



Drug treatment for opioid dependence 2012

Dependence on opioid drugs such as heroin or morphine is associated with a range of health and social problems that affect the drug user, their family and the community. Treatment with an opioid pharmacotherapy drug such as methadone or buprenorphine can reduce drug cravings, improve physical and mental health and reduce drug related crime.

The *National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) Collection: 2012* report provides information on clients receiving opioid pharmacotherapy treatment on a snapshot day in June, the doctors prescribing opioid pharmacotherapy drugs and the dosing points (such as pharmacies) that clients attend to receive their medication.

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Fast facts

Clients

- 2 in 3 clients were male
- Median age of clients was 39
- 1 in 11 clients identified as being Aboriginal or Torres Strait Islander
- 2 in 3 clients were treated with methadone

Prescribers

- 82% of prescribers worked in the private sector
- 70% were authorised to prescribe more than one type of pharmacotherapy drug
- Prescribers were treating an average of 26 clients each

Dosing Points

- 88% of dosing points were pharmacies
 - 60% of dosing points were located in *Major cities*
 - On average, each dosing point dosed 21 clients
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Growth in people receiving opioid pharmacotherapy treatment has slowed

Almost 47,000 Australians were on a course of pharmacotherapy treatment for their opioid dependence on a snapshot day in June 2012.

The number of people receiving opioid pharmacotherapy treatment has almost doubled since 1998 (from around 25,000 people), but growth in client numbers has slowed in recent years (to less than 1% per year from 2010 to 2012).

New South Wales had the highest rate of people receiving opioid pharmacotherapy (26 clients per 10,000 people), while the Northern Territory had the lowest (5 clients per 10,000 people).

Methadone continues to be the most commonly prescribed drug

Around two-thirds (68%) of clients were treated with methadone in 2012, and the remaining third (32%) were treated with a form of buprenorphine.

From 2006 to 2012, treatment with:

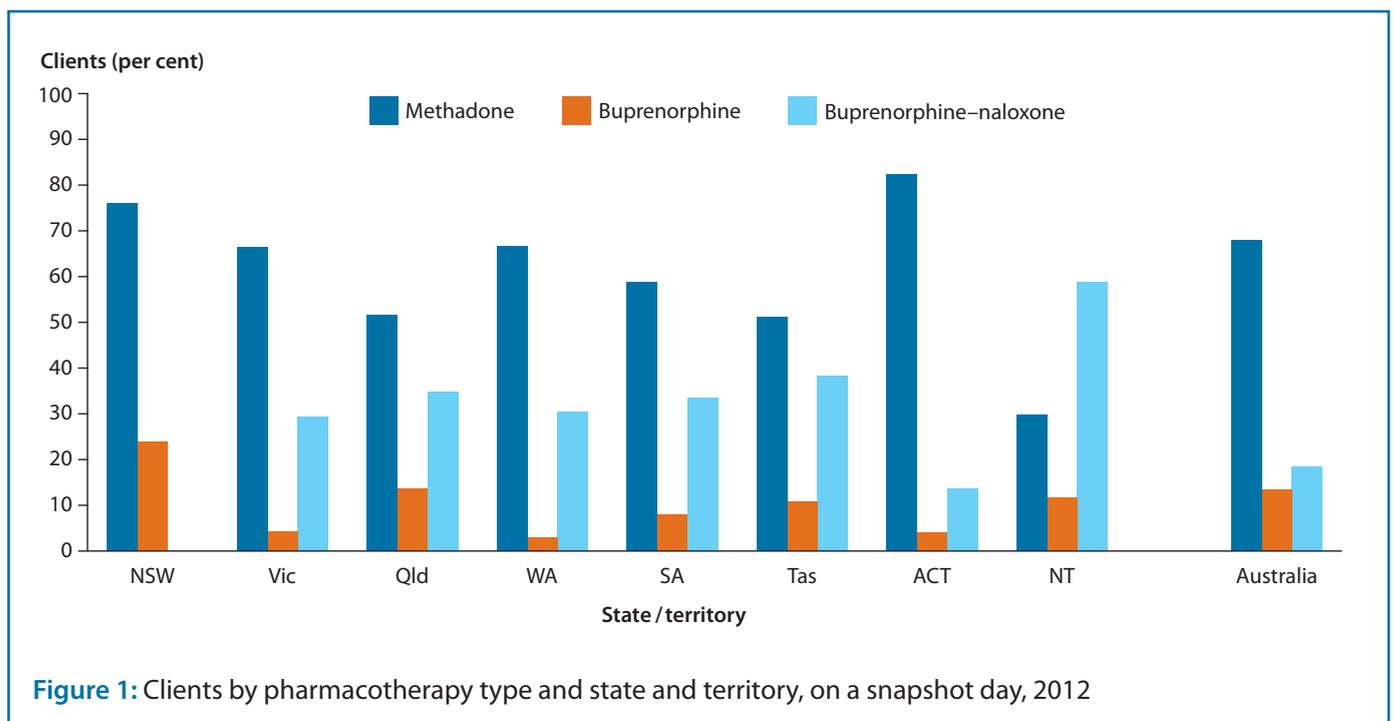
- methadone fell slightly (from 71% of clients to 68%)
- buprenorphine fell (from 23% to 13%)
- buprenorphine–naloxone rose (from 6% to 19%) (the naloxone is added to deter injection).

