

TRENDS IN HEROIN AND PHARMACEUTICAL-OPIOID RELATED HARMS IN VICTORIA, AUSTRALIA: AMBULANCE ATTENDANCES 2012-2018 AND EMERGENCY DEPARTMENT PRESENTATIONS 2008-2018.

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Introduction and Aims: Opioid overdose deaths have doubled in the past 15 years in Australia. We aimed to observe trends in pharmaceutical-opioid and heroin morbidity over the past decade in Victoria.

Design and Methods: We examined ambulance attendances related to extramedical opioid use (recent use that significantly contributed to reason for attendance), and emergency department (ED) presentations for opioid overdose. Records were accessed for Victorians aged ≥ 12 years, for ambulance attendances January 2012-October 2018 ($n=30,045$; 58% male), and ED presentations July 2008-June 2018 ($n=10,113$; 51% male). Searches were conducted using both coded and free-text fields, and each record was manually validated by trained coders. Time trends in population-adjusted opioid-related harms, by opioid type (heroin and pharmaceutical) and sex, were examined using interrupted time-series analyses.

Results: The rate of ED harms for all-opioids increased from 2008-2018 ($p<.001$). Pharmaceutical-opioid harms in the ED decreased from 2014 onwards ($p<.001$; n.s. for ambulance rates). In contrast, there was an increase in the rates of heroin-related harm from 2014 to 2018 (ambulance $p=.005$, ED $p=.01$). Interrupted time-series analysis confirmed that a significant change occurred in 2014, coinciding with the reformulation of oxycodone into a formulation that could not be easily crushed for injection/snorting.

Discussions and Conclusions: Following the heroin 'glut' in the 1990s, and the 'drought' in the early 2000s, heroin related harms appear to have begun increasing again around 2014. These increases may be related to a partial substitution from oxycodone to heroin.

Disclosure of Interest Statement: SN is a named investigator on research grants from Indivior (exploring treatment for opioid dependence) and Seqirus (examining population level indicators of opioid-related harm). These are unrelated to the current work. SN has delivered training on opioid dependence for Indivior for which honoraria were paid to her institution. SN has participated in an advisory board meeting Mundipharma relating to intranasal naloxone for which a sitting fee was declined.