

Individual-Level Harm Reduction Coverage Among A Sample of People Who Inject Drugs: 2026 Update



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Background/Introduction

Needle and syringe programs (NSP), opioid agonist treatment (OAT) and take-home naloxone (THN) are key harm reduction interventions for people who inject drugs.

Using data from the Illicit Drug Reporting System (IDRS), an annual survey of people who inject drugs, we previously estimated the proportion of participants who had: (1) sufficient sterile needles and syringes to cover all injections in the past month; (2) received OAT in the past six months among those with possible opioid dependence; and (3) had ever obtained THN, in 2018 and 2023 [1].

Aim

This poster aims to provide updated estimates of individual-level coverage of these key harm reduction interventions using 2026 IDRS data, examining overall coverage and differences across subpopulations.

Methods

The Illicit Drug Reporting System (IDRS) conducts annual interviews with people who regularly inject drugs, recruited from each capital city of Australia.

Participants must have injected drugs $\geq$ six days in the last six months, be $\geq$ 18 years, and be residing in a capital city for at least 10 of the 12 months preceding interview.

In 2026 (n=902), participants were asked to report the number of new sterile syringes obtained from any source, the number of syringes given away or sold to others, the number of syringes stored (e.g., at home) currently, and the number of times they had injected in the past month. Participants were also asked whether they had accessed OAT in the past six months and whether they had accessed THN in their lifetime. Coverage was assessed by gender, LGBTQ+ identity, accommodation status, lifetime incarceration, drug most frequently injected and duration of injecting drug use. For a detailed description of how coverage estimates were computed, please see the original paper [1].

Coverage was compared between 2023 and 2026 using chi-square tests ($p<0.05$). Factors associated with each intervention in 2026 were examined using multivariable Poisson regression, reported as adjusted prevalence ratios (aPRs) and 95% confidence intervals (CIs).

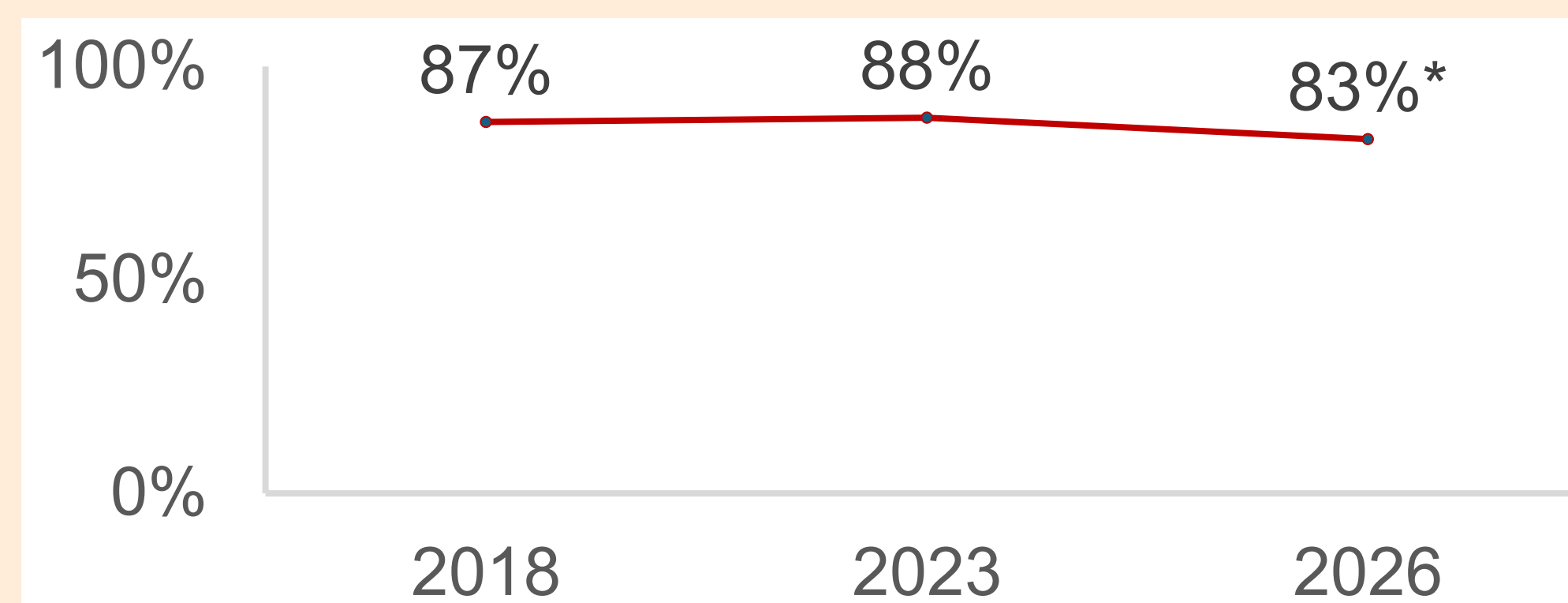
Results

Sample characteristics

The 2026 IDRS sample remained largely similar to the 2023 sample, with some significant differences. The per cent reporting past month injection remained unchanged at 97% (97% in 2023; $p=0.010$), while possible opioid dependence decreased from 51% in 2023 to 48% in 2026 ($p<0.001$). Participants identifying as LGBTIQ increased from 16% in 2023 to 18% in 2026 ($p=0.008$). There was also a significant change in the accommodation status of the sample ($p<0.001$) with more participants reporting stable accommodation (74%; 72% in 2023). Methamphetamine remained the most commonly injected drug, increasing slightly from 56% in 2023 to 57% in 2026 ($p<0.001$) and the per cent reporting ≥ 25 years of injecting increased from 57% to 61% in 2026 ($p<0.001$).

