National Opioid Pharmacotherapy Statistics Annual Data collection

Web report | Last updated: **20 Apr 2023** | Topic: Alcohol & other drug treatment services

About

On a snapshot day in 2022, 55,741 clients received pharmacotherapy treatment for their opioid dependence across Australia. There were 3,189 dosing points and 2,982 authorised prescribers of opioid pharmacotherapy drugs nationally.

Cat. no: PHE 266

- Data tables
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Findings from this report:

- 55,741 clients received opioid pharmacotherapy treatment on a given day across Australia in 2022
- There were 3,189 opioid pharmacotherapy dosing sites where clients receive treatment in Australia
- There were 2,982 authorised opioid pharmacotherapy prescribers
- Around 2 in 3 (67%) opioid pharmacotherapy clients were male

Introduction

On this page:

Report overview

Over **7 in 10** opioid pharmacotherapy clients in 2022 were **continuing** treatment			In 2022, **4 in 5** pharmacotherapy prescribers worked in the **private sector**
Around **2 in 3** pharmacotherapy clients received treatment at a **pharmacy** in 2022			The most common **opioid drug of dependence** for pharmacotherapy clients in 2022 was **heroin**

Dependence on opioid drugs (including codeine, oxycodone and heroin) is associated with a range of health and social harms that affect people who use drugs, their family and friends, and the wider community. Opioid pharmacotherapy treatment can help reduce harm by providing regular dosing with a safer, legally obtained, longer-lasting opioid. This can reduce cravings for other opioids, help clients to manage the effects of drug dependence and improve overall quality of life.

The NOPSAD report provides information about clients receiving opioid pharmacotherapy in Australia, as well as health professionals who prescribe opioid pharmacotherapy and dosing points (such as pharmacies) where clients receive treatment.

What is opioid drug dependence?

When people use opioids regularly or over a long period of time, they are at an increased risk of developing opioid drug dependence (ADF 2021). Opioid dependence is characterised by a strong desire to use opioids and loss of control over use.

Opioid drugs are substances that have a similar action to morphine in the brain (ADF 2021). They can be prescription pain medicines (such as codeine and oxycodone) or illicit drugs (such as heroin).

These include:

- Opiates, which are naturally derived from the opium poppy (such as codeine and heroin).
- Semi-synthetic opioids, which are modified versions of natural opiates (such as oxycodone).
- Synthetic opioids, which are fully synthesised from precursor compounds (such as fentanyl and methadone) (ADF 2021).

Opioids are often prescribed for the management of strong pain. However, they can produce euphoria and are sometimes used for non-medical reasons. Long-term or non-medical use of opioids can lead to health problems such as drug dependence and overdose (WHO 2021).

Since 1 February 2018, access to all opioid pain medicines has required a prescription in Australia. Prior to this, medicines containing low doses of codeine were available over the counter at pharmacies (ADF 2021). Prescription opioids may also be obtained illicitly.

The International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) (WHO 2019) defines 'dependence syndrome' due to the use of opioids as:

'A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state (Code F11.2).'

What are the impacts of opioid dependence?

Opioid dependence is linked to a range of health and social harms, for both individuals who use opioids and the wider community.

These include:

- Loss of life through overdose.
- Medical and mental health impacts, including transmission of hepatitis C, hepatitis B and HIV, and depression.
- Social impacts, including on relationships, employment, education, housing, parenting, finances and crime.
- Financial costs related to health and social services and judicial systems (NSW Ministry of Health 2018).

What treatment is available?

Treatments for opioid use disorders aim to reduce the harms associated with dependence (NSW Ministry of Health 2018). Opioid pharmacotherapy treatment, also known as opioid agonist therapy, is one of the most common treatments used for opioid drug dependence in Australia. Opioid pharmacotherapy involves replacing the opioid drug of dependence with a longer-lasting, medically-prescribed opioid.

Opioid pharmacotherapy can reduce drug cravings and other withdrawal symptoms in clients (Gowing et al. 2014). Pharmacotherapy can also have positive impacts on physical and mental health, social functioning and economic participation, and reduce drug-related crime (Ritter and Chalmers 2009).

Clients can receive pharmacotherapy for dependence on a range of opioids, including illicit drugs (such as heroin) and pharmaceutical opioids (such as codeine and oxycodone) (AIHW 2018).

In Australia, 4 medications are registered as pharmacotherapy treatment for people with opioid dependence (Table INTRO1). Refer to Buprenorphine long-acting injections and the Glossary for more information on opioid pharmacotherapy medications in Australia.

Table INTRO1: Types of opioid pharmacotherapy medications

Pharmacotherapy drug type	Administration method	Dosing frequency	Brand names
Methadone	Oral – taken as liquid	Daily	Methadone Syrup® Biodone Forte Solution®
Buprenorphine	Oral – taken as tablet	Once every 1–3 days	Subutex®
Buprenorphine-naloxone	Oral – taken as tablet or sublingual film	Once every 1–3 days	Suboxone®
Buprenorphine long-acting injections (LAI)	Subcutaneous injection	Weekly or monthly	Buvidal® Sublocade®

Opioid pharmacotherapy treatment is administered according to the law of the relevant state or territory, and within a framework that includes medical, social and psychological treatment. The Australian Government Department of Health has published *National guidelines for medication-assisted treatment of opioid dependence* (Gowing et al. 2014). These guidelines provide a broad policy context and framework for states and territories when developing their own policies and guidelines for the medication-assisted treatment of opioid dependence. However, policies differ between states and territories.

Buprenorphine long-acting injections

Two depot formulations of buprenorphine (Buvidal® and Sublocade®) were registered for use in the treatment of opioid dependence across Australia. These long-acting injections (described in this report as buprenorphine LAI) were reported where possible for the first time in the NOPSAD 2020 collection.

While jurisdictional differences in the delivery of buprenorphine LAI do apply, there are potential benefits of this treatment in the context of COVID-19. This is because buprenorphine LAI is injected into the tissue under the skin either weekly or monthly, reducing the need for patients to visit their dosing site on a daily basis.

What is the NOPSAD collection?

The National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection is compiled from jurisdictional data and provides information about:

- clients receiving opioid pharmacotherapy treatment;
- the health professionals prescribing opioid pharmacotherapy drugs; and
- the dosing points (such as pharmacies) that clients attend to receive their medication.

Data are reported on a snapshot day in June each year. The snapshot day varies across jurisdictions, as each state and territory uses a slightly different method to collect data. These methodological differences are primarily due to jurisdictional variations in legislation, client management systems and resources. Caution should be exercised when comparing one jurisdiction to another.

For more information on the NOPSAD collection, see also:

>Technical notes
> NOPSAD Data Quality Statement

Impacts of COVID-19 on opioid pharmacotherapy treatment

In March 2020, a series of measures were put in place across Australia to reduce the transmission of COVID-19 (Department of Health 2020). These included social distancing and hygiene measures, isolation measures for those with COVID-19 or close contacts, and the shutdown of non-essential businesses, public gatherings and travel. Many of these restrictions continued into 2021 and 2022.

In response to these restrictions, jurisdictions made changes to opioid pharmacotherapy treatment guidelines and regulations to support flexible treatment delivery and maintain the health and safety of patients and prescribers. Implementation of amended guidelines and regulations varied across jurisdictions. Changes to pharmacotherapy treatment in the context of COVID-19 included:

- extending prescription duration
- increasing the number of takeaway doses
- arranging home delivery of medication, including third party collections for clients who may require self-isolation
- a transition to online training and education for pharmacists on administering opioid pharmacotherapy treatment
- the commencement of buprenorphine LAI under online supervision (with dosing administered in person at a pharmacy)
- alleviating permit requirements for doctors taking over scripts for other doctors.

There was little change in dosing trends between 2021 and 2022 due to COVID-19 related restrictions. However, the following applied for 2022:

- New South Wales and Victoria were impacted by issues with workforce shortages and capacity across all healthcare settings.
- South Australia continued to show an increase in buprenorphine LAI uptake, resulting in decreased need to present for treatment.
- Western Australia continued to provide the option of third-party pickups for those clients in isolation.
- The Australian Capital Territory continued to provide the option of home delivery until mid-December 2022.

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Clients

On this page:

How many people received opioid pharmacotherapy treatment?

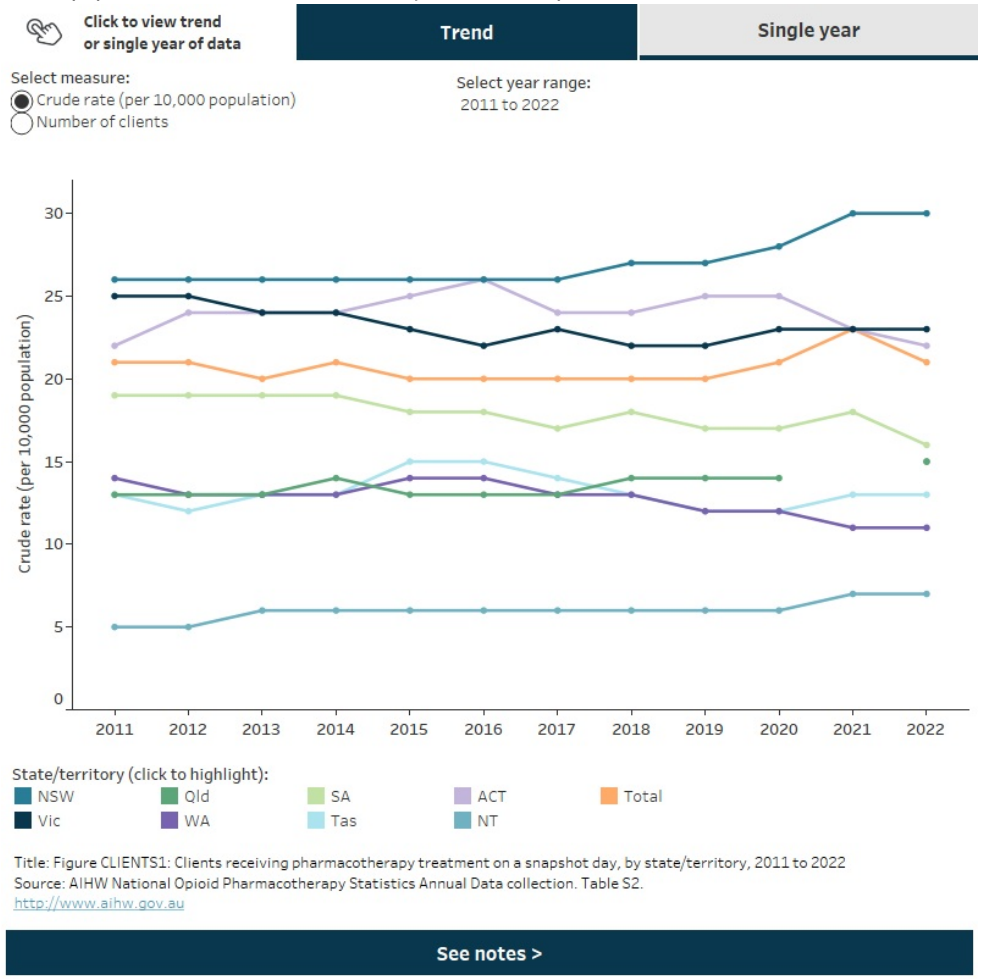
Around 55,700 people received opioid pharmacotherapy treatment on a given day across Australia in 2022.

On a snapshot day in 2022, 55,741 people were receiving pharmacotherapy treatment for their opioid dependence across Australia. This is a rate of 21 pharmacotherapy clients per 10,000 people (Figure CLIENTS1; Tables S1 and S2).

Between 2011 and 2022, the number of clients receiving treatment increased by 20% (from 46,446 to 55,741 clients) (Table S1). Adjusting for population growth, the rate of clients remained relatively stable nationally over the same period (between 20 and 21 clients per 10,000 people each year). Note: the lower client number and higher client rate (23 clients per 10,000 people) in 2021 were due to the exclusion of Queensland data, as data were unavailable at the time of reporting. Refer to the Technical notes for information on the impacts of COVID-19 on population estimates and effects on rates in 2022.

Figure CLIENTS1: Clients receiving pharmacotherapy treatment on a snapshot day, by state/territory, 2011 to 2022

On a snapshot day in 2022, 21 clients per 10,000 population received pharmacotherapy treatment in Australia. This ranged from 7 clients per 10,000 population in the Northern Territory to 30 clients per 10,000 in New South Wales.



Refer to the Data tables for more information.

In 2022, consistent with previous years:

- New South Wales had the highest rate of opioid pharmacotherapy clients receiving treatment (30 clients per 10,000 people or 24,783 clients), followed by Victoria (23 clients per 10,000 people or 15,153 clients).
- The Northern Territory remained the jurisdiction with the lowest rate of clients (7 per 10,000 people or 182 clients) (Figure CLIENTS1; Table S2).

Client numbers have fluctuated over time within jurisdictions (Table S1). Variation in client numbers may be influenced by system changes, coding practices and changes in treatment policies or capacity within jurisdictions.

