Professor Donald Weatherburn is a Professor at NDARC, UNSW and was formerly Executive Director of the NSW Bureau of Crime Statistics and Research. Prior to that appointment, Professor Weatherburn was foundation Research Director at the Judicial Commission of New South Wales. He graduated from the University of Sydney with first class honours in Psychology and was awarded a PhD by that university in 1979. He has published on a wide range of topics including sentencing, criminal justice administration, crime prevention, drug law enforcement, harm reduction, and program evaluation. He has authored or co-authored 229 publications, including four books, over 100 peer-reviewed journal articles, nine book chapters, and 121 reports.



### **Ms Paige Webb**

Paige Webb is currently completing a PhD at NDARC, UNSW exploring how methamphetamine use can influence family relationships. Ms Webb is also a Research and Policy Officer at Students for Sensible Drug Policy, and is passionate about reducing the stigma experienced by people who use drugs and their families.





### **Dr Amelia Woods**

Dr Amelia Woods is a Medical Doctor specialising in addiction medicine and is dedicated to advancing healthcare and mental health for marginalised populations. She focuses on providing care for Aboriginal communities, LGBTIQ+ individuals, and people involved in the criminal justice system. Dr Woods has extensive experience in diverse clinical settings focusing on social justice and healthcare access. She holds a Master's in Addictive Behaviours from Monash University/Turning Point (2018) and has worked in Aboriginal and prison health services providing comprehensive addiction care. Dr Woods is passionate about social justice, contributing to the academic understanding of addiction within vulnerable populations, and advocating for equitable access to healthcare services to bridge the gap in addiction treatment and mental health care for marginalised populations.



### **Dr Wing See Yuen**

Dr Wing See Yuen is a Trainee Biostatistician at NSW Health and was previously a Research Fellow at NDARC, UNSW. Dr Yuen completed her PhD in Public Health and Community Medicine at NDARC in 2022. Her doctoral research examined trajectories of alcohol-related harm in young people using a variety of datasets, including a longitudinal cohort, linked administrative cohort, and cross-sectional national surveys. Her research interests include examining trends, trajectories, and predictors of alcohol and other substance-related harm in young people and LGBTIQ+ people.



### **Ms Joanna Zhou**

Joanna Zhou is a fourth-year undergraduate medical student at UNSW and is currently in her research year. In 2024, under the guidance of her supervisors, she gained a deeper appreciation for the role of rigorous research in informing clinical practice and comprehensive medical care. Her field of interest is female reproductive health, and her project on OAT Retention in Postpartum Women has enhanced her ability to contribute to research and healthcare, benefiting more women and children.





# Choir of Hard Knocks



The 2024 NDARC Annual Research Symposium will feature a performance by the Choir of Hard Knocks. Founded in 2006 by Jonathon Welch, now under the Co-Artistic Direction of Danielle Matthews & Adam Przewlocki. This award-winning choir serves as a powerful platform for individuals facing challenges such as homelessness, mental illness, and substance use issues. Now in their 18th year, the choir still meets weekly to sing, share a meal and socialise together, including a number of the original 52 members. Through the transformative power of music, the choir creates a sense of belonging, camaraderie, and community among its members. Most importantly, the ongoing and regular contact the choir provides to members has had a profound effect on their lives, assisting in overcoming substance addiction & abuse, re-connecting with society and leading back to either part time or full time study or work.

The Choir of Hard Knocks serves as a reminder of the importance of compassion, connection, and hope in addressing complex social and health challenges.

For further info about the Choir of Hard Knocks, please visit:

[www.choirofhardknocks.org.au](http://www.choirofhardknocks.org.au)

# Poster Listing

Name	Title of Abstract	Poster #
Toni Karlsson	Drug-related encounters with police that do not result in arrest among national samples of people who regularly use drugs, 2023-2024	1
Agata Chrzanowska	Unravelling the Impact: Analysis of Trends of GHB Use and Related Harms in Australia	2
Julia Uporova	First drug injected among an ageing population of people who regularly inject illicit drugs in Australia, 2000-2024	3
Nicola Man	Availability of nitazenes for purchase in Australia and internationally via cryptomarkets	4
Thomas Santo Jr	Modelling the impact of opioid agonist treatment on suicide-related deaths among people with opioid use disorder	5
Olivia Price	Individual-level harm reduction intervention coverage among people in Australia who inject drugs	6
Udesha Chandrasena	Difficulty obtaining a prescription for cannabis products among two national samples of people who regularly use drugs in Australia, 2024	7
Kathryn Fletcher	An open-label safety and feasibility pilot trial of ketamine-assisted psychotherapy for methamphetamine use disorder	8
Madeleine Powell	Prenatal and early life maternal substance prevalence in Australian children	9
Thomas Santo Jr	Socio-Demographic Characteristics and Treatment Experiences of People with Opioid Dependence in New South Wales, Australia	10
Kendal Chidwick	Long-term prescribed opioid use after hospitalisation or emergency department presentation among opioid-naïve adults in New South Wales (NSW), Australia (2014–2020)—a population-based cohort study	11
Emily Deans	Understanding the unique goals of complex support clients accessing alcohol and other drug treatment	12
Michala Kowalski	Small-scale cannabis growers' preferences for the regulation of cannabis production	13
Alison Seccull	Just like any other patient: client and health provider perceptions following the transfer of Opioid Agonist Therapy clients to primary care	14
Lucy Tran	The prevalence of gambling and problematic gambling	15
Ava Kontogiannis	The Tina Trial: Progress of a phase 3 randomised placebo-controlled trial of mirtazapine as a pharmacotherapy for methamphetamine ("ice") dependence	16

<b>Name</b>	<b>Title of Abstract</b>	<b>Poster #</b>
Sophie van der Helder	Exploring the perceived usefulness of integration support after naturalistic psychedelic experiences in people concerned about their substance use: a survey	17
Joanna Zhou	Retention in opioid agonist treatment following childbirth and associated factors	18
Kendal Chidwick	Trends in prescription opioid analgesic utilisation in Australia from 2015 to 2022)	19
Ria Hopkins	Age-related risk of serious fall events associated with opioid analgesic use	20
Olivia Price	Population ageing and apparent decline in initiation of injecting drug use in Australia	21
Tayla Degan	Co-occurring DSM-IV mental disorders amongst people with methamphetamine dependence	22
Emily Symes	Presentations and characteristics of trans and gender diverse patients presenting to an Australian Emergency Department	23
Ria Hopkins	Age, period, and cohort trends of substance poisoning, alcohol-related disease, and suicide deaths in Australia, 1980-2019	24

## Professor Matthew Hickman

**Presentation title:** *Transforming the Evidence Base on Trends in Drug Related Deaths in Scotland (why we need cohorts)*

**Organisations:** M. Hickman<sup>1</sup>, H.E. Jones<sup>1</sup>, P. Vickerman<sup>1</sup>, H. Fraser<sup>1</sup>, L. Allan<sup>1</sup>, J. Stone<sup>1</sup>, A. Markoulidakis<sup>1</sup>, A. McAuley<sup>2</sup>, R. Fraser<sup>2</sup>, M. Glancy<sup>2</sup>, A. Yeung<sup>2</sup>, S.J. Hutchinson<sup>2</sup>, L. Barnsdale<sup>2</sup>, D. Liddell<sup>3</sup> and S. Priyadarshi<sup>4</sup>

*1 Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, UK*

*2 Public Health Scotland and/or School of Health and Life Sciences, Research Centre for Health, Glasgow Caledonian University, Glasgow, UK*

*3 Scottish Drugs Forum, Glasgow, UK*

*4 Glasgow Alcohol and Drug Recovery Services, Glasgow, UK*

**Introduction:** The twofold rise in drug-related deaths (DRD) in the last decade in Scotland is a “public health emergency”. Scotland has the highest recorded DRD population rate in Europe, at 250-300 (2021-22) per million population - sixteen times the EU average and on par with North America.

