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Trends in the use of Opioid Agonist Treatment in South Australia, 2013-2022





Trends in the use of Opioid Agonist Treatment in South Australia, 2013- 2022

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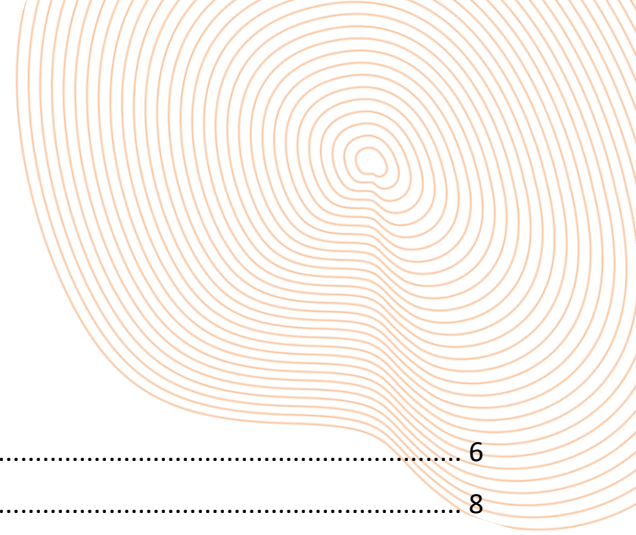
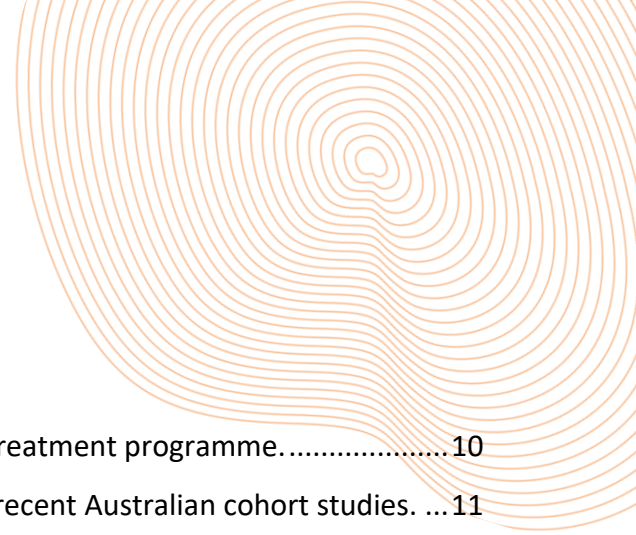


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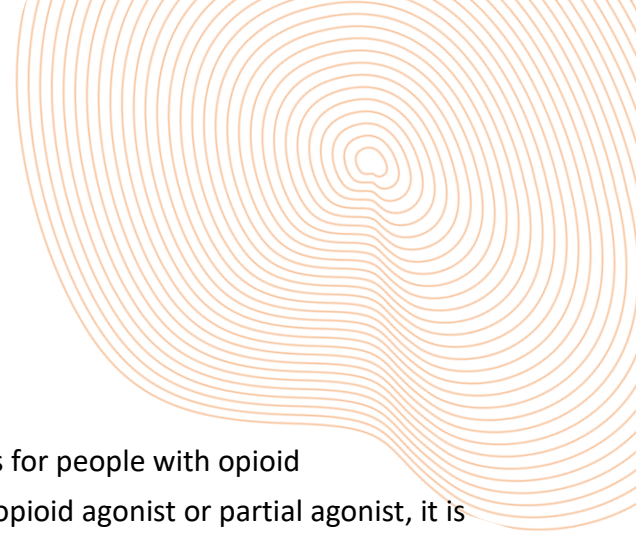


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1. Executive Summary

Opioid agonist treatment (OAT) is one of the main treatments for people with opioid dependence¹. Involving long-term pharmacotherapy with an opioid agonist or partial agonist, it is well established that OAT reduces non-medical use of opioids, injecting and injecting-related injuries, criminal activity, and overall mortality, particularly overdose mortality²⁻⁵. The World Health Organization lists both methadone and buprenorphine^{6,7} as essential medicines for opioid dependence⁸. In Australia, there are currently four OAT formulations subsidised through the Pharmaceutical Benefit Scheme (PBS), including methadone liquid (PBS listed in 1974), sublingual (SL) buprenorphine (2001), SL buprenorphine-naloxone (2005) and long-acting injectable (LAI) buprenorphine (2019)⁹.

LAI formulations of buprenorphine represent a relatively new addition to OAT in Australia¹⁰, having been listed on the PBS since September 2019. LAI buprenorphine is administered via weekly¹¹ or monthly^{12,13} subcutaneous injections, providing an alternate OAT option that reduces the frequency of dosing visits compared to oral and sublingual OAT alternatives. It's unclear what impact the introduction of LAI buprenorphine and policy changes in response to the COVID-19 pandemic had on patterns of OAT medicine use.

This technical report describes 10-year trends in the sales of OAT medicines in South Australia (SA). Aggregate monthly sales were used to estimate the number of OAT clients per month, based on average doses.

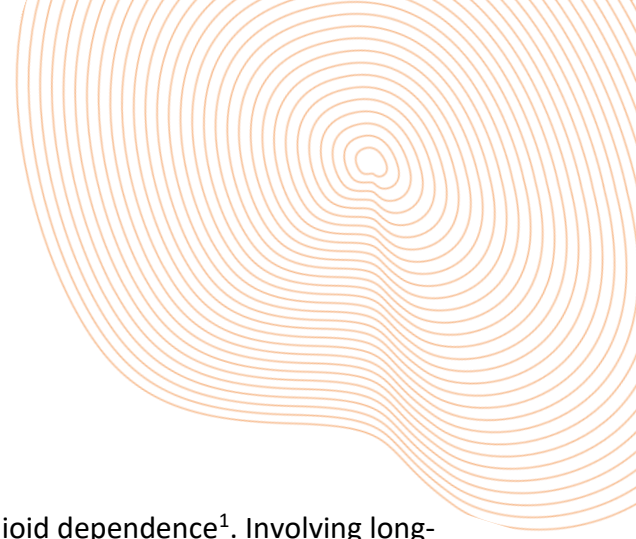
Key findings

- SA had the fourth highest per-capita rate of OAT utilisation, after New South Wales, the Australian Capital Territory and Victoria, from 2013 to 2022.
- The estimated number of OAT clients in SA increased by 34% from 2,441 in January 2013 to 3,283 in December 2022.
- Per capita, SA saw a 31% increase in rates of use from 15 OAT clients per 10,000 population in January 2013 to 18 per 10,000 in December 2022.
- Patterns of OAT medicines in SA also changed over this time. There was:
 - a decline (-14%) in clients receiving methadone (2013-2022),
 - a 48% increase of clients receiving SL buprenorphine (2013-2022), and

- a substantial uptake of LAI buprenorphine following its introduction (18 clients in Sep 2019 to 615 clients in Dec 2022).
- Consequently, the distribution of OAT medicines has shifted in SA:
 - In January 2013, nearly two-thirds (62.7%) of OAT clients received methadone with the remainder receiving SL buprenorphine (37.3%).
 - In December 2022, 40.2% of clients received methadone and 58.8% buprenorphine (41.1% SL buprenorphine and 18.7% LAI buprenorphine).
- Across the decade in SA, trends in the distribution of OAT clients by remoteness and socioeconomic status remained relatively consistent:
 - Approximately 83% of OAT was accessed in major cities, 7% in inner regional areas, 7% outer regional and 3% in remote and very remote areas.
 - Around 30% accessed OAT from the most disadvantaged areas (quintile 1) and 23-38% from the most advantaged areas (quintiles 4 and 5).
- From 2013 to 2022, the greatest increases in OAT utilisation in SA were observed in inner regional (+86%) areas compared to major cities (+33%).
- The majority (83-97%) of OAT in SA was accessed through community pharmacies, however access from non-community pharmacy settings increased markedly since 2020.
- In community pharmacies, the majority of clients until mid-2020 received methadone, at which point buprenorphine (mainly SL) became more common. Since 2020, most OAT clients attending clinics/medical centres received LAI buprenorphine.

Conclusions

There has been an increase in OAT utilisation in SA over the past decade, with buprenorphine now replacing methadone as the most common OAT used. Importantly, there has been an increase in access to OAT, overall, and particularly in settings outside of community pharmacy and in inner regional areas, since early 2020 - coinciding with the introduction of LAI buprenorphine, and the COVID-19 pandemic. Determining the clinical outcomes of these changes, in terms of benefits and harms, is now critical. Future research on the cost effectiveness of LAI buprenorphine and the impact of its introduction on the overall costs of the OAT program is recommended.



2. Background & Methods

2.1. Background

Opioid agonist treatment (OAT) is a first-line treatment for opioid dependence¹. Involving long-term pharmacotherapy with an opioid agonist or partial agonist, it is well established that OAT reduces non-medical use of opioids and related harms³. For example, there is strong evidence to show that OAT is effective at reducing injecting and injection related injuries, blood-borne viral spread, overdoses and overall mortality²⁻⁵, as well as improving physical health, social functioning and economic productivity¹. Methadone and buprenorphine are both listed by the World Health Organization as essential medicines for this indication⁸. In Australia, four formulations of OAT are approved by the Therapeutics Goods Administration (TGA) and subsidised through the Pharmaceutical Benefit Scheme (PBS) for the treatment of opioid dependence. These include methadone liquid (PBS listed in 1974), sublingual (SL) buprenorphine (2001), SL buprenorphine-naloxone (2005: tablets, 2011: films) and long acting injection (LAI) buprenorphine (September 2019)⁹.

LAI formulations of buprenorphine have recently become available for the treatment of opioid dependence¹⁰, having been listed on the PBS since September 2019. Depending on the formulation, LAI buprenorphine is administered via weekly¹¹ or monthly^{12,13} subcutaneous injections, providing an alternate OAT option to daily methadone and SL buprenorphine, that reduces the frequency of dosing visits and increases flexibility^{14,15}. LAI buprenorphine may offer a number of benefits including increased quality of life, employment, and treatment satisfaction¹⁶, however, the shift to monthly dosing may result in unintended consequences as well¹⁷⁻¹⁹. In Australia, the roll-out of LAI buprenorphine was stepped up during the COVID-19 pandemic in an effort to reduce face-to-face interactions and the frequency of visits by OAT clients to health services. National interim guidance developed by professional and consumer groups also recommended increasing the number of take-away doses, greater use of telehealth appointments, and home delivery, including third party collections for clients in quarantine²⁰. These recommendations addressed logistical barriers to OAT engagement, including the travel burden



associated with attending services²¹. Although their implementation was not mandated, and varied across jurisdictions, understanding the extent to which these changes in guidance impacted access to OAT will help determine the adaptability of the program to support clients.

Each year, a summary of medicines used on snapshot day/s in OAT programs around Australia are published.²² South Australian data on individual OAT medicines was not available for two-thirds of OAT clients in 2022, due to the provision of data from two sources (one unit record and one aggregate summary data)²². This limits a nuanced understanding of changes to the profile of individual medicines over time in SA and changes to overall utilisation in different settings (e.g., community vs. prison, regional v. remote). Monthly sales data provide a novel means to examine longitudinal trends of OAT in SA.

This report aims to describe sales of OAT medicines in SA over time and to consider factors that may have affected patterns of access.

2.2. Aims

This report aims to:

1. Examine trends in the estimated number of clients on all OAT medicines in SA between 2013 and 2022, and
2. Examine variation in the estimated number of OAT clients by jurisdiction, remoteness, socio-economic status and setting.

2.3. Methods

2.3.1. Study design and time period

This is a descriptive study of trends in the sales of OAT medicines (methadone, SL buprenorphine, SL buprenorphine-naloxone and LAI buprenorphine) in SA from January 2013 to December 2022.

2.3.2. Data source

Data was provided by IQVIA (iqvia.com) on sales of medicines by pharmaceutical wholesalers and manufacturers to community pharmacies, hospitals and other providers, including prisons. IQVIA claims around 97% coverage of the Australian community pharmacy and hospital settings²³. Data on all formulations of OAT medicines sold in SA between January 2013 and December 2022 were included. Due to the legal requirements for secure storage and monitoring of OAT medicines in

pharmacies, the number of packs sold over a 12-month period should closely approximate the number of medicines used by clients in the SA OAT Program.

2.3.3. Medicines

Available OAT medicines, by formulation and strength, are summarised in Table 1. Formulations of methadone and buprenorphine used only for opioid dependence were included. In the rare event that methadone is used for analgesia, methadone tablets (which can be crushed) are generally preferred over liquid, in both the community and hospital setting. Methadone liquid 200mL, indicated for both analgesia and opioid dependence in Australia, was included because most use was assumed to be for opioid dependence. Sales of LAI buprenorphine were disaggregated into five groups relative to strength and injection frequency - weekly low and high strengths, and monthly low, medium and high strengths (see 'LAIB Group' in Table 1). These groups were selected to provide high level trends without identifying individual brands.

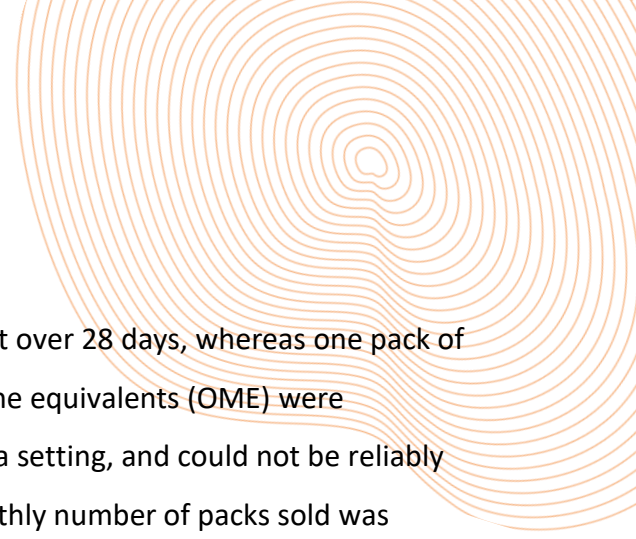
Table 1. Medicines available in the Australian opioid agonist treatment programme.