In 2012, treatment with methadone ranged from 30% of clients in the Northern Territory to 82% of clients in the Australian Capital Territory (see Figure 1).

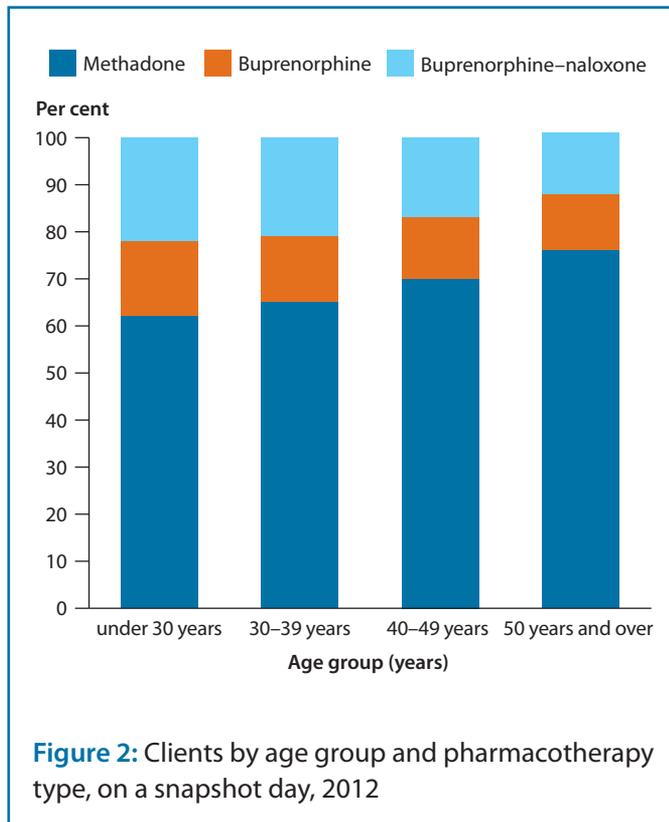
Opioid pharmacotherapy clients are getting older

Around two-thirds (69%) of clients in 2012 were aged 30 to 49, and this proportion has been fairly consistent since 2006. However, from 2006 to 2012 the proportion of clients aged less than 30 halved (from 28% to 13%), and the proportion of clients aged 50 and over doubled (from 8% to 18%).

Clients in Victoria and Tasmania had the youngest median age (37 years) and clients in New South Wales and South Australia had the oldest median age (40 years).



Methadone was the mostly commonly prescribed pharmacotherapy across all age groups. Older clients were more likely to receive methadone and less likely to receive buprenorphine–naloxone than younger clients (see Figure 2).



Males and Indigenous people are over-represented in pharmacotherapy treatment

Around two-thirds (65%) of clients receiving pharmacotherapy in June 2012 were male. This proportion was similar for each of the 3 pharmacotherapy types (methadone, buprenorphine and buprenorphine–naloxone), and has remained stable since 2006.

Where reported, 1 in 11 clients identified as Aboriginal or Torres Strait Islander. Indigenous people were almost 3 times as likely to have received pharmacotherapy treatment as the population as a whole. Indigenous clients were more likely to be treated with methadone (74%) than non-Indigenous clients (66%).

Prescriber numbers have increased, and most work in the private sector

Methadone and buprenorphine are controlled drugs, and health professionals need authorisation to prescribe them to clients. Nationally, there were 1,768 authorised prescribers of opioid pharmacotherapy drugs in 2012, an increase of 14% from 2011. The majority (70%) of these prescribers were authorised to prescribe more than one type of drug.

The majority of prescribers worked in the private sector (82%), with the remainder working in the public sector (12%), correctional facilities (3%), or a combination of sectors (3%). Each prescriber treated an average of 26 clients, but this varied widely by sector and state or territory.

- Prescribers working in the public sector had, on average, almost 3 times as many clients as prescribers in the private sector (58 clients per prescriber compared with 21).
- Queensland had the highest number of clients per prescriber (44), while the Northern Territory had the lowest (15).