Who received opioid pharmacotherapy treatment?

Age and sex of clients

The median age of opioid pharmacotherapy clients was 44 years.

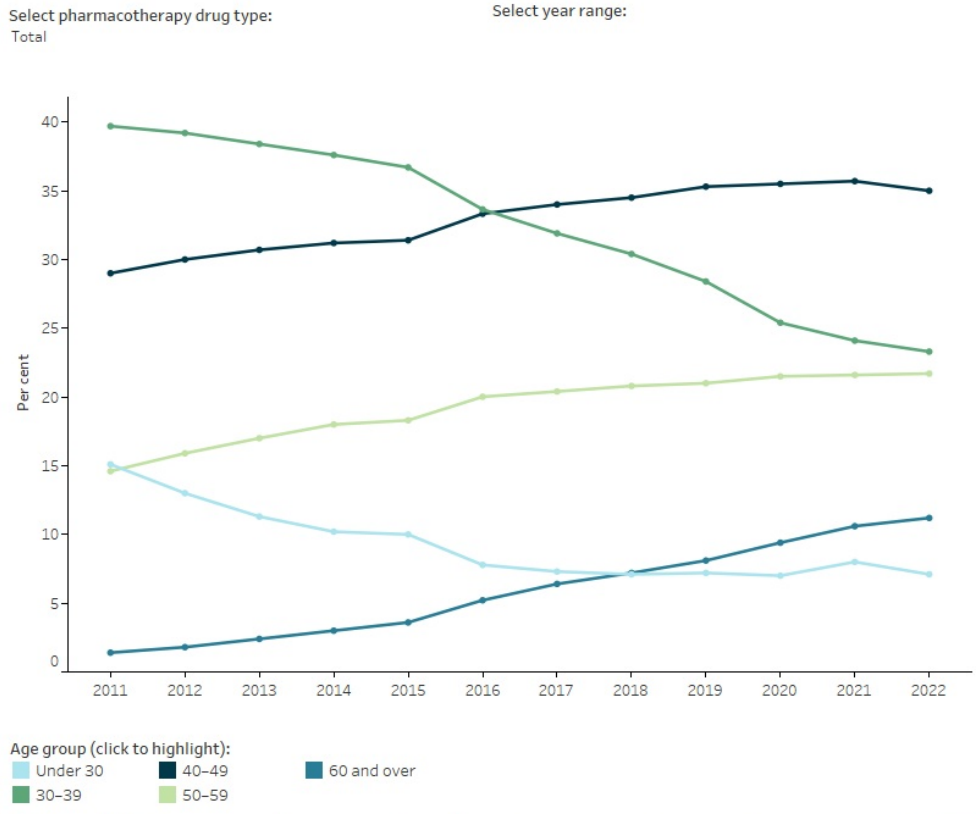
On a snapshot day in 2022, the median age of clients across all pharmacotherapy drug types in Australia was 44 years, the same as the previous two years (2021 excluded Qld data). This is an increase from 38 years in 2011. Clients in New South Wales, Victoria, Western Australia, the Australian Capital Territory and the Northern Territory had the highest median age (45 years) (Table S5).

In 2022, around 1 in 3 clients (35% or 19,530 clients) were aged 40–49 years, the highest proportion of any age group. A further 23% (12,984 clients) were aged 30–39 years and 22% (12,114) were aged 50–59 years (Figure CLIENTS2; Table S6).

Since 2011, the proportion of clients aged under 30 or 30–39 has decreased (from 15% and 40% in 2011 to 7.0% and 23% in 2022, respectively). Conversely, the proportion of clients in the older age groups (40–49, 50–59 and 60 and over) has increased since 2011 (Figure CLIENTS2; Table S6).

Figure CLIENTS2: Proportion of clients receiving pharmacotherapy treatment on a snapshot day, by pharmacotherapy drug type and age group, 2011 to 2022

On a snapshot day in 2022, most clients were aged 40–49 years (35% of clients), 30–39 years (23.3%) or 50–59 years (21.7%). Between 2011 and 2022, there was an increase in the proportion of clients aged 40 and over. In the same period, there was a decline in the proportion of clients aged 39 years and under.



Title: Figure CLIENTS2: Proportion of clients receiving pharmacotherapy treatment on a snapshot day, by pharmacotherapy drug type and age group, 2011 to 2022
Source: AIHW National Opioid Pharmacotherapy Statistics Annual Data collection. Table S6.
http://www.aihw.gov.au

See notes >

Refer to the Data tables for more information.

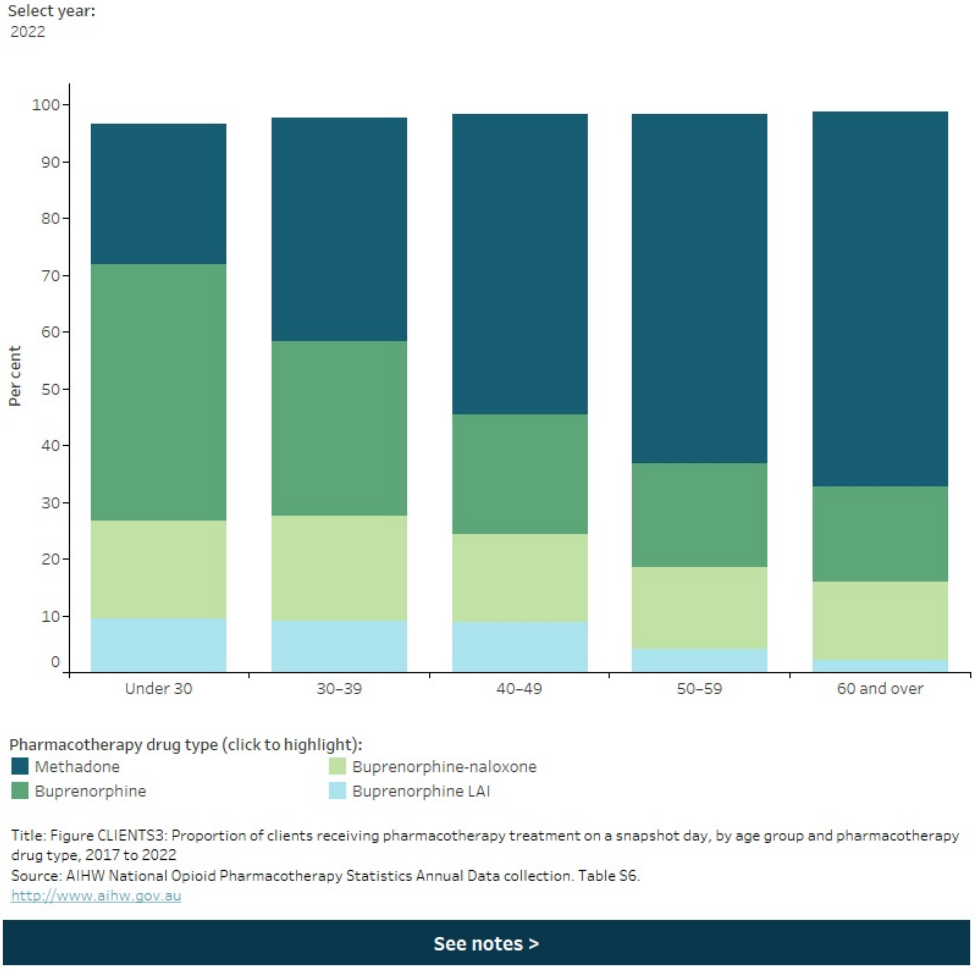
The increases in client median age since 2011 and the growing proportion of clients in older age groups continues the trend of an ageing cohort in opioid pharmacotherapy treatment. This is consistent with the pattern observed in other drug treatment services (AIHW 2022). This may be due to:

- Methadone treatment being available in Australia for more than 40 years.
- Pharmacotherapy treatment reducing the risk of premature death, resulting in some clients remaining in treatment for decades.
- Clients seeking treatment for the first time at an older age.
- Declines in heroin use among people who inject drugs and the general population in Australia since the early 2000s (AIHW 2020; Sutherland et al. 2021).
- Australia's ageing population and the emergence of an ageing cohort of people who use drugs (AIHW 2020; Nicholas and Roche 2014; NSW Ministry of Health 2015).

While methadone was the most commonly prescribed pharmacotherapy drug across all age groups, the proportion of clients who received methadone increased with age. The median age was also higher for clients receiving methadone (47 years) compared to overall (44 years) (Table S5; Figure CLIENTS3).

Figure CLIENTS3: Proportion of clients receiving pharmacotherapy treatment on a snapshot day, by age group and pharmacotherapy drug type, 2017 to 2022

On a snapshot day in 2022, the proportion of opioid pharmacotherapy clients receiving methadone was higher for older age groups. Over 2 in 3 clients (66%) aged 60 and over received methadone as pharmacotherapy, compared to 24.8% of clients aged under 30. By comparison, 45.2% of clients aged under 30 received buprenorphine as pharmacotherapy compared to 16.7% of clients aged 60 and over.



Title: Figure CLIENTS3: Proportion of clients receiving pharmacotherapy treatment on a snapshot day, by age group and pharmacotherapy drug type, 2017 to 2022
Source: AIHW National Opioid Pharmacotherapy Statistics Annual Data collection. Table S6.
http://www.aihw.gov.au

See notes >

Refer to the Data tables for more information.

More males than females received opioid pharmacotherapy treatment.

On a snapshot day in 2022, over 2 in 3 clients (67% or 36,953 clients) receiving pharmacotherapy treatment were male. This proportion was similar for each of the 4 pharmacotherapy drug types (methadone, buprenorphine, buprenorphine-naloxone and buprenorphine LAI). This has remained stable since 2011 (Table S7). The sex classification of 'Another term' was included in the NOPSAD collection for the first time in 2021 however is not reported in text due to small numbers and concerns with data reliability. Refer to the Technical notes for more information.

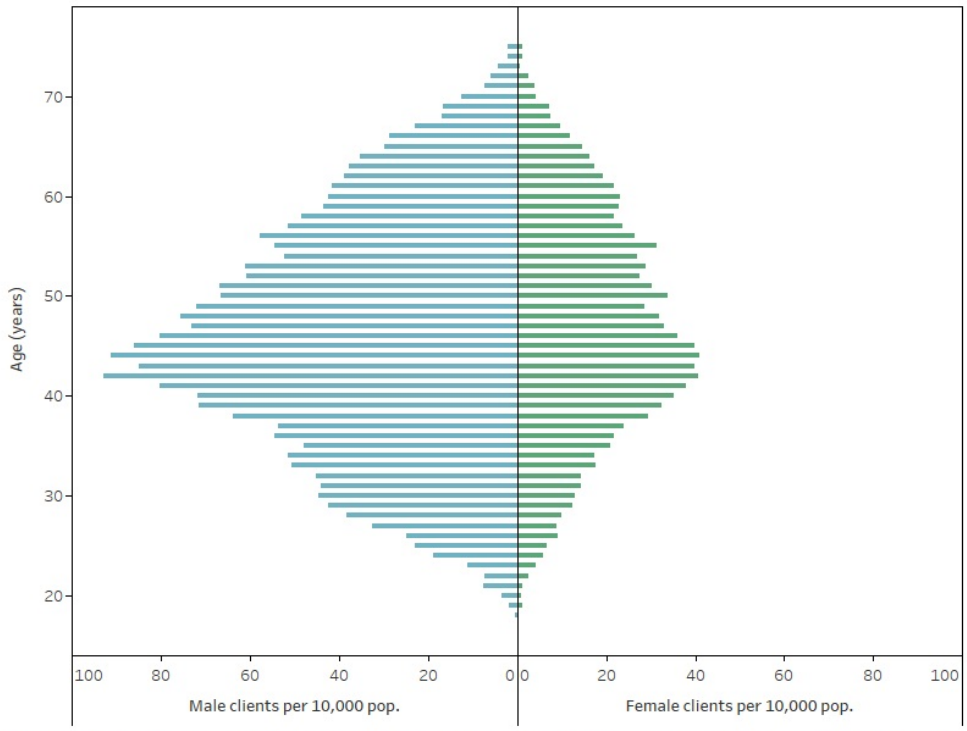
The rate of clients receiving pharmacotherapy treatment was highest among those aged between 40 and 48, peaking at 42 years for males and 44 for females (unit record data were used to produce this analysis, unit record data were unavailable for Victoria and Queensland). Notably, the peak rate for males (93 clients per 10,000 people) was more than twice as high as the peak for females (41 per 10,000) (Figure

CLIENTS4; Table S24).

Figure CLIENTS4: Crude rate of clients receiving pharmacotherapy treatment on a snapshot day, by sex and age, selected states and territories, 2017 to 2022

On a snapshot day in 2022, the rate of pharmacotherapy clients per 10,000 population peaked at the age of 42 years for males (93 clients per 10,000 population) and 44 years for females (41 clients per 10,000 population).