Active Ingredient	Form	Brand name	Strength (mg)	LAIB [†] Group	Entry to market [‡]
Methadone	Oral (liquid)	Biodone Forte, Methadone Syrup	5mg / mL	N/A	1974 ²⁴
Buprenorphine	Sublingual tablet	Subutex	0.4, 2, 8	N/A	2001 ²⁵
Buprenorphine / naloxone	Sublingual tablet / film	Suboxone	2/0.5, 8/2	N/A	2005: Tablets ²⁶ 2011: Films ²⁷
Buprenorphine	Long acting injection	Buvidal weekly	8, 16	Weekly LAIB - low	September 2019 ²⁴
Buprenorphine	Long acting injection	Buvidal weekly	24, 32	Weekly LAIB - high	September 2019 ²⁴
Buprenorphine	Long acting injection	Buvidal monthly	64	Monthly LAIB - low	September 2019 ²⁴
Buprenorphine	Long acting injection	Buvidal monthly	96, 128	Monthly LAIB - med	September 2019 ²⁴
Buprenorphine	Long-acting injection	Buvidal monthly	160	Monthly LAIB - high	May 2022 ²⁴
Buprenorphine	Long-acting injection	Sublocade	100	Monthly LAIB - low	May 2020 ²⁴
Buprenorphine	Long-acting injection	Sublocade	300	Monthly LAIB - high	May 2020 ²⁴

[†]LAIB: Long-acting injection buprenorphine, [‡] Entry to market based on PBS listing as part of the Australian Opioid Dependence Treatment Program

2.3.4. OAT clients per month

Describing OAT utilisation based solely on packs sold does not enable a like-for-like comparison between different medicines. In some cases, one pack may be used to treat one or multiple clients



- for example, one pack of LAI buprenorphine treats one client over 28 days, whereas one pack of methadone syrup (1 L) may treat several clients. Oral morphine equivalents (OME) were considered less relevant for comparing OAT in a non-analgesia setting, and could not be reliably estimated for LAI buprenorphine. For these reasons, the monthly number of packs sold was converted into an estimate of OAT clients per month.

For SL buprenorphine and methadone formulations, OAT clients per month were estimated by summing the total milligrams (mg) contained in the packs sold that month and dividing by the average dose (mg) to treat a single person for 28 days e.g.,

$$\text{OAT clients per month} = \frac{[\text{mg per pack} \times \text{Total number of packs sold that month}]}{[\text{Average daily dose (mg) for a single person} \times 28 \text{ days}]}$$

Average doses were estimated from previous research (see Table 2). For LAI buprenorphine formulations, estimates of clients per month were based on the number of packs (injections) sold. Specifically, one pack of weekly and one pack of monthly LAI buprenorphine were assumed to treat 0.25 and 1 client, respectively, over a 28-day period, aligning with the recommended dosing schedules¹¹⁻¹³. A chart review of three Australian OAT providers verified these dose estimates aligned with real-world LAI buprenorphine dosing schedules²⁸. To account for small fluctuations in sales data, reflecting the ordering behaviour (such as stockpiling) of pharmacies rather than actual fluctuations in OAT client numbers, three-month moving averages are presented.

Table 2. Average doses for OAT medicines; data pooled from recent Australian cohort studies.

Measure	Methadone liquid		Sublingual Buprenorphine	
	Pooled estimate (95% CI)	Sources	Pooled estimate (95% CI)	Sources
Mean dose (mg/day)	74.06 (69.44, 78.69)	29,30	16.00 (14.39, 17.61)	30
Median dose (mg/day)	75 (47,75)	30-34	13 (13, 16)	30-35

Where applicable $I^2 = 0.0$.



2.3.5. Geographical information and setting

Monthly OAT utilisation was summarised overall and disaggregated by jurisdiction, remoteness, socioeconomic status, and setting. The Australian jurisdictions includes six states (New South Wales (NSW), Queensland (QLD), SA, Tasmania (TAS), Victoria (VIC), Western Australia (WA)), and two territories (Australian Capital Territory (ACT) and the Northern Territory (NT)). Setting refers to the provider type which purchased the medicines, and includes ‘community pharmacy’, ‘hospital’ including outpatient drug and alcohol services, ‘aged and community healthcare’, ‘clinics and medical centres’, and ‘other (including prisons)’. The Australian Bureau of Statistics (ABS) mapping of Postcode 2017 was used to map sales to the Australian Statistical Geography Standard (ASGS) Remoteness Areas 2016 data³⁶ and to the Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socioeconomic Advantage and Disadvantage (IRSAD) 2016 data³⁷ (see Appendix 6.1 Mapping to postcode). Australian remoteness categories include ‘Major Cities’, ‘Inner Regional’, ‘Outer Regional’, ‘Remote’ and ‘Very Remote’. IRSAD summarises information about the economic and social conditions of people and households within an area, with lower quintiles indicating relatively greater disadvantage and higher quintiles indicating relatively greater advantage.

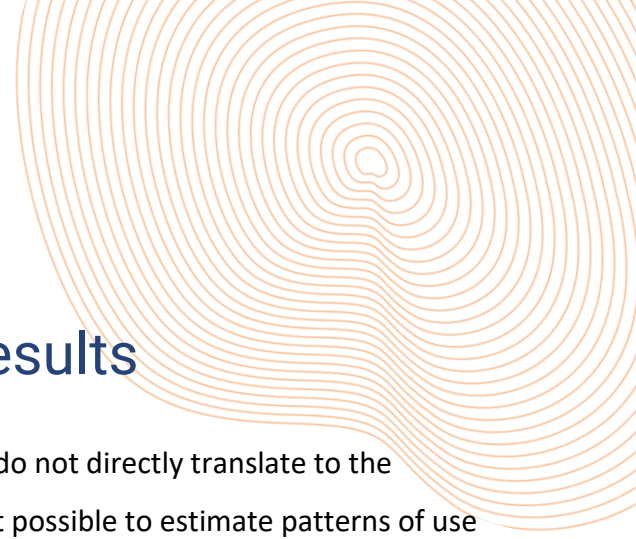
2.3.6. Statistical Analysis

Descriptive statistics and data visualisations were used to describe trends over time, and by OAT medicine, jurisdiction, remoteness, socioeconomic status and setting. The estimated number of clients receiving OAT medicines each month, overall and by individual medicines, were evaluated as a count standardised against population size and/or as a proportion (%) of the total number of OAT clients that month. Per capita estimates were based on the estimated residential population at June 30 each year, provided by the ABS³⁸, overall and by jurisdiction.

Analyses were conducted using SAS Enterprise Guide 9.4 (SAS Institute Inc., Cary, NC, USA) and Microsoft Excel for Microsoft 365 (Microsoft, Seattle, WA, USA).

Ethics approval

Ethics approval was not required as data from IQVIA were received in deidentified aggregated form.



3. Guide to interpretation of results

- It is important to acknowledge that the amounts sold do not directly translate to the amounts dispensed or used. For this reason, it was not possible to estimate patterns of use at the client level nor determine the exact number of clients engaged in OAT in each month.
- The approach used in estimating the number of clients receiving OAT per month assumes that real-world OAT doses – and the factors known to influence dose, including disorder severity - have remained stable over time and across different settings. The parameters used to derive these estimates were informed by the literature and have not been validated against population-level data on OAT doses from Australia.
- The estimates assume clients are retained in OAT over the full 28-day interval; where this is not the case, the number of clients accessing OAT at least once a month would be higher.
- This report complements the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD), which provide a national overview of OAT pharmacotherapies used in Australia on snapshot day/s by state and territory health departments²². Where comparisons with NOPSAD show varying trends, these may be explained by differences in client ascertainment and changes in the patterns of OAT retention³⁹ during the study period.
- Furthermore, IQVIA coverage may have improved over time, which could lead to an underestimate of OAT clients in earlier years of the study.
- Capture of OAT sales to settings other than community pharmacy and hospital, e.g., other (incl. prisons), may be incomplete, leading to an underestimate of the number of clients accessing OAT in these settings.
- As the weekly low dose LAI buprenorphine formulation can be used for top-up or supplemental dosing, inclusion of these formulations may have resulted in a slight overestimate of the number of clients.

- The geographic information provided by IQVIA for non-community pharmacy/hospital settings was less granular (PHN level) so there may be some misclassification of remoteness and socioeconomic categories in these settings.
- The socioeconomic and remoteness findings reflect where OAT was received rather than where OAT clients reside, as clients may have travelled to different areas to receive OAT.



4. Findings

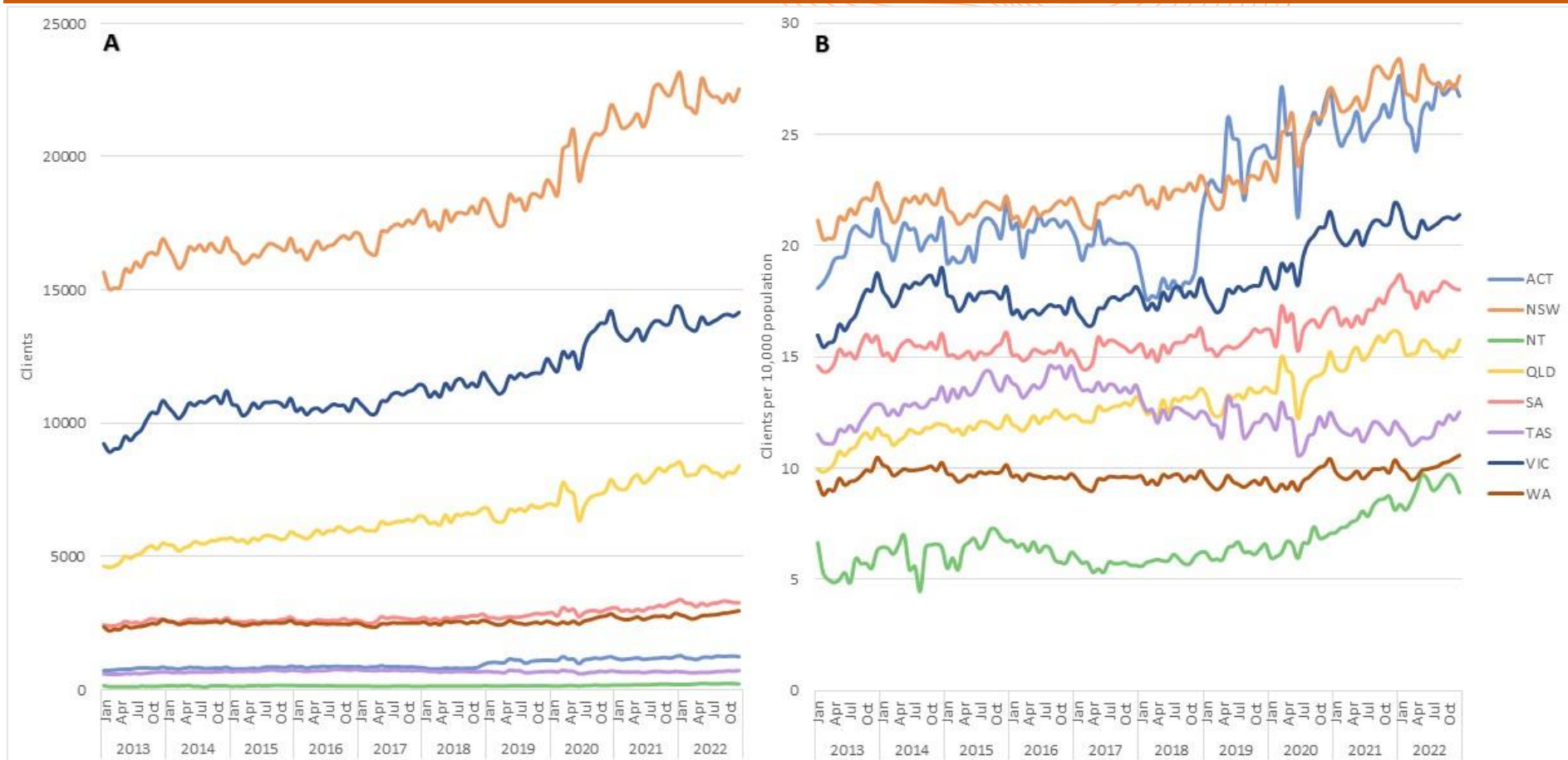
4.1. OAT utilisation by state/territory

Across the decade, SA had the fourth highest number of OAT clients per month of all jurisdictions, after NSW, VIC and QLD (Figure 1A). The estimated number of clients receiving OAT each month in SA increased by 34% from 2,441 clients in January 2013 to 3,283 clients in December 2022 (Figure 1A, Table A1).

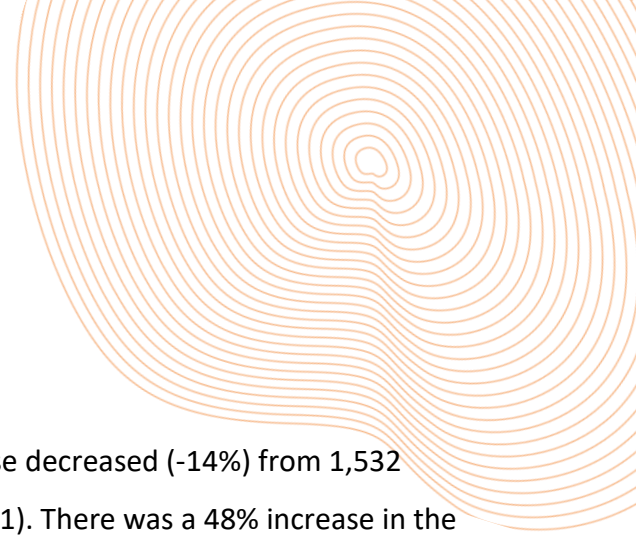
After accounting for population size, SA had the fourth highest estimate of OAT clients per capita per month of all jurisdictions, after NSW, the ACT and VIC (Figure 1B). Across the decade there was a 31% increase in rates of use in SA, from 15 OAT clients per 10,000 population in January 2013 to 18 per 10,000 in December 2022 (Figure 1B). By the end of the study period (December 2022), the number of OAT clients per capita per month in SA was around two-thirds that of NSW (18 per 10,000 population vs 28 per 10,000) (Figure 1B).



Figure 1. Number of OAT clients (A), and OAT clients per 10,000 population (B), per month by Australian state/territory (2013-2022).



ACT: Australian Capital Territory, NSW: New South Wales, NT: Northern Territories, QLD: Queensland, SA: South Australia, TAS: Tasmania, VIC: Victoria, WA: Western Australia



4.2. OAT utilisation in SA

4.2.1. All OAT medicines

Patterns of OAT have changed over time in SA. Methadone use decreased (-14%) from 1,532 clients in 2013 to 1,318 in December 2022 (Figure 2A, Table A1). There was a 48% increase in the estimated number of clients receiving SL buprenorphine, from 909 clients in January 2013 to 1,350 in December 2022. Following its introduction to the market, there was a substantial uptake of LAI buprenorphine, from 18 clients in September 2019 to 615 clients in December 2022.

