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Trends in prescription opioid analgesic use in Australia from 2015 to 2022: perspectives from multiple data sources

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Abstract

Background & Aims: In light of recent measures to curb opioid use and harms, dispensings of opioid analgesics for pain, subsidised under Australia's Pharmaceutical Benefits Scheme (PBS), have been declining, but information on trends in non-PBS subsidised use (private market and public hospital) is not readily available. This study describes 8-year population-level trends in Australia's opioid analgesic use, estimating PBS, non-PBS and hospital use.

Design & Methods: Our descriptive study used two datasets covering 2015–2022: national IQVIA data on all (PBS/private) pharmaceutical sales to community pharmacies, hospitals and other settings, and PBS dispensing data for a 10% sample of Australian residents, extrapolated to estimate national PBS use. We measured total units of each opioid sold/dispensed, converted into oral morphine equivalent per 1000 population per day (OME/1000/day). We calculated non-PBS use by subtracting PBS OME dispensed from total OME sold. Hospital OME were calculated using IQVIA data on sales to hospitals.

Results: Between 2015–2022 total opioid use decreased by 21.2% (from 1231.4 to 970.6 OME/1000/day). There were contrasting trends across PBS versus non-PBS use: between 2015–2022, PBS use decreased by 33.3%, or -353.4 OME/1000/day (from 1061.7 to 708.4 OME/1000/day) whereas non-PBS use increased by 55.4%, or +92.5 OME/1000/day (from 169.7 to 262.3 OME/1000/day). The contribution of non-PBS use (private market/public hospital) to total opioid use increased from 13.8% in 2015, to 27.0% in 2022. Opioid use in hospitals (public/private) remained stable, accounting for 8–10% of total use between 2015–2022.

Conclusion: Total opioid analgesic use declined between 2015–2022 because of reductions in PBS dispensings. Our findings indicate a significant increase in private dispensings, reasons for which may include accessing non-PBS-listed opioids and circumventing PBS restrictions.

Impact: Combining multiple data sources provides a more comprehensive account of population-level opioid use in Australia, which is critical to support the quality use of opioids.