

INCREASED ACCESS TO NALOXONE AMONG PEOPLE WHO INJECT DRUGS OR RECEIVED OPIOID AGONIST TREATMENT, INCLUDING THOSE WHO HAVE EXPERIENCED RECENT NON-FATAL OPIOID-RELATED OVERDOSE IN AUSTRALIA

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Background:

Understanding trends in naloxone access is essential for informing interventions to reduce drug-related harms. Since December 2019, take-home naloxone has been freely available (pharmacies/drug treatment clinics) in three states/territories in Australia. We evaluated naloxone access and non-fatal opioid-related overdose among people with opioid use in past six months or those receiving opioid agonist treatment (OAT) in Australia between 2018-2019 and 2019-2021.

Methods:

ETHOS Engage is an observational cohort of people who inject drugs attending drug treatment clinics and needle and syringe programs in Australia. Enrolment occurred over two periods: May 2018-September 2019 (Wave 1, 25 sites) and November 2019-June 2021 (Wave 2, 21 sites). Logistic regression was used to evaluate naloxone access (ever), recent non-fatal opioid-related overdose (previous 12 months) and associated factors.

Results:

Overall, 2,083 unique participants who used opioids in the past six months or were receiving OAT were enrolled (67% male, 45% >45 years; 76% receiving OAT; 63% injected drugs in the past month). Naloxone access increased from 17% to 33% between 2018-2019 and 2019-2021 ($p < 0.001$). After adjusting for gender, age, injecting drugs in past month, and OAT, there was a significant increase in naloxone access between 2018-2019 and 2019-2021 (aOR 2.73, 95%CI, 2.20-3.38). Recent non-fatal opioid-overdose was 7% and 10% in 2018-2019 and 2019-2021, respectively ($p = 0.023$). After adjusting for age, injecting drugs in past month, incarceration in past six months, and OAT, there was no significant difference in non-fatal overdose in 2018-2019 compared to 2019-2021 (aOR 1.28, 95%CI

0.94-1.75). Among people with non-fatal overdose, naloxone access increased from 31% in 2018-2019 to 55% in 2019-2021.

Conclusions:

Among people recently using opioids or receiving OAT in Australia, naloxone access has increased. Recent non-fatal opioid-related overdose was low, but gaps in coverage remain. Innovative, co-developed person-centred interventions are needed to increase access to naloxone and address overdose.

Disclosure of Interest Statement:

The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. JG is a consultant/advisor and has received research grants from AbbVie, Cepheid, Gilead, and Merck outside the submitted work. GJD is a consultant/advisor and has received research grants from Merck, Gilead, and AbbVie outside the submitted work. CT has received speaker fees from Abbvie and Gilead and has received a research grant from Merck outside the submitted work. PR has received speaker fees from Gilead and MSD, and research funding from Gilead. LD has received investigator-initiated untied educational grants for studies of opioid medications in Australia from Indivior, Mundipharma and Seqirus. JH has received travel, accommodation, speaker fees and WOWS support from Janssen, Lundbeck, Servier, and Invivior. All other authors declare no conflict of interest.