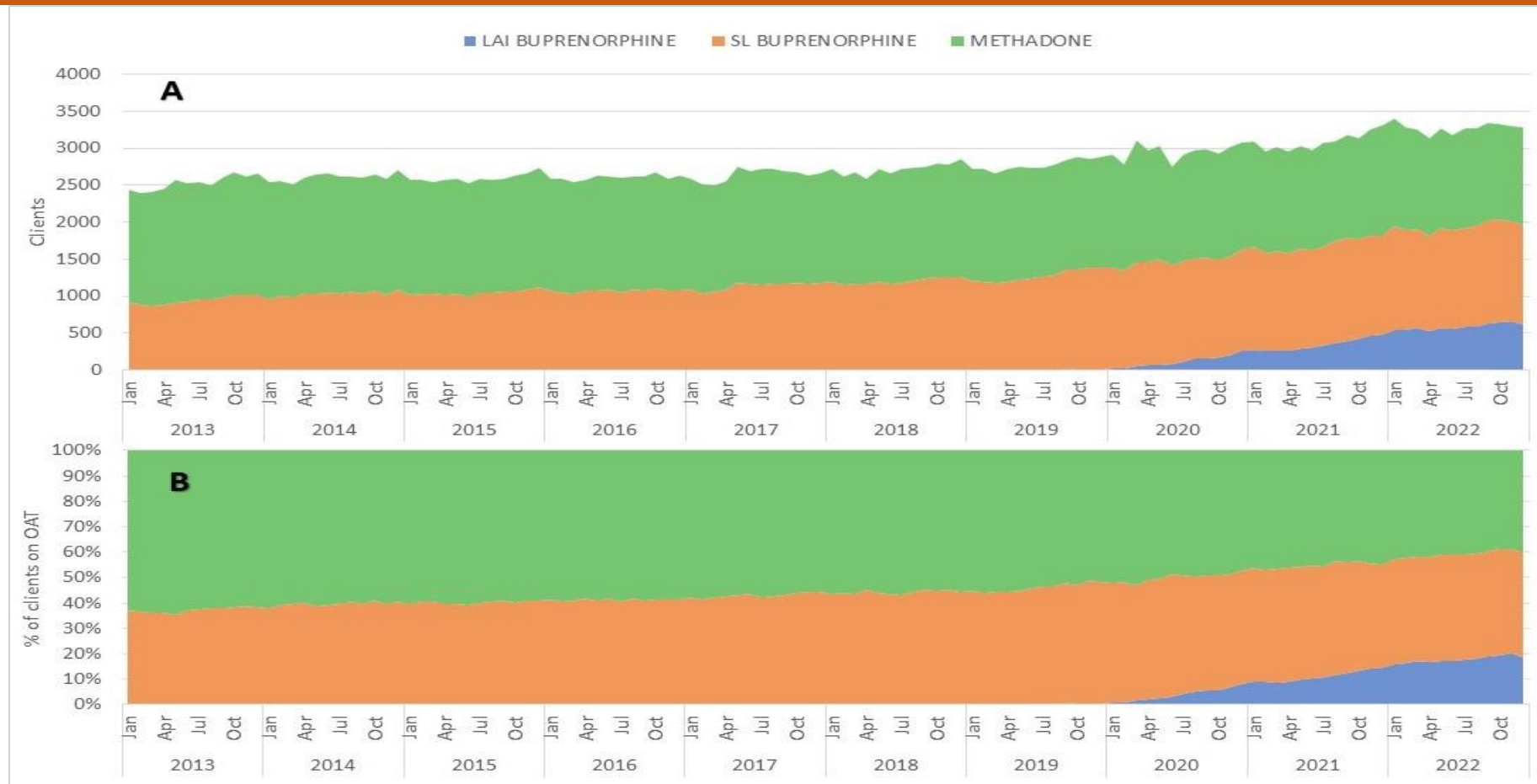
Subsequently, the distribution of medicines in the SA OAT program evolved over time (Figure 2B). In January 2013, nearly two-thirds (62.7%) of the estimated number of OAT clients in SA received methadone, with the remainder receiving SL buprenorphine (37.3%). In December 2022, 40.2% of clients received methadone, 41.1% SL buprenorphine, and 18.7% LAI buprenorphine (Figure 2B, Table A1).

4.2.2. LAI buprenorphine

Since the introduction of LAI buprenorphine, the majority of use was for monthly rather than weekly formulations (Figure 3, Table A2). The formulations in the 'Monthly LAIB – medium' group were used most commonly, followed by 'Monthly LAIB – low', with 'Monthly LAIB – high' used less frequently. From September 2019 to December 2022, use of 'Monthly LAIB – medium' formulations increased, from 210 to 279 clients (+3383%), 'Monthly LAIB – low' from 70 to 226 clients (+3123%) and 'Monthly LAIB – high' from 5 clients in March 2020 to 68 clients in December 2022 (Figure 3, Table A2).



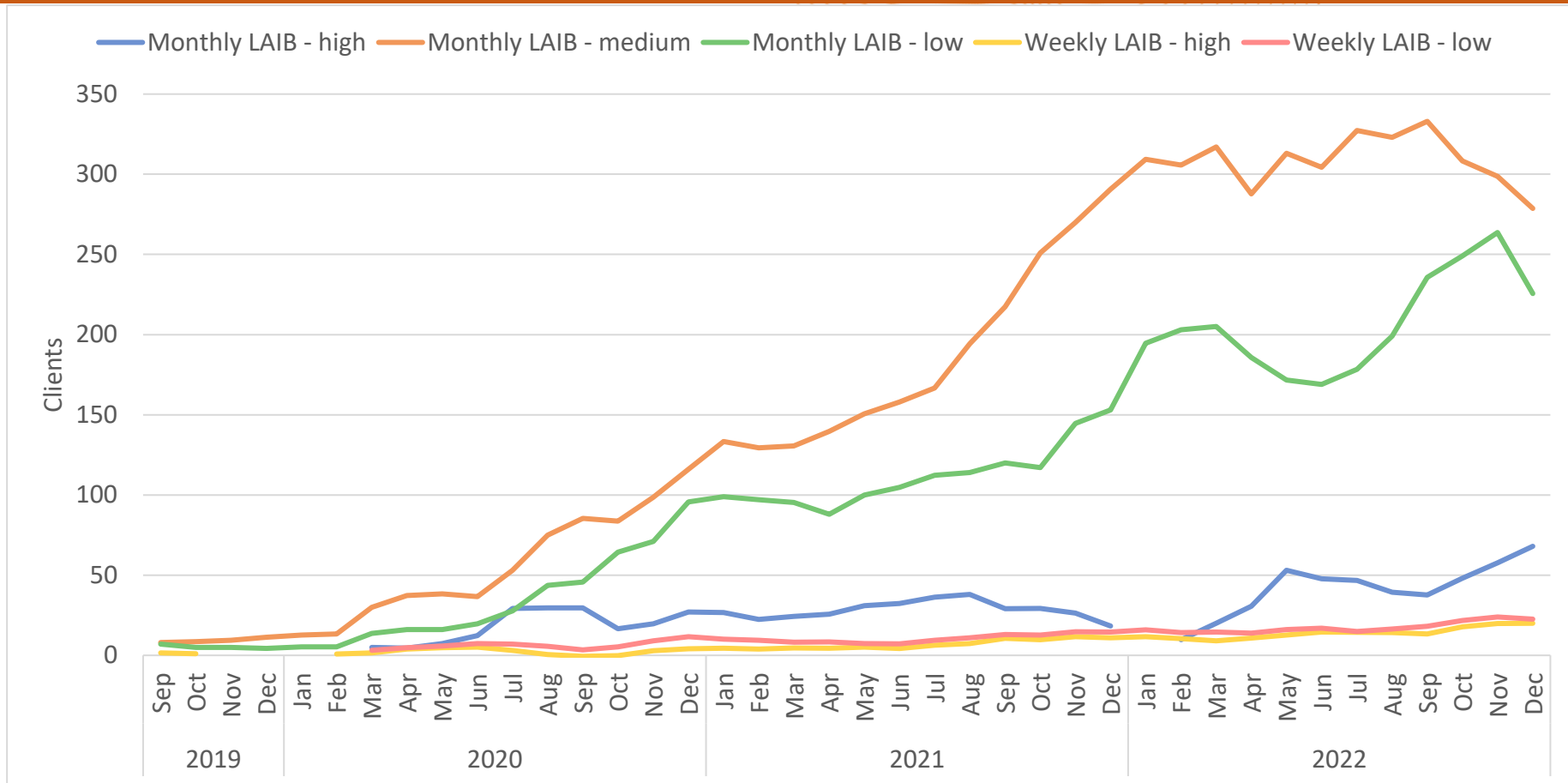
Figure 2. Cumulative number of OAT clients (A) and proportion of total OAT clients (B), per month by medicine (SA, 2013-2022).



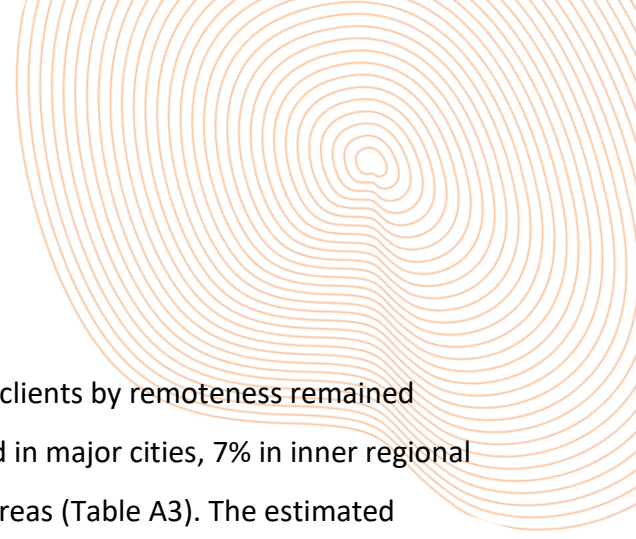
LAI: Long Acting Injection, OAT: Opioid Agonist Treatment, SL: Sublingual



Figure 3. Number of OAT clients by LAI buprenorphine (LAIB) group* (SA, 2019-2022).



* LAIB groups are defined in Table 1



4.2.1. Remoteness

Over the study period in SA, trends in the distribution of OAT clients by remoteness remained relatively consistent. Approximately 83% of OAT was accessed in major cities, 7% in inner regional areas, 7% outer regional and 3% in remote and very remote areas (Table A3). The estimated number of OAT clients increased across all remoteness categories over the decade (Figure 4). From 2013 to 2022, greater increases in OAT utilisation were observed in inner regional areas (143 to 262 clients: +86%) compared with major cities, which increased by 33% from 2,044 clients in January 2013 to 2,708 in December 2022 (Figure 4, Table A3).

4.2.2. Socioeconomic status (IRSAD)

Across the decade in SA, trends in the distribution of OAT utilisation by socioeconomic status remained relatively consistent. Around 30% of the estimated number of OAT clients received OAT in the most disadvantaged areas (quintile 1) and 23-38% from the most advantaged areas (quintiles 4 and 5) (Table A4). From 2013 to 2022, rates of OAT use increased across all IRSAD quintiles, however the greatest increases in OAT use were observed in the third IRSAD quintile (+76%: 377 to 665 clients).



Figure 4. Number of OAT clients per month by remoteness (SA, 2013-2022).

