



Australian Government

Australian Institute of Health and Welfare

Non-medical use of pharmaceuticals

Quick facts



Non-medical use of pharmaceuticals declined between 2016 and 2019 from 4.8% to 4.2%.

This change has been driven by a reduction in the non-medical use of pain-killers and opioids, from 3.6% in 2016 to 2.7% in 2019.

The proportion of people using codeine for non-medical purposes has halved since 2016, from 3.0% to 1.5% in 2019. Codeine was made a prescription-only medication in 2018.

People who used pain-killers and opioids for non-medical purposes also used them less frequently, with the proportion using them at least weekly declining from 29% in 2016 to 19.5% in 2019.

Among people who did use pain-killers and opioids for non-medical purposes, 31% said they could not reduce their use even though they wanted to.



Pharmaceuticals are drugs that can be legally purchased from a pharmacy or chemist, usually with a prescription. The NDSHS includes questions about the use of pain-killers/pain relievers and opioids, tranquillisers/sleeping pills (including benzodiazepines) and steroids, as well as opioid replacement medications such as methadone and buprenorphine. Pharmaceutical cannabis preparations are not included in this chapter; see Chapter 6 for results about medical use of cannabis.

This chapter discusses the non-medical use of pharmaceuticals, rather than general medication use. Non-medical use in the survey is defined as any drugs that were used:

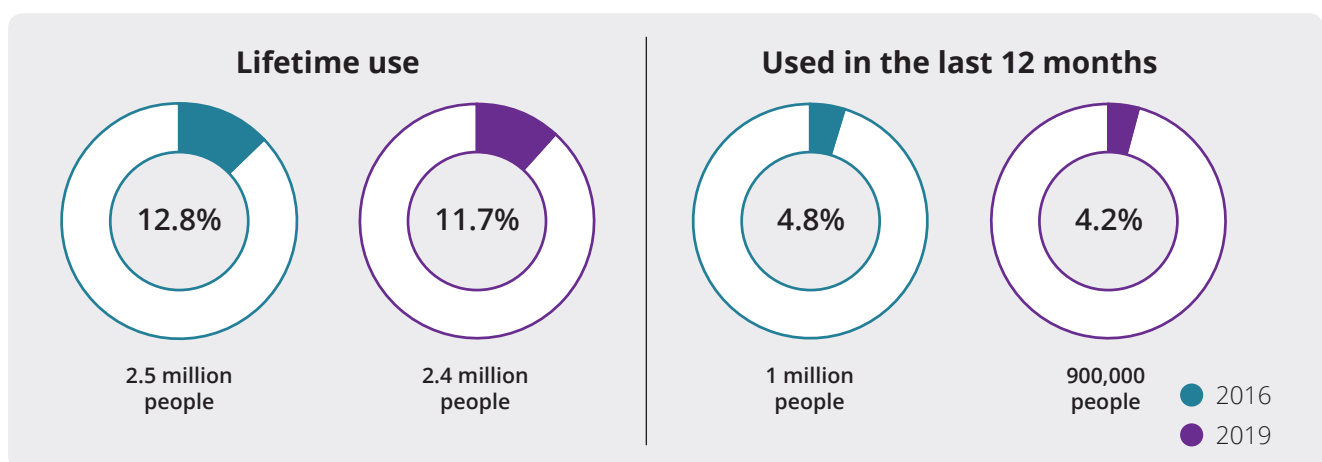
- to induce a drug experience or feeling
- in combination with other drugs to enhance a drug experience
- for performance enhancement
- for cosmetic purposes, such as for body shaping.

Regardless of the purpose of their use, many pharmaceuticals come with substantial risk of harm. In Australia in 2018, a majority of drug-induced deaths (excluding alcohol and tobacco) involved opioids, and three-fifths (60%) of those deaths were attributed to prescription drugs only (Man et al. 2019). Many pharmaceuticals also have a high potential for addiction. Due to these risks, and the prevalence of non-medical use in Australia, pharmaceuticals used for non-medical purposes are a priority substance in Australia's National Drug Strategy 2017–2026 (DoH 2017).

Unless otherwise specified, the results in this report are for people aged 14 and over and all increases or decreases in estimates over time are statistically significant. All data presented in this chapter are available through the online pharmaceuticals and illicit drugs tables <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/data>.