Participants who reported injecting a month prior to interview reported a median of 30 (IQR=14-75) injecting episodes in the last month in 2026 (vs a median of 20 (IQR=10-31) in 2023) and the median total syringes received by participants in that month was 106 (IQR=32-210) in 2026 (vs 85 (IQR=28-280) in 2023).

Figure 1: Sufficient needle/syringe coverage among participants who reported recent injecting

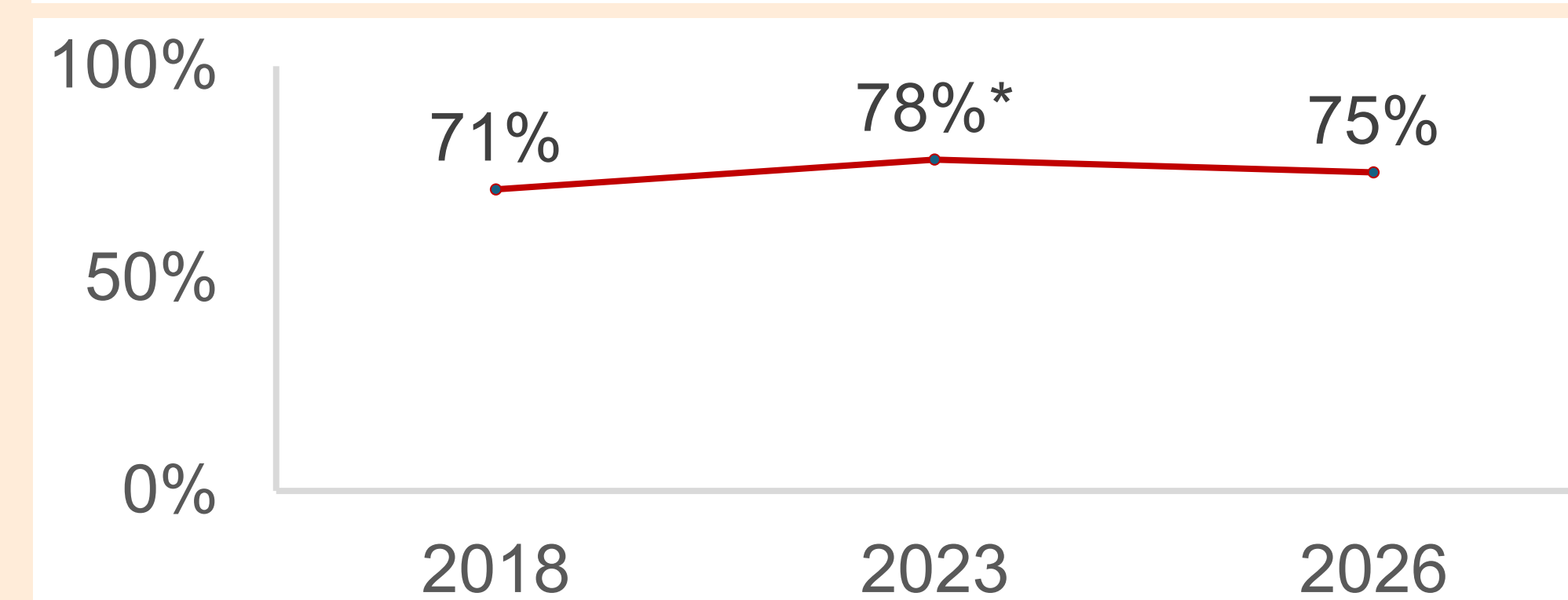


Note. $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Sufficient needle/syringe coverage significantly decreased between 2023 (88%) and 2026 (83%; $p=0.002$), with declines observed among: men and women, heterosexual participants, those in stable accommodation, those with a history of incarceration, those mostly injecting methamphetamine, and those injecting for ≥ 25 years.

However, in multivariable analyses of 2026 data, no demographic or drug use characteristics were associated with sufficient needle syringe coverage.