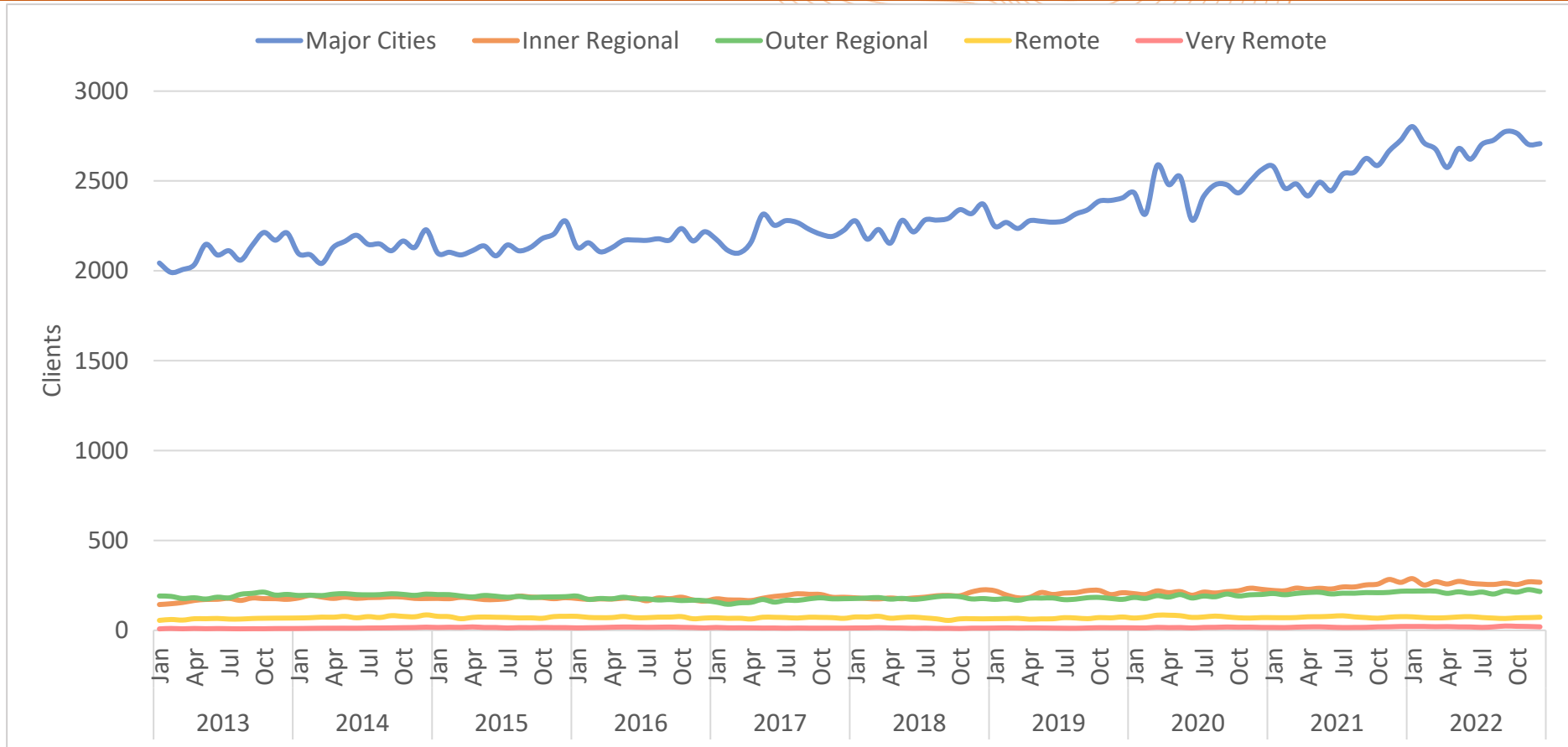
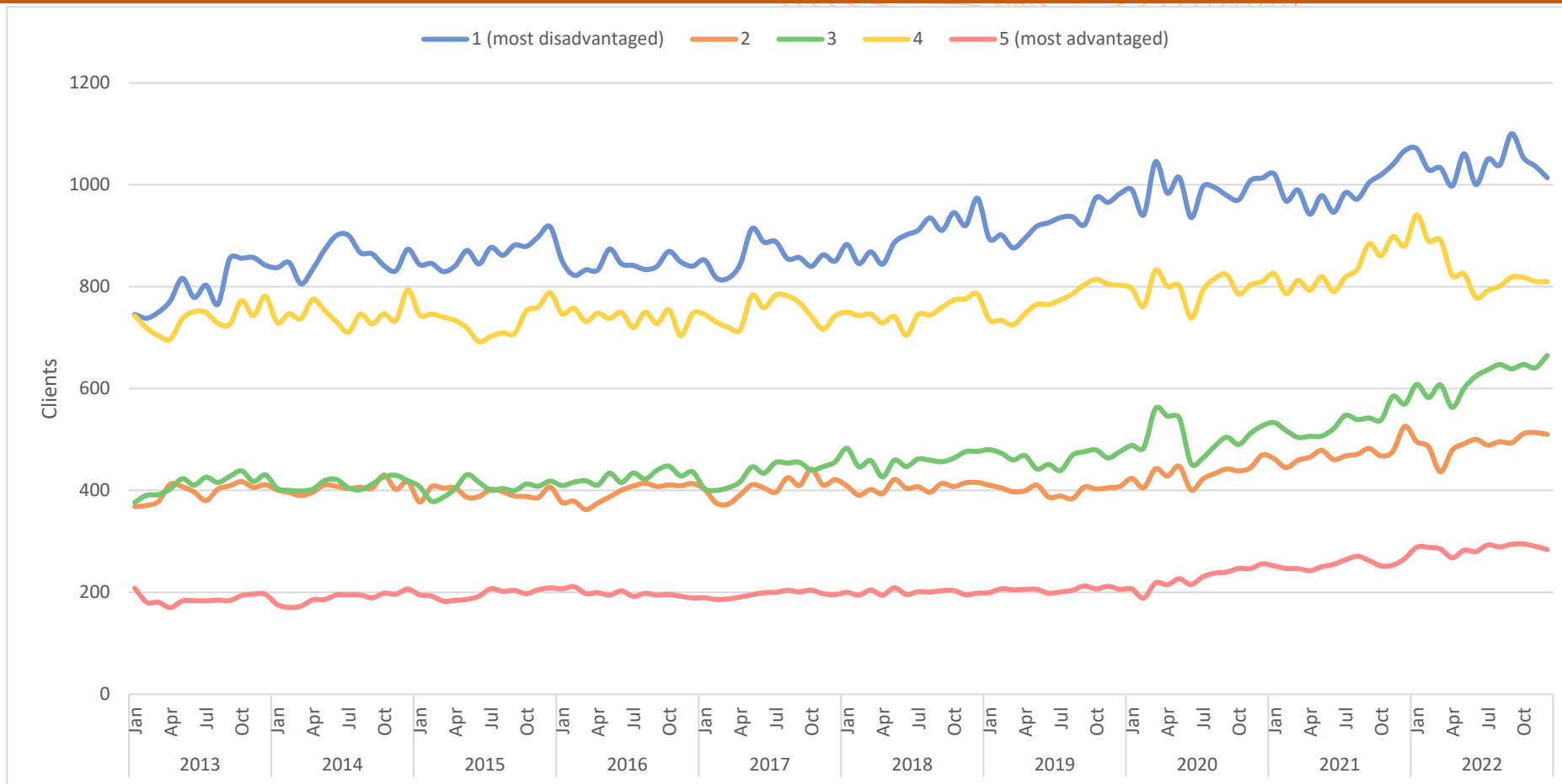




Figure 5. Number of OAT clients per month by IRSAD quintile (SA, 2013-2022).



IRSAD: Index of Relative Socioeconomic Advantage and Disadvantage

4.2.3. Setting

In SA, trends in the distribution of OAT utilisation by setting remained relatively consistent between 2013 and 2019, with some significant changes observed from 2020 to 2022. The majority (83-97%) of OAT in SA was accessed through community pharmacies, however, access from non-community pharmacy settings increased markedly since 2020. The estimated number of clients accessing OAT each month in community pharmacy increased by 17.7% from January 2013 (2,358 clients) to December 2020 (2,802 clients), remaining relatively stable to the end of 2022 (Figure 6). In contrast, the estimated number of clients accessing OAT in non-community pharmacy settings remained relatively stable from 2013 to 2019/2020, before increasing markedly (Figure 6, Table A5). At the beginning of the study period, less than 4% of clients accessed OAT from settings other than community pharmacy; between 2019 and 2022, this figure rose to 17%. This increase can be attributed to a substantial rise in the number of clients accessing OAT from clinics and medical centres (Table A5).

The distribution of medicines in the SA OAT program varied by setting (Figure 7, Table A6). From 2013 to 2019, the majority of clients accessing OAT in community pharmacy each month received methadone. In comparison, since mid-2020, the majority of clients accessing OAT in community pharmacy received buprenorphine (mainly SL) and the majority of clients attending clinics and medical centres received LAI buprenorphine. In December 2022 (Figure 7, Table A6):

- 2,723 clients accessed OAT from SA community pharmacies, of whom 1,299 (47.7%) received methadone, 1,320 (48.5%) SL buprenorphine and 104 (3.8%) LAI buprenorphine.
- 530 clients accessed OAT from SA clinics and medical centres, the vast majority of whom (94.7%) received LAI buprenorphine.



Figure 6. Number of OAT clients per month, by setting (SA, 2013-2022).

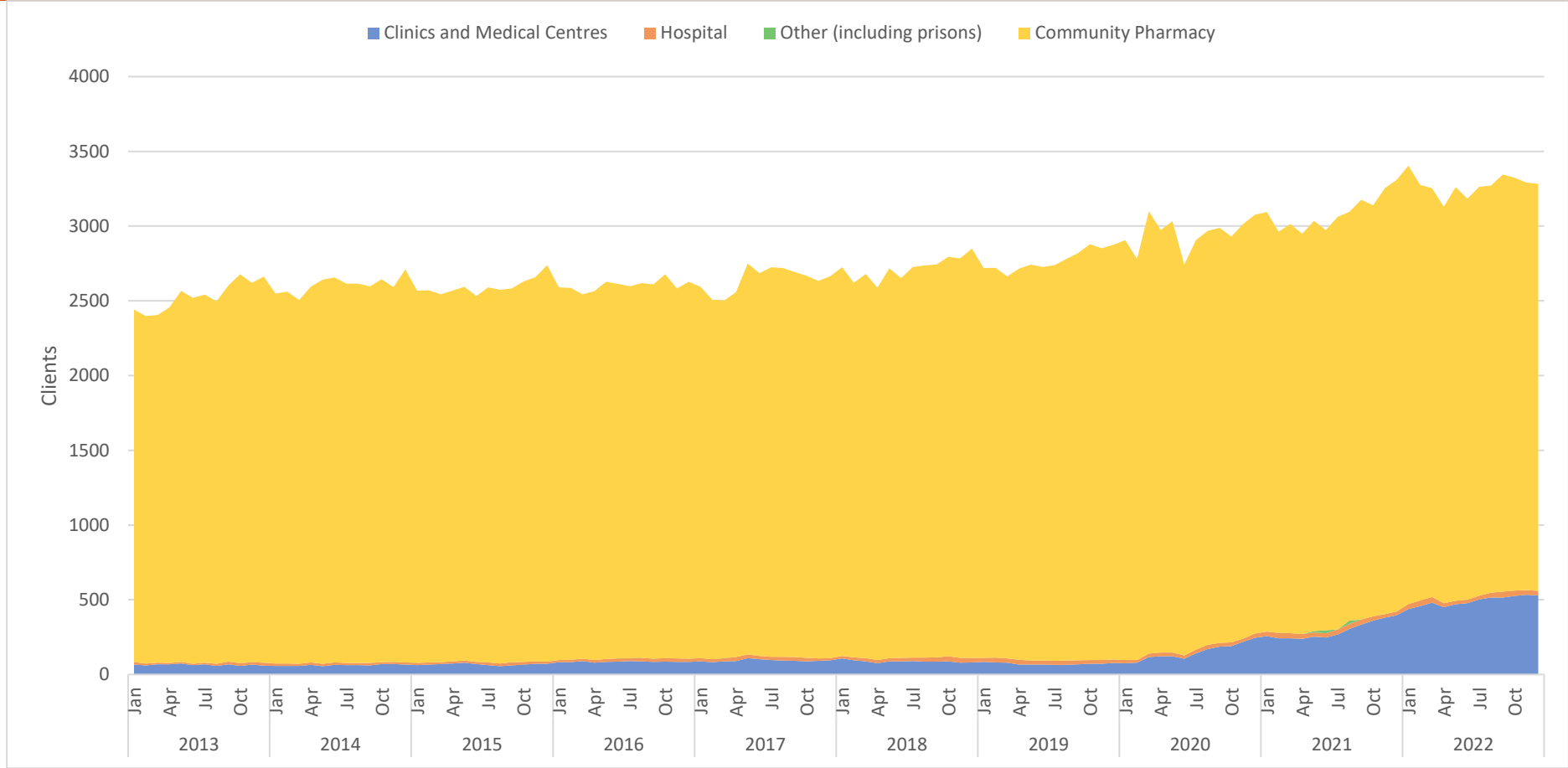
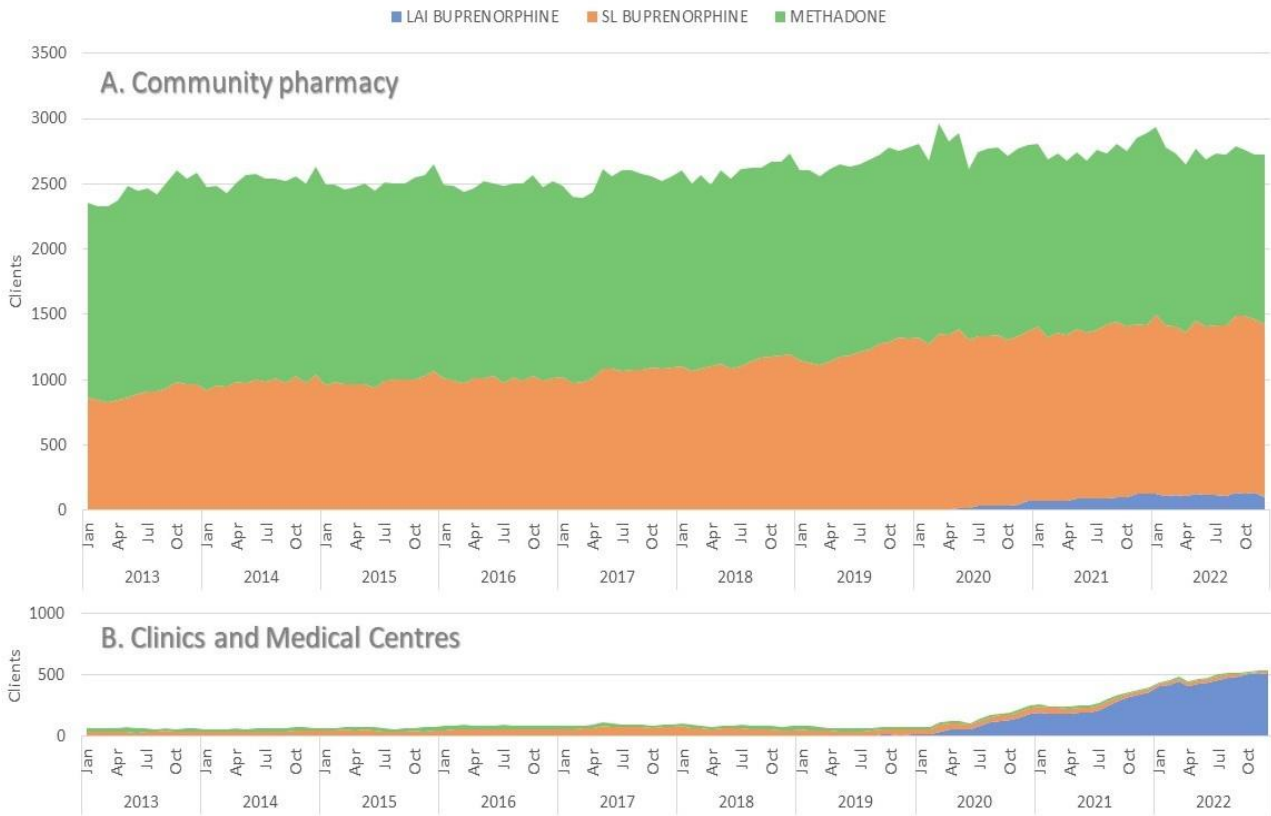
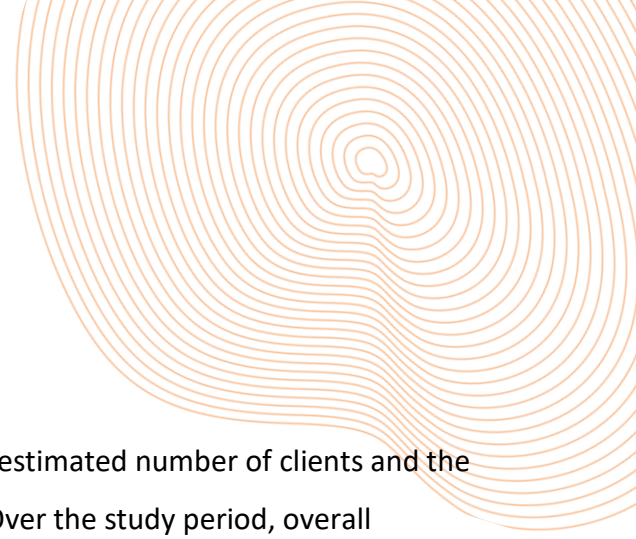




Figure 7. Number of OAT clients per month by medicine in: community pharmacy (A), hospitals (B), and other (including prisons) (C) (SA, 2013-2022).





5. Discussion

This report used monthly sales data to evaluate trends in the estimated number of clients and the types of OAT medicines used in SA between 2013 and 2022. Over the study period, overall utilisation of OAT in SA increased steadily, with a +31% estimated increase in the per-capita number of OAT clients. The pattern of OAT medicines used in SA changed over time with the most common medicine for OAT being methadone in 2013, and buprenorphine in 2022. Increases in OAT access were observed, particularly in settings other than community pharmacies, and in inner regional areas from early 2020 – coinciding with the introduction of LAI buprenorphine, the COVID-19 pandemic, and related interim OAT guidance and policies.