**Methods:** We undertook a series of investigations to understand better what is driving the increase in DRD.

**Results:** We showed that the increase in DRD is unlikely to be due simply to an ageing cohort/epidemic of opioid dependence. We tested whether Opioid Agonist Treatment (OAT) was protective in Scotland – showing that like recent systematic reviews – OAT reduces DRD by >60% but the risk of DRD in opioid dependent people in Scotland increased over three-fold in the last 10 years (increasing both in people in and out of OAT). We estimated trends in the prevalence of people with Opioid Dependence – showing that prevalence was high in Scotland compared to many other countries (at 47,100 or approximately 1.32% 15- to 64-year-olds in 2020) but also showing that there was no evidence of any increase in the size of the population. We showed that trends in suicide for people dependent on opioids were elevated compared to the general population but did not follow trends in risk of overdose. Therefore, the rise in the number of DRD is due to increased risk experienced by people dependent on opioids – that was specific to overdose mortality. All these analyses were possible through establishing cohorts linking people in drug treatment to other drug related harms.

**Implications:** There is a strong association between trends in DRD and polydrug use deaths involving street benzodiazepines. We are exploring the nature of the risk of opioids and benzodiazepines from multiple perspectives (pharmacology, epidemiology, social science). We will be developing models to test whether OAT and other interventions avert DRD in Scotland and evaluate potential impact of the combination of new interventions and changes in delivery of current interventions on trends in DRD.

## Professor Jürgen Rehm

**Organisation:** Institute for Mental Health Policy Research; Campbell Family Mental Health Research Institute, Centre for Addiction and Mental Health, Canada

**Presentation title:** *WHO's Global Alcohol Action Plan 2022–2030. What are the critical issues for Prevention and Policy?*

The WHO's Global Alcohol Action Plan 2022-2030 (GAAP 2022-2030), which finally appeared in 2024, aims to reduce alcohol use through effective evidence-based strategies at the national, regional, and global levels. This was necessary since the 2010 WHO Global strategy to reduce the harmful use of alcohol did not seem to offer strategies sufficient to reach important international goals, such as the NCD goal or the Sustainable Development Goal health target 3.5.

While the GAAP 2022-2030 builds on the Global Strategy, it is more concrete as it sets alcohol-specific global targets to achieve, and lists more concrete actions to achieve these for all stakeholders involved. The most important alcohol-specific targets are: Global target 1.1 - by 2030, an at least 20% relative reduction (compared to 2010) in the harmful use of alcohol, which is usually measured by adult per capita consumption; and Global target 1.2 - by 2030, 70% of countries should have introduced, enacted or maintain the implementation of high-impact policy options and interventions, as described in the WHO SAFER recommendations.

While these are definitely steps in the right direction, multiple potential problems still exist:

- 1) While acknowledging the importance of systems to monitor and measure progress in a timely fashion, such systems do not currently exist internationally. Thus, the current WHO Global status report on alcohol and health for 2024 is based on 2019 data, which are irrelevant for current policy-making. Moreover, existing national monitoring systems continue to be weak.

- 2) There is a need to operationally define what the "implementation of high-impact policy options" means. For example, the vast majority of WHO Member States have implemented alcohol excise taxation, but have done so in such a way that alcohol has actually become more and more affordable globally. More concrete definitions are needed.

- 3) Other targets concentrate on weak indicators such as national alcohol plans, with insufficient evidence provided on their effectiveness.

The presentation will give an overview of the GAAP 2022-2030 and the most crucial issues in reaching the main targets, with special emphasis on the differential implications for high- vs. low- and middle-income countries.



## Professor Sir John Strang

**Organisation:** Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK  
**Presentation title:** *The UK supervised heroin treatment trial: success and failure to advance science, policy and practice.*

Research study of new or adapted clinical methods should guide evolution and implementation of better policy and practice. Policy decisions in the addictions field are influenced by strong vested interests and moral positions; nevertheless, researchers and practitioners should strive to conduct and present research in such a way as to inform public and political understanding and to identify opportunities to improve individual well-being and public policy. The final communication with public and political audiences is often the step at which the process stalls. The UK research into supervised heroin treatment is examined as an example of this failure.

The objective of the new treatment was to provide a specialised treatment to those with entrenched heroin addiction problems which had not previously responded to orthodox treatments and to enable them to reduce and quit illicit heroin use; other benefits, including wider personal health and social gains, were important secondary objectives. Between 2005-10, a well-designed special clinical service was established, and a multi-centre randomised trial (RIOdonTT) was undertaken, building on experience from clinical and research initiatives in other countries. Strong research findings were recognised by leading academic journals as important advances, and, between 2010-2015, the UK government initially supported careful roll-out of this new treatment as locally-delivered specialist care, with intention of wider future provision.

However, national austerity—with 30% cuts to funding of addiction treatment services in the UK—and a changed political mood led to withdrawal of central funding. Decision-making was devolved to a local level, and local funders did not accept the need for more expensive treatment for a small number of individuals in need. In addition, the UK move to competitive tendering between addiction service providers led to inter-agency and inter-professional withdrawal of collegiality, which further undermined the potential for introduction of more expensive forms of treatment. In 2016, funding was no longer provided for the three supervised heroin treatment clinics and they closed.

At both policy and practice levels, despite early failure of follow-through, residues of impact are still discernible: the Department of Health in England produced guidelines in 2022 on supervised heroin treatment and how it should be delivered, and two separate supervised heroin clinics, modelled on the RIOTT clinics, had been established, one in the north of England and one in Scotland, the latter of which still operates. The conclusion? Clinicians and researchers must commit to all stages of the research and science translational process, and impact may be slow coming.

## Dr Winifred Asare-Doku

w.asaredoku@unsw.edu.au

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Perceptions of Religious and Community Leaders towards Alcohol and Other Drug Use and Treatment in CALD Communities in NSW.*

**Authors:** W. Asare-Doku<sup>1</sup>, C. Foley<sup>1</sup>, N. De Silva<sup>2</sup>, R. Stirling<sup>3</sup>, T. Syahbahar<sup>2</sup>, D. Kelly<sup>2</sup> and S.S. Stolk<sup>1</sup>.

*1 National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia*

*2 Odyssey House NSW, Sydney, NSW, Australia*

*3 Network of Alcohol and other Drugs Agencies, Sydney, NSW, Australia*

**Introduction:** Religious and community leaders often hold significant influence within culturally and linguistically diverse (CALD) communities and play a role in shaping attitudes and beliefs about alcohol and other drug (AoD) use and treatment. Understanding the perceptions of religious and community leaders can provide insights into how AoD issues are perceived at the community level and provide insight into cultural factors that may impact help-seeking behaviours and treatment outcomes. These leaders can support increased access to AoD prevention and treatment services, which can enhance access to care for individuals struggling with AoD harms.

**Aims:** This study, therefore, explored religious and community leaders' perceptions towards alcohol and other drug use and treatment.

**Methods:** Eight (six males and two females) CALD religious and community leaders from Western and South-West Sydney were interviewed. Participants were of Middle Eastern, African, Asian, and Australasian backgrounds. Thematic analysis was used to analyse the data.

**Results:** Four themes were identified: (1) Cultural and Contextual Factors (2) Social and Family Impact (3) Treatment Enablers and (4) Treatment Barriers. The first two themes focused on AoD use and the latter on AoD treatment. Some religious and community leaders perceived AoD use as taboo and unacceptable in the community. This has implications for individuals and families who may feel pressure to hide AoD use and not seek help. Regarding treatment enablers, there was a consensus that AoD services partnering with faith-based organisations to address AoD harms will increase community engagement. Treatment barriers included language, negative views on harm minimisation, and lack of culturally appropriate treatment.