Select year:
2022



Title: Figure CLIENTS4: Crude rate of clients receiving pharmacotherapy treatment on a snapshot day, by sex and age, selected states and territories, 2017 to 2022
Source: AIHW National Opioid Pharmacotherapy Statistics Annual Data collection. Table S24.
http://www.aihw.gov.au

See notes >

Refer to the Data tables for more information.

Aboriginal and Torres Strait Islander people

Over 2 in 5 of all Aboriginal and Torres Strait Islander clients receiving opioid pharmacotherapy treatment were treated with methadone.

On a snapshot day in June 2022, there were 6,318 Aboriginal and Torres Strait Islander clients receiving pharmacotherapy treatment in Australia (Table S9). This represents 12% of all clients and is a rate of 71 clients per 10,000 Indigenous Australians.

In 2022, New South Wales had the highest rate of Indigenous opioid pharmacotherapy clients (138 clients per 10,000 Indigenous Australians or 4,100 clients), followed by Victoria (113 clients per 10,000 Indigenous Australians, or 755 clients). The Northern Territory had the lowest rate of Indigenous clients (6 clients per 10,000 Indigenous Australians, or 44 clients) (Table S9).

Of those Indigenous Australian clients whose pharmacotherapy drug type was reported (99% or 6,236 clients), over 2 in 5 (43% or 2,742 clients) were treated with methadone in 2022. The remaining Indigenous Australian clients were treated with buprenorphine (39% or 2,448 clients) (includes NSW *see note below*), buprenorphine-naloxone (10% or 602 clients) or buprenorphine LAI (7% or 444 clients) (Table S9).

The number of clients receiving buprenorphine in New South Wales cannot be compared, as New South Wales groups all clients receiving buprenorphine-naloxone or buprenorphine LAI together with clients receiving buprenorphine.

Prior to 2022, Victoria provided the total number of clients receiving opioid pharmacotherapy but did not provide pharmacotherapy drug type by Indigenous status, this was reported for the first time in 2022.

Refer to the Technical notes for more information on rates of Indigenous clients in 2022.

What opioid pharmacotherapy treatments did clients receive?

Methadone continues to be the most commonly prescribed opioid pharmacotherapy drug, but the proportion of pharmacotherapy clients receiving a buprenorphine formulation is rising.

On a snapshot day in 2022, half of all clients (50% or 27,999 clients) received methadone as pharmacotherapy treatment (Table S4), while the remainder received a buprenorphine formulation (Table S4).

The proportion of clients receiving each of the pharmacotherapies varies across states and territories (Figure CLIENTS5; Table S4). This may be driven by jurisdictional differences in pharmacotherapy guidelines. The number of clients receiving buprenorphine in New South Wales cannot be compared, as New South Wales groups all clients receiving buprenorphine-naloxone or buprenorphine LAI together with clients receiving buprenorphine.

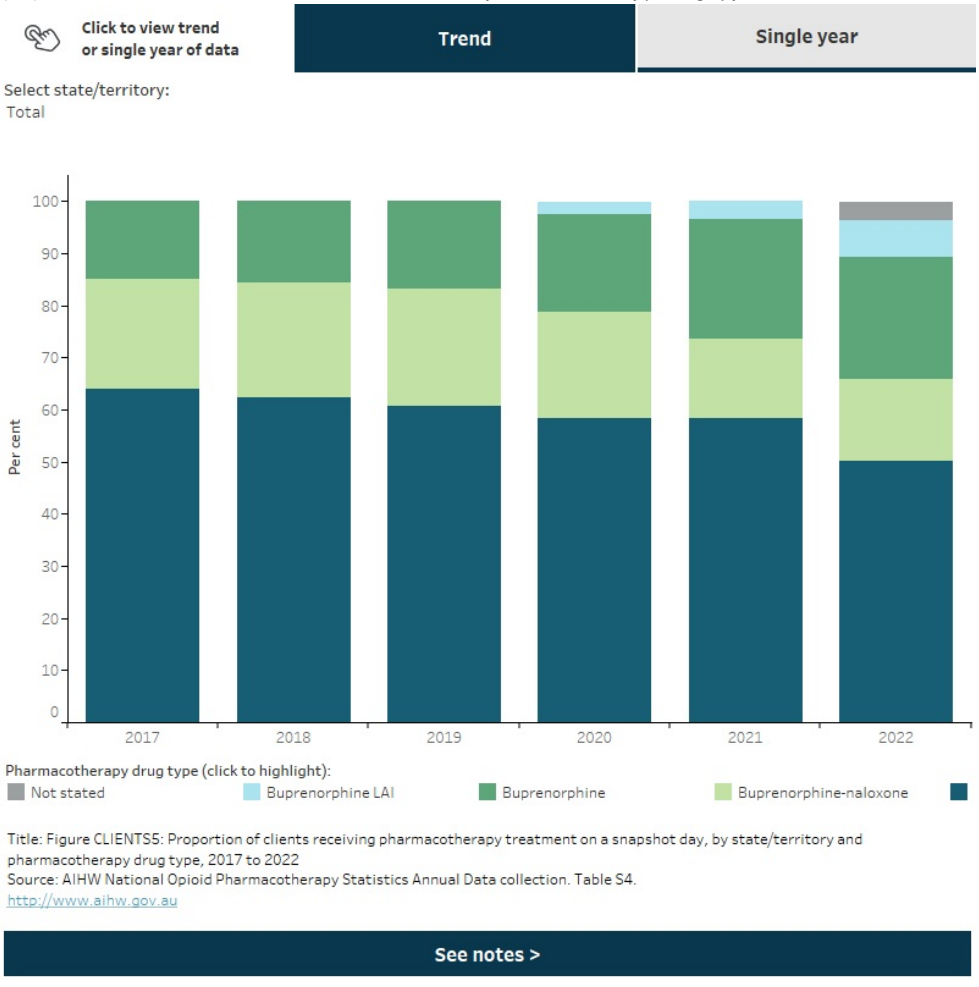
Over the past decade, the proportion of clients receiving methadone has fallen, while the proportion of clients receiving buprenorphine drug formulations has increased, in part reflecting the availability of new pharmacotherapy drug formulations.

In 2022:

- Methadone was the most common pharmacotherapy drug in most jurisdictions, with the exception of Tasmania and the Northern Territory. The Australian Capital Territory and Victoria had the highest proportion of clients receiving methadone (66% and 61% of clients, respectively).
- Buprenorphine-naloxone was the most common pharmacotherapy drug in Queensland and Tasmania (42% and 37% of clients, respectively) (Figure CLIENTS5; Table S4). Buprenorphine-naloxone is preferred as the first line treatment option for the pharmacotherapy program in the Northern Territory (Table S4).

Figure CLIENTS5: Proportion of clients receiving pharmacotherapy treatment on a snapshot day, by state/territory and pharmacotherapy drug type, 2017 to 2022

On a snapshot day in 2022, almost 1 in 2 (50.2%) clients received methadone as pharmacotherapy across Australia. The next most common pharmacotherapy drug type was buprenorphine (23.6% of clients), followed by buprenorphine-naloxone (15.6%) and buprenorphine LAI (7%). Methadone has remained the most common pharmacotherapy drug type since 2016.



Refer to the Data tables for more information.

From 2011 to 2022, treatment with:

- Methadone fell from 69% of clients to 50%.
- Buprenorphine-naloxone fell from 18% of clients, peaking at 23% in 2019, then fell to 16% in 2022 (excludes NSW data).

- Buprenorphine LAI was reported from 2020, increasing from 2.4% of clients to 7.0% in 2022 (excludes NSW data) (Figure CLIENTS5; Table S4).

Changes in the proportions of clients receiving each pharmacotherapy drug type likely relate to factors such as clinical guidelines and the availability of new pharmacotherapy drug formulations.

- The increase in buprenorphine-naloxone prescribing up to 2019 likely reflects the implementation of the *National guidelines for medication-assisted treatment of opioid dependence* (Gowing et al. 2014). These guidelines recommend that buprenorphine-naloxone should be preferred over buprenorphine for most clients, as it is expected to have a lower risk of diversion (that is, injected by the client or sold to others).
- Buprenorphine LAI was reported by some jurisdictions for the first time in the 2020 NOPSAD collection. This has impacted the proportions of clients receiving other pharmacotherapy drug types (Table S4).

How did clients interact with the opioid pharmacotherapy treatment system?

Most opioid pharmacotherapy clients were continuing pharmacotherapy treatment.

Clients interact with the pharmacotherapy treatment system in a number of ways. A client's status may differ according to whether they are:

- receiving treatment for the first time in the 12 months since the previous snapshot day (**new**);
- re-entering treatment after previously ceasing an episode of care (**re-admission**);
- continuing treatment (**ongoing**); or
- transferring from another state or territory (**interstate transfer**).

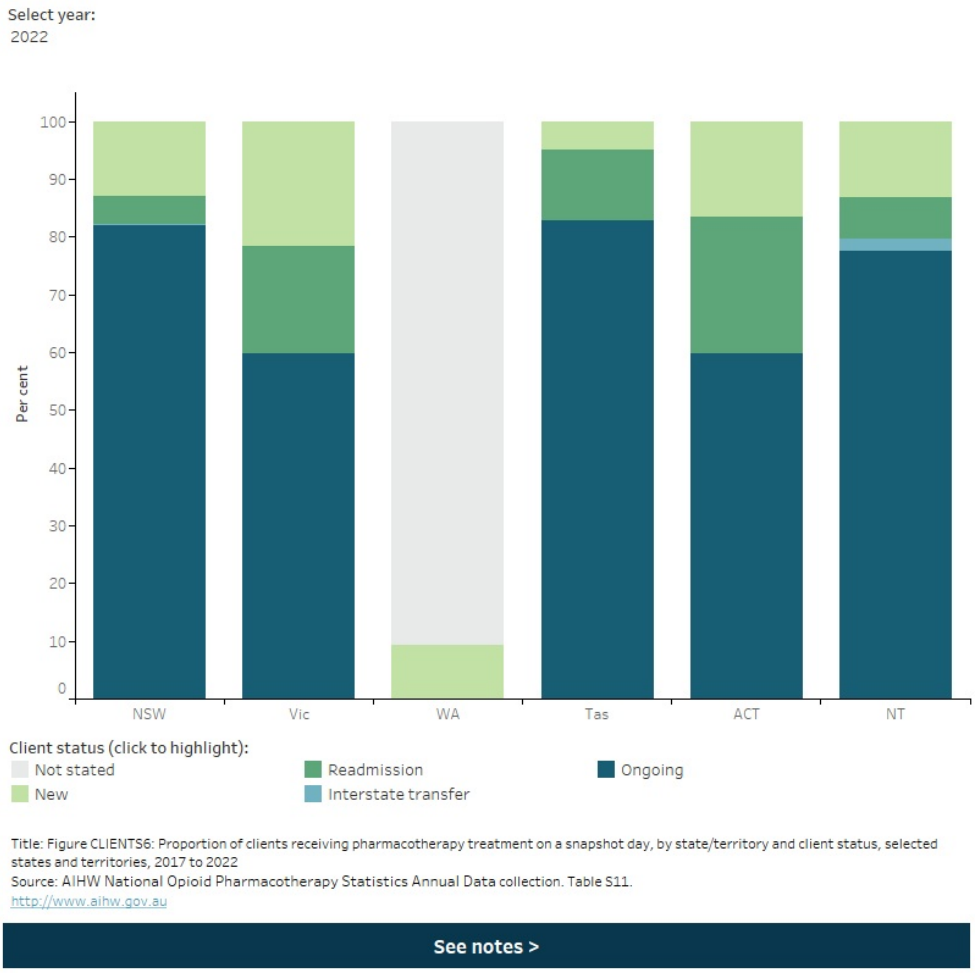
In 2022, client status data were available for New South Wales, Victoria, Western Australia, Tasmania, the Australian Capital Territory, and the Northern Territory.

Queensland and South Australia were unable to provide client status for 2022 due to the implementation of new systems; these clients are presented as 'Not reported'. Western Australia was not able to record the number of clients who were classed as ongoing or re-entering treatment in 2021 and 2022 due to system changes; these clients are presented as 'Not stated' in this report.

Across the 6 jurisdictions with available data, clients were most commonly continuing treatment; around 7 in 10 clients (69% or 30,752) were classed as ongoing. A further 16% (6,977 clients) were new to treatment in 2022, and 10% (4,367) were re-entering treatment (Table S11). The proportion of clients re-entering treatment ranged from 4.9% in New South Wales to 24% in the Australian Capital Territory (Figure CLIENTS6; Table S11).

Figure CLIENTS6: Proportion of clients receiving pharmacotherapy treatment on a snapshot day, by state/territory and client status, selected states and territories, 2017 to 2022

On a snapshot day in 2022, most clients were ongoing in all states and territories except Western Australia. This ranged from 82.9% in Tasmania to 59.7% in the Australian Capital Territory. Data were only available from New South Wales, Victoria, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory.



Refer to the Data tables for more information.

What drug of dependence did clients receive opioid pharmacotherapy treatment for?

