Methamphetamine use among people receiving opioid agonist treatment in Australia, 2014 - 2024

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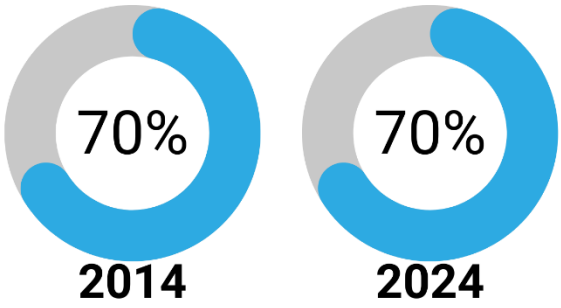
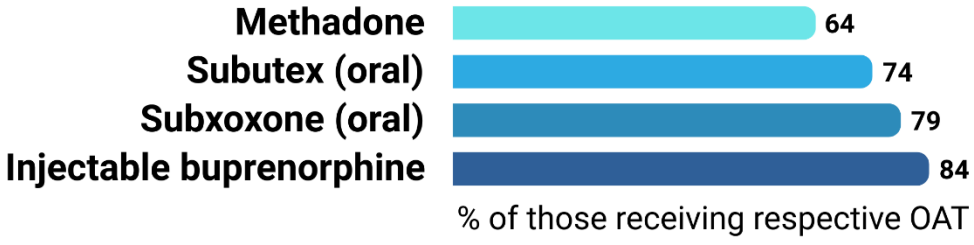
Key Findings



Methamphetamine use among those who reported recent opioid agonist treatment (OAT) has remained relatively **stable** over time.

Participants who reported concurrent OAT and methamphetamine use were **younger** and more likely to report **unstable housing** than those on OAT alone.



In 2024, the per cent reporting recent methamphetamine use was lowest among those receiving **methadone**.

Based on a sample of people who regularly inject drugs and were interviewed as part of the Illicit Drug Reporting System (IDRS) between 2014 and 2024.

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Introduction

Opioid agonist treatment (OAT) is a key therapeutic approach in managing opioid dependence. It involves the prescription of long-acting synthetic opioids, such as methadone or buprenorphine, which help reduce cravings for illicit opioids and minimise withdrawal symptoms (1). Despite the success of OAT in treating opioid dependence, there has been growing concern regarding methamphetamine use among those receiving OAT. Existing research indicates that individuals undergoing OAT are at an increased risk of initiating or re-initiating methamphetamine use, with some studies suggesting higher rates of methamphetamine use in this population (2). This is of potential concern given that methamphetamine use has been linked to poorer treatment outcomes, including lower retention rates in OAT programs and a higher likelihood of relapse (2).

Using samples of people who regularly inject drugs, this bulletin seeks to explore: i) trends in methamphetamine use among participants receiving OAT, and ii) whether demographic and OAT treatment characteristics differ among participants who are and are not using methamphetamine.

Methods

Data were collected as part of the Illicit Drug Reporting System (IDRS). Annual interviews were conducted with people residing in an Australian capital city who injected illicit drugs on at least six days in the last six months preceding the interviews. Each year, approximately 850 interviews were conducted, primarily through face-to-face surveys, with some conducted via telephone. Please refer to the IDRS Background and Methods (3) document and the 2024 National IDRS report (4) for further details.

In each year from 2014-2024, participants were asked if they were currently receiving any OAT, and if they had received any OAT in the past six months. These can be categorised into methadone, oral buprenorphine (i.e. Subutex), oral buprenorphine-naloxone (i.e., Suboxone) and long-acting injectable buprenorphine (LAIB; included from 2019 onwards). Participants were also asked separately about their recent use of methadone, buprenorphine and buprenorphine-naloxone, and whether they had used these substances in a prescribed or non-prescribed manner. For those who reported any use, follow-up questions were asked regarding the number of days they had used the substance (either prescribed or non-prescribed) in the past 6 months, which was used to calculate daily OAT use.

In 2024, participants who were currently receiving OAT at the time of interview were asked to provide their most recent prescribed dosage, whether they had received any takeaways (for those receiving methadone or oral buprenorphine) and satisfaction with their current treatment. Due to small numbers reporting current Suboxone and Subutex treatment, data were combined.

Binary regression analyses were used to assess differences between participants reporting concurrent OAT and methamphetamine use, and those reporting current OAT only.