**Implications:** AoD services partnering with faith-based organisations was perceived as useful. Support and education for religious and community leaders is essential to assist them in reducing potential negative perceptions and stigma surrounding AoD issues in communities and to minimise barriers for people who are seeking help.

## Dr Chrianna Bharat

*c.bharat@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Global coverage of interventions to prevent and manage injecting drug use related harms in prisons: a systematic review.*

**Authors:** C. Bharat<sup>1</sup>, N. Gisev<sup>1</sup>, R. Hopkins<sup>1</sup>, S.A. Pearson<sup>2</sup>, M. Gillies<sup>2</sup>, T. Dobbins<sup>3</sup>, S. Larney<sup>4</sup>, F. Blythe<sup>5</sup> and L. Degenhardt<sup>1</sup>

*1 National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia*

*2 Medicines Intelligence Research Program, School of Population Health, UNSW Sydney, NSW, Australia*

*3 School of Population Health, UNSW Sydney, NSW, Australia*

*4 Université de Montréal and Centre de Recherche du CHUM, Montreal, Canada*

*5 School of Public Health, Faculty of Medicine and Health, The University of Sydney, NSW, Australia*

**Introduction:** Opioid analgesics play an important role in providing pain relief but can lead to substantial harm, including opioid use disorder. This study estimates the prevalence of incident opioid use disorder among people prescribed opioids for non-cancer pain and examines the risk associated with different patterns of opioid exposure.

**Methods:** A population-based nested case-control study of adults in New South Wales (NSW), Australia, who initiated a prescription opioid for non-cancer pain between July 1, 2003, through June 30, 2017, and followed-up to December 31, 2018. Incident prevalence and time-to-event from opioid initiation were evaluated in the entire cohort prior to matching. Cases, defined as people who developed incident opioid use disorder, were matched with up to 8 controls who also used opioids based on sex, birth year, and year of cohort entry. Conditional logistic regression was used to explore the association between opioid use disorder and different time-varying metrics of opioid exposure, including: current, recent, continuous, and cumulative exposure, with a novel method used to explore whether these associations were dependent on their recency to the outcome.

**Results:** The cohort included 2,578,425 people, of whom 11,854 (0.46%) had an incident opioid use disorder diagnosis during the 15,940,500.53 years of follow-up (crude rate of 7.43/10,000 person-years). Among cases, the median time to onset of an opioid use disorder following opioid initiation was 3.98 years. After matching, we included 11,550 cases and 92,400 controls.

**Implications:** Although opioid use disorder is a relatively rare event among people prescribed opioids for non-cancer pain in NSW, Australia, these analyses will provide evidence to guide opioid governance with the goal of attenuating the risk of these potentially avoidable adverse events.

## Mrs Kendal Chidwick

*k.chidwick@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Trends in prescription opioid analgesic use in Australia from 2015 to 2022: a national analysis using pharmaceutical claims and sales data.*

**Introduction:** Recent measures to curb prescription opioid use have reduced dispensings of opioid analgesics for pain, subsidised under the Pharmaceutical Benefits Scheme (PBS). But information on trends in opioid use across non-PBS subsidised (private market/government-funded hospitals) is not readily available.

**Aims:** We examined trends in Australia's prescription opioid analgesic use, estimating PBS, private market and hospital use.

**Methods:** We used two datasets covering 2015 to 2022: national IQVIA data on all (PBS/non-PBS) pharmaceutical sales to community pharmacies, hospitals and other settings, and PBS dispensing data for a 10% sample of Australian residents, extrapolated to estimate national PBS use. We measured total units of each opioid sold/dispensed, converted into oral morphine equivalent mg (OME) per 1000 population per day. Non-PBS use was estimated by subtracting PBS OME dispensed from total OME sold. Hospital OME were calculated using IQVIA data on sales to hospitals.

**Results:** Between 2015—2022 total opioid use decreased by 21.2%, from 1231.4 to 970.6 OME/1000/day. Between 2015—2022, PBS-use decreased by -353.4 OME/1000/day, from 1061.7 to 708.4 OME/1000/day. In contrast, non-PBS use increased by +92.5 OME/1000/day, from 169.7 to 262.3 OME/1000/day. The contribution of non-PBS to total opioid use increased from 13.8% in 2015, to 27.0% in 2022. Hospitals (government-funded/private) opioid use was stable, accounting for 8—10% of total use between 2015—2022. In 2015, sales of oxycodone (+/-naloxone) accounted for 33.7% of total opioid use followed by tramadol (17.6%) and fentanyl (13.8%); by 2022, tapentadol accounted for 27.4%, surpassing oxycodone (+/-naloxone; 26.1%) and tramadol (13.8%).

**Implications:** A quarter of the reduction in PBS dispensings was offset by non-PBS use. Our findings indicate a significant increase in private use, reasons for which may include accessing opioids not PBS-listed and to circumvent PBS restrictions for PBS-listed opioids. Determining the clinical outcomes of changes in patterns of opioid use is critical.



## Associate Professor Ryan Courtney and Professor Hayden McRobbie

*r.courtney@unsw.edu.au*

*h.mcrobbie@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *New behavioural and pharmacological trials for smoking cessation.*

**Introduction:** UNSW, Sydney's National Drug and Alcohol Research Centre's Tobacco Research Group (TRG) are currently undertaking both National Health and Medical Research Council and Heart Foundation funded projects examining the effectiveness of novel pharmacotherapy and behavioural treatments to increase smoking cessation. This session will showcase current projects led by the TRG and provide updates on clinical trial progress, and where available provide some preliminary results from these projects.

**Method:** An update will be provided on current evidence for Nicotine Vaporised Products (NVPs) for smoking cessation with a key spotlight on the innovative and novel trial design of the TRG's current smoking cessation clinical trial evaluating the effectiveness and safety of NVPs for smoking cessation in priority populations provided. Current clinical trial and population level survey data suggests that dual switching from vaping following successful smoking cessation when utilising NVPs in a quit attempt may be challenging for some ex-smokers. This session will highlight some of the TRG's recent qualitative work exploring challenges to dual switching and cover new and emerging text message program interventions for both smoking cessation, and dual (smoking and vaping) cessation.

**Results:** The current evidence base for NVPs for smoking cessation will be evaluated alongside an update of current TRG led clinical trials provided. Qualitative results from the "Understanding the Vape Study" will also be presented.

**Implications:** A key focus of the TRG's work is reducing tobacco-related disparities in health and reducing smoking rates among socially disadvantaged populations. The potential and significance of current projects and potential to increase smoking cessation among priority populations will be highlighted.

---

### Dr Brendan Clifford

*brendan.clifford@unsw.edu.au*

**Organisation:** National Centre for Clinical Research in Emerging Drugs, UNSW

**Presentation title:** *Emerging drugs of concern - Prompt Response Network update.*

**Authors:** B. Clifford<sup>1,2</sup>

*1 National Centre for Clinical Research on Emerging Drugs, UNSW Sydney, NSW, Australia*

*2 St Vincent's Hospital Alcohol & Drug Service, Sydney, NSW, Australia*

The Prompt Response Network brings together clinicians, public health professionals, policy makers, data scientists, researchers, community organisations and community members with the aim of supporting Australia's public health response to emerging drugs of concern. Knowledge exchange on signals of concern is facilitated through quarterly network meetings, and an online social platform. Government issued drug alerts issued are republished the website [TheKnow.org.au](http://TheKnow.org.au) as national repository providing an overview of drug alerts across Australia. This presentation will outline the design and function of the network, and examine drug alerts issued over the last year.

