

Key take home: Australia's total prescribed opioid analgesic use decreased by 21% between 2015 and 2022, but private use increased

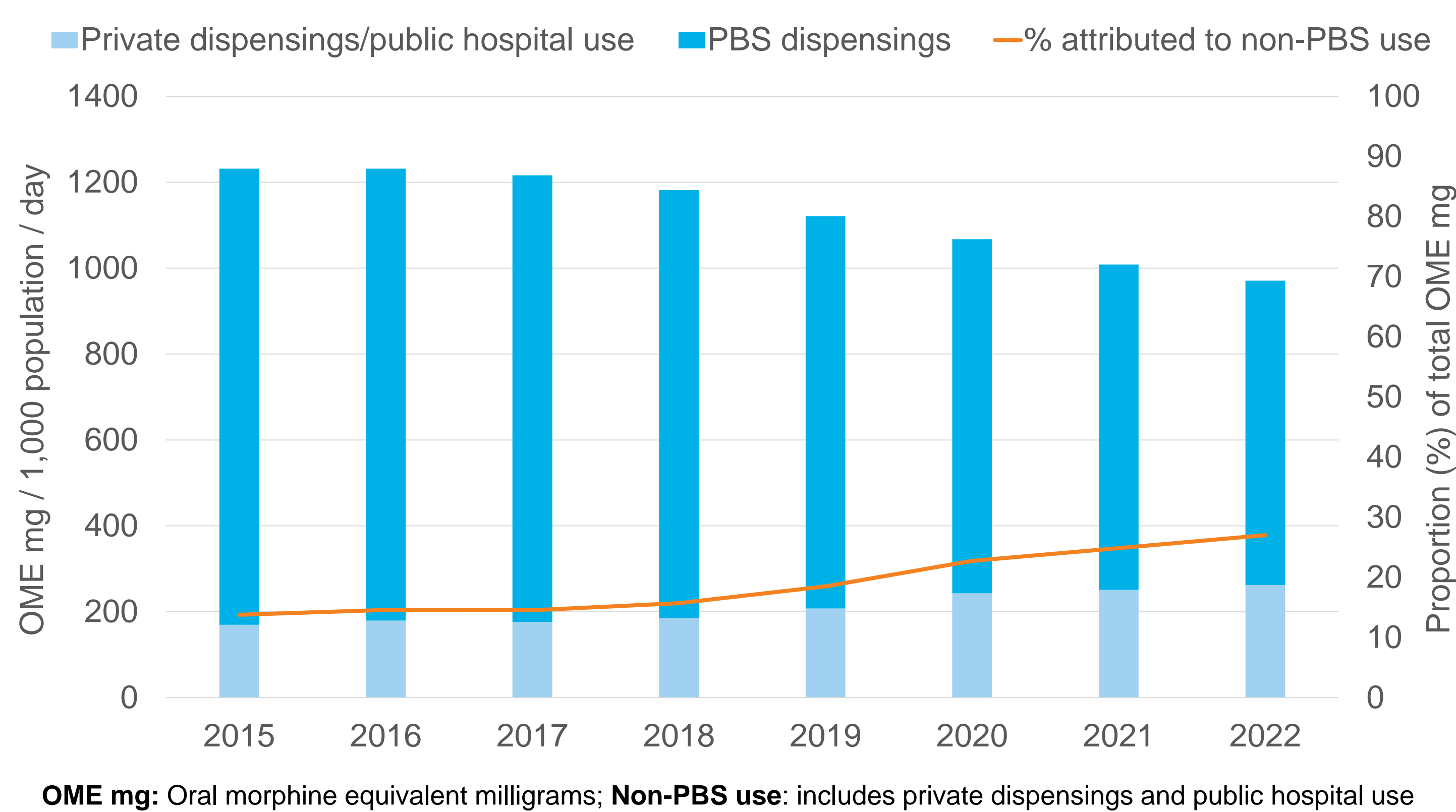
The Difference is Research

Trends in prescribed opioid analgesic use in Australia from 2015-2022

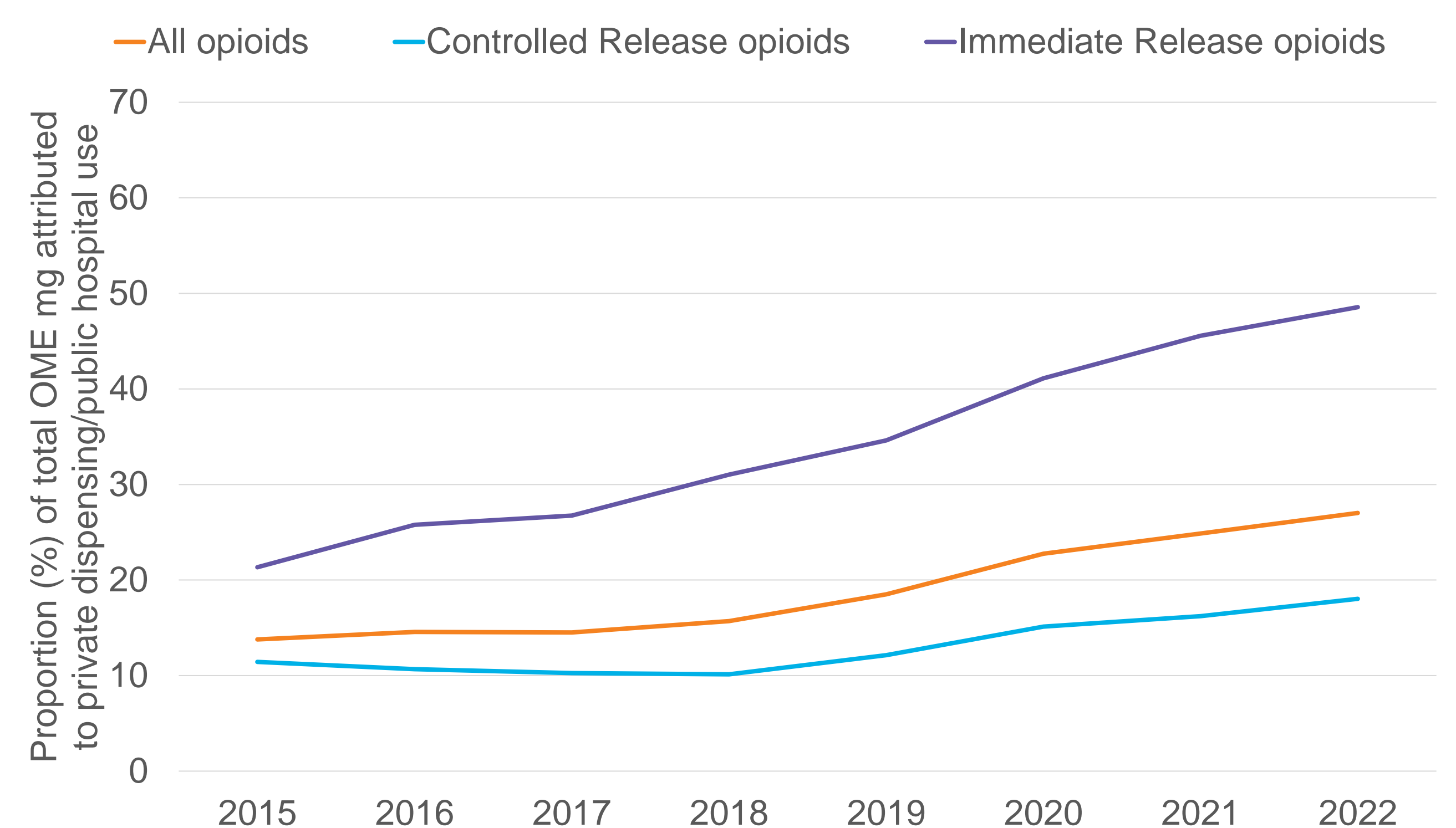
Background: Recent measures to curb use and harms of pharmaceutical opioids in Australia have reduced dispensings of opioid analgesics for pain, under Australia's Pharmaceutical Benefits Scheme (PBS). But information on trends in private (self-funded) dispensings and public hospital opioid use is not readily available.

We describe eight-year population-level trends in Australia's prescribed opioid analgesic use, estimating PBS dispensing claims, private dispensings and hospital use.

Non-PBS dispensings of opioid analgesics increased, offsetting a quarter of the reduction in PBS dispensings

