Driving and Transport-Related Behaviours and Knowledge of Opioid Agonist Treatment Clients in New South Wales, Australia

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Introduction and Aims: Opioid agonist treatment (OAT) is a well-established, effective treatment for opioid dependence. OAT client driving safety concerns exist due to the sedative nature of opioids and potential polysubstance use. Clinical guidance indicates stable OAT clients not using significant amounts of other substances are at no increased risk of accident or injury from driving. We examined driving and other transport behaviours of OAT clients and their current knowledge of driving whilst receiving treatment.

Design and Methods: Cross-sectional survey of clients from metropolitan and regional public OAT clinics in New South Wales (NSW) examining transport habits, recent substance use, driving history, and knowledge of driving-related OAT clinical guidance. Surveys, taking 10-15 minutes, were completed between January 2020-June 2021.

Results: Preliminary analysis of clients interviewed (n=482) indicates 38% drove in the preceding month, with 28% driving and 17% being driven by others to access OAT healthcare. Public transport (46%) and active transport (i.e., walking, cycling; 32%) were more common. Regional/rural clients (58%) were more likely to drive than metropolitan clients (36%). Reported medication and substance use was prevalent, but few reported driving after recent consumption of a sedative. Seventy percent reported prior driving offences but were typically more than three years prior. Thirty percent reported ever receiving a positive roadside drug test, primarily due to methamphetamines (67%) and/or cannabis (55%).

Discussions and Conclusions: This is the largest study of OAT clients’ driving behaviours in NSW. Preliminary analysis suggests many clients have poor driving records, but most adhere to, and agree with, driving-related OAT clinical guidance.

Implications for Practice or Policy: Driving safety is important for OAT clients and services should ensure driving eligibility is discussed with clients. Most clients support and adhere to guidance; therefore, policy decisions should not unduly target or discriminate against OAT clients as a whole.

Disclosure of Interest Statement: This work was supported by a NSW Ministry of Health grant related to opioid pharmacotherapy and client driving safety. PH is the recipient of a MRFF/NHMRC Practitioner Research Fellowship. PH has provided consultancy services to Gilead, AbbVie, Lundbeck, Seqirus and Indivior and has received research funding from Camurus and Braeburn for opioid-related research. NL has provided consultancy services to Mundipharma and Indivior, has received speaking fees for presenting at professional education seminars for Camurus and Mundipharma, and has received research funding from Camurus, Braeburn and Indivior for opioid-related research. No pharmaceutical grants were received in the development of this study.