---

## Professor Shane Darke

*s.darke@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *The Changing Face of Overdose.*

Overdose is a major clinical and public health issue. In this presentation we will explore the nature of fatal overdose across three decades. This will cover what overdose means for three "waves" of drugs across the past 30 years: Opioids, Psychostimulants and New Psychoactive Substances. We will also explore how the characteristics of people who die from overdose has changed

---

## Dr Tayla Degan

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Co-occurring DSM-IV mental disorders amongst people with methamphetamine dependence.*

**Introduction:** Methamphetamine use is a growing global health concern. Co-occurring mental disorders are associated with poorer health outcomes amongst people with substance use disorders. No study has examined the prevalence or impact of co-occurring mental disorders in a population with methamphetamine dependence.

**Aims:** The current study aims to (i) estimate the past year prevalence of co-occurring mental disorders in people with methamphetamine dependence; (ii) examine the impact of co-occurring disorders on their health outcomes; and (iii) explore whether they received help for co-occurring disorders.

**Methods:** Participants were 484 adults recruited from community-based substance use disorder facilities and health services located in Brisbane and Sydney, Australia. All participants met DSM-IV criteria for a past year methamphetamine use disorder. Past year diagnoses of major depressive disorder, social phobia, and panic disorder were made using the Composite International Diagnostic Interview.

**Results:** Of the total sample, 57% had at least one co-occurring mental disorder (44% major depression, 24% social phobia, 26% panic disorder); 31% had only one, 15% had two, and 11% had three co-occurring disorders. Having more co-occurring disorders was associated with past year suicidal ideation, greater psychological distress, mental and physical health disability. Fifty three percent of participants with a co-occurring mental disorder received help for at least one of their co-occurring mental disorders, and 19% felt that they received as much help as they needed.

**Implications:** Co-occurring mental disorders are common amongst people with methamphetamine dependence. Having more co-occurring disorders was associated with poorer health outcomes. Most people did not receive sufficient help for their co-occurring mental disorders. Services need to assess and treat co-occurring mental disorders amongst people with methamphetamine dependence.

---

## Scientia Professor Louisa Degenhardt, AO

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Using linked cohorts to examine population-wide effects of opioid agonist treatments in NSW.*

Since 2007 we have been using data linkage to examine the nature of opioid agonist treatment (OAT) for opioid dependence in NSW. This has involved multiple studies considering the trajectories of engagement with treatment, changes over time in retention in treatment, engagement with health services and the criminal justice system among people with opioid dependence. We have also been examining potential impacts of engagement in OAT upon health and social outcomes, and used mathematical modelling to examine the effects of the NSW OAT programme as implemented at the population level. This presentation will summarise some of the key findings of this work, and also summarise the newly funded US National Institutes of Health project that will extend this work from Australia to multiple states in the United States and Scotland.

## Dr Catherine Foley and Dr Amber Domberelli

*c.foley@unsw.edu.au*

**Organisations:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Greater than the sum of its parts. Establishing a base for collaborative research in regional NSW to improve drug and alcohol outcomes in rural, regional, and remote communities..*

**Authors:** C. Foley<sup>1</sup>, A. Seccull<sup>1,2,3</sup>, G. La Hera Fuentes<sup>2</sup>, A. Domberelli<sup>3</sup>, D. Hedger<sup>3</sup>, T. Gill<sup>3</sup>, P. Jones<sup>3</sup>, S. Fox<sup>3</sup>, P. Collie<sup>4</sup>, V. Tyler<sup>4</sup>, N. Kerr<sup>5</sup>, R. Auld<sup>6</sup>, A. Bailey<sup>7</sup>, A. Stephens<sup>8</sup>, S.S. Stolk<sup>1</sup>, W. Asare-Doku<sup>1</sup>, T. Izzard<sup>1</sup>, M. Doyle<sup>9</sup>, S. Farnbach<sup>1</sup>, P. Gates<sup>1</sup>, and M. Farrell<sup>1</sup>.

*1 National Drug and Alcohol Research Centre, UNSW Sydney, Sydney, NSW, Australia*

*2 Rural Clinical Campus, UNSW Sydney, Coffs Harbour, NSW, Australia*

*3 Integrated Mental Health and Alcohol and Other Drugs Directorate, Mid North Coast Local Health District (LHD), Coffs Harbour, NSW, Australia*

*4 Alcohol and Other Drugs Service, Northern NSW LHD, Grafton & Lismore, NSW, Australia*

*5 Health Promotion, Mid North Coast LHD, Coffs Harbour, NSW, Australia*

*6 North Coast Population and Public Health, NSW Health, Coffs Harbour, NSW Australia*

*7 Research and Knowledge Translation Directorate, Mid North Coast LHD, Port Macquarie, NSW, Australia*

*8 Research Directorate, Northern NSW LHD, Lismore, NSW, Australia*

*9 Central Clinical School, University of Sydney, Sydney, NSW Australia*

**Background:** Relative to metropolitan areas, there is a lack of Alcohol and Other Drug (AOD) research conducted in rural, regional, and remote areas. However, these areas face unique challenges and opportunities that should be considered and built upon by research to address local health priorities. To address this gap, a group of consumers and AOD researchers and clinicians who live and work in rural NSW has come together to combine resources and expertise to co-design research priorities. Infrastructure to support sustainability and scalability is being developed through establishment of a co-led coordinating base in regional NSW.

**Aims:** The aim of the regional research base is to improve health outcomes for people in rural, regional, and remote NSW, to strengthen research capability in health services, and to increase the evidence base for AOD programs in these diverse locations. We introduce the initiative and present examples of co-design.

**Methods:** Our co-design framework involves developing locally identified and locally driven models of care to improve AOD treatment and translating those into best-evidence models that can be implemented nationally.

**Results:** Outcomes from developing the regional base will be presented, along with a snapshot of a range of locally driven projects that are currently being co-designed or implemented.

**Implications:** This initiative offers a practical framework for creating infrastructure and support for health services to collaborate, generate, and deliver locally relevant research in rural areas. Building scalable models of care will support the rapid implementation of our findings into clinical practice nationwide.



## Dr Peter Gates

*peter.gates@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Defining approaches and research evidence around Community Action to reduce AOD harms.*

**Authors:** P. Gates<sup>1</sup> and S. Farnbach<sup>1</sup>

*1 National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia*

**Background:** National and Global Drug Strategy documents have prioritised community action among suggested efforts to reduce the harms from alcohol and other drugs (AOD). This community focus stems from the recognition that AOD use occurs in community settings, and the potential efficiency of changing collective rather than individual behaviours. However, community action is not well defined in Strategy documents and there is a lack of guidance around what should be involved.

**Aims:** To address this gap, we aim to define community action as a response to AOD harms and what types of activities are typically involved; and explore what research evidence there is regarding community action and how it is obtained.

**Methods:** A systematic umbrella review was conducted. Our literature search strategy included electronic databases (CENTRAL, Embase, Medline, and PsycINFO), review registries (Cochrane, DoPHER, DARE), and additional hand searching. Reviews were assessed to explore community action targeting AOD use and related harms. Evaluation studies identified by reviews were retrieved and data on their components, implementation, and results relating to AOD outcomes were extracted. We have also partnered with lead NSW-based AOD organisations with community action portfolios to learn more about their processes.

**Results:** Community action includes community mobilisation (community outreach and engagement) and the formation and activities of community coalitions (coordinated collaboration between formal and informal organisations and individuals with skills, expertise and commitment to reducing or preventing AOD use). Community action is typically evaluated as part of wider response strategies and evidence for impact is mixed, weighted to youth, and there is scant information on activity details, or barriers and enablers.

**Implications:** Our umbrella review provided little guidance for which community-based activities or events are most effective, though identified factors associated with perceived success. We plan to conduct further work with community AOD action groups and organisations to address this gap.