Heroin was the most commonly reported opioid drug of dependence for pharmacotherapy clients.

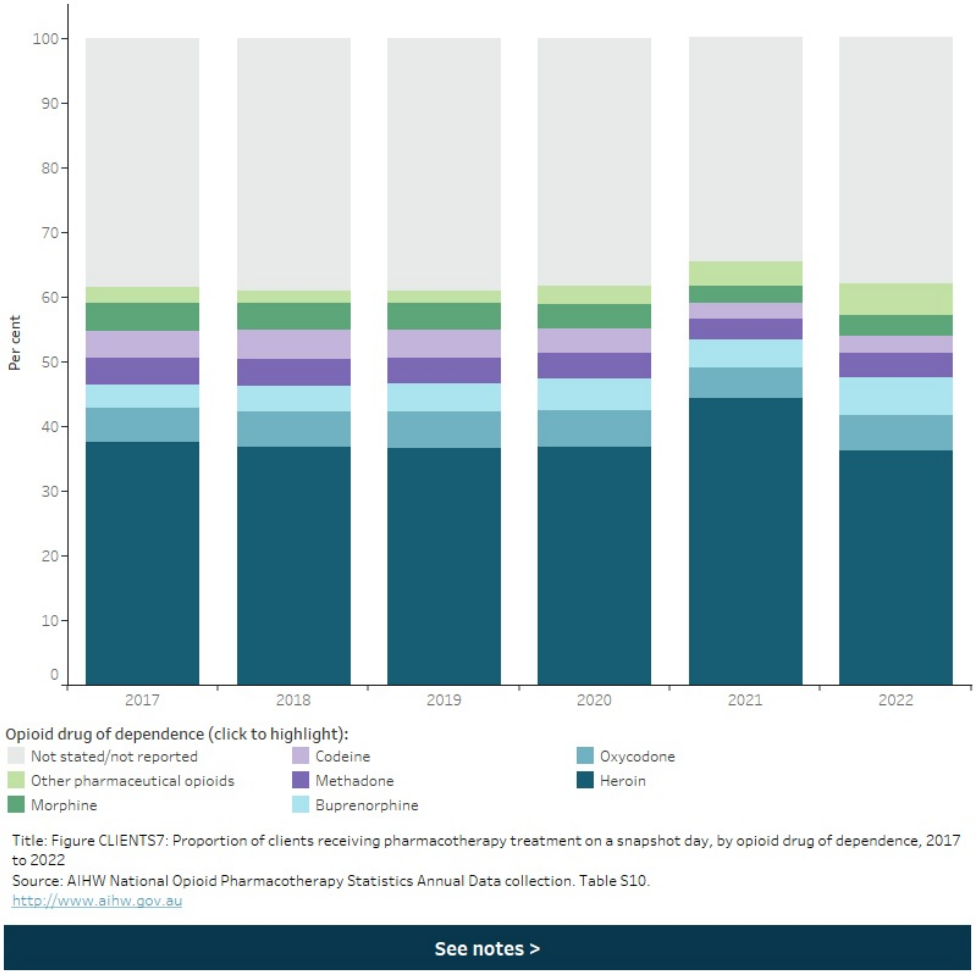
Clients can receive pharmacotherapy treatment for a range of opioid drugs. These include illicit opioids (such as heroin), and pharmaceutical opioids (such as oxycodone) available by prescription or through illicit means. From 1 February 2018, all over-the-counter (non-prescription) codeine-containing medicines for pain relief, cough and colds became available by prescription only.

Data for opioid drug of dependence should be used with caution due to the high proportion of clients with 'Not stated/not reported' as their opioid drug of dependence (38% of clients in 2022). In New South Wales, patients who transfer from one program to another (for example, by changing opioid pharmacotherapy drug or prescriber) have a higher rate of 'Not stated/not reported' (52%) than those clients who do not have program changes. Victoria also reported a high not stated (41%) proportion for opioid drug of dependence in comparison to the previous year. This is due to variation in Victorian coding practices. Decreases in some other drug of dependence categories are evident as a result.

Pharmacotherapy drugs may be subject to misreporting if a client's treatment drug is reported instead of the opioid drug of dependence which led to the client seeking treatment.
In 2022, nationally, almost 4 in 10 clients (36% or 20,195 clients) reported heroin as their opioid drug of dependence. Buprenorphine (5.8% or 3,215 clients) and Oxycodone (5.5% or 3,054 clients) were the next most commonly reported drugs of dependence (Figure CLIENTS7; Table S10).

Figure CLIENTS7: Proportion of clients receiving pharmacotherapy treatment on a snapshot day, by opioid drug of dependence, 2017 to 2022

Between 2017 and 2022, heroin was the most common opioid drug of dependence among pharmacotherapy clients (excluding Not stated/not reported). The proportion of clients with heroin as the drug of dependence declined from 37.6% in 2017 to 36.7% in 2020, before increasing to 44.3% in 2021, then decreasing to 36.2% in 2022. Across the period, there was a high proportion of Not stated/not reported responses (38.1% in 2022). All other opioid drugs of dependence remained relatively stable.



Title: Figure CLIENTS7: Proportion of clients receiving pharmacotherapy treatment on a snapshot day, by opioid drug of dependence, 2017 to 2022
Source: AIHW National Opioid Pharmacotherapy Statistics Annual Data collection. Table S10.
http://www.aihw.gov.au

See notes >

Refer to the Data tables for more information.

Nationally, over 3 in 5 (62%) of all clients (34,523 clients) reported an opioid drug of dependence, these proportions include 'Not stated/not reported' (38% nationally), which ranged from 52% in NSW to 23% in WA (Table S10).

Heroin was the most common drug of dependence in all states and territories with available data, except Tasmania and the Northern Territory. In these jurisdictions, morphine was the most common drug of dependence (Table S10).

References

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Prescribers

On this page:

Medical personnel, such as general practitioners and medical specialists, prescribe opioid pharmacotherapy. Each state and territory has a registration process through which prescribers can undergo training and become registered or authorised to prescribe opioid pharmacotherapy to clients. For more information on registered and authorised prescribers, see the Glossary.

Data on all registered or authorised prescribers are included in this report, except for New South Wales, Western Australia and South Australia, where prescribers are included only if they are actively prescribing to at least 1 client on the snapshot day. These 3 jurisdictions have prescribers who prescribe in more than 1 location, and as such are counted more than once. This will lead to slightly reduced client to prescriber ratios. For more details about the collection, refer to Table T2 in the Technical notes.

What were the numbers and types of opioid pharmacotherapy prescribers?

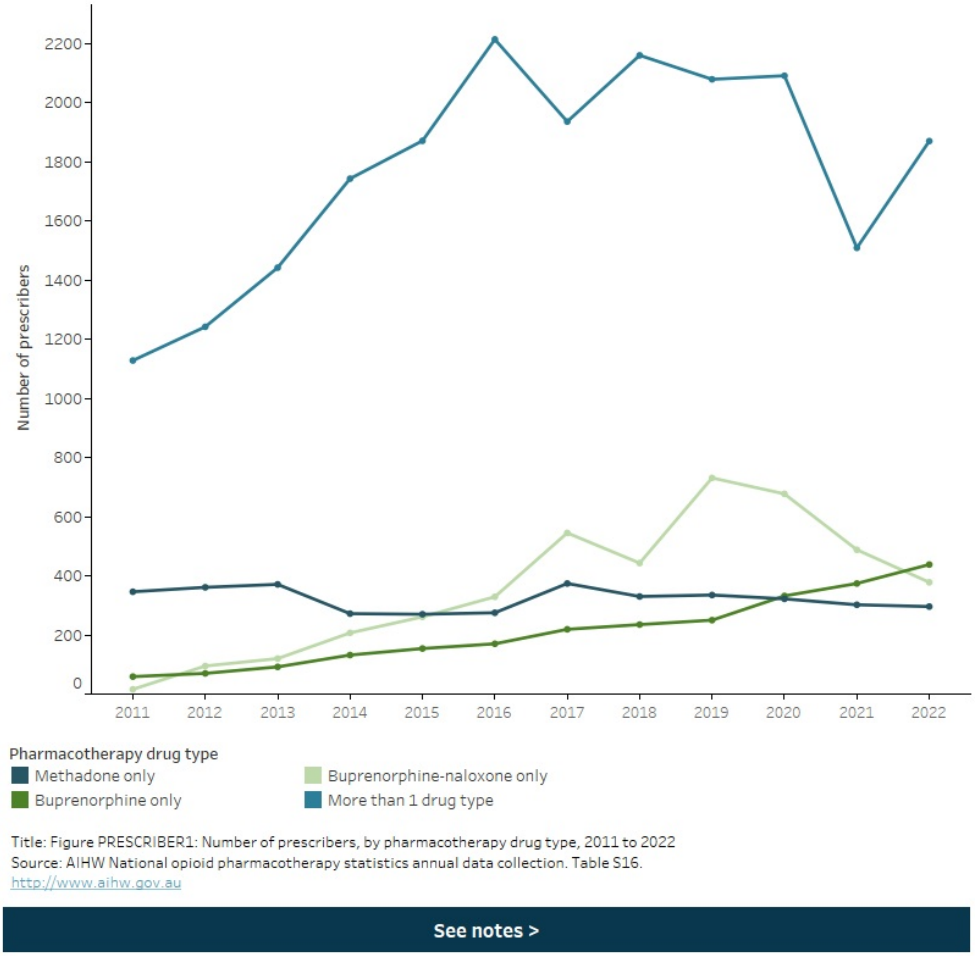
Most prescribers were authorised to prescribe more than one type of opioid pharmacotherapy drug.

On a snapshot day in 2022, there were 2,982 authorised prescribers of opioid pharmacotherapy drugs in Australia. Of these prescribers:

- Almost 2 in 3 (63% or 1,870 prescribers) were authorised to prescribe more than 1 type of drug.
- Over 1 in 7 (13% or 378 prescribers) were authorised to prescribe buprenorphine-naloxone only.
- 1 in 10 (10%) prescribers were authorised to prescribe methadone only (Figure PRESCRIBER1, Tables S15 and S16).

Figure PRESCRIBER1: Number of prescribers by pharmacotherapy drug type, 2011 to 2022

Between 2011 and 2022, most prescribers were registered to prescribe more than 1 drug type (1,870 prescribers in 2022). Between 2011 and 2022, the number of prescribers prescribing methadone only decreased. Conversely, the number of prescribers prescribing buprenorphine only or buprenorphine-naloxone only increased. Data for 2021 exclude Queensland.



Title: Figure PRESCRIBER1: Number of prescribers, by pharmacotherapy drug type, 2011 to 2022
Source: AIHW National opioid pharmacotherapy statistics annual data collection. Table S16.
http://www.aihw.gov.au

See notes >

Refer to the Data tables for more information.

Between 2011 and 2020, there was a 121% increase in the total number of authorised prescribers (from 1,549 prescribers to 3,422). However, the total number of authorised prescribers dropped by 13% from 2021 to 2022 (2,982 prescribers) (Figure PRESCRIBER1; Table S16). Across this period:

- The number of prescribers authorised to prescribe more than 1 type of drug increased overall, though this fluctuated over time.
- The number of prescribers authorised to prescribe methadone only, was lower in 2022 (296 prescribers) than in 2011 (346).

Where did opioid pharmacotherapy prescribers work?

Most opioid pharmacotherapy prescribers worked in the private sector.

Prescribers are classified according to the sector in which they are working when prescribing pharmacotherapy drugs to clients:

- **Private** prescribers work in organisations that are not part of government, such as private general practice clinics.
- **Public** prescribers work in organisations that are part of government or are government-controlled, such as public drug and alcohol clinics and public hospitals.
- **Correctional facility** prescribers work in prisons or other correctional services.

On a snapshot day in 2022, 4 in 5 prescribers (80% or 2,382 prescribers) worked in the private sector. The remainder worked in the public sector (15% or 462 prescribers), correctional facilities (4.6% or 137), or a combination of sectors (less than 1%) (Table PRESCRIBER1).

Table PRESCRIBER1: Prescriber types, by state/territory, 2022

Prescriber type	NSW	Vic	Qld	*WA	SA	Tas	ACT	NT	Total
Public prescriber	247	—	129	35	23	8	9	11	462
Private prescriber	815	1,083	190	61	157	21	54	1	2,382
Public/private prescriber	—	—	—	—	—	1	—	—	1
Correctional facility	63	17	17	20	11	2	6	1	137
Total	**1,125**	**1,100**	**336**	**116**	**191**	**32**	**69**	**13**	**2,982**

— Nil or rounded to zero.

Notes

1. 'Public/private prescriber' relates to prescribing that cannot be separated into a single prescriber type.
2. The states and territories have different guidelines and policies regarding training and registration to prescribe opioid pharmacotherapy types.

Refer to the Technical notes for more information.

Source: AIHW National Opioid Pharmacotherapy Statistics Annual Data collection. Table S15.