How many people have used pharmaceuticals for non-medical purposes?

Between 2016 and 2019, non-medical use of pharmaceuticals declined. The proportion of people reporting non-medical use of pharmaceuticals in their lifetime dropped, as did use in the last 12 months.



This trend was largely driven by the decrease in non-medical use of pain-killers/pain relievers and opioids, which have made up the majority of non-medical use of pharmaceuticals since 2001.

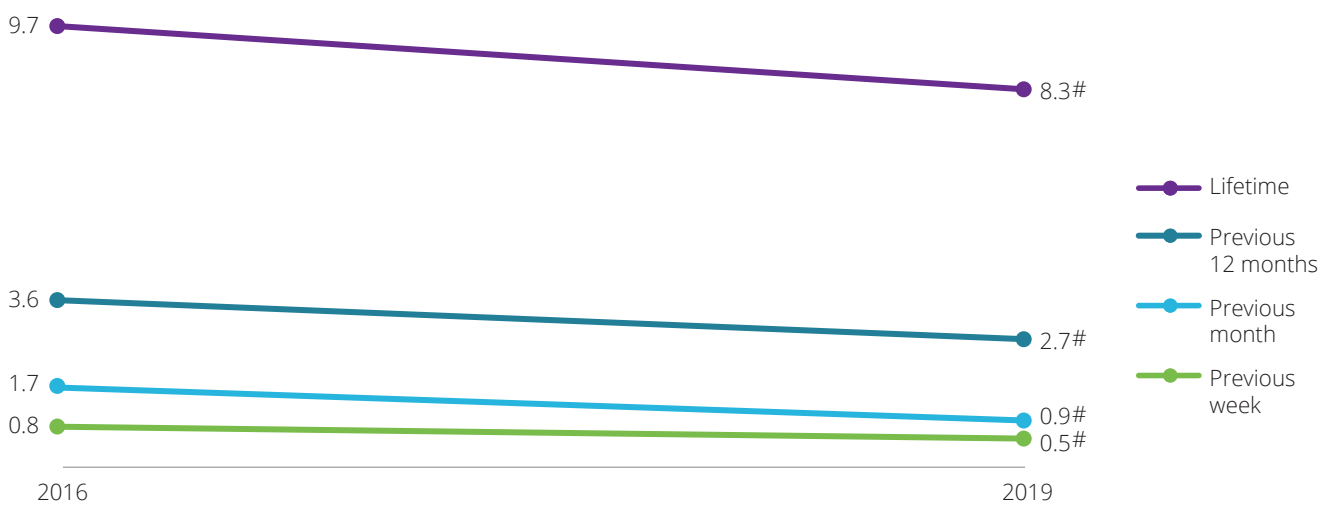


More people are using illicit drugs than pain-killers and opioids

In 2016, the non-medical use of pain-killers/pain-relievers and opioids (referred to as pain-killers and opioids) were the second most common illicitly used drug in the previous 12 months, behind cannabis. However, in 2019, they were the fourth most common, after cannabis, cocaine and ecstasy (Table 4.6).

From 2016 to 2019, the proportion of people using pain-killers and opioids non-medically in the previous week, month, 12 months and in their lifetime declined (Figure 5.1).

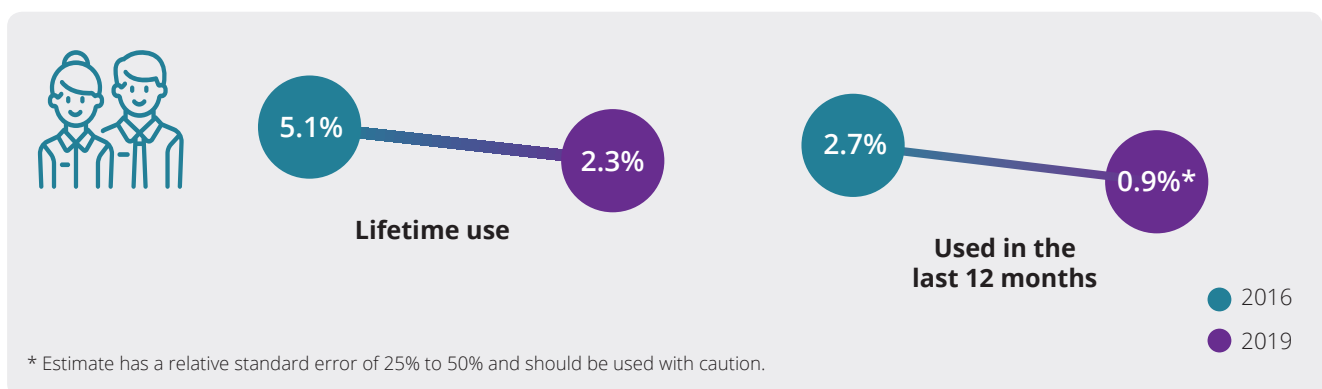
Figure 5.1: Non-medical use of pain-killers/pain-relievers and opioids within the last week, month, year and in their lifetime, persons aged 14 and over, 2016–2019 (per cent)