## Dr Ria Hopkins

*ria.hopkins@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Age, period, and cohort trends of substance poisoning, alcohol-related disease, and suicide deaths in Australia, 1980-2019.*

**Authors:** C. Bharat<sup>1</sup> and R.E. Hopkins<sup>1</sup> (joint first), M. Chambers<sup>1</sup>, L. Degenhardt<sup>1</sup>, A. Peacock<sup>1,2</sup>, M. Farrell<sup>1</sup>, W.S. Yuen<sup>1</sup>, N. Man<sup>1</sup> and N. Gisev<sup>1</sup>

*1 National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia*

*2 School of Psychology, University of Tasmania, Hobart, Australia*

**Introduction:** Deaths due to substance poisoning, alcohol-related disease, and suicide pose a critical public health issue. Labelled “deaths of despair” in the US, whether these deaths represent a distinct phenomenon in Australia requires exploration.

**Aims:** To assess temporal trends in mortality rates; compare sex-specific temporal trends; and examine age-period-cohort effects.

**Methods:** Deaths due to substance poisoning, alcohol-related disease, and suicide occurring in Australia between 1980-2019 were identified from the Cause of Death Unit Record File. Age-standardised rates were examined and compared between sexes for all deaths (combined) and by cause (cause-specific). Age-period-cohort models were examined to investigate interrelated patterns of age at death (age), year of death (period), and year of birth (cohort), with annual percentage changes (net drifts) presented.

**Results:** Combined mortality rates were stable between 1980-1999: this reflected an increase in substance poisoning deaths, offset by a reduction in alcohol-related disease deaths. A decline (2000-2006) and subsequent increase (2007-2019) in combined rates were then observed, primarily attributable to corresponding changes in substance poisoning and suicide deaths among males. In models, annual percent changes for combined mortality rates were negligible; however, distinct cause-specific trends were observed. There was evidence of increasing substance poisoning deaths for both males (net drift [95% CI]: 3.33 [2.84, 3.83]) and females (2.58 [2.18, 2.98]). Among males, there was evidence of decreasing alcohol-related disease deaths (-1.46 [-1.75, 1.16]) and suicide deaths (-0.52[-0.69, -0.36]). Among females, there was evidence of relative stability for alcohol-related disease deaths (0.28% [-0.66, 0.09]) and suicide deaths (-0.25 [-0.52, 0.01]).

**Implications:** Although combined trends were relatively stable over the 40-year study period, different and distinct patterns were observed within cause-specific deaths, challenging the notion that these deaths represent a distinct epidemiological phenomenon. There is an ongoing need to review the effectiveness of current policies and strategies aimed at preventing these deaths.

## Dr Michala Kowalski

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Alcohol retailers lobbying activities: a comparative analysis of profit and non-profit alcohol retail industry body policy submissions.*

**Authors:** C. Wilkinson<sup>1,2</sup> and M. Kowalski<sup>3</sup>

*1 Drug Policy Modelling Program, Social Policy Research Centre, UNSW Sydney, NSW, Australia*

*2 Centre for Alcohol Policy Research, La Trobe University, Victoria, Australia*

*3 National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia*

**Background:** Non-profit retail models purport to work in the public interest. Up to 20% of Australia's alcohol retail market is non-profit, in the form of registered social clubs. In contrast to privately licensed retail, social clubs are member-owned businesses established to return proceeds back into the business, its members, and the local community. It is unclear whether working in the public interest, rather than private interests, leads to greater support for health and safety-based controls on alcohol retail.

**Objective:** To study whether working in the private or public interest influences a retailers' revenue-seeking efforts as represented through support for restrictions on the alcohol retail market.

**Methods:** We sampled a series of case studies of 'matched' submissions from the key for-profit and non-profit retail trade associations (Hotels and Clubs) to Australian alcohol public consultations between 2013 and 2017 (n=5 consultations; n=10 submissions). We coded the policy recommendations and supporting information in each submission.

**Results:** Trade associations for both non-profit and profit alcohol retail engaged in political lobbying. Both non-profit retailers and profit retailers lobbied for favourable market conditions and generally opposed measures that would limit their access to the alcohol retail market such as limits on advertising, access to venues and reduced trading hours. Retailers presented as a single sector however, when regulations had differential impacts sub-sector identities emerged. Profit retailers used the language of business and appealed to ideas of 'procedural fairness' and 'competition'. Non-profits argued from a place of 'community' and highlighted that any restriction on their access to the market was a restriction on community enrichment.

**Conclusion:** Australia's non-profit alcohol retail sector differs from the for-profit sector in their utilisation of the proceeds from alcohol sales. However, working in the community interest does not lead to support for health and safety measures when these impinge on community revenues.

## Associate Professor Rebecca McKetin

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *We need to talk about contingency management.*

**Authors:** R. McKetin<sup>1</sup> and S. Clay<sup>1</sup>

*1 National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia*

Contingency Management (CM) is one of the most effective – if not the only effective – treatment for methamphetamine use disorder. In the context of growing methamphetamine-related harms globally, and no approved pharmacotherapy options, effective psychosocial treatments are sorely needed. CM has a critical place to play in this scenario, and this has been recognized in the USA, where CM is increasingly being recommended as a first-line treatment for methamphetamine use disorder. Roll-out of CM is underway in the USA, using digital technology to support implementation. This talk will cover recent developments in CM implementation in the USA and reflect on what we have learnt about the potential for CM implementation in Australia through an NCCRED seed grant (NCR4SF07). We will look at the barriers to CM implementation in Australia, and potential opportunities to navigate implementation to overcome those barriers.

---

## Ms Olivia Price

*o.price@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Population ageing and apparent decline in initiation of injecting drug use in Australia.*

**Authors:** O. Price<sup>1</sup>, D. Lewer<sup>2,3</sup>, A. Peacock<sup>1,4</sup>, L. Maher<sup>5</sup>, F. Zolala<sup>5</sup>, L. Degenhardt<sup>1</sup>, S. Larney<sup>6,7</sup>, S. Agramunt<sup>8</sup>, P. Dietze<sup>8,9</sup>, S. Colledge-Frisby<sup>8</sup>, N. Scott<sup>9</sup>, J. Wilson<sup>9</sup> and R. Sutherland<sup>1</sup>

*1. National Drug and Alcohol Research Centre, UNSW Sydney, Sydney, Australia*

*2. Department of Epidemiology and Public Health, University College London, London, UK*

*3. Bradford Institute for Health Research, Bradford Teaching Hospitals NHS Foundation Trust, United Kingdom*

*4. School of Psychological Sciences, University of Tasmania, Hobart, Australia*

*5. Kirby Institute, UNSW Sydney, Sydney, Australia*


*6. Department of Family Medicine and Emergency Medicine, Universite de Montreal, Montreal, Canada*

*7. Centre de Recherche du CHUM, Montreal, Canada*

*8. National Drug Research Institute, Perth, Australia*

*9. Disease Elimination, Burnet Institute, Melbourne, Australia*





**Introduction:** The age of participants in cross-sectional surveys of people in Australia who inject drugs is increasing

**Aims:** We aimed to characterize this change in terms of age at first injection, time since first injection, and potential cohort effects.

**Methods:** We used 20 years (2000-2019) of annual repeat cross-sectional survey data from the Australian Illicit Drug Reporting System, in which people who regularly inject drugs participated. We estimated quantile regression models to investigate trends in age, time since injecting initiation, and age at injecting initiation. We subsequently stratified the models by gender.

**Results:** In total, 18,163 people participated (66% man/male). The median age of participants increased across the survey period from 28 years (interquartile range [IQR]: 22-35) in 2000 to 44 years (IQR: 38-50) in 2019. Initiation of injecting drug use increased steadily from the 1970s, peaking in the 1990s before sharply declining after 2000. Consequently, median time since injecting initiation increased across the survey period from 8 years (IQR: 4-15) to 24 years (IQR: 18-31). By calendar year of injection initiation, the median age at initiation has increased from 18 years (IQR: 16-22) in 1995 to 28 years (IQR: 21-40) in 2015. Compared to men, women were younger across the survey period and typically commenced injecting at a younger age.