Of the 55,741 clients receiving pharmacotherapy treatment in Australia in 2022, almost 2 in 3 (62% or 34,570 clients) received treatment from a private prescriber. A further 26% (14,379 clients) received treatment from a public prescriber and 10% (5,481) from a correctional facility prescriber (Table S12).

Across most jurisdictions with available data, the most common prescriber type among clients receiving pharmacotherapy was private prescriber (ranging from 46% of clients in the Australian Capital Territory to 91% in Victoria). The Northern Territory was the exception, where 9 in 10 clients (97%) were treated by public prescribers (Table S3).

How many clients did opioid pharmacotherapy prescribers treat?

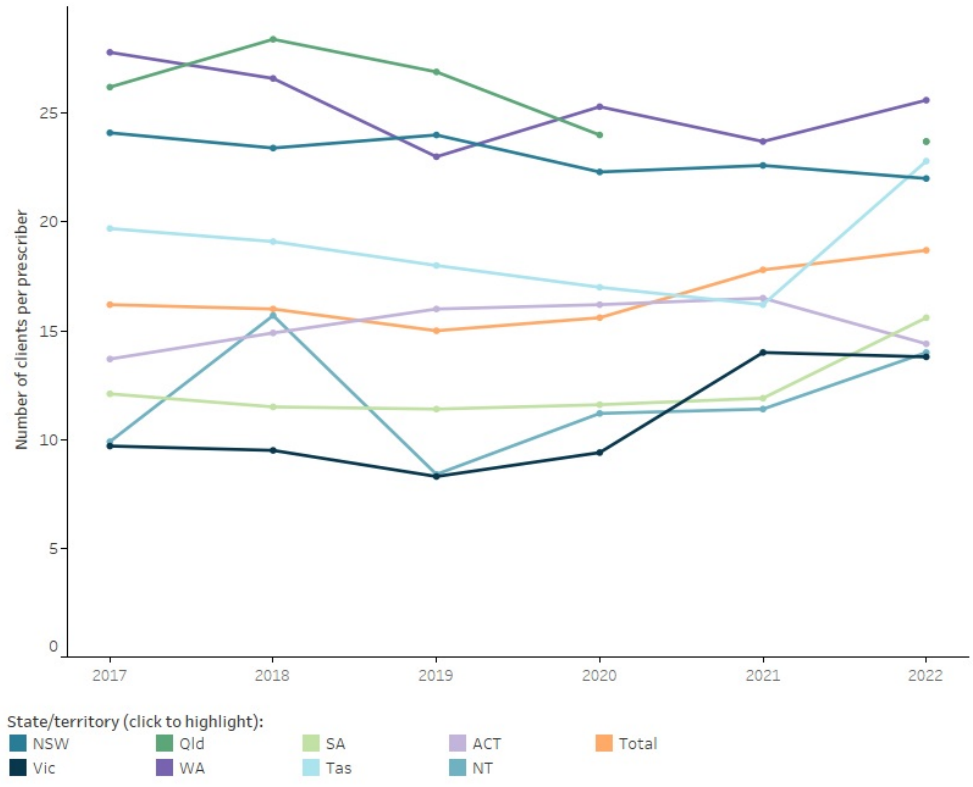
On a snapshot day in 2022, prescribers treated an average of 19 opioid pharmacotherapy clients each.

On a snapshot day in 2022, prescribers treated an average of 19 clients each nationally. Western Australia had the highest number of clients per prescriber (26 clients), while the Northern Territory, Australian Capital Territory and Victoria had the lowest (all had 14 clients each) (Figure PRESCRIBER2).

Between 2017 and 2022, the ratio of clients per prescriber decreased in New South Wales, Queensland and Western Australia (all decreasing by 8-10% in each state per prescriber).

Figure PRESCRIBER2: Number of clients per prescriber, by state/territory, 2017 to 2022

The ratio of clients per prescriber varied by state and territory. Nationally, the number of clients per prescriber increased from 16.2 in 2017 to 18.7 in 2022. On a snapshot day in 2022, Western Australia had the highest number of clients per prescriber (25.6 clients), while Victoria had the lowest (13.8 clients).



Title: Figure PRESCRIBER2: Number of clients per prescriber, by state/territory, 2017 to 2022
Source: AIHW National Opioid Pharmacotherapy Statistics Annual Data collection. Table S21.
http://www.aihw.gov.au

See notes >

Refer to the Data tables for more information.

Nationally, on average prescribers working in the public sector had about twice as many clients as prescribers in the private sector (31 and 14 clients per prescriber, respectively) (Table S22).

Nationally, client to prescriber ratios in private sectors remained relatively stable between 2019 and 2022 (Table S22). In 2022, private prescribers had a lower average number of clients than public prescribers in all jurisdictions except Queensland. Victoria had no public prescribers.

Nationally, prescribers working in correctional facilities had an average of 40 clients each in 2022. This varies widely at the state and territory level, from 3 clients per prescriber in Queensland to 75 in Victoria (Table PRESCRIBER2).

In the public sector, the Australian Capital Territory had the highest ratio of clients to prescribers (50 clients) followed by Western Australia (38). In the private sector, Queensland had the highest ratio of clients to prescribers (26 clients per prescriber).

Table PRESCRIBER2: Ratio of clients to prescriber, by prescriber type and state/territory, 2022

Prescriber type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public prescriber	36.1	—	22.5	37.9	19.1	19.5	50.3	16.0	31.1
Private prescriber	15.2	12.8	26.3	16.8	8.8	19.0	8.6	1.0	14.5
Public/private prescriber	—	—	—	—	—	121.0	—	—	121.5
Correctional facility	54.6	75.1	3.1	17.4	21.2	27.0	12.2	5.0	40.0
Total	**22.0**	**13.8**	**23.7**	**25.6**	**15.6**	**22.8**	**14.4**	**14.0**	**18.7**

— Nil or rounded to zero.

Notes

1. This ratio was calculated using the formula: number of clients by prescriber type and state/territory (Table S3) divided by registered prescribers by prescriber type and state/territory (Table S15).
2. WA and SA have prescribers who prescribe in more than 1 location, and as such are counted more than once. This will lead to slightly deflated client to prescriber ratios in these jurisdictions.

Source: AIHW National Opioid Pharmacotherapy Statistics Annual Data collection. Table S22.

On a snapshot day in 2022, almost 6 in 10 prescribers (59% or 1,774 prescribers) treated 1–5 clients. Just over 1 in 8 prescribers (12% or 363) treated more than 50 clients. Most of these prescribers were in New South Wales and Victoria (Table S19).

Across states and territories, the proportion of pharmacotherapy prescribers treating 1–5 clients ranged from 28% (93 prescribers) in Queensland to 71% (135 prescribers) in South Australia. Around 4% of prescribers were not treating any clients on the snapshot day; prescribers with 0 clients were reported for Queensland and the Australian Capital Territory in 2022 (Tables PRESCRIBER3 and S19).

Table PRESCRIBER3: Number of prescribers, by number of pharmacotherapy clients treated on a snapshot day and state/territory, 2022

Clients per prescriber	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Total (%)
0 pharmacotherapy clients	—	—	106	—	—	—	12	—	118	4.0
1-5 pharmacotherapy clients	736	717	93	49	135	11	26	7	1,774	59.5
6-10 pharmacotherapy clients	73	89	33	17	18	5	9	1	245	8.2
11-15 pharmacotherapy clients	42	43	17	11	11	—	4	1	129	4.3
16-20 pharmacotherapy clients	33	39	9	3	8	4	2	—	98	3.3
21-25 pharmacotherapy clients	25	27	9	4	4	2	4	2	77	2.6
26-50 pharmacotherapy clients	66	57	23	10	7	6	7	2	178	6.0
51-100 pharmacotherapy clients	71	56	24	16	6	3	4	—	180	6.0
101+ pharmacotherapy clients	79	72	22	6	2	1	1	—	183	6.1
Total	**1,125**	**1,100**	**336**	**116**	**191**	**32**	**69**	**13**	**2,982**	**100.0**

— Nil or rounded to zero.

Notes

1. Prescribers classified as treating '0 pharmacotherapy clients' on a snapshot day must have held an authority to prescribe and had a client who was receiving treatment during the collection year.

Source: AIHW National Opioid Pharmacotherapy Statistics Annual Data collection. Table S19.

Did pharmacotherapy drug treatment vary between prescriber types?

While methadone was the most common pharmacotherapy treatment across all prescriber types, private prescriber clients were the most likely to receive methadone and correctional clients the most likely to receive buprenorphine LAI.

Pharmacotherapy treatment type

In 2022, methadone was the most commonly prescribed drug across all prescriber types except for public/private prescribers. However, there were some differences in the proportion of clients receiving each pharmacotherapy drug type by prescriber type:

- A higher proportion of clients of private prescribers were prescribed methadone (56% or 19,317 clients) compared to clients of public prescribers (47% or 6,707 clients) and clients in correctional facilities (33% or 1,818 clients).
- A higher proportion of clients in correctional facilities were prescribed buprenorphine LAI (13% or 731 clients) compared to clients of public (7% or 996 clients) or private prescribers (6% or 2,092 clients) (excludes NSW data) (Table S12).

In New South Wales, clients prescribed buprenorphine-naloxone or buprenorphine LAI are reported as receiving buprenorphine. As such, the proportion of clients receiving buprenorphine nationally is overestimated.

Client characteristics

In 2022, unit record data was available for 6 states and territories (excluding data for Victoria and Queensland). These data indicate that, compared to clients of public or private prescribers, clients of prescribers in correctional facilities were more likely to be:

- Younger: correctional facilities treated clients aged under 30 at 3.2 times the rate of public prescribers and 3.9 times that of private prescribers.
  - Correctional facilities treated clients aged 30–39 years at 1.7 times the rate of public prescribers and 2.0 times the rate of private prescribers. This has remained relatively stable since 2016.
  - Almost 1 in 8 (12%) clients treated in correctional facilities were aged 50 years and over, compared to over 1 in 3 clients treated by public prescribers (35%) and over 2 in 5 by private prescribers (42%) (Table S27).
- Male: correctional facilities treated about 9 males for every female. Public and private prescriber types each treated about twice as many males as females (Table S28).

Dosing points

On this page:

Clients attend dosing point sites regularly to take their prescribed medication under the supervision of a pharmacist or other health professional. Dosing point site types include public clinics, private clinics, pharmacies, and correctional facilities.

Where were opioid pharmacotherapy drugs provided?

Most opioid pharmacotherapy dosing points were located in pharmacies.

In 2021–22, there were 3,189 dosing point sites nationally (Table DOSING1). Almost 9 in 10 sites (85% or 2,717 sites) were located in pharmacies. This was consistent across all states and territories (Table S17).

Table DOSING1: Dosing point sites, by state/territory, 2021–22

Dosing point site type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Total (%)
Public clinic	40	—	42	1	3	3	1	3	93	2.9
Private clinic	10	—	62	—	—	—	—	—	72	2.3
Pharmacy	884	672	584	234	211	76	40	16	2,717	85.2
Correctional facility	1	17	14	1	9	1	1	2	46	1.4
Other	204	18	32	—	2	2	1	1	260	8.2
Not stated	1	—	—	—	—	—	—	—	1	
Total	1,140	707	734	236	225	82	43	22	3,189	100.0
Total (%)	**35.7**	**22.2**	**23.0**	**7.4**	**7.1**	**2.6**	**1.3**	**0.7**	**100.0**	**. .**

— Nil or rounded to zero.

Notes

1. See tables T1 and T2 in the Technical notes for more information about NSW.
2. The category 'Other' includes hospitals, mobile dosing sites, community health clinics, non-government organisations, and doctors' surgeries.
3. The category 'Other' includes “Not stated" as the data cannot be reported separately.
4. The number of dosing point sites where clients receive treatment during the collection year (that is, the financial year).
5. Correctional facility dosing point sites in NSW and WA are grouped as 1 site.
6. Through improved data quality initiatives, NSW identified small data errors in dosing point site data for private and public clinics, which were corrected for 2021 and 2022.

Source: AIHW National Opioid Pharmacotherapy Statistics Annual Data collection. Table S17.

There has been a 3.4% (3,189) increase in the number of dosing sites from 2019–20 (3,084) (the last time comparable data were available). Between 2010–11 and 2019–20, there was a 40% increase in the number of dosing point sites (Table S17).

What was the relationship between opioid pharmacotherapy clients and dosing point sites?

Pharmacotherapy drug type

Most pharmacotherapy clients received their opioid pharmacotherapy treatment at a pharmacy.

