



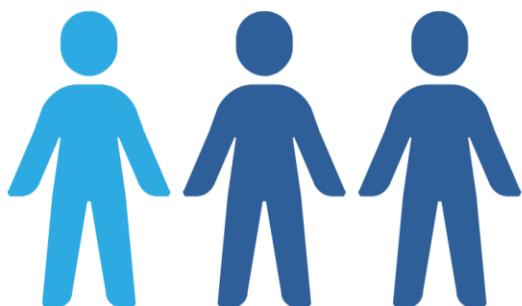
Pharmacotherapy doses amongst a sample of people who inject illicit drugs in Australia, 2024

Mila Sumner, Joanna Wilson, Zachary Lloyd, Bek Petrovic, Peter Higgs & Paul Dietze

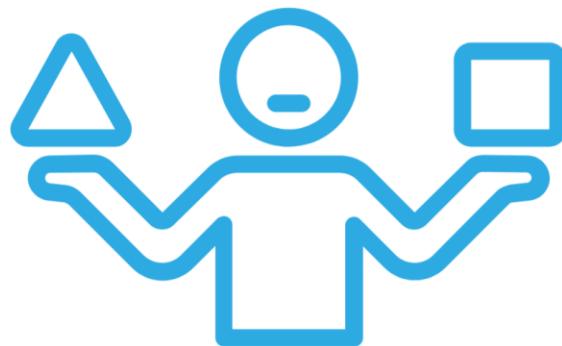
This report was prepared by the Burnet Institute
For further information: paul.dietze@burnet.edu.au

Key Findings

Amongst the sample of people who inject drugs recruited as part of the 2024 Illicit Drug Reporting System survey:



One-third (32%) reported that they were currently receiving OAT.



There was **large variation** in median last dose across the different types of OAT.

Participants in **Victoria** and **Queensland** were **more likely** to report receiving **oral methadone/buprenorphine takeaway doses** than those in New South Wales.



In 2024, the national IDRS sample included 884 participants. Annual interviews were conducted with people aged 18 or older residing in capital city areas of Australia who injected illicit or non-prescribed drugs \geq six days in the preceding six months.

Introduction



Opioid agonist treatment (OAT) is the main form of treatment for opioid use disorder among people who inject opioids. Australian guidelines recommend therapeutic dose ranges to ensure effective treatment, and the provision of takeaway doses ensures program flexibility (1). However, these guidelines were last updated in 2014 and do not include guidance for long-acting injectable buprenorphine (LAIB).

Limited data exist on dosing patterns and takeaway doses across Australian jurisdictions. Understanding dose patterns and variation by demographics such as age and gender can inform treatment guidelines and support equity in access. This bulletin explores pharmacotherapy dose characteristics and takeaway dose access among participants recruited through the 2024 Illicit Drug Reporting System (IDRS) project, with a focus on differences by jurisdiction, age and gender.

Methods

Data were collected as part of the Illicit Drug Reporting System (IDRS). Interviews were conducted with people aged 18 or older residing in capital city areas of Australia who injected illicit or non-prescribed drugs on a monthly or more frequent basis.

In 2024, 884 participants were recruited from capital cities in each jurisdiction, with a target of 150 participants in Melbourne and Sydney, and 100 in the remaining cities. These interviews were conducted predominantly via face-to-face surveys as well as telephone surveys in some instances. Please refer to the [IDRS Background and Methods](#) document for further details.

OAT dose was captured with the question 'What was the last dose of [OAT] you received in mg?' for the particular OAT form participants indicated that they were currently receiving. Descriptive statistics were used to examine dose among those who reported using methadone, oral buprenorphine and LAIB preparations. Linear regression was used to assess the association between reported methadone dose and age, gender, and state of residence, with the same variables examined in relation to takeaway dose receipt using logistic regression for those on oral buprenorphine or methadone. Small numbers precluded further analysis of doses of the different buprenorphine preparations.

For information regarding the characteristics of the national IDRS sample in 2024, please refer to the [National 2024 IDRS report](#).

Results

Pharmacotherapy type, dose characteristics and takeaway doses

Of the total sample (n=884), 32% reported currently receiving OAT (n=276), with 19% reporting receiving methadone, 5% receiving one of the available oral buprenorphine preparations, and 7% receiving one of the LAIB preparations as their last OAT dose. Table 1 shows the mean, standard deviation (SD), median and interquartile range (IQR) of doses. Seventy per cent of those who were currently receiving oral buprenorphine or methadone (145/207) reported being in receipt of takeaway doses.

Table 1: Last dosage, by OAT type, among IDRS participants, 2024

Drug	n	Last dose (mean mg)	SD	Last dose (median mg)	IQR
Methadone	169	71.4	37.1	70	45-100
Buprenorphine	20	34.2	38.2	20	16-28.5
Buprenorphine-naloxone	25	23.4	24.2	24	8-32
LAIB weekly	7	81.7	76.2	36	16-160
LAIB monthly	50	117.4	58.6	96	96-128

Associations with age, gender and state of residence

Table 2 shows the results of the linear and logistic regression analyses of associations between age, gender, and state of residence and methadone dose and takeaway receipt respectively. Large variations in dose within groups meant there were no significant differences in reported methadone doses. Although there were no significant associations between receipt of takeaway doses by gender or age, participants in Victoria or Queensland were more likely to report receiving takeaway doses than those in New South Wales.

Table 2: Association between takeaway dose and selected variables.

Exposure variable	Last methadone dose (mean mg)	Coefficient (95% CI)	% receiving takeaway doses	Adjusted odds ratio (95% CI)	P
Age					
<30	52.4	(ref)	50	(ref)	
30-39	84.5	37.77 (-1.02-76.57)	54.3	1.21 (0.21-7.06)	0.208
40-49	70.3	21.57 (-14.94-58.01)	64.6	1.38 (0.26-7.19)	0.263
50+	69.8	21.65 (-14.64-57.94)	80.2	4.64 (0.88-24.4)	0.883
Gender					
Female	63.4	(ref)	64.9	(ref)	
Male	74.4	9.7 (-3.48-22.88)	70.4	1.18 (0.55-2.51)	0.668
State					
NSW	77.5	(ref)	46.8	(ref)	
ACT	78.4	1.91 (-18.9-22.71)	61.5	1.64 (0.57-4.74)	0.354
VIC	65.7	-12.2 (-27.46-3.05)	91.7	13.9 (4.54-42.77)	<0.001
TAS	58.6	-23.15 (-53.49-7.19)	37.5	0.71 (0.21-2.43)	0.0589
SA	73.4	0.29 (-29.1-29.67)	77.8	4.64 (0.76-28.25)	0.095
WA	59.9	-17.15 (-38.41-4.11)	65.5	2.24 (0.81-6.11)	0.116
NT	80	-0.24 (-34.84-34.36)	75	2.89 (0.49-16.98)	0.241
QLD	83.8	4.17 (-19.62-27.97)	85.7	10.79 (2.67-43.69)	0.001

Discussion

While the median OAT dose reported by participants in the IDRS survey of people who inject illicit drugs falls within recommended guidelines (1), there is considerable variation between participants. There was also significant variation in the frequency with which takeaway OAT doses were reported in different jurisdictions - Victoria and Queensland stood out as having higher access. Our results suggest that there is persistent variation in service delivery that needs to be better understood.

References

1. Gowing, L., Ali, R., Dunlop, A., Farrell, M., & Lintzeris, N. (2014). *National guidelines for medication-assisted treatment of opioid dependence*. Canberra: Australian Government Department of Health.

Funding and Copyright

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