**Implications:** It appears that the increasing age of people in Australia who inject drugs is driven by a large group of people who initiated injecting in the 1990s and continue to inject. Age at injecting initiation also increased, albeit at a smaller magnitude. Our findings have implications for health service delivery to people who inject drugs, with an increase in age likely to be accompanied by a rise in chronic health conditions and an increase in injecting duration potentially resulting in a higher incidence of injecting-related injuries and diseases.

## Dr Annelies Robijn

*a.robijn@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Effectiveness of prescription smoking cessation pharmacotherapies during pregnancy: a multi-national study.*

**Authors:** A.L. Robijn<sup>1</sup>, D.T. Tran<sup>1</sup>, J.M. Cohen<sup>2</sup>, S. Donald<sup>3</sup>, C.E. Cesta<sup>4</sup>, K. Furu<sup>2</sup>, L. Parkin<sup>3</sup>, S.A. Pearson<sup>5</sup>, J. Reutfors<sup>4</sup>, H. Zoega<sup>5,6</sup>, N. Zwar<sup>7</sup> and A. Havard<sup>1,5</sup>

*1 National Drug and Alcohol Research Centre, Faculty of Medicine and Health, UNSW Sydney, NSW, Australia*

*2 Department of Chronic Diseases & Centre for Fertility and Health, Norwegian Institute of Public Health, Oslo, Norway*

*3 Department of Preventive and Social Medicine, Dunedin School of Medicine, University of Otago, Dunedin, New Zealand*

*4 Centre for Pharmacoepidemiology, Department of Medicine Solna, Karolinska Institutet, Stockholm, Sweden*

*5 Medicines Intelligence Research Program, School of Population Health, Faculty of Medicine and Health, UNSW Sydney, NSW, Australia*

*6 Centre of Public Health Sciences, Faculty of Medicine, University of Iceland, Reykjavik, Iceland*

*7 Faculty of Health Sciences & Medicine, Bond University, Robina, Queensland, Australia*

**Introduction:** Currently, only one in five pregnant women who smoke succeed with quitting. Smoking cessation pharmacotherapies are effective in the general population, however robust evidence regarding their effectiveness in pregnancy is lacking

**Aims:** We compare smoking cessation rates among pregnant women who smoke and used prescription nicotine replacement therapy (NRT), varenicline or bupropion versus those who did not use a prescription smoking cessation pharmacotherapy.

**Methods:** This distributed multi-national cohort study links routinely collected birth data (2005-2020) to pharmaceutical dispensing records from New South Wales (NSW) Australia, New Zealand, Norway, and Sweden. Among pregnancies with early pregnancy smoking, cessation will be defined as not smoking in the latter 20 weeks of pregnancy (NSW, Norway, and Sweden), or two weeks postpartum (New Zealand). Using propensity scores, we will match pregnancies with prescription smoking cessation pharmacotherapy use prior to outcome assessment with 10 pregnancies without pharmacotherapy use. We will compare cessation rates using conditional Poisson regression modelling with a robust variance estimator, yielding a relative risk (RR) with 95% confidence interval in each country.

**Results:** Data analysis is underway. The largest cohorts we estimate to find will comprise of approximately 7,000 pregnancies with prescription NRT (New Zealand), 350 with varenicline (NSW), and 150 with bupropion (Norway/Sweden). These cohorts will yield minimum detectable RRs for cessation (assumed population prevalence 20%) of 1.07, 1.33 and 1.51, respectively.

**Implications:** This will be the largest investigation of the effectiveness of NRT, varenicline and bupropion during pregnancy. This evidence is needed to support informed decision-making regarding smoking cessation during pregnancy.

---

## Dr Thomas Santo Jr

*t.santo@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Global coverage of interventions to prevent and manage injecting drug use related harms in prisons: a systematic review.*

**Background & Aims:** In this global review, we expand the scope of our Lancet series, which systematically reviewed the coverage of interventions to prevent and manage drug-related harms among people who inject drugs (PWID). Using a similar methodology, we systematically review the availability of interventions for harms related to injecting drug use, including blood-borne viruses, in prisons globally as part of a collaboration with the United Nations Office of Drugs & Crime, European Monitoring Centre for Drugs and Drug Addiction, and other global organisations and experts.

**Methods:** We searched for publications in relevant databases, previous systematic reviews, and grey literature and contacted global experts for unpublished reports on relevant interventions. Relevant services included HIV and HCV testing and treatment, opioid agonist treatment (OAT), needle and syringe programs (NSPs), and naloxone in prison environments. For each intervention, we collected programmatic data on the availability, number of facilities, and number of people accessing services by country. We also extracted data relevant to key subpopulations (e.g., PWID). Finally, we compare the coverage of interventions to estimates from a concurrent review on the prevalence of injecting drug use and related harms in prisons.

**Results:** Of the 515 studies and reports included, most are from North America (34%), Western Europe (27%), and Eastern Europe (14%). The timeline of studies indicates a growing focus, with percentages showing an increase from 11% (2000-2005) to 35% (2016-2020) and 17% from 2021 to the present.

**Implications:** Initial findings from our comprehensive review indicate a significant global shortfall in harm reduction and treatment services for harms related to injecting drug use, including blood-borne viruses, in prison environments. Our findings can inform targeted policy interventions to enhance access to harm reduction and treatment services in prisons and improve the health of people who are incarcerated globally.

## Dr Rachel Sutherland

*rachels@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Emerging trends in drug use, harms, and markets: Findings from Drug Trends 2024.*

**Authors:** R. Sutherland<sup>1</sup>, H. Tayeb<sup>1</sup>, A. Karlsson<sup>1</sup>, J. Uporova<sup>1</sup>, U. Chandrasena<sup>1</sup>, O. Price<sup>1</sup>, A. Chrzanowska<sup>1</sup>, N. Man<sup>1</sup>, R. Bruno<sup>1,2</sup>, P. Dietze<sup>1,3,4</sup>, S. Lenton<sup>1,5</sup>, C. Salom<sup>1,6</sup>, L. Degenhardt<sup>1</sup>, M. Farrell<sup>1</sup> and A. Peacock<sup>1</sup>

*1 National Drug and Alcohol Research Centre, UNSW Sydney, Sydney, NSW, Australia*

*2 School of Medicine, University of Tasmania, Hobart, Tasmania, Australia*

*3 Centre for Population Health, Burnet Institute, Melbourne, Victoria, Australia*

*4 School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia*

*5 National Drug Research Institute, Curtin University, Perth, Perth, WA, Australia*

*6 Institute for Social Science Research, University of Queensland, Brisbane, Queensland, Australia*

Findings from the 2024 Illicit Drug Reporting System interviews (a sentinel sample of people who inject drugs) and the 2024 Ecstasy and Related Drug Reporting System interviews (a sentinel sample of people who use stimulants) will be presented for the first time. These two crucial monitoring systems have been running for approximately two decades across Australia. Historical trends, as well as highlights from 2024, will be discussed in the context of shaping responses to drug related harms in Australia. Given the dynamic nature of drug use and drug markets, understanding and mapping evolving trends is vital.