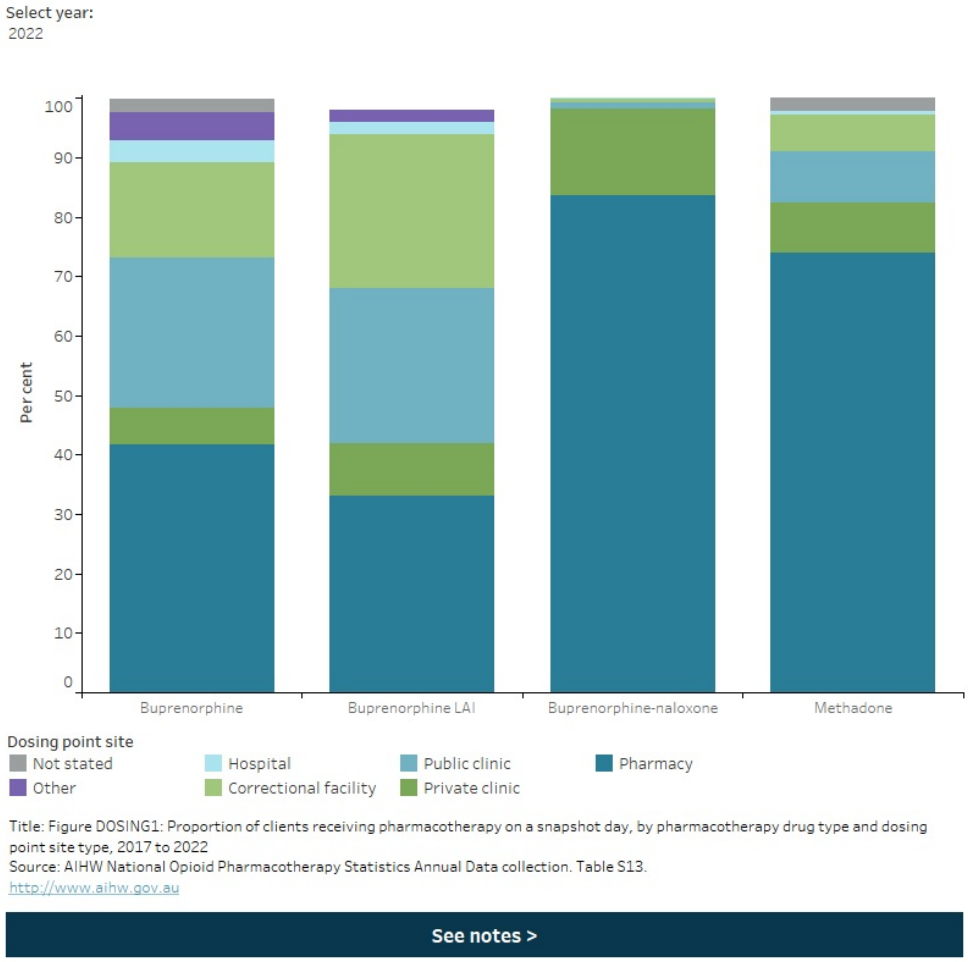
On a snapshot day in 2022, most clients (65% or 36,191 clients) received pharmacotherapy treatment at a pharmacy (Table S13). This was the most common dosing point site regardless of the pharmacotherapy drug type that clients received. Among clients receiving:

- Methadone, almost 3 in 4 clients (74% or 21,409 clients) dosed at pharmacies and 1 in 12 clients dosed at either public clinics (8.5% or 2,460) or private clinics (8.5% or 2,453).
- Buprenorphine-naloxone, over 4 in 5 (84% or 7,859 clients) dosed at pharmacies (excludes NSW data).
- Buprenorphine LAI, 1 in 3 (33% or 1,417 clients) dosed at pharmacies and around 1 in 4 dosed at either public clinics (26% or 1,121) or correctional facilities (26% or 1,120) (excludes NSW data) (Figure DOSING1; Table S13).

The number of clients receiving different buprenorphine formulations in New South Wales cannot be compared, as New South Wales groups all clients receiving buprenorphine-naloxone or buprenorphine LAI together with clients receiving buprenorphine. Refer to Table S14 for more information.

Figure DOSING1: Proportion of clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy drug type and dosing point site type, 2017 to 2022

On a snapshot day in 2022, most clients received pharmacotherapy treatment at a pharmacy. The proportion of clients who received pharmacotherapy at pharmacies ranged from 33% for buprenorphine LAI to 83.6% for buprenorphine-naloxone.



Title: Figure DOSING1: Proportion of clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy drug type and dosing point site type, 2017 to 2022
Source: AIHW National Opioid Pharmacotherapy Statistics Annual Data collection. Table S13.
http://www.aihw.gov.au

See notes >

Refer to the Data tables for more information.

Client characteristics

Client characteristics (including age, sex, and prescriber type) can differ according to the type of dosing point site where clients receive treatment.

Information on client characteristics is assessed using unit record data. In 2022, unit record data were provided by all states and territories except Victoria and Queensland. The following sections on client age and sex are based on these data.

Age of clients: Consistent with previous years, pharmacies continued to treat an older client group than other dosing point site types, while correctional facilities treated a younger client group.

On a snapshot day in 2022 (excluding data for Victoria and Queensland):

- Clients aged 50 and over were around 4 times more likely to dose at pharmacies compared to correctional facilities:
  - Over 2 in 5 clients (43% or 6,777 clients) who dosed at pharmacies were aged 50 and over, making it the most common age group for this dosing point site type.
  - Just 1 in 8 clients (12% or 387) at correctional facilities were aged 50 and over.
- Almost 2 in 5 clients who dosed at correctional facilities were aged 30–39 (39% or 1,279) or under 30 years (22% or 713). Comparatively, around 1 in 5 clients of pharmacies were aged 30–39 (18% or 2,825 clients) or under 30 (4.5% or 703 clients).

- Around 1 in 3 clients who dosed at public clinics (33% or 2,057 clients) or private clinics (37% or 870) were aged 40–49.
- The most common age groups for clients who dosed at hospitals were aged 30–39 (35% or 238) or 40–49 (33% or 225) (Table S29).

Sex of clients: On a snapshot day in 2022, all dosing point site types from the selected states and territories treated more males than females (excluding data for Victoria and Queensland). This is consistent with the overall proportion of males and females receiving pharmacotherapy treatment.

On a snapshot day in 2022 (excluding data for Victoria and Queensland):

- The proportion of clients who were male ranged from 64% (9,936 clients) for pharmacies to 92% (3,027) for correctional facilities.
- The proportion of clients who were female ranged from 8.0% (263 clients) for correctional facilities to 36% (5,664) for pharmacies.
- Female clients were more likely to dose at pharmacies (59% of female clients, compared with 45% of male clients).
- Male clients were almost 5 times as likely as female clients to dose in correctional facilities (14% of male clients, compared with 2.7% of female clients) (Table S30).

Prescriber type: Information on prescriber type by dosing point site type is assessed using unit record data. In 2022, unit record data were provided by all states and territories except Victoria and Queensland. Based on these data, around half of all clients (49%) received pharmacotherapy at pharmacies in 2022. Across all dosing point site types from the selected states and territories, the most common prescriber type was private prescriber (50% of clients).

- Almost 1 in 3 clients (31%) received pharmacotherapy at pharmacies from private prescribers.
- A further 1 in 3 clients received pharmacotherapy at either pharmacies from public prescribers (16%) or public clinics from public prescribers (17%) (Table S31).

Number of opioid pharmacotherapy clients per dosing point site

In 2022, pharmacotherapy dosing point sites dosed an average of 18 clients each.

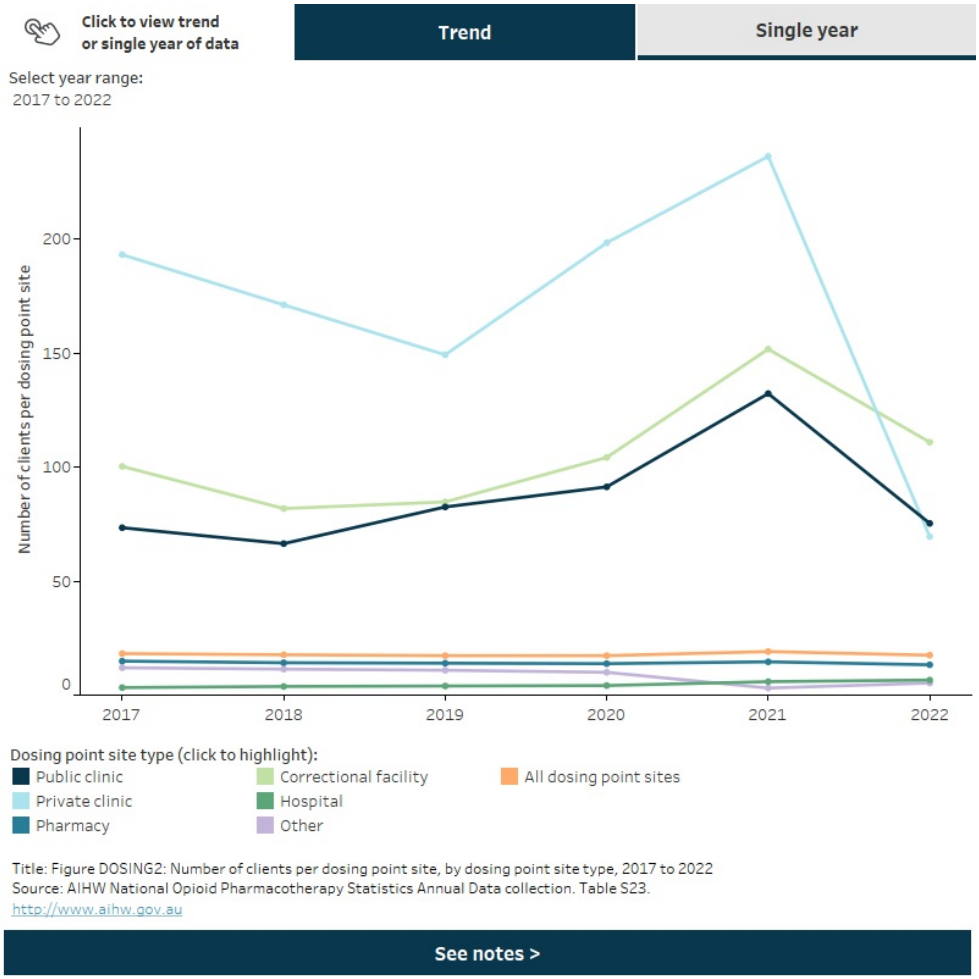
On a snapshot day in 2022, dosing point sites dosed an average of 18 clients each nationally. This represents an increase since 2020 (17 clients per site) (when comparable data were available) but a decline from 2011 (21 clients).

The number of clients per dosing point site varied by site type. On average:

- Private clinics (New South Wales and Queensland only) had the highest number of clients per dosing point site (70 clients per site).
- Pharmacies dosed 13 clients per site (Figure DOSING2; Table S23).
- Correctional facilities dosed an average of 111 clients per site. However, this number is inflated as New South Wales and Western Australia each report all correctional dosing point sites as operating under a ‘single’ site rather than counting individual correctional dosing point sites. This significantly increases the number of clients per site. On the snapshot day in 2022, New South Wales and Western Australia recorded only 1 site with clients receiving treatment (Table S23).

Figure DOSING2: Number of clients per dosing point site, by dosing point site type, 2017 to 2022

On a snapshot day in 2022, correctional facility had the highest number of clients per dosing point on average (110.9 clients). Between 2017 and 2022, there were overall increases from 2017 to 2021 in the number of clients per dosing point site for correctional facilities (151.7 clients per dosing point site in 2021) as well as private clinics and public clinics (236.2 and 132.2 clients per dosing point site in 2021, respectively) and then decrease in 2022 (110.9, 69.5 and 75.3 clients per dosing point site in 2022, respectively).



Refer to the Data tables for more information.