Results

As seen in Figure 1, the per cent of IDRS participants reporting recent opioid agonist treatment (OAT) has fluctuated between 2014 and 2024, ranging between one third and two fifths of participants. Among those who had recently received OAT, the per cent who reported recent methamphetamine use has remained relatively stable, notwithstanding a slight decline in 2020.

When examined by OAT type, recent methamphetamine use, and frequency of use, was lowest amongst those who had reported recent methadone treatment (Figure 2).

Figure 1: Past six month OAT, and concurrent methamphetamine use, 2014-2024

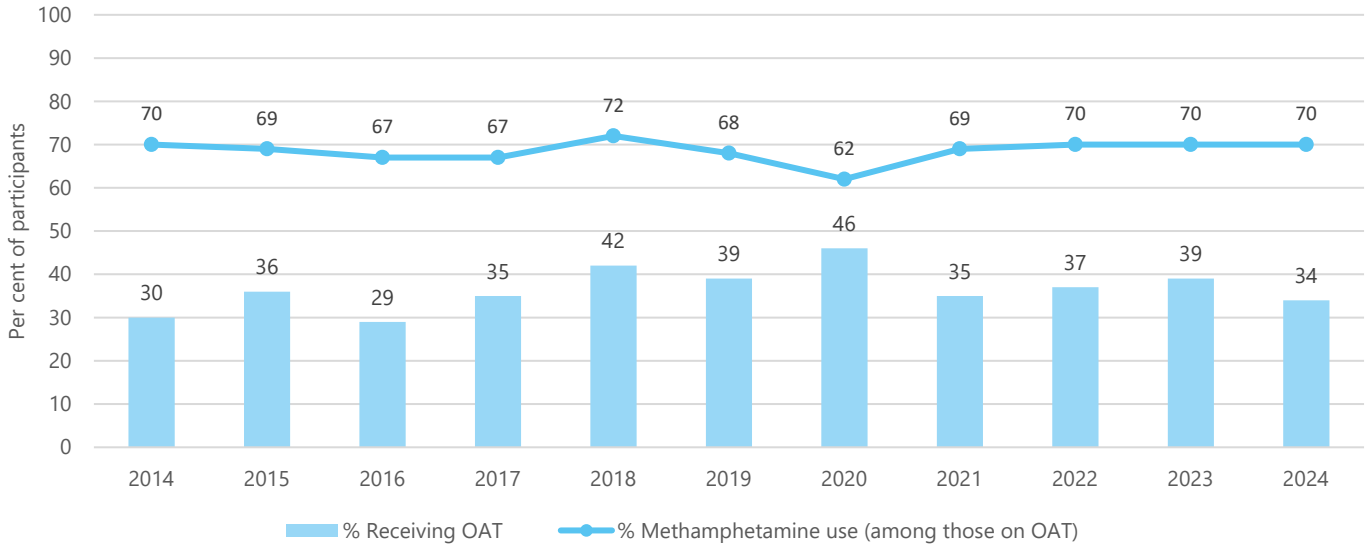

Figure 2: Past six month methamphetamine use, and frequency of use, by OAT type, 2024