Importantly, this report demonstrates a substantial increase in the use of LAI buprenorphine for OAT in SA. Between September 2019 (the month LAI buprenorphine was PBS-listed) and December 2022, the estimated number of clients accessing LAI buprenorphine increased, eventually accounting for almost a fifth of all SA OAT clients. By the end of the study period (2022), almost all (95%) OAT clients at clinics and medical centres received LAI buprenorphine. This likely reflects the scale-up of LAI buprenorphine during the COVID-19 pandemic, which was used as a strategy to reduce exposure to infection, and help adhere with social distancing²⁰.

With this significant uptake of LAI buprenorphine, there has been a shift in the distribution of OAT, such that buprenorphine (incl. SL and LAI buprenorphine formulations) surpassed methadone as the most common OAT in SA in the most recent years of data capture. The estimated proportion of all OAT clients receiving buprenorphine increased from just over a third (37.3%) in January 2013 to three-fifths (59.8%) of all estimated OAT clients in December 2022. Given the estimated number of clients receiving methadone over the study period decreased, this finding aligns with previous reports that buprenorphine is increasingly the medicine most OAT clients initiate on in Australia³⁹.

The trends seen in this report largely align with the annual summaries from the NOPSAD collection, however the client estimates in this report are somewhat lower than those reported in NOPSAD²². At the beginning of the study period the estimated number of OAT clients in SA in this

report was 21% lower than the figure quoted by NOPSAD (June 2013: 2,521 clients vs 3,179 clients in NOPSAD) and by the end of the study period the client estimates in this report were 7% higher than NOPSAD (June 2022: 3,184 clients vs 2,972 clients in NOPSAD). While this report found increasing per-capita OAT use between 2013 and 2022, NOPSAD rates decreased. From 2013 to 2022, data indicate per capita OAT use in SA increased by +13% in this report (from 15 to 17 OAT clients per 10,000 population) and decreased by -16% (from 19 to 16 OAT clients per 10,000 population) according to the NOPSAD collection²². These differences may be explained by differences in the methods used for client ascertainment and changes in the patterns of OAT retention during the study period³⁹. NOPSAD collects data on clients receiving OAT on specific day/s per year, whereas the client estimates in this report are based on a conversion of packs sold into clients treated over a month, with the assumption that clients are retained in OAT over the full 28-day interval. As some attrition from OAT is expected, this report probably underestimates the total number of clients accessing OAT over the month. However, if OAT retention rates have improved over time³⁹ the potential for this source of underestimation would have diminished over the study time period.

In conclusion, the findings in this report suggest that in SA, changes in service organisation and delivery during COVID, as well as the introduction of LAI buprenorphine, improved access to OAT for people with opioid dependence, especially in settings other than community pharmacy and inner regional areas. It is yet to be determined if the increased utilisation is associated with net benefits or harms for people with opioid dependence. Future work on the overall costs and cost effectiveness of OAT would assist in future service planning.



6. Appendices

6.1. Mapping to postcodes

Data on sales to community pharmacy and hospitals were provided in ‘bricks’, which are geographic boundaries developed by IQVIA containing clusters of pharmacies, for medicine sales and distribution purposes across Australia. Data on sales to all other settings were provided at the Primary Health Network (PHN) level. Sales bricks and PHNs were mapped to postcodes.

6.2. Appendix Tables

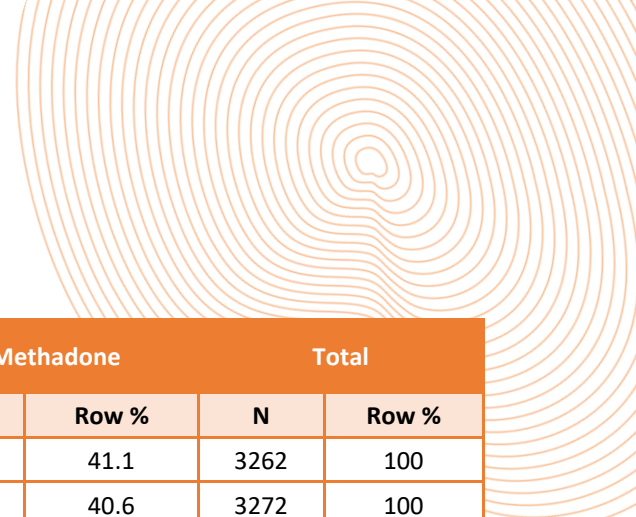
Table A1. Estimated number and proportion of OAT clients per month (SA, 2013-2022)

Time period	LAI Buprenorphine		SL Buprenorphine		Methadone		Total	
	n	Row %	n	Row %	n	Row %	N	Row %
2013								
January			909	37.3	1532	62.7	2441	100
February			878	36.6	1521	63.4	2399	100
March			869	36.1	1536	63.9	2404	100
April			885	36.0	1571	64.0	2455	100
May			910	35.5	1656	64.5	2567	100
June			930	36.9	1591	63.1	2521	100
July			950	37.4	1591	62.6	2542	100
August			950	38.0	1547	62.0	2497	100
September			990	38.0	1612	62.0	2602	100
October			1024	38.2	1654	61.8	2678	100
November			1014	38.7	1606	61.3	2620	100
December			1016	38.2	1645	61.8	2662	100
2014								
January			963	37.8	1585	62.2	2548	100
February			1006	39.3	1555	60.7	2561	100
March			992	39.6	1513	60.4	2505	100
April			1038	40.0	1557	60.0	2595	100
May			1027	38.9	1615	61.1	2642	100
June			1047	39.4	1609	60.6	2656	100
July			1031	39.4	1585	60.6	2616	100
August			1063	40.6	1552	59.4	2616	100

Time period	LAI Buprenorphine		SL Buprenorphine		Methadone		Total	
	n	Row %	n	Row %	n	Row %	N	Row %
September			1028	39.6	1569	60.4	2597	100
October			1080	40.9	1563	59.1	2643	100
November			1023	39.5	1570	60.5	2593	100
December			1093	40.3	1617	59.7	2710	100
2015								
January			1014	39.5	1554	60.5	2568	100
February			1038	40.4	1532	59.6	2571	100
March			1027	40.4	1517	59.6	2544	100
April			1021	39.8	1546	60.2	2568	100
May			1029	39.7	1565	60.3	2594	100
June			990	39.1	1543	60.9	2533	100
July			1042	40.2	1547	59.8	2589	100
August			1041	40.5	1533	59.5	2574	100
September			1055	40.9	1527	59.1	2582	100
October			1056	40.2	1574	59.8	2630	100
November			1084	40.8	1574	59.2	2658	100
December			1120	40.9	1619	59.1	2740	100
2016								
January			1069	41.3	1521	58.7	2590	100
February			1049	40.6	1537	59.4	2586	100
March			1038	40.8	1505	59.2	2544	100
April			1071	41.7	1495	58.3	2566	100
May			1078	41.0	1549	59.0	2627	100
June			1092	41.8	1522	58.2	2613	100
July			1049	40.4	1547	59.6	2596	100
August			1090	41.7	1528	58.3	2618	100
September			1070	41.0	1540	59.0	2610	100
October			1103	41.2	1575	58.8	2678	100
November			1069	41.4	1513	58.6	2583	100
December			1081	41.2	1546	58.8	2627	100
2017								
January			1090	42.1	1503	57.9	2593	100
February			1039	41.4	1470	58.6	2508	100
March			1056	42.2	1447	57.8	2503	100

Time period	LAI Buprenorphine		SL Buprenorphine		Methadone		Total	
	n	Row %	n	Row %	n	Row %	N	Row %
April			1094	42.8	1464	57.2	2558	100
May			1182	43.0	1568	57.0	2749	100
June			1167	43.5	1518	56.5	2684	100
July			1150	42.2	1574	57.8	2724	100
August			1164	42.8	1555	57.2	2719	100
September			1163	43.2	1528	56.8	2692	100
October			1177	44.1	1490	55.9	2668	100
November			1165	44.2	1469	55.8	2634	100
December			1180	44.3	1485	55.7	2665	100
2018								
January			1191	43.7	1533	56.3	2724	100
February			1152	44.0	1467	56.0	2620	100
March			1164	43.4	1516	56.6	2680	100
April			1171	45.2	1417	54.8	2588	100
May			1194	43.9	1524	56.1	2718	100
June			1158	43.6	1495	56.4	2653	100
July			1178	43.2	1549	56.8	2726	100
August			1209	44.2	1527	55.8	2736	100
September			1244	45.3	1499	54.7	2743	100
October			1250	44.7	1544	55.3	2794	100
November			1253	45.0	1530	55.0	2783	100
December			1259	44.2	1591	55.8	2850	100
2019								
January			1214	44.6	1505	55.4	2718	100
February			1196	44.0	1524	56.0	2721	100
March			1178	44.2	1485	55.8	2664	100
April			1200	44.2	1516	55.8	2716	100
May			1229	44.8	1513	55.2	2742	100
June			1242	45.5	1485	54.5	2727	100
July			1273	46.5	1465	53.5	2739	100
August			1289	46.4	1491	53.6	2780	100
September	18	0.6	1335	47.3	1479	52.4	2820*	100
October	15	0.5	1342	46.6	1525	53.0	2878*	100
November	16	0.6	1371	48.1	1464	51.3	2851	100

Time period	LAI Buprenorphine		SL Buprenorphine		Methadone		Total	
	n	Row %	n	Row %	n	Row %	N	Row %
December	16	0.6	1366	47.5	1494	51.9	2876	100
2020								
January	18	0.6	1375	47.3	1512	52.1	2905	100
February	19	0.7	1322	47.5	1440	51.8	2780	100
March	49	1.6	1407	45.4	1644	53.0	3100	100
April	65	2.2	1395	46.9	1514	50.9	2973	100
May	72	2.4	1431	47.2	1530	50.4	3033	100
June	81	3.0	1328	48.4	1334	48.6	2743	100
July	120	4.1	1353	46.6	1434	49.3	2907	100
August	154	5.2	1346	45.3	1469	49.5	2969	100
September	164	5.5	1360	45.5	1466	49.0	2989	100
October	170	5.8	1324	45.2	1437	49.0	2931	100
November	201	6.7	1339	44.4	1475	48.9	3015	100
December	254	8.3	1363	44.3	1459	47.4	3076	100
2021								
January	274	8.8	1389	44.9	1431	46.3	3094	100
February	262	8.8	1311	44.2	1391	46.9	2964	100
March	263	8.7	1344	44.6	1405	46.6	3013	100
April	266	9.0	1318	44.7	1366	46.3	2949	100
May	294	9.7	1347	44.4	1393	45.9	3034	100
June	307	10.3	1322	44.5	1345	45.2	2973	100
July	331	10.7	1338	43.4	1413	45.8	3082	100
August	365	11.8	1378	44.6	1345	43.6	3087	100
September	390	12.3	1393	43.9	1392	43.8	3176	100
October	420	13.4	1347	42.9	1372	43.7	3139	100
November	467	14.4	1344	41.3	1443	44.3	3254	100
December	488	14.7	1334	40.3	1487	44.9	3309	100
2022								
January	539	15.8	1412	41.5	1454	42.7	3405	100
February	536	16.4	1354	41.3	1386	42.3	3276	100
March	565	17.4	1334	41.0	1355	41.6	3254	100
April	529	16.9	1289	41.2	1312	41.9	3129	100
May	566	17.4	1358	41.6	1337	41.0	3261	100
June	553	17.4	1330	41.8	1301	40.9	3184	100



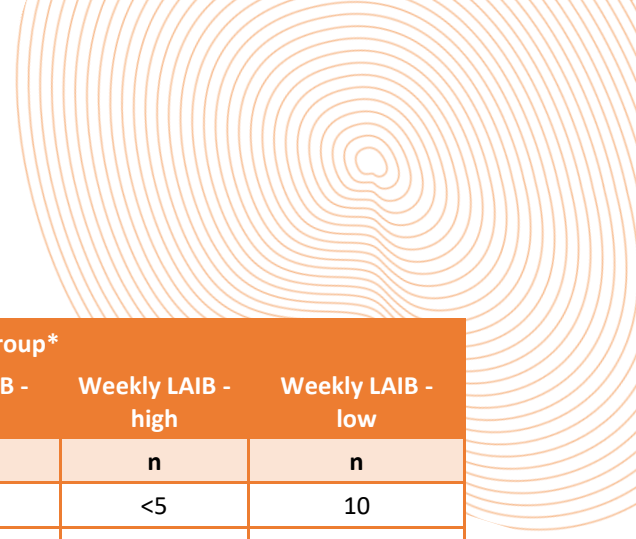
Time period	LAI Buprenorphine		SL Buprenorphine		Methadone		Total	
	n	Row %	n	Row %	n	Row %	N	Row %
July	582	17.8	1341	41.1	1340	41.1	3262	100
August	592	18.1	1351	41.3	1329	40.6	3272	100
September	638	19.1	1386	41.4	1322	39.5	3346	100
October	645	19.4	1389	41.8	1291	38.8	3325	100
November	664	20.2	1350	41.0	1278	38.8	3292	100
December	615	18.7	1350	41.1	1318	40.2	3283	100

LAI: Long acting injectable, SL: Sublingual

* Due to the calculation of 3 month moving averages the sum of the number of clients on individual OAT medicines does not tally up to the total number of clients on OAT for the first two months since launch of LAI buprenorphine (i.e., September and October 2019)

Table A2. Estimated number of LAI buprenorphine clients per month (SA, 2019-2022)

Time period	LAI Buprenorphine group*				
	Monthly LAIB - high	Monthly LAIB - medium	Monthly LAIB - low	Weekly LAIB - high	Weekly LAIB - low
	n	n	n	n	n
2019					
September		8	7	<5	<5
October		9	5	<5	
November		9	5		<5
December		11	<5		
2020					
January		13	5		
February		13	5	<5	
March	5	30	14	<5	<5
April	5	37	16	<5	5
May	7	38	16	5	6
June	12	37	20	5	7
July	29	53	28	<5	7
August	30	75	44	<5	6
September	30	85	46	<5	<5
October	17	84	64	<5	5
November	20	99	71	<5	9
December	27	116	96	<5	12
2021					