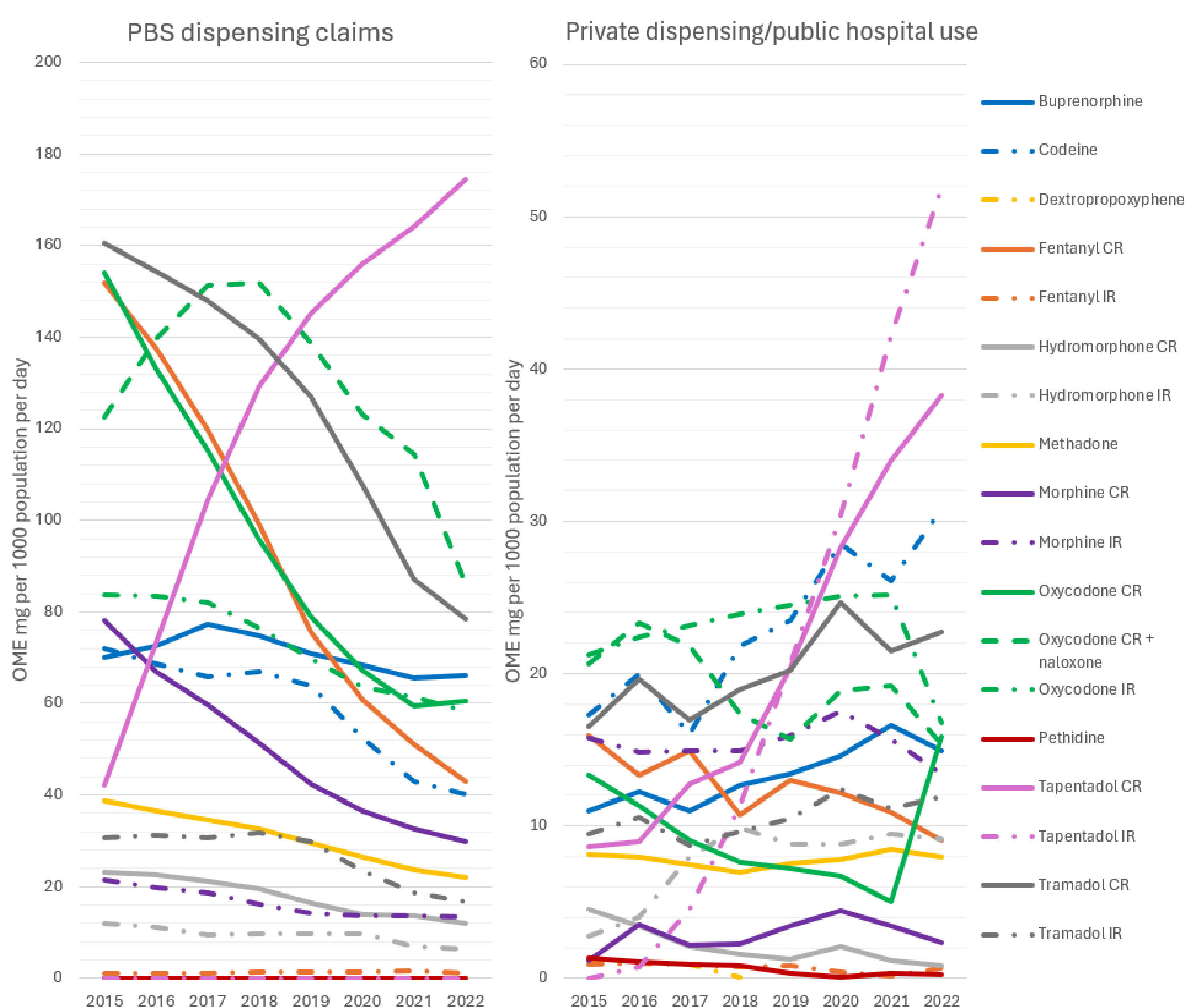


By 2022, 49% of Immediate Release opioids used nationally were dispensed privately/at public hospitals



Note: Immediate release formulations made up 21–28% of total opioid use (2015-2022)

The increase in private dispensings/public hospital opioid use was driven by increasing tapentadol & codeine*



* Prescription-only codeine including >15mg formulations and linctus.

Limitations:

Low-dose (≤ 15 mg) formulations of codeine, which were up-scheduled to 'prescription only' in 2018, were not included (~6% of total use)

Methods

Data sources: PBS 10% sample extrapolated to estimate national PBS dispensings and IQVIA data on pharmaceutical sales to community pharmacies, hospitals and other settings

Total opioid use: total units of each opioid sold/dispensed, converted into oral morphine equivalent (OME) mg per 1000 population per day.

Private dispensings/public hospital use: total OME sold minus PBS OME dispensed.

Additional findings:

Opioid analgesic use in hospitals was stable at 8–10% of total use.
Tapentadol replaced oxycodone (+/-naloxone) as the most commonly used opioid in Australia.

Implications:

➤ Our findings indicate a substantial increase in private use, particularly of immediate release formulations, reasons for which may include accessing opioids not PBS-subsidised and circumventing PBS restrictions for PBS-subsidised opioids.