

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

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Objective

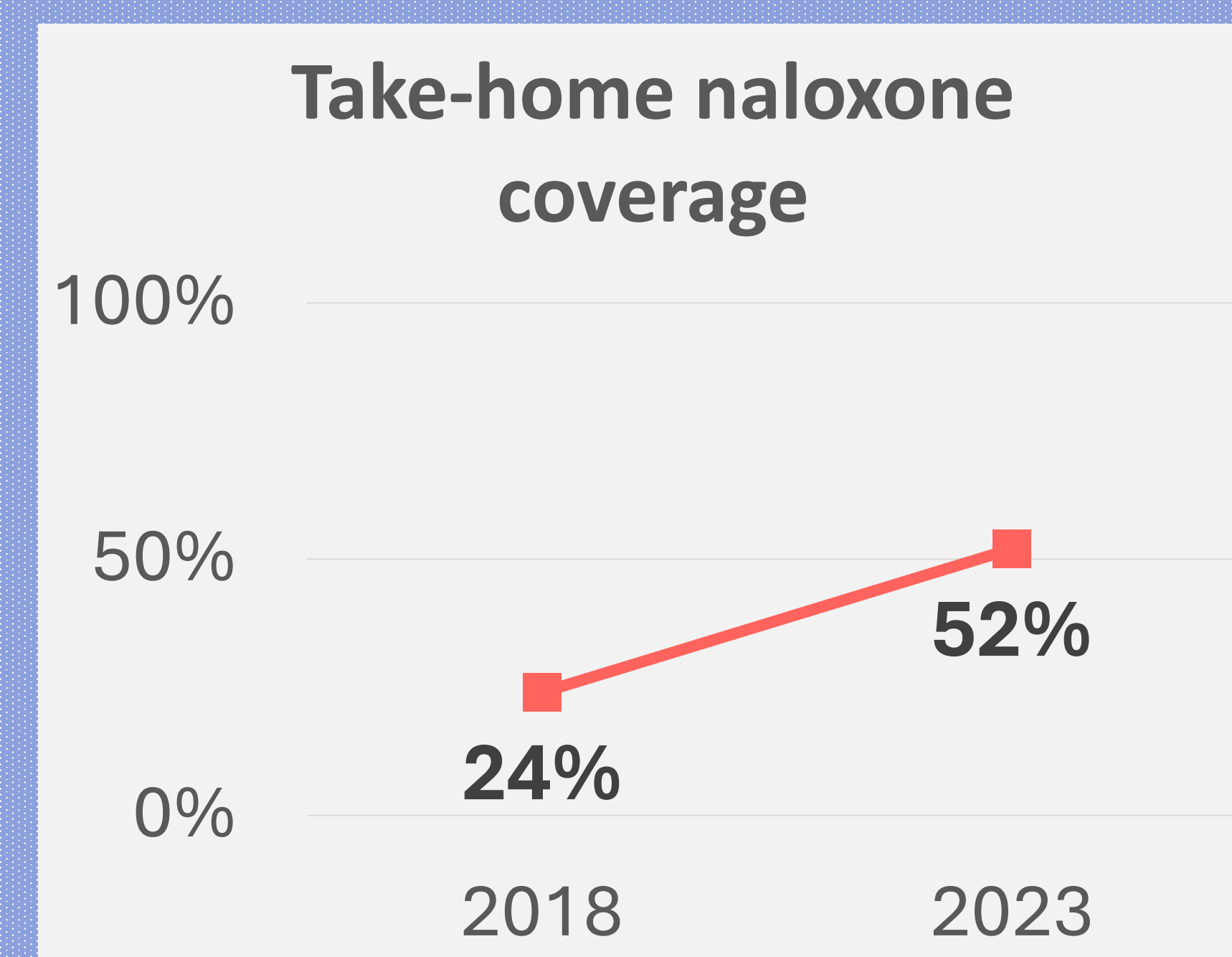
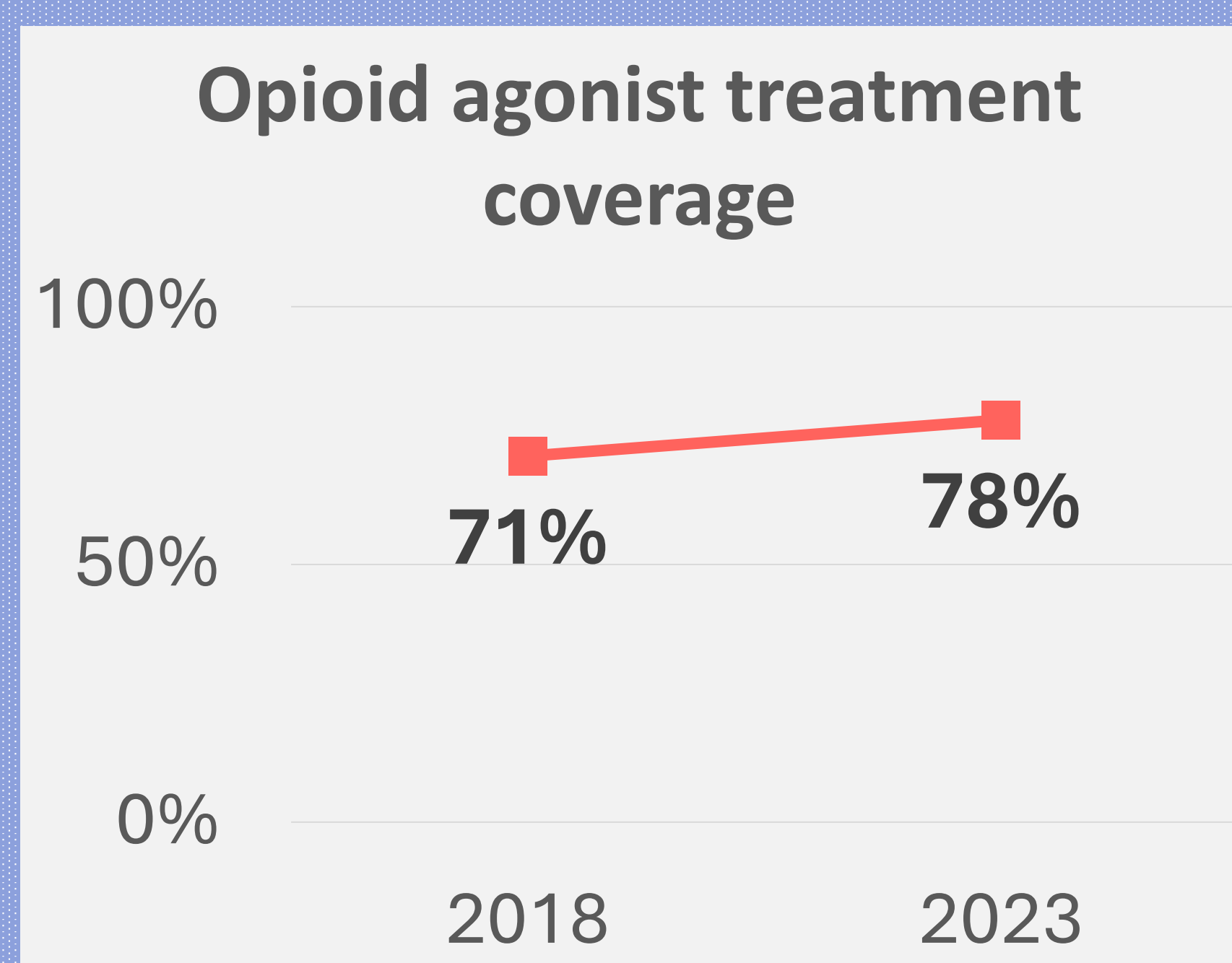
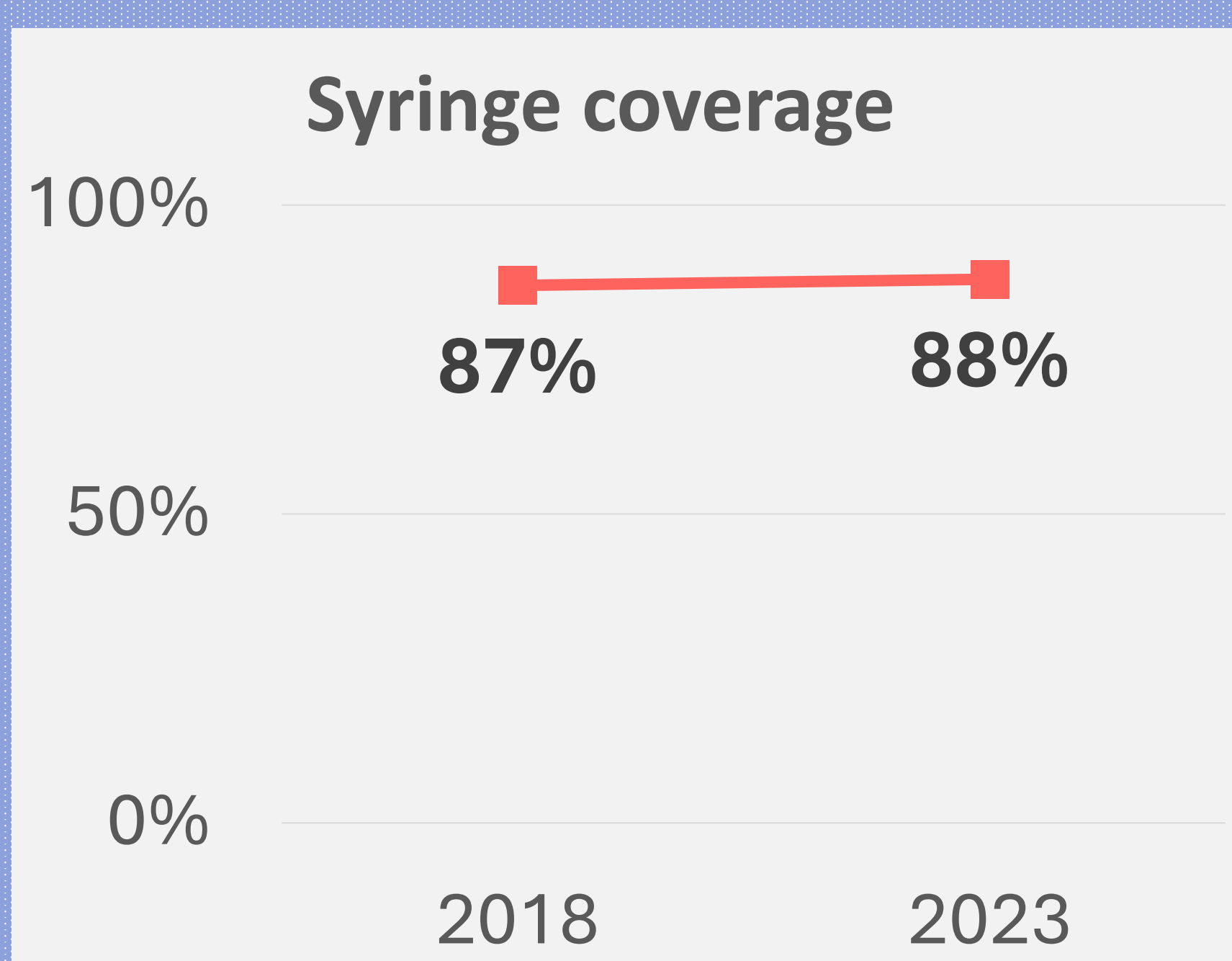