---

## Dr Duong Tran

*Danielle.tran@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Trends in the use of opioid agonist treatment for opioid dependence in pregnancy.*

**Authors:** D.T. Tran<sup>1</sup>, B. Varney<sup>1,2</sup>, N. Jones<sup>1</sup>, C. Bharat<sup>1</sup>, J. Brett<sup>2,3</sup>, J. Oei<sup>4,5</sup>, S.A. Pearson<sup>2</sup>, L. Degenhardt<sup>1</sup> and A. Havard<sup>1,2</sup>

*1 National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia*

*2 Medicines Intelligence Research Program, School of Population Health, UNSW Sydney, NSW, Australia*

*3 St Vincent's Hospital Clinical School, Darlinghurst, NSW, Australia*

*4 Department of Newborn Care, The Royal Hospital for Women, Randwick, NSW, Australia*

*5 School of Clinical Medicine, UNSW Sydney, NSW, Australia*



**Introduction:** Pregnant women with opioid dependence are recommended to maintain or initiate opioid agonist treatment (OAT: methadone, buprenorphine) to reduce the risk of harms associated with illicit opioid use. For decades, methadone has been the first line option in pregnancy. In non-pregnant individuals, the use of buprenorphine has become equally as common as methadone however its use in pregnancy in Australia has not been evaluated.

**Aims:** We investigate the rates of methadone and buprenorphine use during pregnancy among women who gave birth in New South Wales (NSW) between 2004 and 2021.  
**Methods:** We linked data of all authorised OAT prescriptions in NSW to records of pregnancies resulting in childbirth, leveraging the Opioid Agonist Treatment and Safety Study. We defined OAT use in pregnancy as at least one prescription overlapping the pregnancy period, allowing a gap <7days between prescriptions. We calculated rates of use per 10,000 childbirths for any OAT and separately for methadone and buprenorphine. We calculated annual change in rates, expressed as prevalence rate ratios (PRR) and 95% confidence interval (CI).

**Results:** During 2004-2021, there were 4697 pregnancies during which women used OAT, including 3541 using methadone only, 886 buprenorphine only, and 270 switching (mostly from buprenorphine to methadone). The rate of any OAT use significantly decreased from 46.2 to 17.2 per 10,000 births, PRR 0.93 (95%CI 0.92-0.95). The rate of methadone use significantly decreased from 40.7 to 8.6 per 10,000 childbirths, PRR 0.91 (95%CI (0.89-0.93)). While buprenorphine use remained low, the rate increased from 5.5 to 8.7 per 10,000 childbirths, PRR 1.01 (95%CI 0.97-1.04). Rates of methadone and buprenorphine in 2021 were similar.

**Implications:** Further research is needed to determine whether the decline in the use of OAT in pregnancy represents decreased uptake of OAT or decreased prevalence of opioid dependence.

---

## Ms Bianca Varney

*b.varney@student.unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Use of opioid agonist therapy in pregnancy: Timing of initiation and treatment retention.*

**Authors:** B. Varney<sup>1,2</sup>, C. Bharat<sup>1</sup>, J. Brett<sup>2,3</sup>, L. Degenhardt<sup>1</sup>, N. Jones<sup>1</sup>, J. Oei<sup>4,5</sup>, S.A. Pearson<sup>2</sup>, A. Havard<sup>1,2</sup> and D.T. Tran<sup>1</sup>

*1 National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia*

*2 Medicines Intelligence Research Program, School of Population Health, UNSW Sydney, NSW, Australia*

*3 St Vincent's Hospital Clinical School, Darlinghurst, NSW, Australia*

*4 Department of Newborn Care, The Royal Hospital for Women, Randwick, NSW, Australia*

*5 School of Clinical Medicine, UNSW Sydney, NSW, Australia*

**Introduction:** Opioid agonist treatment (OAT) is the gold standard treatment for opioid use disorder (OUD) during pregnancy. Engagement in OAT throughout pregnancy is recommended to mitigate the significant risks of morbidity and mortality posed by untreated OUD to the mother and infant. Understanding patterns of OAT use among pregnant women is crucial for informing strategies to improve OAT engagement and outcomes.

**Aims:** We characterize the patterns of OAT use in pregnancy, including the timing of initiation, retention in treatment, and in treatment at the time of birth.

**Methods:** We conducted a retrospective population-based study, linking authorised OAT prescription data in New South Wales (NSW) to records of pregnancies resulting in childbirth (2004-2021). We defined OAT use in pregnancy as at least one prescription overlapping the pregnancy period, allowing a gap <7days between prescriptions. We categorised the timing of OAT initiation as pre-pregnancy, trimester 1, 2, or 3. For each category, we defined retention as continuous treatment throughout the period from initiation to childbirth (from conception date if initiated pre-pregnancy).

**Results:** We identified 4,697 pregnancies during which women used OAT. Of those, 76.7% began treatment pre-pregnancy, and 8.4%, 8.9%, and 5.0% initiated in trimester 1, 2 and 3, respectively. The percentage of women who retained in OAT varied according to the timing of initiation; pre-pregnancy (88.0% of women), trimester 1 (64.9%), trimester 2 (85.0%), and trimester 3 (91.5%). A majority (93.4%) were in OAT at the time of childbirth.

**Implications:** Our findings are reassuring that among women receiving OAT, most commenced before pregnancy, with the majority continuing treatment until childbirth. Delayed OAT engagement in pregnancy could place the mother and her unborn child at risks of harms associated with OUD, hence integrated healthcare strategies are needed to ensure the timely engagement and support of pregnant women and women of reproductive age.

---

## Professor Donald Weatherburn

*d.weatherburn@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *The impact of the NSW MERIT diversion program reoffending, imprisonment, and health.*

**Authors:** D. Weatherburn<sup>1</sup>, S. Rahman<sup>2</sup>, S. Todd<sup>3</sup>, S. Poynton<sup>3</sup>, S. Black<sup>3</sup>, T. Merinda<sup>3</sup> and M. Farrell<sup>1</sup>

*1 National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia*

*2 NSW Bureau of Crime Statistics and Research, Parramatta, NSW, Australia*

*3 NSW Health, St Leonards, NSW, Australia*

**Introduction:** The Magistrates Early Referral into Treatment (MERIT) program is a voluntary, pre-plea diversion program for adults in the New South Wales (NSW), Australia, Local Court who have issues related to their alcohol and other drug (AOD) use.

**Methods:** Matched treatment and comparison groups were created using propensity score matching. The outcomes examined were AOD-related hospital admissions, AOD-related Emergency Department (ED) admissions, ED admissions (general), hospital admission (general), ambulance callouts, AOD related deaths, and deaths from any cause, as well as reoffending and imprisonment. Differences between outcomes were analysed using Cox regression (health outcomes), negative binomial regression (reoffending) and logistic regression (imprisonment).

**Results:** MERIT participants reoffend less often than comparison groups participants at 12 (IRR: 0.793. CI: 0.748 – 0.841) and 24 months (IRR: 0.870. CI: 0.829 – 0.912). At the conclusion of criminal proceedings, participants in the MERIT program were significantly less likely to receive a prison sentence (OR: 0.728. CI: 0.674-0.787). Participants in the MERIT program were less likely to die from any cause in the two years after referral than participants in the comparison group (HR: 0.674. CI: 0.502 - 0.904).

**Implications:** Referring defendants with AOD use issues into treatment is an effective way of reducing the short-term risk of re-offending and the rate of imprisonment, and death.

---

## Ms Paige Webb

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Influences of methamphetamine use on family relationships: Interviews with family members.*

**Authors:** P. Webb<sup>1</sup>, S. Clay<sup>1</sup>, L. Degenhardt<sup>1</sup>, S. Dawe<sup>2</sup> and R. McKetin<sup>1</sup>

<sup>1</sup> National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia

<sup>2</sup> School of Applied Psychology, Griffith University, Mount Gravatt, Queensland, Australia

**Introduction:** Having a loved one who uses drugs can influence family functioning and relationships. Experiences of stigma can further complicate these influences and can contribute to social isolation and prevent support seeking. Previous research has primarily included mothers of young adults who use drugs and has not focused on methamphetamine use specifically.