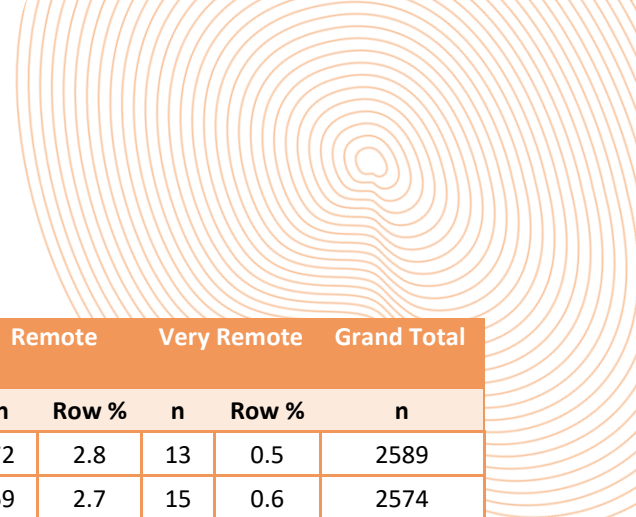


LAI Buprenorphine group*					
Time period	Monthly LAIB - high	Monthly LAIB - medium	Monthly LAIB - low	Weekly LAIB - high	Weekly LAIB - low
	n	n	n	n	n
January	27	133	99	<5	10
February	22	129	97	<5	9
March	24	131	95	5	8
April	26	140	88	5	8
May	31	151	100	5	7
June	32	158	105	<5	7
July	36	167	112	6	9
August	38	194	114	7	11
September	29	217	120	11	13
October	29	251	117	10	13
November	26	270	145	12	15
December	18	291	153	11	15
2022					
January		309	195	12	16
February	10	306	203	10	14
March	20	317	205	9	15
April	31	288	186	11	14
May	53	313	172	13	16
June	48	304	169	15	17
July	47	327	178	14	15
August	39	323	199	14	16
September	38	333	236	13	18
October	48	308	249	18	22
November	58	299	264	20	24
December	68	279	226	20	23

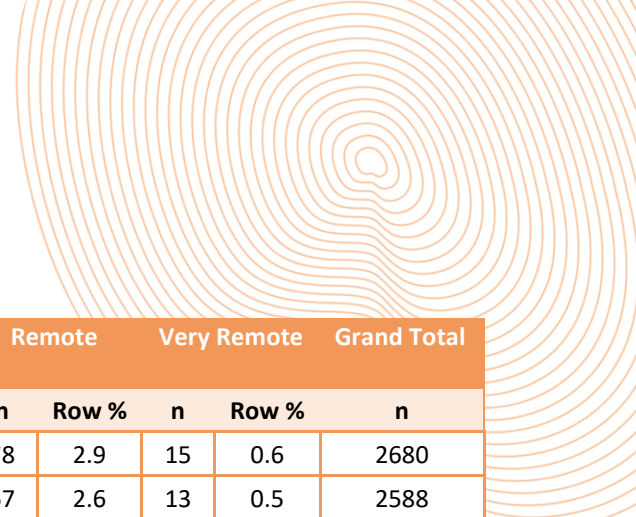
* LAIB groups are defined in Table 1

Table A3. Estimated OAT clients per month by remoteness (SA, 2013-2022)

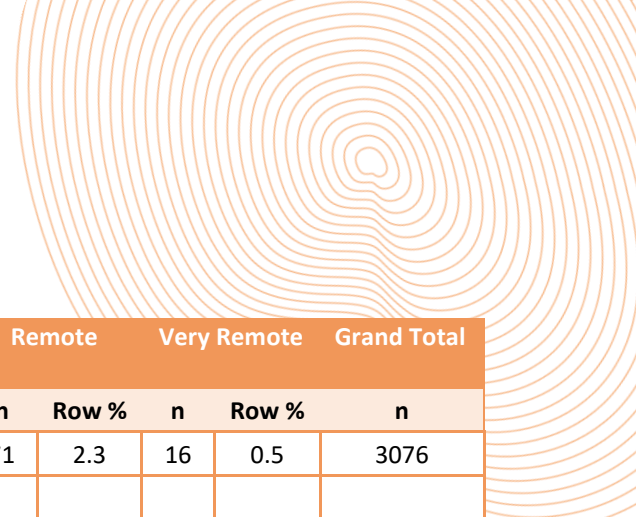
Time period	Major Cities		Inner Regional		Outer Regional		Remote		Very Remote		Grand Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	
2013											
January	2044	83.7	143	5.9	191	7.8	55	2.3	8	0.3	2441
February	1992	83.0	148	6.2	189	7.9	60	2.5	10	0.4	2399
March	2007	83.5	155	6.4	177	7.4	57	2.4	8	0.4	2404
April	2034	82.8	166	6.8	181	7.4	64	2.6	10	0.4	2455
May	2147	83.7	172	6.7	174	6.8	64	2.5	9	0.3	2567
June	2088	82.8	173	6.8	184	7.3	66	2.6	10	0.4	2521
July	2112	83.1	178	7.0	181	7.1	63	2.5	9	0.4	2542
August	2059	82.5	166	6.7	200	8.0	63	2.5	8	0.3	2497
September	2142	82.3	180	6.9	206	7.9	66	2.5	9	0.3	2602
October	2214	82.7	176	6.6	212	7.9	67	2.5	9	0.3	2678
November	2171	82.8	176	6.7	196	7.5	68	2.6	10	0.4	2620
December	2211	83.1	172	6.5	200	7.5	68	2.6	10	0.4	2662
2014											
January	2096	82.2	180	7.1	194	7.6	69	2.7	10	0.4	2548
February	2090	81.6	194	7.6	196	7.6	70	2.7	11	0.4	2561
March	2041	81.5	185	7.4	193	7.7	73	2.9	12	0.5	2505
April	2131	82.1	177	6.8	201	7.8	73	2.8	12	0.5	2595
May	2164	81.9	184	7.0	204	7.7	78	2.9	12	0.5	2642
June	2198	82.7	178	6.7	199	7.5	70	2.6	12	0.4	2656
July	2147	82.1	182	7.0	197	7.6	76	2.9	13	0.5	2616
August	2150	82.2	183	7.0	198	7.6	71	2.7	13	0.5	2616
September	2112	81.3	186	7.2	203	7.8	82	3.1	14	0.5	2597
October	2166	82.0	185	7.0	200	7.6	78	2.9	15	0.6	2643
November	2130	82.1	177	6.8	195	7.5	75	2.9	16	0.6	2593
December	2228	82.2	177	6.5	202	7.4	86	3.2	18	0.6	2710
2015											
January	2098	81.7	177	6.9	199	7.7	78	3.0	16	0.6	2568
February	2103	81.8	176	6.8	198	7.7	76	3.0	17	0.7	2571
March	2089	82.1	183	7.2	191	7.5	65	2.5	17	0.6	2544
April	2113	82.3	179	7.0	186	7.2	72	2.8	19	0.7	2568
May	2139	82.5	171	6.6	194	7.5	74	2.9	16	0.6	2594
June	2083	82.3	171	6.8	190	7.5	73	2.9	16	0.6	2533



Time period	Major Cities		Inner Regional		Outer Regional		Remote		Very Remote		Grand Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	n
July	2144	82.8	176	6.8	184	7.1	72	2.8	13	0.5	2589
August	2111	82.0	190	7.4	189	7.3	69	2.7	15	0.6	2574
September	2131	82.5	185	7.2	182	7.1	69	2.7	15	0.6	2582
October	2180	82.9	182	6.9	185	7.0	67	2.5	16	0.6	2630
November	2205	82.9	176	6.6	186	7.0	76	2.9	15	0.6	2658
December	2278	83.1	181	6.6	187	6.8	78	2.8	15	0.6	2740
2016											
January	2131	82.3	177	6.8	190	7.4	78	3.0	14	0.5	2590
February	2156	83.4	172	6.7	172	6.6	72	2.8	14	0.6	2586
March	2106	82.8	175	6.9	177	7.0	70	2.8	15	0.6	2544
April	2129	83.0	174	6.8	175	6.8	71	2.8	17	0.7	2566
May	2169	82.6	179	6.8	184	7.0	77	2.9	18	0.7	2627
June	2171	83.1	179	6.8	175	6.7	70	2.7	18	0.7	2613
July	2170	83.6	164	6.3	175	6.7	70	2.7	17	0.6	2596
August	2179	83.2	180	6.9	169	6.4	73	2.8	17	0.7	2618
September	2171	83.2	176	6.7	171	6.5	74	2.8	18	0.7	2610
October	2235	83.5	184	6.9	166	6.2	76	2.8	17	0.6	2678
November	2166	83.9	169	6.5	168	6.5	64	2.5	15	0.6	2583
December	2218	84.4	162	6.2	165	6.3	68	2.6	13	0.5	2627
2017											
January	2175	83.9	175	6.8	157	6.1	70	2.7	16	0.6	2593
February	2114	84.3	169	6.8	145	5.8	67	2.7	14	0.6	2508
March	2100	83.9	168	6.7	153	6.1	67	2.7	14	0.6	2503
April	2160	84.4	166	6.5	156	6.1	63	2.5	14	0.5	2558
May	2314	84.2	178	6.5	171	6.2	73	2.6	13	0.5	2749
June	2253	83.9	188	7.0	157	5.8	72	2.7	13	0.5	2684
July	2279	83.7	195	7.1	167	6.1	71	2.6	12	0.4	2724
August	2268	83.4	203	7.5	166	6.1	68	2.5	13	0.5	2719
September	2231	82.9	200	7.4	175	6.5	73	2.7	12	0.5	2692
October	2204	82.6	199	7.5	181	6.8	72	2.7	12	0.5	2668
November	2192	83.2	184	7.0	175	6.6	71	2.7	12	0.5	2634
December	2226	83.5	184	6.9	176	6.6	67	2.5	12	0.5	2665
2018											
January	2278	83.6	181	6.6	177	6.5	75	2.7	13	0.5	2724
February	2176	83.1	177	6.7	180	6.9	74	2.8	13	0.5	2620



Time period	Major Cities		Inner Regional		Outer Regional		Remote		Very Remote		Grand Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	
March	2230	83.2	175	6.5	182	6.8	78	2.9	15	0.6	2680
April	2154	83.2	180	7.0	173	6.7	67	2.6	13	0.5	2588
May	2281	83.9	176	6.5	178	6.5	71	2.6	13	0.5	2718
June	2217	83.5	180	6.8	172	6.5	73	2.8	11	0.4	2653
July	2283	83.7	184	6.8	178	6.5	69	2.5	12	0.4	2726
August	2282	83.4	192	7.0	187	6.8	64	2.3	11	0.4	2736
September	2292	83.6	194	7.1	191	7.0	55	2.0	11	0.4	2743
October	2340	83.8	192	6.9	187	6.7	64	2.3	10	0.4	2794
November	2318	83.3	213	7.7	175	6.3	65	2.3	12	0.4	2783
December	2372	83.2	225	7.9	177	6.2	64	2.2	12	0.4	2850
2019											
January	2248	82.7	220	8.1	172	6.3	65	2.4	13	0.5	2718
February	2269	83.4	197	7.2	175	6.4	65	2.4	14	0.5	2721
March	2236	83.9	181	6.8	167	6.3	67	2.5	13	0.5	2664
April	2279	83.9	183	6.7	179	6.6	62	2.3	13	0.5	2716
May	2276	83.0	210	7.7	179	6.5	64	2.3	13	0.5	2742
June	2271	83.3	199	7.3	180	6.6	64	2.4	13	0.5	2727
July	2279	83.2	207	7.6	171	6.2	70	2.6	12	0.4	2739
August	2317	83.3	210	7.5	173	6.2	68	2.5	12	0.4	2780
September	2340	83.0	221	7.8	182	6.4	65	2.3	13	0.5	2820
October	2388	83.0	222	7.7	183	6.4	71	2.5	15	0.5	2878
November	2392	83.9	199	7.0	177	6.2	69	2.4	14	0.5	2851
December	2406	83.7	209	7.3	172	6.0	74	2.6	14	0.5	2876
2020											
January	2436	83.8	204	7.0	183	6.3	69	2.4	14	0.5	2905
February	2317	83.3	199	7.2	177	6.4	73	2.6	13	0.5	2780
March	2587	83.5	219	7.1	193	6.2	84	2.7	17	0.5	3100
April	2480	83.4	209	7.0	185	6.2	84	2.8	15	0.5	2973
May	2522	83.2	215	7.1	199	6.6	81	2.7	16	0.5	3033
June	2282	83.2	195	7.1	180	6.6	72	2.6	13	0.5	2743
July	2413	83.0	213	7.3	191	6.6	74	2.6	16	0.6	2907
August	2479	83.5	208	7.0	187	6.3	79	2.7	17	0.6	2969
September	2479	82.9	215	7.2	202	6.8	75	2.5	18	0.6	2989
October	2434	83.0	220	7.5	191	6.5	70	2.4	17	0.6	2931
November	2498	82.8	234	7.8	198	6.6	68	2.3	18	0.6	3015



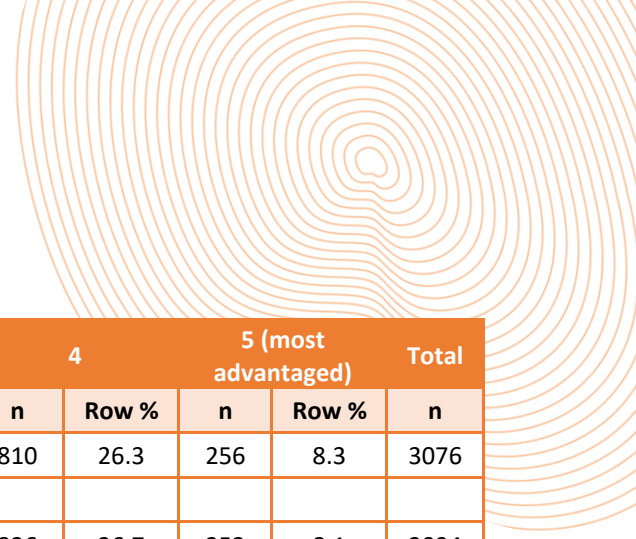
Time period	Major Cities		Inner Regional		Outer Regional		Remote		Very Remote		Grand Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	n
December	2562	83.3	228	7.4	199	6.5	71	2.3	16	0.5	3076
2021											
January	2581	83.4	222	7.2	205	6.6	70	2.3	16	0.5	3094
February	2460	83.0	220	7.4	198	6.7	70	2.4	15	0.5	2964
March	2484	82.4	235	7.8	205	6.8	71	2.4	18	0.6	3013
April	2417	81.9	228	7.7	210	7.1	75	2.6	19	0.6	2949
May	2493	82.2	234	7.7	212	7.0	76	2.5	19	0.6	3034
June	2446	82.3	230	7.7	202	6.8	78	2.6	17	0.6	2973
July	2538	82.3	241	7.8	207	6.7	81	2.6	16	0.5	3082
August	2549	82.6	241	7.8	206	6.7	75	2.4	16	0.5	3087
September	2625	82.7	253	8.0	210	6.6	71	2.2	17	0.5	3176
October	2586	82.4	257	8.2	209	6.7	67	2.1	19	0.6	3139
November	2667	82.0	283	8.7	211	6.5	73	2.2	19	0.6	3254
December	2727	82.4	267	8.1	218	6.6	76	2.3	21	0.6	3309
2022											
January	2803	82.3	287	8.4	218	6.4	75	2.2	21	0.6	3405
February	2713	82.8	252	7.7	219	6.7	71	2.2	21	0.6	3276
March	2677	82.3	270	8.3	218	6.7	69	2.1	20	0.6	3254
April	2575	82.3	258	8.2	206	6.6	70	2.2	21	0.7	3129
May	2681	82.2	272	8.4	214	6.6	75	2.3	19	0.6	3261
June	2621	82.3	262	8.2	206	6.5	76	2.4	19	0.6	3184
July	2704	82.9	257	7.9	213	6.5	71	2.2	16	0.5	3262
August	2727	83.4	255	7.8	202	6.2	68	2.1	19	0.6	3272
September	2775	82.9	263	7.8	219	6.5	66	2.0	24	0.7	3346
October	2766	83.2	255	7.7	212	6.4	70	2.1	22	0.7	3325
November	2704	82.1	270	8.2	226	6.9	71	2.1	21	0.6	3292
December	2708	82.5	267	8.1	216	6.6	73	2.2	19	0.6	3283