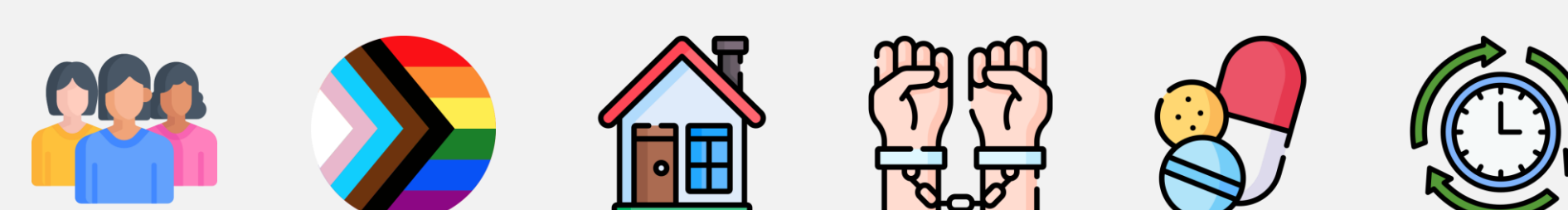
To compare individual-level **syringe**, **opioid agonist treatment**, and **take-home naloxone** coverage in 2023 to 2018, overall and by subpopulation of interest.