**Aims:** This study explored the relationships of various family members of people who use methamphetamine.

**Methods:** Semi-structured interviews with 19 family members were conducted between June and August 2023 and analysed via thematic analysis in NVivo. Questions focused on interpersonal relationships and were informed by Bronfenbrenner's Process-Person-Context-Time model and consultation with a specially formulated advisory group.

**Results:** Participants included parents, siblings, partners, and friends of people who use methamphetamine and majority had previously sought support from Family Drug Support. Family members in this study felt that their loved one had become a different person in appearance and behaviour and expressed grief over the loss of the person they once were and could have eventually become. Participants expressed concern for their loved one's wellbeing and felt the need to navigate boundaries to balance this concern with a desire to protect the rest of the family. Majority of participants were initially preoccupied with getting their loved one to stop using drugs, with these discussions dominating conversations and replacing the caring and supportive conversations more typical of family interactions. All participants described receiving stigma from friends and family, which prevented them from receiving social support in these relationships, and mothers in particular described internalised blame for their child's drug use.

**Implications:** This study provides a deeper understanding of the varied and far-reaching influences of having a family member with potential methamphetamine dependence. The findings highlight the need to increase awareness and provision of supports for family members in their own right.

---

**Dr Amelia Woods**  
*amelia.woods@unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *LAIB in Prison: A report on qualitative data from patients commenced on treatment during a clinical trial.*

**Authors:** A. Woods<sup>1,2</sup>, C. Foley<sup>1</sup>, E. McEntyre<sup>3</sup>, A. Dunlop<sup>4,5,6</sup>, B. White<sup>6,7,8</sup>, N. Lintzeris<sup>6,8,9</sup>, P. Haber<sup>6,7,8</sup>, J. Roberts<sup>4</sup> and M. Doyle<sup>7,10</sup>

*1 National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia*

*2 Drug and Alcohol Services SA, South Australia, Australia*

*3 Independent Aboriginal Researcher, NSW, Australia*

*4 Drug and Alcohol Clinic Services, Hunter New England Local Health District (LHD), Newcastle, NSW, Australia*

*5 School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle, Callaghan, NSW, Australia*

*6 Drug and Alcohol Clinical Research and Improvement Network, NSW, Australia*


*7 Edith Collins Centre for Translational Research on Alcohol, Drugs and Toxicology, Sydney LHD, NSW, Australia*

*8 Specialty of Addiction Medicine, Faculty of Medicine and Health, The University of Sydney, NSW, Australia*

*9 Drug and Alcohol Services, South Eastern Sydney LHD, NSW, Australia*

*10 Faculty of Medicine and Health, The University of Sydney, NSW, Australia*





**Introduction:** Long-acting injectable buprenorphine (LAIB) is increasingly used in Criminal Justice Settings (CJS). However, little is known about the experience of patients on XR-BUP in the CJS.

**Methods:** Short-answer treatment preference and acceptability data were collected as part of the Understanding NSW Long-Active Opioids in Custody-Treatment (UNLOC-T) study, a prospective open-label case comparison trial comparing LAIB to methadone. Participants were recruited November 2018 - July 2019 and included men and women  $\geq 18$  years old with moderate to severe opioid use disorder (OUD) serving a custodial sentence of  $\geq 6$  months. Thematic analysis of short answer data underwent open, refined, and axial coding to identify themes by 1 coder.

**Results:** Of the 67 participants, 55 (82%) were male, the median age was 33 (STD 7.51) and there were 28 Aboriginal participants (42%). Five primary themes emerged: medication efficacy, social and relational considerations, dosing frequency, financial aspects and health and wellbeing. Participants also discussed XR-BUP's potential impact on prison release, including family considerations.

**Implications:** This study presents one of the first qualitative studies on XR-BUP in custodial settings. It identified factors that are important to successful treatment by individuals with OUD in the CJS. This information could help to improve the way treatment is introduced or delivered to people contemplating XR-BUP treatment in the CJS, and moreover, to better support people when they are reintegrating into the community upon release. There are also lessons for prescribers when consenting patients and broader policy considerations regarding XR-BUP uptake promotion. More research is required to understand the acceptability of XR-BUP for people outside of the UNLOC-T study.

---

## Dr Wing See Yuen

**Organisation:** NSW Health (formerly National Drug and Alcohol Research Centre, UNSW)

**Presentation title:** *Recent trends in alcohol use and harms in Australia.*

**Introduction:** Alcohol is one of the leading causes of death and disease in Australia. Emerging trends show shifts in both alcohol use and related harms, which vary by demographics such as age and gender.

**Aims:** This presentation will provide an overview of recent trends in alcohol use and alcohol-related harm across different sources of data including treatment services, hospitalisations, mortality data, and the National Drug Strategy Household Survey.

**Methods:** Trends will be presented both descriptively and part of analyses including age period cohort modelling, with disaggregation by demographic characteristics.

## Results:

**Implications:** Monitoring trends in both alcohol use and harms is critical to public health in Australia and globally. In particular, the identification of the rise and fall of risk factors of alcohol-related harm informs policy and harm reduction strategies to improve health outcomes.

---

### Ms Joanna Zhou

*joanna.zhou2@student.unsw.edu.au*

**Organisation:** National Drug and Alcohol Research Centre, UNSW

**Presentation title:** *Retention in opioid agonist treatment following childbirth and associated factors.*

**Authors:** J. Zhou<sup>1</sup>, B. Varney<sup>1,2</sup>, C. Bharat<sup>1</sup>, L. Degenhardt<sup>1</sup>, N. Jones<sup>1</sup>, A. Havard<sup>1,2</sup> and D.T. Tran<sup>1</sup>

*1 National Drug and Alcohol Research Centre, UNSW Sydney, NSW, Australia*

*2 School of Population Health, Faculty of Medicine and Health, UNSW Sydney, NSW, Australia*

**Introduction:** Opioid agonist treatment (OAT) using methadone or buprenorphine is the gold standard for managing opioid dependence in pregnancy. It is recommended that women continue OAT following childbirth to enhance psychosocial stability and improve maternal and child wellbeing. Little however is known about the proportion of women retained in OAT after childbirth and associated factors.

**Aims:** This study quantifies retention in OAT at 3 months, 6 months and 12 months following childbirth and examines whether treatment retention varies according to maternal characteristics (socio-demographics, health conditions, type of OAT, previous OAT engagement) and experience of adverse birth outcomes.

**Methods:** We linked records of all authorised OAT prescriptions in New South Wales, Australia to records of pregnancies resulting in childbirth, mortality, and other data collections in the Opioid Agonist Treatment and Safety Study. We identified childbirths between 01 Jan 2004 and 31 December 2020 of women who had an OAT prescription at time of childbirth and were alive within 12 months. We defined treatment retention after childbirth as continuous OAT prescriptions with no break of  $\geq 7$  days. We calculated frequency and proportion achieving treatment retention at 3-, 6- and 12-months post-childbirth. We will build logistic regression models to examine variation in retention according to maternal characteristics.

**Results:** We identified 4114 childbirths. Treatment retention at 3 months post-childbirth was 95.1% (n=3914), at 6 month was 90.5 % (n=3725), and at 12 month was 82.3% (n=3387). Data analyses regarding associated factors are underway.

**Implications:** This is the first study to date investigating retention in OAT following childbirth among Australian women. This insight can guide more effective public health interventions and better inform clinical practice on promoting retention in treatment.



# Advance Your Research Career with NDARC

Scholarships available now

\$37,684 per annum (tax exempt)

\$15,000 in professional development & capacity building over tenure



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

**APPLY NOW**

[unsw.edu.au/research/ndarc](https://unsw.edu.au/research/ndarc)





# Sign Up to our mailing list

Stay up to date with our NDARC  
Webinar Series & mailing list where we  
share our research findings,  
breakthroughs & job opportunities.

[unsw.edu.au/research/ndarc/about/contact-us](https://unsw.edu.au/research/ndarc/about/contact-us)

