



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).

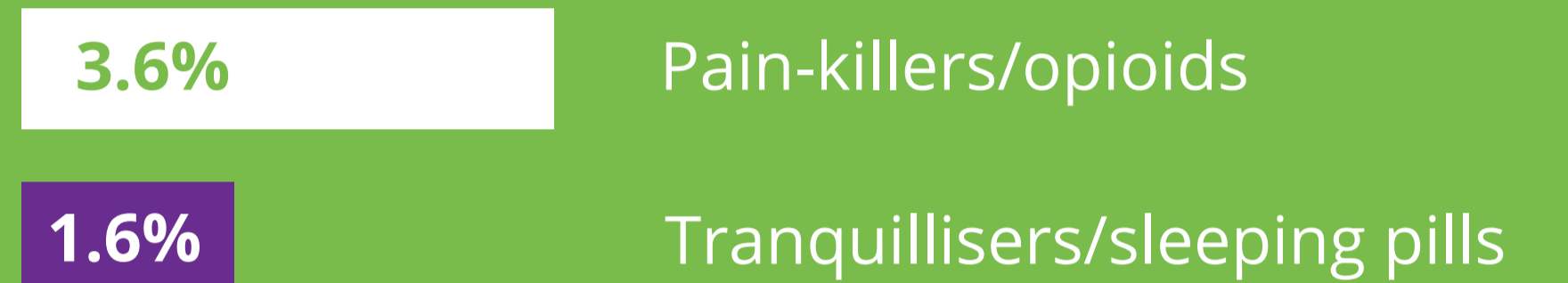
1 in 20 (4.8%) people used a pharmaceutical drug for non-medical purposes in the previous 12 months



People who used pharmaceuticals for non-medical purposes were older than users of illegal drugs; the mean age was 45 compared with 34 for users of other illicit drugs



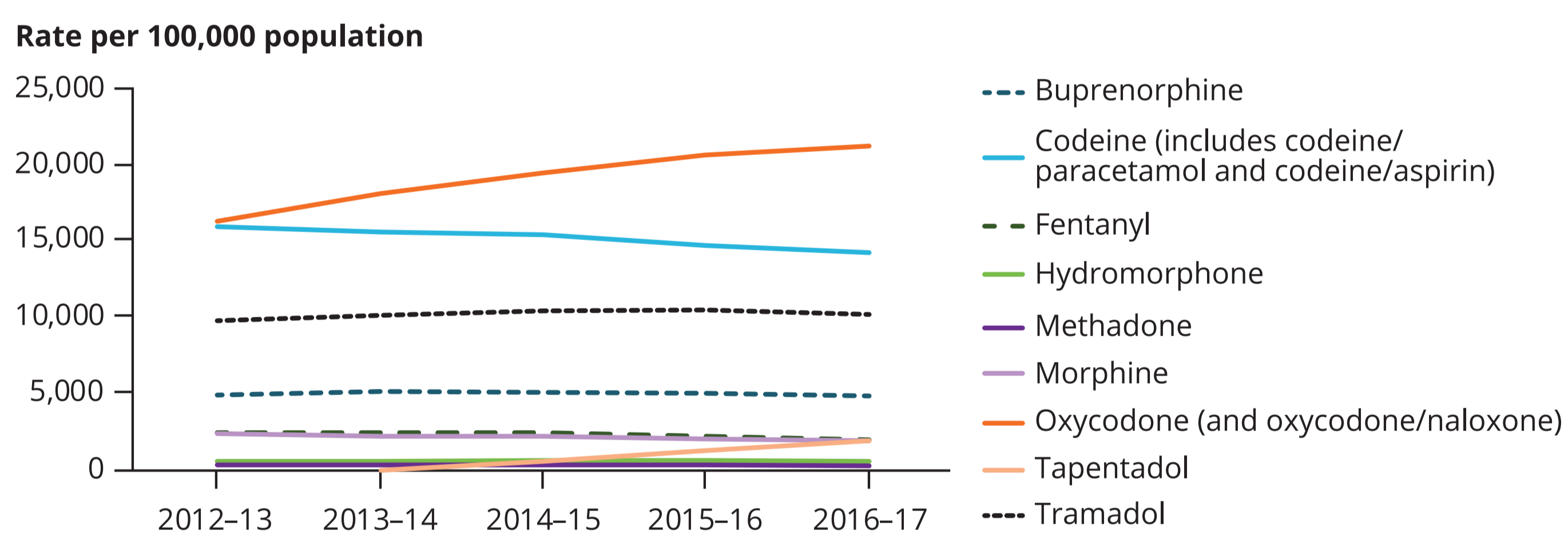
Pain-killers/opioids most commonly misused pharmaceutical, followed by Tranquillisers/sleeping pills



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.