Figure 2: Recent opioid treatment coverage among participants who indicated possible opioid dependency

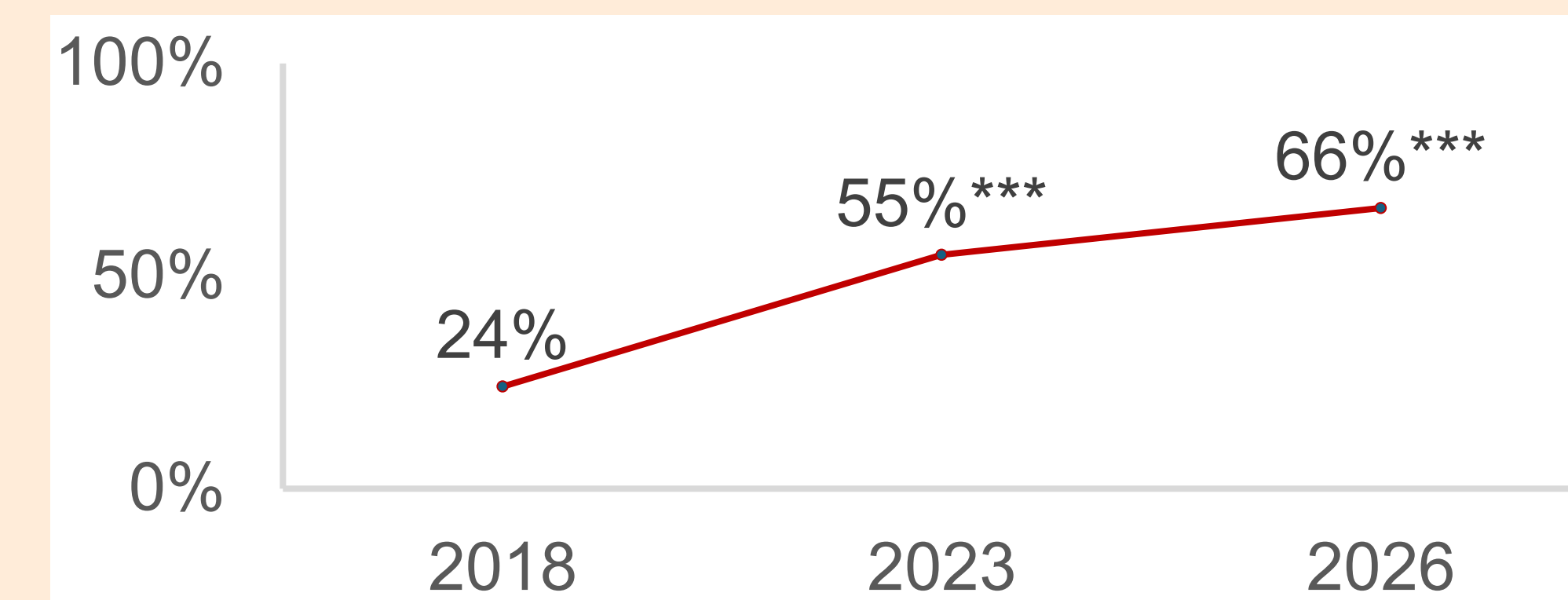


Note. $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Three quarters (75%) of the sample who reported possible opioid dependence reported sufficient OAT coverage, stable relative to 2023 (78%; $p=0.22$). Declines however were observed among those reporting methamphetamine as the main drug injected (90% in 2023 vs 69% in 2026; $p<0.001$).

In multivariable analyses of 2026 data, no demographic or drug use characteristics were associated with OAT coverage.

Figure 3: Lifetime THN access



Note. $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Two thirds (66%) of the whole IDRS sample reported lifetime access to THN, a significant increase from 55% in 2023 ($p<0.001$). Increases were observed across most subgroups, **except** those without accommodation (rough sleeping/squatting) or with <5 years of injecting experience.

In multivariate analysis of 2026 data, participants who mostly injected methamphetamine in the past month were less likely to have ever accessed THN compared to those who mostly injected heroin (aPR: 0.53, CI: 0.45-0.63).

Implications

Despite increases in both median injecting episodes (20 in 2023 vs 30 in 2026) and total syringes received (85 in 2023 vs 106 in 2026), the per cent reporting sufficient needle and syringe coverage significantly decreased. This suggests that the increase in syringes received did not keep pace with increased injecting frequency, highlighting the need to further improve coverage. While the reasons for this decline are unclear, Needle and Syringe Programs have reported increased demand for equipment associated with peptide use, which may have placed additional pressure on service capacity.

OAT coverage remained high in 2026, with 75% of participants reporting possible opioid dependence accessing treatment. However, one-quarter reporting not receiving recent OAT treatment, highlighting a continuing gap in treatment coverage.

Lifetime access to THN further increased from 55% in 2023 to 66% in 2026. However, participants who reported that methamphetamine was the main drug injected in the past month were less likely to have accessed THN than those who reported that heroin was the main drug injected. Given that opioids, including synthetic opioids, have been detected in methamphetamine and other stimulants in Australia, this highlights the importance of promoting naloxone access among all people who use illicit drugs.

References

- Price O, O'Keefe D, Colledge-Frisby S, Sutherland R, Dietze P, Bruno R, Degenhardt L, Peacock A. Individual-level harm reduction intervention coverage among people in Australia who inject drugs. International Journal of Drug Policy. 2025 Nov 1;145:105023.

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