Statistically significant change between 2016 and 2019.

Source: Table 5.8.

Use remained stable or declined across all age groups between 2016 and 2019. The decline was most pronounced among young people aged 14–19, who in 2019 were half as likely to have used pain-killers and opioids non-medically in their lifetime as 14–19 year olds in 2016, and only a third as likely to have done so in the previous 12 months (tables 5.4 and 5.5).





People who did use pain-killers and opioids for non-medical purposes did so less often

Among people who did use pain-killers and opioids for non-medical purposes, those who used them at least weekly declined from 29% in 2016 to 19.5% in 2019, while the proportion who used them only once or twice a year increased from 28% to 43% (Table 5.10).

Despite this reduction, many people still struggled to cut down on their non-medical use of pain-killers and opioids. Of all people who had used them in the previous 12 months, 31% said they could not cut down on their non-medical use, even though they had wanted to or attempted to stop (Table 4.35a).

Box 5.1: Changes to codeine scheduling

In February 2018, medications containing codeine were reclassified to schedule 4 drugs, meaning they could no longer be purchased from a pharmacy or chemist without a prescription. The scheduling change may account for some of the reductions in the non-medical use of pain-killers and opioids since 2016.

This was clearly reflected in the types of pain-killers and opioids used by respondents in the NDSHS. Among people who had used them in the previous 12 months, codeine continued to be the most common type used, but had declined since 2016 (88% to 61%). In contrast, non-medical use of oxycodone, tramadol, gabapentinoids, fentanyl and other prescription pain-killers/opioids all increased (Table 5.12).

However, these increases do not indicate that people are substituting other medicines for codeine as the reduction in overall non-medical use needs to be taken into account. Among the general population aged 14 and over, the only statistically significant differences seen were a reduction in the non-medical use of codeine (from 3.0% in 2016 to 1.5% in 2019), and an increase in the number of people using 'other prescription pain-killers/pain relievers and opioids' for non-medical purposes (from 0.5% to 0.9%). Non-medical use of morphine, fentanyl, tramadol, oxycodone and gabapentinoids did not change substantially (Table 5.13).

The scheduling change also affected how people obtained these drugs. In 2016, people were most likely to purchase them from a pharmacy or chemist (52%), while in 2019 they were most commonly obtained with a prescription for a medical condition (45%).