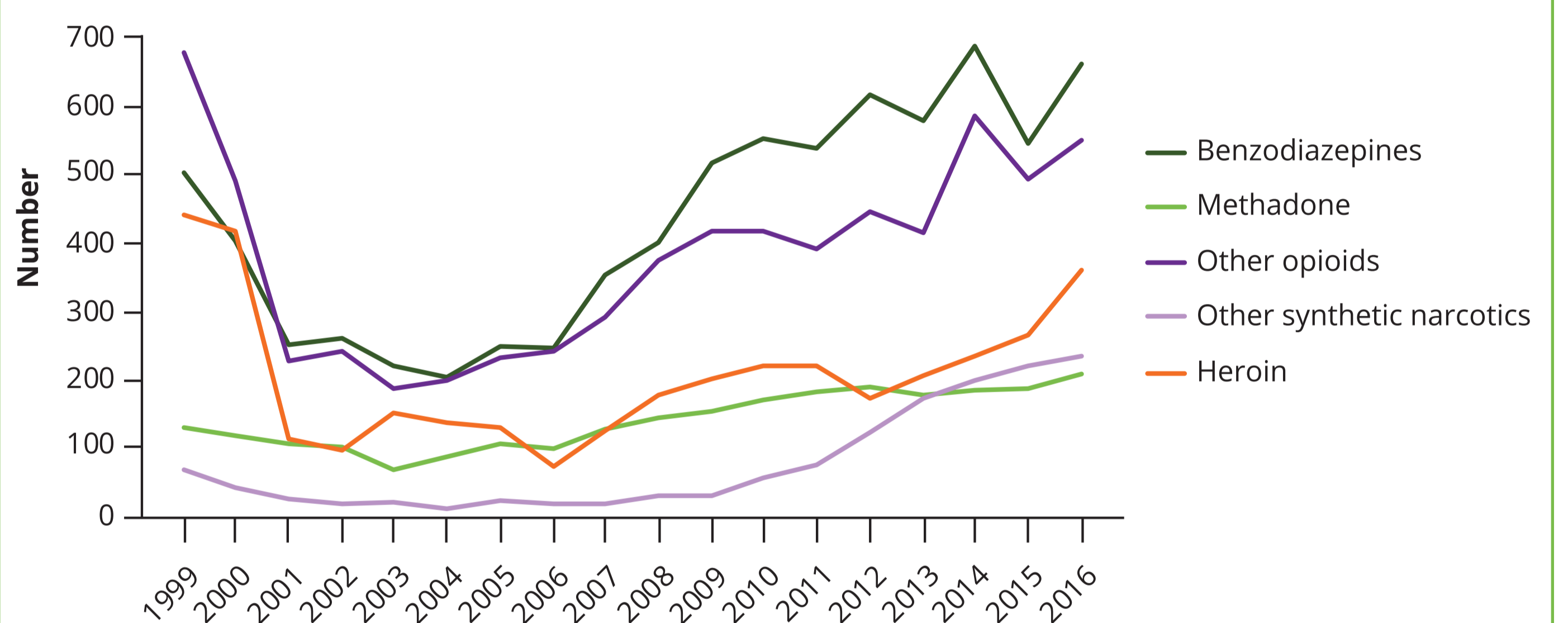
Age standardised rate of PBS prescriptions for selected opioids, 2012–13 to 2016–17



Notes:
1. Rates are age-standardised using the direct standardisation method to the 2001 Australian Standard Population.
2. Data not captured include over-the-counter opioids, private prescription opioids, opioids from doctor bags, opioids provided during a hospital admission in public hospitals and on discharge to patients in NSW and the ACT.
3. From 1 February 2018, codeine became a prescription-only medicine in Australia. This will likely affect any future reporting of time-series data.
Source: AIHW analysis of PBS data maintained by the Department of Health and sourced from the Department of Human Services.