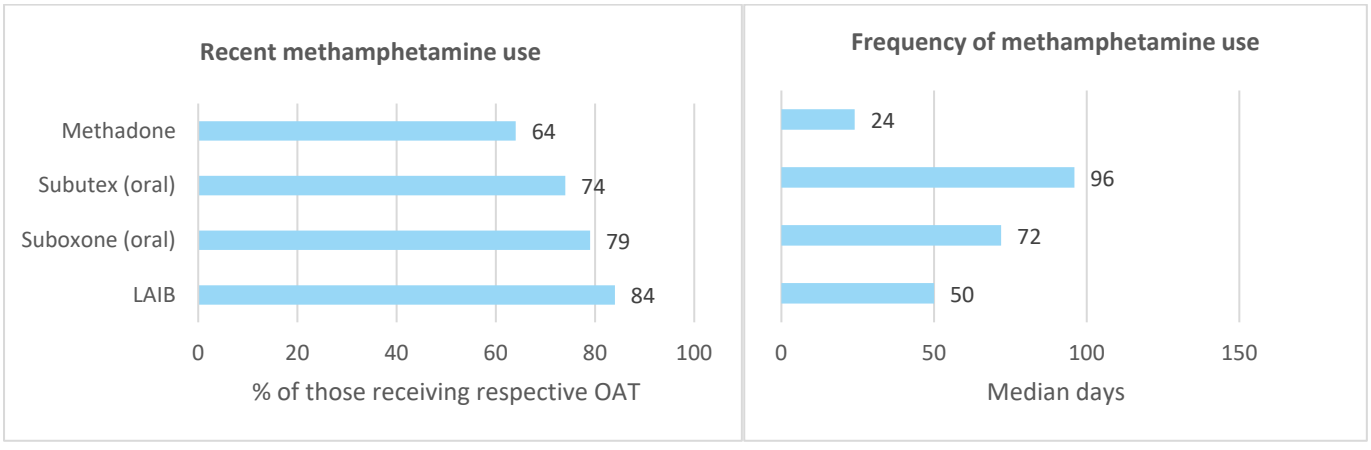

Table 1 shows the relationships between selected demographic and treatment characteristics among individuals currently receiving OAT, categorised by their status of recent methamphetamine use. Participants who reported recent methamphetamine use were significantly younger, and more likely to report unstable housing, than those who did not report recent methamphetamine use. Further, those who reported recent methamphetamine use reported a higher median dose of methadone and buprenorphine/naloxone, and were less likely to have received takeaways as part of their treatment.

Table 1: Characteristics of those receiving current OAT, by methamphetamine use, 2024

	Participants receiving current OAT, 2024		
	Methamphetamine Use	**No Methamphetamine Use**	***p* value**
Demographic characteristics	N=191	N=85	
Median age (years)	46	52	**<0.001***
Male (%)	70	77	0.244
Unstable housing# (%)	25	14	**0.047***
Treatment characteristics~			
Methadone	N=104	N=65	
Last median dose (mgs)	80	55	**0.005***
Daily use^ %	84	88	0.691
Satisfied with current treatment^^ %	73	78	0.815
Oral buprenorphine/naloxone (Subutex or Suboxone)	N=34	N=10	
Last median dose (mgs)	24	10	**0.021***
Daily use^ %	95	100	1.000
Satisfied with current treatment^^ %	74	67	0.802
Received takeaways* (%)	N=86	N=63	
	61	84	**0.007***
Long-acting injectable buprenorphine	N=51	N=10	
Last median dose (mgs) (weekly)	92	-	0.567
Last median dose (mgs) (monthly)	96	100	0.785
Satisfied with current treatment^^ %	86	78	0.580

Unstable housing is defined as currently living in a boarding house or hostel, shelter or refuge, couch surfing, or rough sleeping and squatting. ~Controlling for age and housing. ^Computed among those who reported prescribed use only. ^^Satisfied with treatment is defined as those who marked satisfied or very satisfied to current treatment. Participants who nominated being in multiple treatments were excluded from analyses. *Among those who were currently receiving methadone or oral buprenorphine. - No data labels provided with small cell size (i.e., n≤5 but not 0). **p*<0.050.

Discussion

Among IDRS participants who had recently received OAT, the per cent reporting recent methamphetamine use has remained relatively stable over the past decade. This is in contrast to trends among the broader IDRS sample, among which methamphetamine use has increased over the same time frame (4). In 2024, recent methamphetamine use appeared to be lower among those receiving methadone, compared to those receiving buprenorphine and buprenorphine-naloxone. Our findings are not representative of all people receiving OAT, since IDRS participants must have regularly injected illegal or non-prescribed drugs in the preceding six months to be eligible, however they do suggest that supplementary interventions, including treatment for stimulant use, are needed for those receiving OAT.

In 2024, participants in the IDRS sample who were receiving OAT at the time of interview and reported recent methamphetamine use were significantly younger, and more likely to report unstable housing, than those who did not report recent methamphetamine use. In terms of treatment characteristics, those who reported methamphetamine use were less likely to receive takeaways as part of their OAT regimen and reported higher median doses of methadone and oral buprenorphine, perhaps indicative of higher levels of dependence. There was no association with treatment satisfaction across any of the OAT types, and we were unable to assess other outcomes such as treatment duration/retention and relapse, which have previously been shown to be associated with methamphetamine use among people receiving OAT (5,6). Interestingly, a retrospective longitudinal analysis of treatment outcomes among 920 Australian OAT clients over 12 months revealed that, providing they remained in treatment for 6 months or more, substance use and general health and wellbeing were not significantly worse for those using amphetamine-type stimulants (ATS) at the start of treatment than for those who were not using ATS (7). Further research is required to better understand this sub-population of OAT clients, and to ensure that effective treatment strategies that address the complex interplay of substance use, mental health, and social factors can be developed.

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