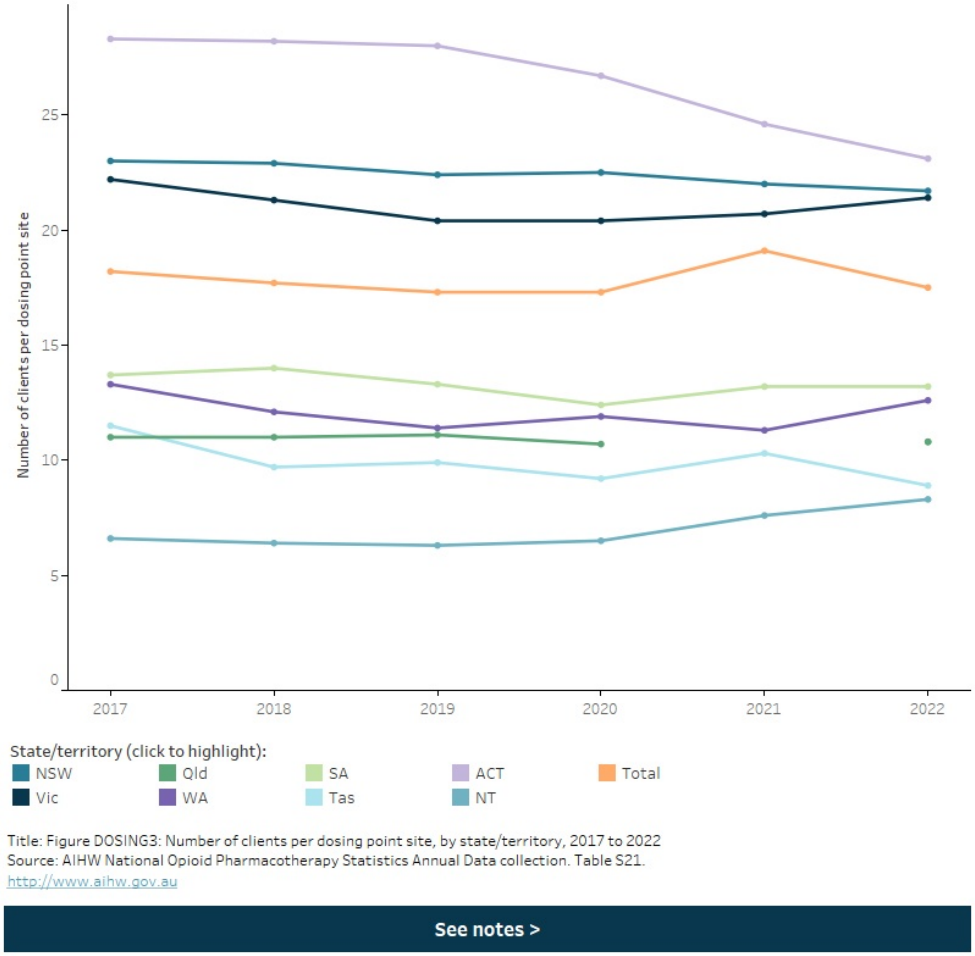
On a snapshot day in 2022, 7 in 10 (71% or 2,251) dosing point sites treated between 1 and 20 clients:

- 38% treated 1–5 clients;
- 16% treated 6–10 clients; and
- 16% treated 11–20 clients.

Of the dosing point sites treating more than 50 clients (6.1% of all dosing point sites), most were located in New South Wales, Victoria and Queensland (Table S20). The Australian Capital Territory had the highest ratio of clients per dosing point site (23 clients per site), while the Northern Territory had the lowest (8.3 clients) (Figure DOSING3; Table S21).

Figure DOSING3: Number of clients per dosing point site, by state/territory, 2017 to 2022

On a snapshot day in 2022, the Australian Capital Territory had the highest number of clients per dosing point (23.1 clients). The Northern Territory had the lowest ratio of clients per dosing point (8.3 clients). Between 2017 and 2022, the number of clients per dosing point site increased from 18.2 in 2017 to 19.1 in 2021, then decreased to 17.5 in 2022, nationally (data for 2021 exclude Queensland).



Title: Figure DOSING3: Number of clients per dosing point site, by state/territory, 2017 to 2022
Source: AIHW National Opioid Pharmacotherapy Statistics Annual Data collection. Table S21.
http://www.aihw.gov.au

See notes >

Refer to the Data tables for more information.

What was the geographic location of dosing point sites?

Across Australia (excluding Queensland and Western Australia), most opioid pharmacotherapy dosing point sites were located in *Major cities*.

On a snapshot day in 2022, most dosing point sites were located in *Major cities* (62% or 1,376 sites) (dosing point location data for Queensland and Western Australia were not available). A further 26% (573) of sites were located in *Inner regional areas*, and 10% (230) were located in *Outer regional areas*.

Since 2014, rates of dosing point sites (per 100,000 population) in state and territory remoteness areas have generally increased. Larger increases have occurred mainly in more regional areas (e.g. *Outer regional*, *Remote* and *Very remote* areas) (Table S18). However, these rates do not indicate the number of clients receiving opioid pharmacotherapy treatment at each dosing point site in these areas. This information is not currently collected by the NOPSAD collection. Caution should be used when comparing rates due to missing data and the effect of border closures due to the COVID-19 pandemic on Australian Estimated Residential Population (ERP) estimates in 2020–21. See Technical notes for further information.

Figure DOSING4 shows the number of dosing point sites by Statistical Area Level 2 (SA2), excluding Queensland and Western Australia. The number of dosing point sites within an SA2 may be driven by a range of factors including policy and legislation in each jurisdiction, whether all dosing point sites in an SA2 reported data on the snapshot day and the size of the population in each SA2. Refer to the Glossary and Technical notes for more information.

How to use the map:

- **Map navigation:** Use the zoom in, zoom out and home buttons to explore the map. You can also click and drag within the map and use the mouse wheel to zoom in and out.
- **Category selection:** Select a state or territory from the left-hand selection panel to view information regarding the area of interest.
- **Map pop-ups:** Click on the map and a pop-up will open with additional information regarding the area of interest.
- **Search:** Search the map by address, suburb, post code, major cities and SA2.
- **Legend selection:** Filter the map by clicking on the numbers in the legend. The colour shading indicates the number of opioid pharmacotherapy dosing points in an SA2, with darker shades indicating a higher number of pharmacotherapy dosing points.

The map can be viewed in most browsers. For more information on browser compatibility, see Supported browsers.

Figure DOSING4: Map to explore pharmacotherapy dosing point sites, by Statistical Area Level 2, 2022

Technical notes

Technical notes

Buprenorphine opioid drug formulations come in various forms, such as:

- **Buprenorphine (Subutex®):** Buprenorphine acts in a similar way to methadone, but is longer lasting and may be taken daily or every second or third day. The buprenorphine only product is available as a tablet containing buprenorphine hydrochloride that is administered sublingually (by dissolving under the tongue) (Gowing et al. 2014).
- **Buprenorphine-naloxone (Suboxone®):** The combination buprenorphine-naloxone product is a sublingual tablet or film containing buprenorphine hydrochloride and naloxone hydrochloride (Gowing et al. 2014). It is recommended that buprenorphine-naloxone should be prescribed in preference to buprenorphine for most clients (Gowing et al. 2014). This is because, when taken as intended by dissolving the tablet or film under the tongue, the combined product acts as if it was buprenorphine alone. However, if the combined product is injected, naloxone can block the effects of buprenorphine and increases opioid withdrawal symptoms. This reduces the risk that those receiving buprenorphine naloxone as a takeaway dose will inject it or sell it to others to inject (Chapleo & Walter 1997; Dunlop 2007; Gowing et al. 2014).
- **Buprenorphine long-acting injections (LAI):** Buprenorphine LAI is injected into the tissue under the skin either weekly or monthly. Two depot forms of buprenorphine (Buvidal® and Sublocade®) are now registered for use in Australia. Buprenorphine LAI is unlikely to be dispensed at pharmacies as the approved prescriber has to administer, or supervise administration of, the injection.

Client: A person registered as receiving opioid pharmacotherapy treatment on the snapshot day.

Correctional facility prescribers: Prescribers who work in prisons or other correctional services.

Dosing point site: A place at which a client is provided a pharmacotherapy drug. Sites include public and private clinics, pharmacies, correctional facilities, hospitals (admitted patients and outpatients) and other locations such as community health centres and doctors' surgeries.

Methadone (Methadone Syrup®, Biodone Forte®): A synthetic opioid used to treat heroin and other opioid dependence. It reduces opioid withdrawal symptoms, the desire to take opioids and the euphoric effect when opioids are used. It is taken orally on a daily basis (Gowing et al. 2014).

Prescriber (including registered and authorised prescribers): A prescriber who held an authority to prescribe a pharmacotherapy drug and who has not been recorded as ceasing this authority before the snapshot day. Refer to the Table T1 for information about the counting of prescribers for each state and territory. Each jurisdiction has a registration process through which a general practitioner or medical officer/specialist becomes authorised to prescribe a pharmacotherapy drug. This usually involves attending a training course on prescribing pharmacotherapies and/or passing an exam. Some jurisdictions, namely South Australia, New South Wales, Victoria and the Australian Capital Territory, authorise prescribers who have not had the specified training to prescribe pharmacotherapy drugs. These authorised (non-trained) prescribers are included in the reported total count for registered prescribers.

Prescriber type: The sector (public or private) in which the prescriber is practising when prescribing pharmacotherapy drugs.

Private prescribers: Prescribers who work in organisations that are not controlled by government, such as private general practice clinics.

Public prescribers: Prescribers who work in organisations that are part of government or are government controlled, such as public drug and alcohol clinics and public hospitals.

Schedule 4 drug: Prescription only medicine – substances, the use or supply of which, should be by, or on the order of, persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription.

Schedule 8 drug: A controlled drug – substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce use and physical or psychological dependence, and associated harms. Methadone and buprenorphine are examples of Schedule 8 drugs.

Statistical Areas Level 2 (SA2): An SA2 is a geographical classification that is defined by the Australian Bureau of Statistics. SA2s generally comprise 3,000 to 25,000 persons and aim to represent communities that engage both socially and economically (ABS 2016).

Specified or snapshot day: A particular day, usually in June each year, on which clients are counted for the NOPSAD collection. The snapshot day varies between states and territories, but allows the number of clients to be estimated at a single point in time. Refer to Table T2 in the Technical notes for information about the use of the snapshot day for each state and territory.

References

ABS (Australian Bureau of Statistics) (2016) *Statistical Area Level 2 (SA2)*, ABS, Australian Government, accessed 14 January 2022.

Chapleo C B and Walter D S (1997) *The buprenorphine naloxone combination product*, Research and Clinical Forums 19(2):55–8.

Dunlop A (2007) *From Subutex to Suboxone: the Australian experience*, accessed 14 January 2022.

Gowing L, Ali R, Dunlop A, Farrell M and Lintzeris N (2014), *National guidelines for medication-assisted treatment of opioid dependence*, DoH for National Drug Strategy, accessed 3 December 2021.

Technical notes

Age

Age is calculated as at 30 June of the collection year.

Agency remoteness area

Dosing points have been classified according to their remoteness area (RA) as defined by the Australian Statistical Geography Standard (ASGS) Remoteness Structure (ABS 2016). This structure allows areas that share common characteristics of remoteness to be classified into broad geographic regions of Australia. These areas are:

- Major cities
- Inner regional
- Outer regional
- Remote
- Very remote.

The Remoteness Structure divides each state and territory into several regions based on their relative access to services.

Examples of places that are considered Major cities in the ASGS classification include Sydney, Canberra and Newcastle. Hobart and Bendigo are Inner regional areas and Cairns and Darwin are Outer regional areas. Katherine and Mount Isa are Remote areas, and Tennant Creek and Meekatharra are Very remote.

Using this classification, dosing points were assigned to an RA based on their recorded Statistical Area Level 2 (SA2) code. Some SAs are split between multiple remoteness areas. This may have impacted the calculation of rates.

Confidentiality

The Australian Institute of Health and Welfare (AIHW) has strict confidentiality policies which have their basis in Section 29 of the Australian Institute of Health and Welfare Act 1987 (the AIHW Act) and the Privacy Act 1988 (the Privacy Act). Cells in supplementary tables may be suppressed for either confidentiality reasons or where estimates are based on small numbers, resulting in low reliability. Information that results in attribute disclosure will be suppressed unless agreement from the particular data provider to publish the data has been reached. Information on the AIHW's Privacy policy is available on the privacy page.

Data coverage

Queensland data were not available for the NOPSAD collection in 2021. This was a result of the implementation of a new real-time prescription monitoring system (QScript) and the commencement of the new Medicines and Poisons Act 2019. In 2021, collection of medicines information transitioned from the Monitoring of Drugs of Dependence System database to the new QScript system. This transition resulted in significant changes to the data being collected for the Queensland Opioid Treatment Program.

Population estimates used for rates calculations

All rates in this report, including historical rates, have been calculated using population estimates based on the 2016 Census. All Indigenous rates in this report are calculated using the Indigenous population estimates and projections, based on the 2016 Census.

In 2022, the increase in the total rate of Indigenous clients per 10,000 people may relate to several factors, including:

- Improved coding of Indigenous status in Victoria, leading to an increase in the number of Indigenous clients overall.

This may result in increased rates even if the number of clients did not increase.

Population rates

Crude rates are calculated using the Australian Bureau of Statistics estimated resident population (ERP) as at 30 June of each collection year. Rates for 2022 data were calculated using the preliminary ERP at 30 June 2022, with the exception of remoteness rates which were calculated using the preliminary ERP at 30 June 2021.

In the year ending 30 June 2021, the estimated residential population in Victoria decreased. This decline was driven by a relatively large net negative overseas migration, likely due to the closure of Australia's international border in March 2020 in response to the COVID-19 pandemic. This may result in increased rates even if the number of clients did not increase. Other states and territories were also impacted by border closures; caution should be taken when comparing population data for 2021 with other years.

Sex

The classification of Sex ‘Another term was introduced into the NOPSAD collection for the first time in 2022. These data are not reported in text due to small numbers in this category. For more information, see the NOPSAD Data Quality Statement.

Trends

Trend data may differ from data published in previous versions of the *National Opioid Pharmacotherapy Statistics Annual Data collection* report due to data revisions. Queensland data were not available in 2021, therefore caution should be taken when comparing 2021 data with previous years as these include data for Queensland.