Table A4. Estimated OAT clients per month by IRSAD quintile (SA, 2013-2022)

Time period	1 (most disadvantaged)		2		3		4		5 (most advantaged)		Total n
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	
2013											
January	746	30.5	368	15.1	377	15.4	743	30.4	208	8.5	2441
February	738	30.8	371	15.4	390	16.3	719	30.0	181	7.5	2399
March	750	31.2	379	15.7	392	16.3	703	29.3	180	7.5	2404
April	772	31.5	413	16.8	403	16.4	697	28.4	170	6.9	2455
May	816	31.8	407	15.9	423	16.5	737	28.7	183	7.1	2567
June	779	30.9	397	15.7	410	16.3	751	29.8	184	7.3	2521
July	803	31.6	380	15.0	426	16.8	749	29.5	183	7.2	2542
August	766	30.7	403	16.1	416	16.6	728	29.2	185	7.4	2497
September	856	32.9	409	15.7	428	16.4	726	27.9	184	7.1	2602
October	856	32.0	418	15.6	438	16.4	773	28.9	194	7.2	2678
November	857	32.7	406	15.5	417	15.9	743	28.4	197	7.5	2620
December	842	31.6	411	15.4	430	16.2	781	29.4	196	7.4	2662
2014											
January	838	32.9	401	15.7	404	15.9	730	28.6	176	6.9	2548
February	847	33.1	396	15.5	400	15.6	747	29.2	170	6.7	2561
March	806	32.2	390	15.6	399	15.9	737	29.4	173	6.9	2505
April	835	32.2	397	15.3	403	15.5	775	29.9	185	7.1	2595
May	873	33.0	411	15.6	420	15.9	753	28.5	186	7.0	2642
June	901	33.9	408	15.4	421	15.9	731	27.5	195	7.3	2656
July	901	34.4	404	15.4	405	15.5	711	27.2	195	7.5	2616
August	867	33.1	406	15.5	401	15.3	746	28.5	195	7.4	2616
September	864	33.3	404	15.6	412	15.9	727	28.0	189	7.3	2597
October	841	31.8	430	16.3	427	16.1	747	28.3	198	7.5	2643
November	831	32.1	402	15.5	430	16.6	733	28.3	196	7.6	2593
December	873	32.2	418	15.4	419	15.5	794	29.3	206	7.6	2710
2015											
January	843	32.8	378	14.7	408	15.9	745	29.0	195	7.6	2568
February	846	32.9	407	15.8	379	14.7	746	29.0	193	7.5	2571
March	830	32.6	405	15.9	387	15.2	740	29.1	183	7.2	2544
April	841	32.8	405	15.8	404	15.7	734	28.6	184	7.2	2568
May	871	33.6	386	14.9	431	16.6	719	27.7	186	7.2	2594
June	845	33.3	388	15.3	416	16.4	692	27.3	192	7.6	2533

Time period	1 (most disadvantaged)		2		3		4		5 (most advantaged)		Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	
July	877	33.9	402	15.5	400	15.5	703	27.1	207	8.0	2589
August	862	33.5	397	15.4	404	15.7	709	27.6	202	7.8	2574
September	882	34.1	389	15.1	400	15.5	708	27.4	204	7.9	2582
October	879	33.4	388	14.8	413	15.7	753	28.6	197	7.5	2630
November	898	33.8	386	14.5	408	15.4	760	28.6	205	7.7	2658
December	918	33.5	407	14.8	418	15.3	788	28.8	209	7.6	2740
2016											
January	851	32.8	376	14.5	410	15.8	747	28.8	207	8.0	2590
February	822	31.8	379	14.7	416	16.1	758	29.3	211	8.2	2586
March	833	32.7	362	14.2	419	16.5	732	28.8	198	7.8	2544
April	833	32.5	375	14.6	411	16.0	748	29.2	199	7.8	2566
May	874	33.3	387	14.7	434	16.5	738	28.1	195	7.4	2627
June	845	32.3	400	15.3	416	15.9	750	28.7	203	7.8	2613
July	842	32.4	408	15.7	434	16.7	720	27.7	192	7.4	2596
August	834	31.8	414	15.8	422	16.1	750	28.6	198	7.6	2618
September	840	32.2	408	15.6	440	16.8	728	27.9	195	7.5	2610
October	869	32.5	411	15.3	448	16.7	755	28.2	196	7.3	2678
November	848	32.9	409	15.8	429	16.6	704	27.3	192	7.4	2583
December	840	32.0	413	15.7	437	16.6	747	28.5	189	7.2	2627
2017											
January	852	32.9	402	15.5	403	15.6	746	28.8	189	7.3	2593
February	817	32.6	375	15.0	400	16.0	730	29.1	186	7.4	2508
March	817	32.6	373	14.9	405	16.2	720	28.8	187	7.5	2503
April	844	33.0	391	15.3	417	16.3	715	28.0	191	7.5	2558
May	914	33.2	411	15.0	446	16.2	783	28.5	195	7.1	2749
June	888	33.1	405	15.1	434	16.2	759	28.3	199	7.4	2684
July	888	32.6	397	14.6	455	16.7	784	28.8	200	7.3	2724
August	855	31.4	425	15.6	454	16.7	782	28.8	204	7.5	2719
September	857	31.8	410	15.2	455	16.9	769	28.6	201	7.5	2692
October	840	31.5	442	16.6	440	16.5	742	27.8	204	7.7	2668
November	862	32.7	410	15.6	447	17.0	717	27.2	197	7.5	2634
December	850	31.9	421	15.8	456	17.1	742	27.9	195	7.3	2665
2018											
January	883	32.4	409	15.0	483	17.7	750	27.5	200	7.3	2724
February	845	32.3	391	14.9	446	17.0	743	28.4	195	7.4	2620

Time period	1 (most disadvantaged)		2		3		4		5 (most advantaged)		Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	
March	868	32.4	402	15.0	459	17.1	746	27.8	205	7.6	2680
April	844	32.6	394	15.2	426	16.5	729	28.2	194	7.5	2588
May	887	32.6	422	15.5	459	16.9	741	27.3	209	7.7	2718
June	902	34.0	404	15.2	447	16.8	705	26.6	196	7.4	2653
July	911	33.4	407	14.9	462	16.9	746	27.3	201	7.4	2726
August	935	34.2	397	14.5	459	16.8	745	27.2	201	7.3	2736
September	910	33.2	414	15.1	456	16.6	759	27.7	203	7.4	2743
October	945	33.8	408	14.6	463	16.6	774	27.7	204	7.3	2794
November	920	33.1	415	14.9	476	17.1	776	27.9	195	7.0	2783
December	974	34.2	416	14.6	477	16.7	785	27.6	198	7.0	2850
2019											
January	894	32.9	410	15.1	480	17.7	735	27.0	199	7.3	2718
February	902	33.1	405	14.9	473	17.4	734	27.0	207	7.6	2721
March	876	32.9	397	14.9	460	17.3	725	27.2	205	7.7	2664
April	895	33.0	399	14.7	468	17.2	747	27.5	206	7.6	2716
May	919	33.5	410	15.0	442	16.1	765	27.9	206	7.5	2742
June	926	33.9	387	14.2	451	16.5	765	28.1	198	7.3	2727
July	936	34.2	389	14.2	439	16.0	774	28.3	201	7.3	2739
August	937	33.7	384	13.8	469	16.9	786	28.3	204	7.3	2780
September	921	32.7	407	14.4	476	16.9	804	28.5	212	7.5	2820
October	975	33.9	403	14.0	479	16.7	814	28.3	207	7.2	2878
November	966	33.9	405	14.2	464	16.3	805	28.2	212	7.4	2851
December	983	34.2	408	14.2	476	16.6	803	27.9	206	7.2	2876
2020											
January	991	34.1	423	14.6	488	16.8	796	27.4	207	7.1	2905
February	941	33.8	405	14.6	483	17.4	762	27.4	189	6.8	2780
March	1045	33.7	443	14.3	561	18.1	832	26.9	219	7.1	3100
April	984	33.1	428	14.4	546	18.4	800	26.9	215	7.2	2973
May	1015	33.5	447	14.8	542	17.9	802	26.4	227	7.5	3033
June	936	34.1	401	14.6	452	16.5	738	26.9	215	7.9	2743
July	997	34.3	423	14.5	464	16.0	793	27.3	231	7.9	2907
August	995	33.5	433	14.6	487	16.4	816	27.5	238	8.0	2969
September	979	32.8	442	14.8	505	16.9	823	27.5	240	8.0	2989
October	970	33.1	438	15.0	490	16.7	786	26.8	247	8.4	2931
November	1008	33.4	445	14.7	512	17.0	804	26.7	247	8.2	3015



Time period	1 (most disadvantaged)		2		3		4		5 (most advantaged)		Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	
December	1013	32.9	470	15.3	527	17.1	810	26.3	256	8.3	3076
2021											
January	1021	33.0	462	14.9	533	17.2	826	26.7	252	8.1	3094
February	968	32.7	445	15.0	518	17.5	786	26.5	247	8.3	2964
March	990	32.9	459	15.2	504	16.7	813	27.0	247	8.2	3013
April	942	31.9	465	15.8	506	17.2	793	26.9	243	8.2	2949
May	979	32.3	479	15.8	507	16.7	820	27.0	250	8.2	3034
June	946	31.8	460	15.5	521	17.5	790	26.6	255	8.6	2973
July	984	31.9	468	15.2	547	17.8	819	26.6	264	8.6	3082
August	972	31.5	471	15.3	539	17.5	834	27.0	271	8.8	3087
September	1004	31.6	482	15.2	542	17.1	884	27.8	262	8.3	3176
October	1020	32.5	468	14.9	539	17.2	861	27.4	252	8.0	3139
November	1040	32.0	477	14.7	585	18.0	899	27.6	253	7.8	3254
December	1067	32.2	526	15.9	570	17.2	880	26.6	266	8.1	3309
2022											
January	1071	31.5	496	14.6	608	17.9	941	27.6	288	8.5	3405
February	1030	31.4	486	14.8	582	17.8	890	27.2	288	8.8	3276
March	1033	31.8	437	13.4	607	18.7	892	27.4	285	8.8	3254
April	998	31.9	479	15.3	563	18.0	821	26.2	268	8.6	3129
May	1061	32.5	491	15.1	601	18.4	825	25.3	283	8.7	3261
June	1001	31.4	500	15.7	624	19.6	778	24.4	280	8.8	3184
July	1050	32.2	489	15.0	637	19.5	793	24.3	293	9.0	3262
August	1039	31.8	496	15.1	647	19.8	801	24.5	289	8.8	3272
September	1100	32.9	494	14.8	639	19.1	819	24.5	294	8.8	3346
October	1053	31.7	511	15.4	647	19.5	818	24.6	295	8.9	3325
November	1037	31.5	514	15.6	641	19.5	810	24.6	290	8.8	3292
December	1014	30.9	510	15.5	665	20.3	810	24.7	284	8.7	3283

IRSAD: Index of Relative Socioeconomic Advantage and Disadvantage

*Australia Bureau of Statistics. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016. ABS: Canberra; 2018.

Table A5. Estimated OAT clients per month by setting (SA, 2013-2022)

Time period	Community Pharmacy		Hospital		Clinics and Medical Centres		Other (incl. prisons)		Total n
	n	Row %	n	Row %	n	Row %	n	Row %	
2013									
January	2358	96.6	17	0.7	66	2.7			2441
February	2325	96.9	12	0.5	61	2.6			2399
March	2325	96.7	12	0.5	68	2.8			2404
April	2378	96.9	10	0.4	68	2.8			2455
May	2482	96.7	11	0.4	74	2.9			2567
June	2448	97.1	10	0.4	63	2.5			2521
July	2462	96.9	11	0.4	68	2.7			2542
August	2424	97.1	15	0.6	57	2.3			2497
September	2516	96.7	18	0.7	68	2.6			2602
October	2603	97.2	18	0.7	57	2.1			2678
November	2537	96.8	16	0.6	66	2.5			2620
December	2583	97.1	18	0.7	60	2.3			2662
2014									
January	2475	97.1	17	0.7	57	2.2			2548
February	2487	97.1	16	0.6	58	2.3			2561
March	2433	97.2	14	0.5	58	2.3			2505
April	2514	96.9	16	0.6	64	2.5			2595
May	2571	97.3	16	0.6	56	2.1			2642
June	2576	97.0	15	0.6	65	2.5			2656
July	2538	97.0	14	0.6	63	2.4			2616
August	2539	97.1	14	0.5	63	2.4			2616
September	2520	97.1	15	0.6	61	2.4			2597
October	2560	96.8	14	0.5	70	2.6			2643
November	2508	96.7	15	0.6	70	2.7			2593
December	2628	97.0	15	0.6	67	2.5			2710
2015									
January	2491	97.0	15	0.6	63	2.4			2568
February	2490	96.9	13	0.5	67	2.6			2571
March	2461	96.7	12	0.5	71	2.8			2544
April	2479	96.6	14	0.6	74	2.9			2568
May	2499	96.4	15	0.6	79	3.0			2594
June	2448	96.6	15	0.6	70	2.8			2533