Data source

Illicit Drug Reporting System surveys with people who regularly inject drugs and reside in an Australian capital city. Syringe and take-home naloxone coverage were measured among the whole sample; opioid agonist treatment coverage was measured among participants with possible opioid dependence.

Subpopulations of interest

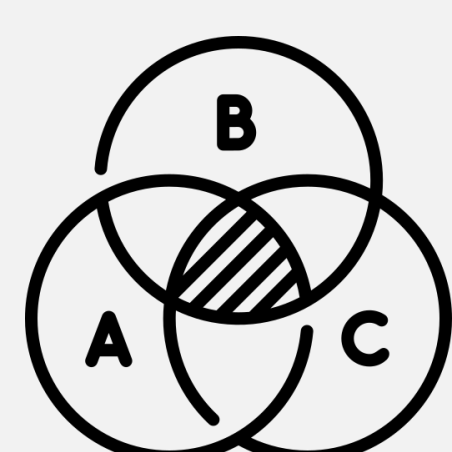
We examined coverage by **gender**, **LGBTQI+**, **housing**, **lifetime incarceration**, **drug injected most frequently**, and **duration of injecting drug use**.



Overall, **syringe coverage has remained high over time** with most participants reporting sufficient sterile coverage in both years. **Coverage was high among all subpopulations examined.**

Opioid agonist treatment among people with possible opioid dependence **has remained high over time**. Coverage **improved** among **men** and people who reside in **stable housing**.

Take-home naloxone coverage doubled between 2018 and 2023. This increase was observed among **all subpopulations examined**.



Half the 2023 sample had **sufficient coverage for all** relevant harm reduction interventions.

Implications

1. Individual-level syringe and opioid agonist treatment coverage are high.
2. Naloxone coverage significantly increased between 2018 and 2023, likely in part a result of the Pharmaceutical Benefits Scheme-funded Pilot (2019-2021) and National (since 2022) take-home programs.
3. While we did not find many differences by subpopulation, monitoring coverage by different risk factors remains pertinent to ensure implementation of harm reduction programs is equitable.



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