The rate of prescriptions for oxycodone rose from 16,528 per 100,000 population in 2012–13 to 21,524 per 100,000 in 2016–17, a 30% rise. However, over the same period, the age-standardised rate of oral morphine equivalents (OME)—a measure that adjusts for the differences in potency between different opioids—indicated a 1% OME mg increase per 1,000 population per day for oxycodone, indicating that lower doses and/or quantities of oxycodone are being prescribed per prescription in more recent years.

Number of drug-induced deaths for opioid analgesics, benzodiazepines, and heroin, 1999 to 2016



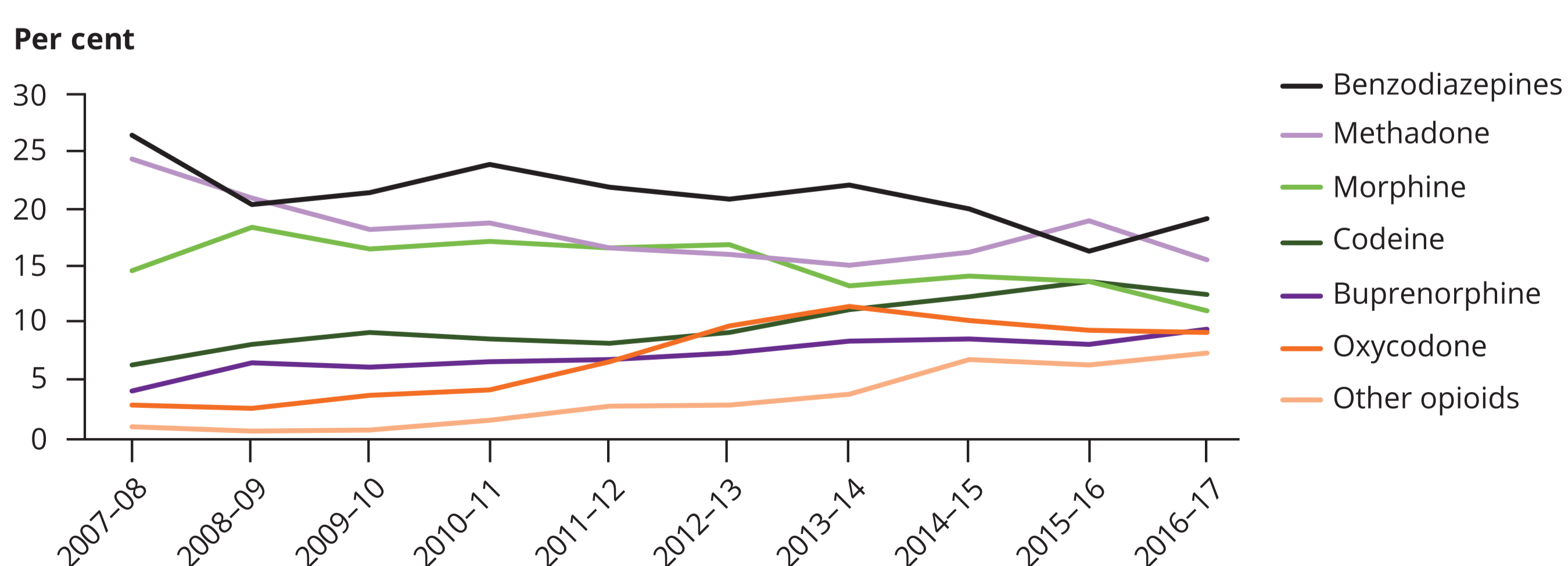
Note: Drug-induced deaths are defined as those that can be directly attributable to drug use, as determined by toxicology and pathology reports. The number of deaths will not sum to the total as more than one drug may be listed as the cause of death. Causes of death data for 2016 are preliminary and subject to a revisions process.
Source: Alcohol, tobacco & other drugs in Australia, AIHW PHE.221, ABS 2017b (Causes of Death Data: Customised Report)

Of the 1,808 drug-induced deaths in 2016 (rate of 7.5 per 100,000 population), the most common substance present was a benzodiazepine (n=663, 37%) followed by other opioids such as oxycodone, morphine and codeine (n=550, 30%). In over 96% of drug-induced deaths where benzodiazepines were present, they were taken in conjunction with other drugs including alcohol.

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.

Proportion of closed treatment episodes for selected pharmaceutical principal drugs of concern, 2007–08 to 2016–17 (%)



Proportions of closed treatment episodes where morphine, methadone and benzodiazepines were a principal drug of concern have been decreasing over the 10-year period, while codeine, oxycodone and buprenorphine as a principal drug of concern have been increasing.

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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