Older Australians are using pain-killers and opioids non-medically

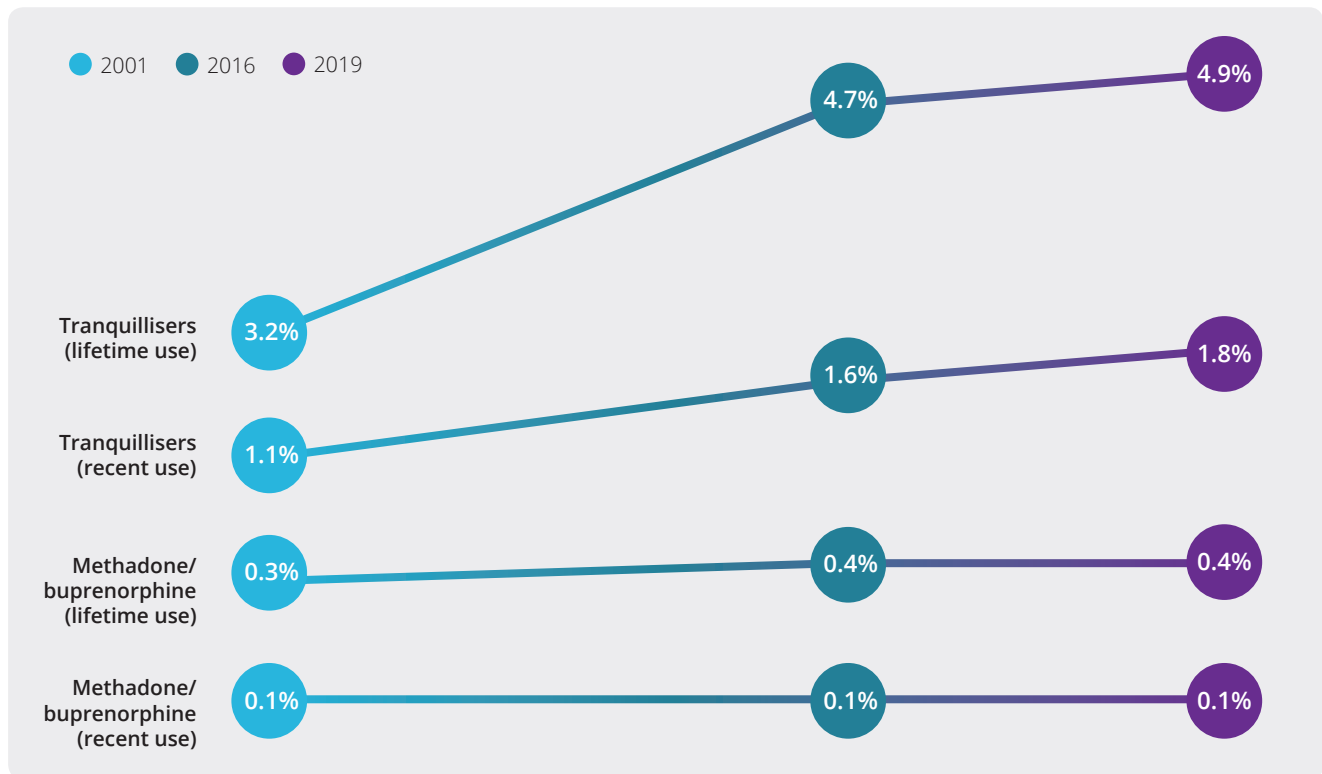
Illicit drug use is often more common among younger people. Use of cannabis, cocaine, ecstasy and meth/amphetamines in the previous 12 months is highest among people in their 20s, with levels of use decreasing in older age groups. However, this trend was less pronounced among people who had used pain-killers and opioids. Non-medical use was still highest among people aged 20–29 at 3.8%, but use among older age groups ranged from 2.4% to 3.2% (Table 5.5).

The median age of people who had recently used pain-killers/pain relievers and opioids for non-medical purposes was also higher than for all other drugs, at 41.9 years. The median age of people who had used illicit drugs excluding pharmaceuticals was 30.7 years (Table 4.19a).



Has the non-medical use of other pharmaceuticals also declined?

The proportion of Australians who reported using tranquillisers/sleeping pills and methadone or buprenorphine, either in their lifetime or in the previous 12 months, has not changed substantially since 2016.



Despite the overall number being small, there has been a growing trend in non-medical steroid use in the previous decade. Only 0.3% of people had done so in their lifetime from 2001 to 2007, but the proportion rose to 0.6% by 2016 and increased again to 0.8% in 2019 (Table 5.1). However, only 0.2% of people had used steroids for non-medical purposes in the previous 12 months (Table 5.2).

Where can I get more information?

To explore the data and view additional analyses, the use of pharmaceuticals for non-medical purposes is included in the supplementary pharmaceuticals tables, as well as the illicit drugs tables. These include data on:

- use of other drugs at the same time as pain-killers and opioids
- non-medical use of pharmaceuticals disaggregated by age and sex
- days of work missed due to illness, injury or drug use among people who used pharmaceuticals for non-medical purposes.

For references and terminology used in this chapter please see the [main report](#) or refer to the [technical information](#) for more information on the sample, the methodology, response rate and limitations of the survey results.