Most dosing points were located in pharmacies and in urban areas

Most clients need to attend a dosing point regularly to take their opioid pharmacotherapy drug under supervision. Nationally, there were 2,226 dosing points in Australia in 2012.

- The majority were located in pharmacies (88%), followed by hospitals (7%), public clinics (2%) and correctional settings such as prisons (1%).
- Pharmacies were the most common dosing points in all states and territories, ranging from 80% of sites in the Northern Territory and Queensland to 97% in Western Australia.
- Most dosing points were located in *Major cities* (60%) and *Inner regional areas* (24%).
- One in 50 (2%) dosing points were located in *Remote or Very remote areas*.
- The proportion of clients taking each drug type varied between dosing points.
- Clients taking buprenorphine–naloxone were more likely to dose at a pharmacy (86%) than clients taking methadone (70%) or buprenorphine only (52%).
- Clients taking methadone were more likely to be dosing in a correctional setting (9%) than clients taking buprenorphine only (3%) or buprenorphine–naloxone only (2%) (see Figure 3).

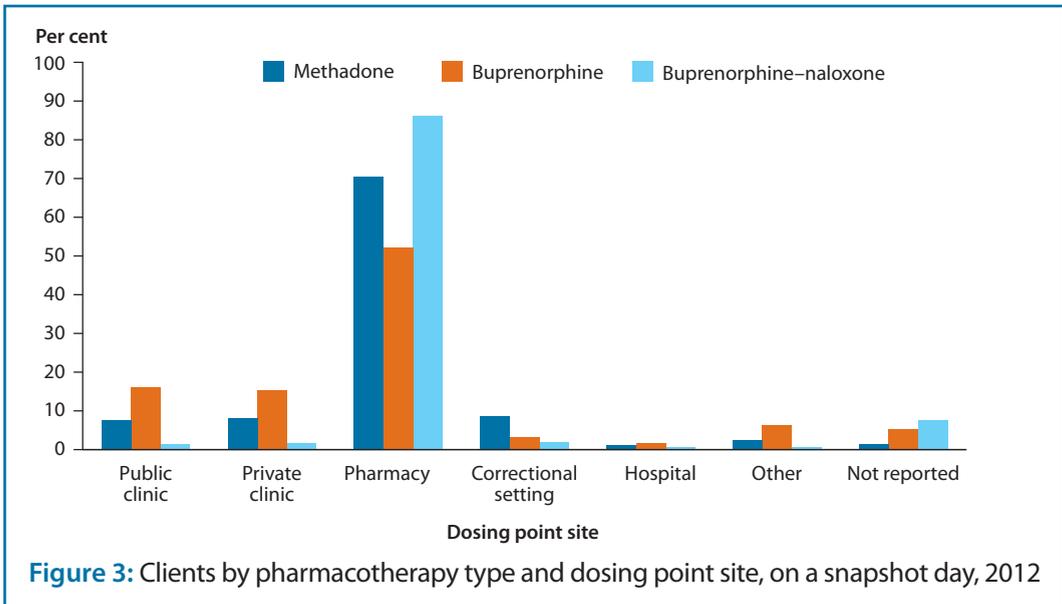


Figure 3: Clients by pharmacotherapy type and dosing point site, on a snapshot day, 2012

‘Jason’, an opioid pharmacotherapy client*

Jason tried a lot of drugs as a teenager, but never thought that he would become a heroin addict. He started using heroin occasionally on weekends, but soon found that he had to have it every day. After losing his job and his partner due to his habit, he sought treatment. He was started on methadone maintenance treatment, and was also given counselling.

Jason has since learnt that he is a fairly typical opioid pharmacotherapy client: around 40 years old, male and living in a big city. His treatment is managed by his doctor who has completed specialised training so that he can prescribe methadone. Jason visits his pharmacy several times a week to take methadone under the supervision of the pharmacist. Because he has been doing well on the program, he is allowed to have some of his methadone doses unsupervised. This means he can take home some of his methadone doses and he does not have to go to the pharmacy every day.

Apart from one relapse, methadone has helped Jason to stop taking heroin. Now that he doesn't have to spend all his time and money trying to get his next 'fix', he feels more in control of his life, and has recently started working again.

*This is a hypothetical example constructed from the most common demographic and treatment characteristics. It is not based on any one client and does not illustrate the diversity of clients receiving opioid pharmacotherapy.

Related data sets

In addition to the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) Collection, the AIHW also reports information on tobacco, alcohol and other drug use and treatment from the following data sets:

- National Drug Strategy Household Survey
- Alcohol and Other Drug Treatment Services National Minimum Data Set

For more information

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