Non-medical use of pharmaceuticals: trends and AOD treatment in Australia

Introduction and aims
In Australia, pharmaceutical drugs are readily available to prevent, treat, and cure disease, but the non-medical use of pharmaceuticals has been shown to cause dependence and considerable harms. We explored the trends in the non-medical use of pharmaceuticals in Australia, prescription and broad treatment patterns as well as evidence of increasing harms.

Design and Methods
The analysis focuses on general population data from the 2016 National Drug Strategy Household Survey (NDSHS), data from the Pharmaceutical Benefits Scheme (PBS) Clients from the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) and data from the Australian Bureau of Statistics (ABS) Causes of Death report.

Key findings
According to the 2016 NDSHS, about 1 million Australians aged 14 years or older used a pharmaceutical drug for non-medical purposes in the previous 12 months (excluding non-opioid over-the-counter medicines).

Availability and impacts
PBS data suggests that substantial and rising numbers of opioid analgesics are being dispensed—particularly oxycodone. Over the past decade, drug-induced deaths were more likely to be due to prescription drugs than illegal drugs.

Treatment
In 2016–17, there were 9,487 closed treatment episodes where pharmaceuticals were reported as a principal drug of concern, equating to 6% of all episodes for a client’s own use.

Conclusion
The growth of this client group over time and differences in their drugs of concern and treatment profile will have ongoing implications for the AOD service sector. Further research is required to understand the complex relationship between illicit drug use and non-medical use of pharmaceuticals, and to provide the best options to keep people in treatment in future.

Implications for practice and policy
The increase in this client group will affect demand for specific types of AOD services (tailored to this group) in future.

Disclosure of Interest Statement
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