Time period	Community Pharmacy		Hospital		Clinics and Medical Centres		Other (incl. prisons)		Total
	n	Row %	n	Row %	n	Row %	n	Row %	n
July	2509	96.9	17	0.7	63	2.4			2589
August	2500	97.1	19	0.7	56	2.2			2574
September	2500	96.8	21	0.8	61	2.4			2582
October	2546	96.8	18	0.7	67	2.5			2630
November	2570	96.7	16	0.6	72	2.7			2658
December	2653	96.8	15	0.6	72	2.6			2740
2016									
January	2493	96.3	14	0.5	83	3.2			2590
February	2488	96.2	16	0.6	83	3.2			2586
March	2437	95.8	16	0.6	90	3.6			2544
April	2468	96.2	18	0.7	80	3.1			2566
May	2524	96.1	19	0.7	85	3.2			2627
June	2506	95.9	22	0.8	86	3.3			2613
July	2486	95.8	21	0.8	89	3.4			2596
August	2507	95.8	22	0.8	89	3.4			2618
September	2503	95.9	21	0.8	85	3.3			2610
October	2570	95.9	23	0.8	86	3.2			2678
November	2475	95.8	23	0.9	85	3.3			2583
December	2521	96.0	22	0.8	84	3.2			2627
2017									
January	2484	95.8	20	0.8	89	3.4			2593
February	2406	95.9	20	0.8	82	3.3			2508
March	2394	95.6	21	0.9	88	3.5			2503
April	2441	95.4	26	1.0	90	3.5			2558
May	2615	95.1	25	0.9	110	4.0			2749
June	2560	95.4	22	0.8	103	3.8			2684
July	2606	95.7	21	0.8	98	3.6			2724
August	2602	95.7	24	0.9	94	3.4			2719
September	2574	95.6	25	0.9	92	3.4			2692
October	2556	95.8	23	0.9	89	3.3			2668
November	2525	95.9	16	0.6	92	3.5			2634
December	2554	95.9	14	0.5	96	3.6			2665
2018									
January	2601	95.5	16	0.6	107	3.9			2724

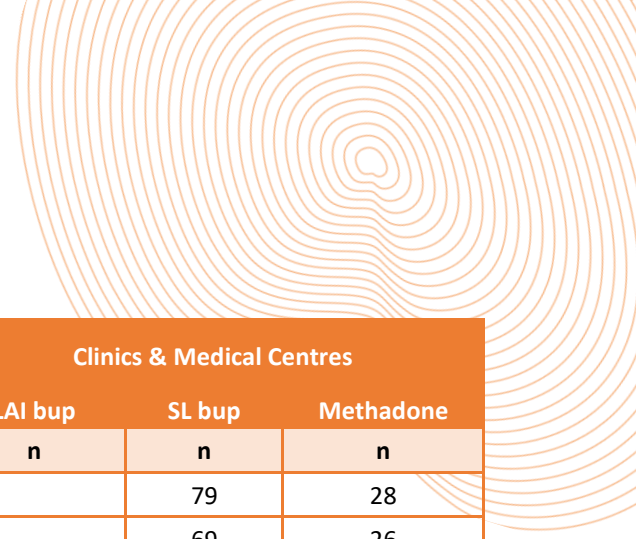
Time period	Community Pharmacy		Hospital		Clinics and Medical Centres		Other (incl. prisons)		Total
	n	Row %	n	Row %	n	Row %	n	Row %	n
February	2505	95.6	20	0.8	95	3.6			2620
March	2569	95.9	22	0.8	88	3.3			2680
April	2491	96.3	22	0.8	75	2.9			2588
May	2609	96.0	21	0.8	88	3.2			2718
June	2542	95.8	23	0.9	88	3.3			2653
July	2612	95.8	23	0.9	91	3.3			2726
August	2623	95.8	27	1.0	87	3.2			2736
September	2628	95.8	29	1.1	86	3.1			2743
October	2671	95.6	34	1.2	89	3.2			2794
November	2673	96.0	31	1.1	79	2.8			2783
December	2738	96.1	30	1.1	81	2.9			2850
2019									
January	2607	95.9	27	1.0	84	3.1			2718
February	2608	95.9	32	1.2	80	2.9			2721
March	2555	95.9	30	1.1	79	3.0			2664
April	2618	96.4	31	1.2	67	2.5			2716
May	2650	96.6	25	0.9	67	2.4			2742
June	2633	96.5	29	1.0	66	2.4			2727
July	2646	96.6	28	1.0	65	2.4			2739
August	2687	96.7	28	1.0	65	2.3			2780
September	2725	96.6	27	1.0	67	2.4			2820
October	2781	96.6	25	0.9	72	2.5			2878
November	2754	96.6	24	0.9	73	2.5			2851
December	2776	96.5	23	0.8	77	2.7			2876
2020									
January	2808	96.7	21	0.7	76	2.6			2905
February	2683	96.5	19	0.7	78	2.8			2780
March	2960	95.5	24	0.8	116	3.7			3100
April	2825	95.0	25	0.8	123	4.1			2973
May	2886	95.1	25	0.8	122	4.0			3033
June	2616	95.4	22	0.8	105	3.8			2743
July	2739	94.2	25	0.9	142	4.9			2907
August	2769	93.3	29	1.0	171	5.8			2969
September	2778	92.9	25	0.8	186	6.2			2989

Time period	Community Pharmacy		Hospital		Clinics and Medical Centres		Other (incl. prisons)		Total
	n	Row %	n	Row %	n	Row %	n	Row %	n
October	2716	92.7	25	0.8	191	6.5			2931
November	2775	92.0	21	0.7	219	7.3			3015
December	2802	91.1	28	0.9	246	8.0			3076
2021									
January	2807	90.7	31	1.0	256	8.3			3094
February	2686	90.6	36	1.2	242	8.2			2964
March	2736	90.8	35	1.2	242	8.0			3013
April	2679	90.8	31	1.1	239	8.1			2949
May	2744	90.4	29	1.0	253	8.3	8	0.3	3034
June	2676	90.0	28	0.9	248	8.3	21	0.7	2973
July	2760	89.5	33	1.1	268	8.7			3082
August	2735	88.6	34	1.1	305	9.9	21	0.7	3087
September	2808	88.4	34	1.1	334	10.5			3176
October	2750	87.6	28	0.9	361	11.5			3139
November	2850	87.6	24	0.7	380	11.7			3254
December	2888	87.3	24	0.7	397	12.0			3309
2022									
January	2933	86.2	34	1.0	437	12.8			3405
February	2780	84.9	39	1.2	457	13.9			3276
March	2736	84.1	37	1.1	482	14.8			3254
April	2652	84.7	28	0.9	450	14.4			3129
May	2767	84.9	25	0.8	469	14.4			3261
June	2683	84.3	24	0.7	476	15.0			3184
July	2734	83.8	27	0.8	501	15.4			3262
August	2724	83.3	33	1.0	515	15.7			3272
September	2792	83.4	39	1.2	515	15.4			3346
October	2763	83.1	36	1.1	526	15.8			3325
November	2726	82.8	31	0.9	533	16.2			3292
December	2723	82.9	29	0.9	530	16.1			3283

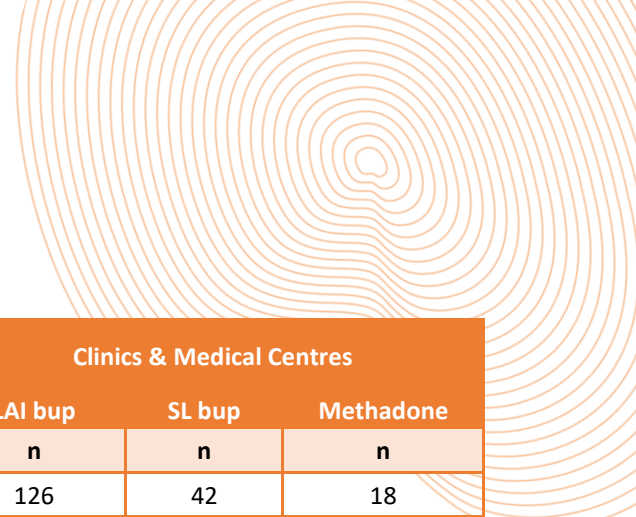
Table A6. Estimated OAT clients per month by medicine and setting (SA, 2013-2022)

Time period	Community Pharmacy			Clinics & Medical Centres		
	LAI bup	SL bup	Methadone	LAI bup	SL bup	Methadone
	n	n	n	n	n	n
2013						
January		869	1489		35	31
February		842	1484		31	30
March		828	1496		35	33
April		844	1534		36	32
May		867	1614		37	37
June		896	1552		29	34
July		910	1552		35	34
August		910	1514		33	24
September		941	1575		40	28
October		980	1623		33	23
November		968	1569		36	30
December		966	1617		38	22
2014						
January		916	1558		35	22
February		959	1527		35	22
March		947	1486		35	22
April		989	1526		37	27
May		980	1591		37	19
June		1001	1575		37	29
July		983	1555		39	24
August		1015	1524		39	24
September		979	1542		39	22
October		1030	1530		42	27
November		972	1535		43	27
December		1042	1586		43	24
2015						
January		961	1530		43	19
February		981	1510		48	19
March		966	1495		51	19
April		965	1514		47	27
May		968	1532		51	27

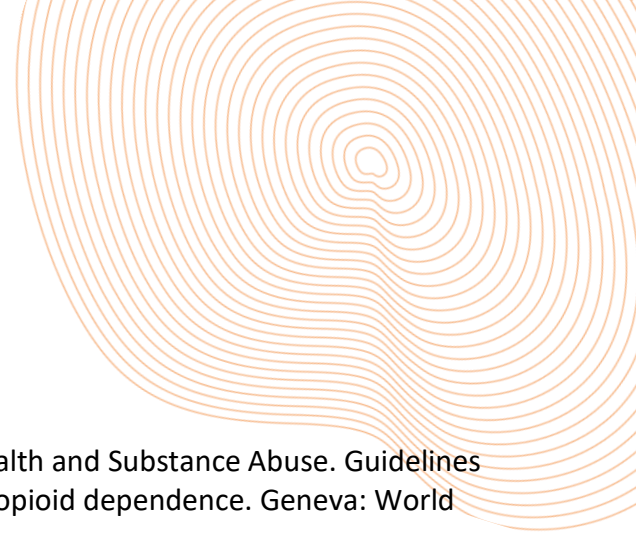
Time period	Community Pharmacy			Clinics & Medical Centres		
	LAI bup	SL bup	Metadone	LAI bup	SL bup	Metadone
	n	n	n	n	n	n
June		938	1510		43	27
July		992	1517		39	24
August		999	1501		30	26
September		1007	1493		36	26
October		1005	1541		40	26
November		1034	1536		40	32
December		1070	1583		40	31
2016						
January		1014	1479		46	37
February		989	1499		50	33
March		976	1461		52	38
April		1009	1459		50	30
May		1015	1509		51	34
June		1026	1480		52	34
July		979	1507		56	33
August		1018	1489		58	30
September		998	1505		57	28
October		1032	1537		56	30
November		998	1477		55	30
December		1010	1511		56	28
2017						
January		1020	1464		56	33
February		972	1433		52	30
March		981	1413		60	28
April		1012	1429		64	26
May		1086	1529		79	30
June		1081	1479		73	30
July		1064	1542		74	24
August		1078	1523		70	23
September		1073	1501		73	19
October		1094	1463		68	21
November		1081	1444		71	21
December		1099	1455		71	25
2018						



Time period	Community Pharmacy			Clinics & Medical Centres		
	LAI bup	SL bup	Methadone	LAI bup	SL bup	Methadone
	n	n	n	n	n	n
January		1102	1499		79	28
February		1071	1433		69	26
March		1090	1479		61	27
April		1107	1384		51	24
May		1122	1487		61	27
June		1085	1457		62	26
July		1105	1508		62	29
August		1140	1482		57	30
September		1172	1456		57	30
October		1178	1493		56	33
November		1191	1482		49	30
December		1197	1540		48	34
2019						
January		1148	1459		52	32
February		1130	1478		49	31
March		1114	1441		49	30
April		1143	1475		42	26
May		1178	1472		40	28
June		1188	1445		40	26
July		1218	1428		39	26
August		1230	1457		42	22
September	5	1277	1447	13	42	21
October	5	1284	1494	11	45	20
November	6	1315	1434	10	45	18
December	5	1308	1462	11	45	21
2020						
January	7	1318	1483	11	45	19
February	6	1264	1413	13	47	19
March	10	1339	1612	39	55	22
April	11	1335	1479	53	48	22
May	14	1376	1495	57	43	22
June	21	1288	1307	59	32	14
July	33	1304	1403	86	39	18
August	37	1295	1436	116	39	16

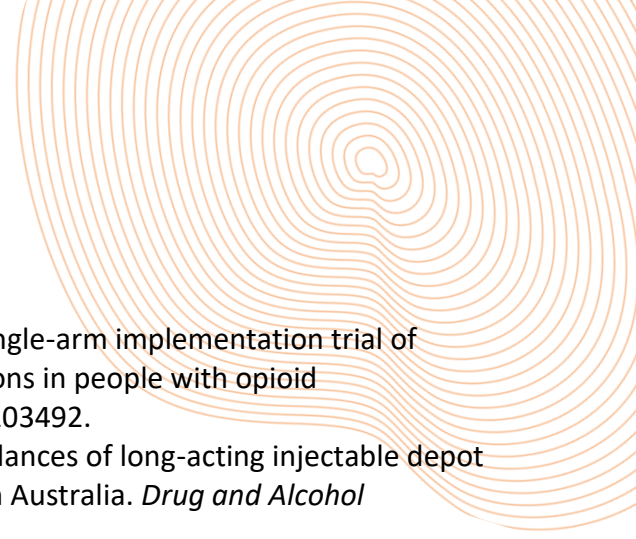


Time period	Community Pharmacy			Clinics & Medical Centres		
	LAI bup	SL bup	Methadone	LAI bup	SL bup	Methadone
	n	n	n	n	n	n
September	37	1308	1433	126	42	18
October	36	1273	1407	133	41	16
November	46	1284	1445	156	45	19
December	68	1306	1428	184	44	18
2021						
January	76	1330	1402	195	46	15
February	71	1253	1362	186	44	12
March	76	1288	1373	184	43	15
April	77	1269	1333	184	37	18
May	90	1296	1357	192	39	22
June	89	1275	1313	192	35	21
July	92	1289	1379	214	35	19
August	92	1333	1311	255	31	18
September	99	1348	1360	287	31	15
October	102	1305	1342	314	31	16
November	127	1304	1420	338	29	13
December	124	1296	1468	358	28	11
2022						
January	132	1368	1433	403	24	10
February	112	1307	1361	416	27	14
March	116	1290	1330	445	23	14
April	113	1253	1286	411	26	14
May	131	1322	1314	431	25	13
June	115	1293	1276	434	29	14
July	114	1302	1317	461	30	11
August	106	1313	1305	477	28	10
September	138	1354	1300	485	22	8
October	130	1361	1272	502	16	8
November	140	1325	1261	511	15	8
December	104	1320	1299	502	19	10



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