References

ABS (Australian Bureau of Statistics) (2016) *The ASGS remoteness structure*, ABS, Australian Government, accessed 14 January 2022.

Technical notes

On this page:

State and territory governments use different methods to collect data about the clients, prescribers and dosing points associated with the opioid pharmacotherapy system. These methods are driven by differences between the states and territories in relation to legislation, information technology systems and resources. Caution should be taken when comparing one state or territory with another. Information on these differences is detailed in the following tables.

Table T1: Administrative features of the NOPSAD collection in each state and territory

State/territory	Administrative features
New South Wales	To enrol a patient on the NSW Opioid Treatment Program (OTP), authorisation from the NSW Ministry of Health is required. A NSW medical practitioner who has not received accreditation as a NSW OTP prescriber may be authorised by the Ministry of Health to prescribe methadone for up to ten (10) patients who are being transferred from an accredited prescriber. Unaccredited medical practitioners cannot initiate patients on methadone. With buprenorphine or buprenorphine-naloxone, unaccredited medical practitioners may be authorised to initiate or prescribe for up to twenty (20) buprenorphine or buprenorphine-naloxone patients. The total number of patients that an unaccredited prescriber may obtain authority to prescribe for, at any one time, is thirty (30) with a maximum of 10 of these patients being for methadone. Accredited nurse practitioners can prescribe methadone, buprenorphine and buprenorphine-naloxone under the OTP. To participate in the NSW OTP, community pharmacies must register with the Ministry of Health and comply with the protocol for community pharmacy dosing points issued by the Ministry.
Victoria	The Victorian Pharmacotherapy Program is a community-based system of Medical Practitioners, Nurse Practitioners (with relevant notation) and Pharmacists. Permits are issued by the Department of Health under the *Drugs, Poisons and Controlled Substances Regulations 2017*. Medically Assisted Treatment for Opioid Dependence (MATOD) training is recommended for all pharmacotherapy practitioners. A practitioner is authorised to prescribe Buprenorphine/Naloxone and Long-Acting Injectable Buprenorphine (LAIB) for up to 10 patients without undergoing MATOD training. Approval from the Department of Health is required for more than 10 patients. SafeScript, introduced in April 2020, is a mandatory recording system for all General Practitioners and Pharmacists that monitors most drugs of dependence, including all Schedule 8 medicines such as Buprenorphine.
Queensland	The Queensland Opioid Treatment Program is essentially community based, other than for inpatients in hospitals and correctional facilities. Prescribers undertake training provided by Queensland Health, and the Department provides approval to commence prescribing on successful completion of the training program. Prescriber training is provided for all pharmacotherapies currently available. No approval is required for community pharmacies to supply opioid treatment drugs, as this is within the endorsement of registered pharmacists.
Western Australia	The Western Australian pharmacotherapy program is community-based, other than inpatients in hospitals, prisons and the public clinic. Prescribers attend training provided by the Mental Health Commission (MHC) and the Chief Executive Officer of Health provides authorisation under the Medicines and Poisons Regulations 2016, the legislative instrument. Prescriber training is provided for all pharmacotherapies currently available and includes online training modules for practitioners wishing to prescribe Suboxone® to up to 5 patients or practitioners requiring addition of depot buprenorphine formulations to a current accreditation. Community pharmacies are authorised to participate in the Community Program for Opioid Pharmacotherapy (CPOP). The Pharmacist with overall responsibility is required to ensure that all pharmacists dosing clients have completed the relevant pharmacist online training module on the MHC website (general pharmacist and depot buprenorphine online training modules are available).
South Australia	All medical practitioners and nurse practitioners (within their scope of practice) can prescribe buprenorphine-naloxone film to treat opioid drug dependence for up to 10 patients, without completing specialised MATOD training. A medical practitioner must become accredited to treat more than 10 patients or to prescribe methadone liquid or buprenorphine as a single agent. Authorisation under the *Controlled Substances Act 1984* must be obtained prior to prescribing any pharmacotherapy to treat opioid drug dependence.
Tasmania	In Tasmania, pharmacotherapy training is provided separately for each pharmacotherapy drug.

Australian Capital Territory	All pharmacists are required to attend training in 'Treatment of Opioid Dependence for General Practitioners, Pharmacists and Health Professionals' before they start dosing clients. Canberra Health Services Pharmacy in collaboration with Alcohol & Drug Services conducts this training.
Northern Territory	All opioid substitution treatment prescribers are required to undergo pharmacotherapy training. Accredited prescribers must complete an 'Application for authority to prescribe a restricted Schedule 8 substance for the treatment of addiction' for each and submit the form to Northern Territory Health, Medicines and Poisons Control. The application information is recorded in NTScript. The prescriber is not permitted to prescribe until they receive a signed authorisation document. The prescriber must notify Medicines and Poisons within 14 days of cessation of treatment.

Table T2: Methodological issues of note for the NOPSAD collection in each state and territory

State/territory	Methodological issues
National	While the standard snapshot day is set in June of any given year, it varies between states and territories. Despite this variance, it allows the number of clients to be estimated at a single point in time. Data collected for a snapshot day are likely to result in an underestimate of total clients receiving pharmacotherapy within a year. In general, all clients receiving their pharmacotherapy dose in person on the snapshot day are counted.
New South Wales	The NSW Electronic Recording and Reporting of Controlled Drugs (ERRCD) system is used in the administration of the New South Wales Opioid Treatment Program. It replaced the legacy Pharmaceutical Drugs of Addiction System (PHDAS) in September 2016. The ERRCD system is used to record authorisations to prescribe as part of the New South Wales Opioid Treatment Program. It also records client admissions to, and exits from, treatment, as well as details of prescribers and dosing points. For these reasons, the ERRCD system is characterised by continual fluctuations and data extracted at different times for the same period may not be the same. However, while delays in reporting entries to the program, exits from the program and changes in the status of dosing points cause short-term fluctuations in the database, these flatten out over time. Clients prescribed buprenorphine-naloxone and buprenorphine LAI are counted under 'buprenorphine'. Similarly, New South Wales data collection does not differentiate between prescribers who are authorised to prescribe buprenorphine and those authorised to prescribe buprenorphine-naloxone or buprenorphine LAI. Data on prescribers refer to prescribers who were treating at least 1 client on the snapshot day. Data on dosing point sites relate to sites that had at least 1 client receiving treatment on the snapshot day. Client data are reported in New South Wales as at 30 June.
Victoria	Victorian NOPSAD data is collected from 2 sources on the snapshot day of 30 June: a yearly census of Pharmacists and Correctional Facilities, who are requested to report the number and demographics of clients being dosed; and the permit database, Drugs and Poisons Information System (DAPIS), which records information about Medical Practitioners authorised to prescribe pharmacotherapy drugs, as well as demographic information about clients accessing pharmacotherapy treatment. In 2013, Victoria enhanced data reporting requirements to include detailed age and sex (gender) data by individual pharmacotherapy drug type. Enhancements have also been made to collect Indigenous identity of clients by individual pharmacotherapy drug type. From 2016 to 2018 totals for Indigenous status were reported.
Queensland	Medicine supply data is collected monthly from pharmacists and entered into a central database that the Queensland Health maintains. Data are also collected from administrative 'admission' and 'discharge' forms. Queensland totals may vary slightly due to these data source differences. For example, a client may be counted as registered and considered in treatment on the snapshot day, but a dosing point might not be able to be assigned because the client was not actually dosing. The total number of prescribers for Queensland includes those from private practice, public clinics, correctional facilities and government medical offices. Client data are reported in Queensland on a snapshot day in June. Data for Queensland were not available for 2021; refer to the Technical notes for more information.

Western Australia	Data are collected from the monthly reports received from pharmacies and other dosing sites authorised to participate in the Community Program for Opioid Pharmacotherapy (CPOP). The dosing data are entered into the Medicines and Poisons Regulation Branch's Electronic Recording and Reporting of Controlled Drugs (ERRCD) database. Data are also collected from the 'Application for authority', 'Authority to prescribe' and 'Termination of treatment' forms. The number of clients receiving pharmacotherapy treatment is reported through the month of June. The total number of prescribers usually includes those treating at least 1 client as at 30 June 2018 in private practice, public clinics and correctional facilities. In Western Australia, data relating to the Indigenous status of clients is now being collected from new 'Application to prescribe opioid substitution treatment' forms but not at the time of renewal for patients continuing in treatment. Client data are usually reported in Western Australia for the entire month of June. Specifically, pharmacies supply information at the end of June relating to the last dose supplied to the patient for the month of June. If a patient changes pharmacies mid-month, it is possible that they appear on more than 1 pharmacy's monthly transaction reports and are counted more than once. Before 2005, Western Australia reported clients over a year.
South Australia	Data are collected from the 'Authority Application MATOD Program (Medication Assisted Treatment for Opioid Dependence) form, which are manually entered into a central database system at the Drugs of Dependence Unit (DDU), SA Health. As of 1 July 2021 prescribers may also submit this information directly into the central database via the ScriptCheckSA Health Practitioner portal. Since 1 November 2020, both the prescribing data and the information from dispensed prescriptions is collected electronically in real time. From 2011, data have been collected via a half-yearly survey that pharmacists completed and reported on a snapshot day in June. From 2014, this survey has been conducted annually. Other data are drawn from the DDU database and are about those clients registered for treatment on the snapshot day (but who may not actually receive treatment on that day). Clients who did not enter a dosing point on the snapshot day are reported as 'other' when describing clients by dosing point site. In South Australia, data relating to prescribers refer to prescribers who were treating at least 1 client on the snapshot day.
Tasmania	Data are collected monthly from all pharmacies participating in the Tasmanian Opioid Pharmacotherapy Program (TOPP), and entered into the Drugs and Poisons Information System (DAPIS). This system is administered by the Pharmaceutical Services Branch (PSB) and manages client registration, dosing activity, dosing sites, authority to prescribe and dispensing information relating to drugs of high potential for harm. The system also makes available limited information to relevant medical practitioners and pharmacists, both within and external to the Department to assist safe treatment of patients requiring drugs that are highly addictive. Data from DAPIS are made available for management style reporting from a Qlikview-based intranet dashboard. Client data in Tasmania are reported from a snapshot for the month of June. However, clients are counted only once – if they change dosing point site during the month, the dosing point site that administered the greater number of doses is attributed the activity. Data on prescribers refer to prescribers who were treating at least 1 client during the month of June. Data on dosing points refer to dosing points that had a client receiving treatment during the month of June.
Australian Capital Territory	Client participation data are collected manually via Canberra Health Services, Alcohol and Drug Services' program spreadsheets, and from Medication Administration Chart (MAC) Sheets which the community pharmacies submit each month. Client participation data are also collected via iDose which is a Canberra Health Service and Justice Health database that contains client dosing information in real time. General practitioner and pharmacy participation data are also collated from the MAC Sheets. Client data is reported on clients receiving treatment in the Australian Capital Territory on a snapshot day in June.
Northern Territory	Data are generated from the current active authorisations in NTScript on the snapshot day in June. The data are audited against current Schedule 8 prescription data also within NTScript.

Table T3: Policies and guidelines for opioid pharmacotherapy

State/territory	Policies and guidelines
National	National guidelines for medication-assisted treatment of opioid dependence
New South Wales	Full version: NSW Clinical Guidelines: Treatment of Opioid Dependence Abbreviated: NSW Clinical Guidelines: Treatment of Opioid Dependence - Abbreviated Version Full version: Clinical guidelines for use of depot buprenorphine (Buvidal® and Sublocade®) in the treatment of opioid dependence Abbreviated: Brief Clinical guidelines for use of depot buprenorphine (Buvidal® and Sublocade®) in the treatment of opioid dependence

Victoria	Policy for maintenance pharmacotherapy for opioid dependence Pharmacotherapy policy addendum – Long-acting injectable buprenorphine Long-acting injectable buprenorphine – brief clinical guidelines
Queensland	Queensland Opioid Treatment Program | Queensland Health
Western Australia	Western Australian Community Program for Opioid Pharmacotherapy (CPOP): clinical policies and procedures for the use of methadone and buprenorphine in the treatment of opioid dependence—3rd Edition Clinical Guidelines for the use of depot buprenorphine in Western Australia MP 0139/20 Medicines Handling Policy for WA Health Service Providers and associated Guideline on continuation of opioid substitution treatment in hospitals
South Australia	Medication assisted treatment for opioid dependence (MATOD)
Tasmania	Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards
Australian Capital Territory	Opioid Maintenance Treatment in the ACT: Local Policies and Procedures
Northern Territory	Code of Practice: Schedule 8 Substances

Table T4: History of data reported for the NOPSAD collection, 2005 to 2022

Table T4: History of data reported for the NOPSAD collection, 2005 to 2022 (XLSX 23kB)

Notes

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- Department for Health and Wellbeing, South Australia
- Department of Health and Human Services, Tasmania
- Health Directorate, Australian Capital Territory
- Northern Territory Health, Northern Territory.

Data quality statement

National Opioid Pharmacotherapy Statistics Annual Data collection, 2021; Quality Statement

Data

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