



Australian Government

**Australian Institute of
Health and Welfare**

National opioid pharmacotherapy statistics 2013

DRUG TREATMENT SERIES NO. 23



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*Authoritative information and statistics
to promote better health and wellbeing*

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Number 23

National opioid pharmacotherapy statistics 2013

Australian Institute of Health and Welfare
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Australian Institute of Health and Welfare

Board Chair
Dr Andrew Refshauge

Director
David Kalisch

Any enquiries about or comments on this publication should be directed to:

Media and Strategic Engagement Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Tel: (02) 6244 1032
Email: info@aihw.gov.au

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Contents

Acknowledgments.....	iv
Abbreviations.....	v
Summary	vii
1 Introduction	1
1.1 What are opioid drugs?.....	1
1.2 What problems can opioid dependence cause?.....	1
1.3 What treatment is available?	2
1.4 How is opioid pharmacotherapy provided in Australia?.....	3
1.5 What information is included in the NOPSAD collection?.....	5
1.6 What is new in the 2013 NOPSAD collection?.....	5
1.7 What is the NOPSAD collection used for?	6
2 Clients	8
2.1 How many people receive pharmacotherapy treatment?.....	8
2.2 What drugs do clients receive?	9
2.3 Who receives pharmacotherapy treatment?	11
2.4 Opioid drug of dependence and client status.....	18
3 Prescribers	22
3.1 How are prescribers authorised?.....	22
3.2 Where do prescribers work?.....	24
3.3 How many clients do prescribers treat?	24
3.4 Does drug treatment vary between sectors?	28
4 Dosing points.....	31
4.1 What are the numbers and types of dosing points?.....	31
4.2 What is the relationship between clients and dosing points?.....	31
5 Explanatory notes.....	36
Appendix A: Supporting tables.....	42
Appendix B: NOPSAD 2013 Data quality statement	67
Appendix C: Data requests and related data collections.....	70
References	71
List of tables	73
List of figures	75
List of boxes.....	76

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
C-POP	Community Program for Opioid Pharmacotherapy
DAPIS	Drug and Alcohol Pharmacy Information System
DoH	(Australian Government) Department of Health
DoHA	(Australian Government) Department of Health and Ageing (now the Department of Health effective September 2013)
HIV	Human immunodeficiency virus
MAC	Medication Administration Chart
MODDS	Monitoring of Drugs of Dependence System
NAS	Neonatal Abstinence Syndrome
NDARC	National Drug and Alcohol Research Centre
NOPSAD	National Opioid Pharmacotherapy Statistics Annual Data
NSW	New South Wales
NT	Northern Territory
ODSP	Opioid Dependence Substitution Program
PBS	Pharmaceutical Benefits Scheme
PHDAS	Pharmaceutical Drugs of Addiction System
Qld	Queensland
SA	South Australia
SOSP	Suboxone® Opioid Substitution Program
Tas	Tasmania
Vic	Victoria
WA	Western Australia
WHO	World Health Organization

Symbols

–	nil or rounded to zero
..	not applicable
n.a.	not available

Summary

Dependence on opioid drugs such as heroin and morphine is associated with a range of health and social problems. Treatment with an opioid pharmacotherapy drug can reduce drug cravings, improve physical and mental health and reduce drug-related crime.

Over 47,000 Australians received pharmacotherapy treatment for their opioid dependence on a snapshot day in June 2013.

The number of people receiving opioid pharmacotherapy treatment (clients) almost doubled between 1998 (from around 25,000) and 2013, but growth in client numbers slowed in recent years (to less than 1% a year from 2010–2013).

Methadone continues to be the drug most commonly prescribed and the form in which buprenorphine is prescribed is changing.

Around two-thirds (68%) of clients received methadone in 2013, with the proportion remaining relatively stable since 2006. The remaining third (32%) received 1 of 2 forms of buprenorphine. Of these, the proportion receiving buprenorphine only has fallen (from 23% to 13%) while the proportion receiving buprenorphine combined with naloxone has risen (from 6% to 20%) over the same period. Naloxone is added to buprenorphine to deter injection of the medication.

Opioid pharmacotherapy clients are getting older on average.

In 2013, around two-thirds (69%) of clients were aged 30–49, and this proportion has been fairly consistent since 2006. However, from 2006–2013 the proportion of clients aged less than 30 more than halved (from 28% to 11%), and the proportion of clients aged 50 and over more than doubled (from 8% to 19%). These trends suggest an ageing population of clients in pharmacotherapy treatment.

Males and Aboriginal and Torres Strait Islander people are over-represented in pharmacotherapy treatment.

Around two-thirds (65%) of clients receiving pharmacotherapy in June 2013 were male. Where reported, almost 1 in 10 (9%) clients identified as Indigenous. Indigenous people were around 3 times as likely to have received pharmacotherapy treatment as other Australians.

Prescriber numbers have increased, and most work in the private sector.

There were 2,025 prescribers of opioid pharmacotherapy in Australia in 2013, an increase of 15% from 2012. On average, each prescriber treated fewer clients, with the ratio of clients per prescriber falling from 26 in 2012 to 23 in 2013. The majority of prescribers worked in the private sector (82%) and were authorised to prescribe more than 1 type of pharmacotherapy drug (71%).

Most dosing points were located in pharmacies.

Most clients need to attend a dosing point regularly to take their opioid pharmacotherapy drug under supervision. In 2012–13 there were 2,355 dosing point sites in Australia, and 9 in 10 (88%) of these were located in pharmacies.

Heroin is the most common opioid drug leading people to pharmacotherapy treatment.

Clients were about twice as likely to report heroin as an opioid drug of dependence than they were for all opioid pharmaceuticals combined; however this varied by jurisdiction.

1 Introduction

Dependence on opioid drugs such as heroin and morphine is associated with a range of health and social problems that affect individual drug users, their family and friends, and the wider public, and is considered a serious public health issue (WHO 2013; see also Box 1.1). In 2010, about 3% of Australians used opioids for non-medical reasons, while 1.4% had used heroin over their lifetime (AIHW 2011). Among those Australians seeking treatment for drug and alcohol problems in 2011–12, opioids were a drug of concern in about 1 in 8 (13%) treatment episodes (AIHW 2013a).

Box 1.1: What is opioid drug dependence?

Drug dependence is a condition characterised by patterns of thought and behaviour that relate to drug seeking and using, and may be expressed differently from person to person. There are a range of different tools used to define and diagnose drug dependence including opioid dependence. The International Statistical Classification of Diseases and Health Related Problems (ICD-10) (WHO 2010) defines ‘dependence syndrome’ due to the use of opioids as:

‘A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state (Code F11.2).’

1.1 What are opioid drugs?

Opioid drugs include:

- illicit opioids, predominantly heroin (WHO 2013)
- prescription opioids (whether prescribed for the person or obtained illicitly) such as morphine and oxycodone (Roxburgh et al. 2011)
- over-the-counter opioids in which the opioid drug codeine is combined with a non-opioid analgesic such as paracetamol or ibuprofen (Nielsen et al. 2010).

Opioid drugs depress the central nervous system and are widely used to treat pain due to their analgesic effect. Other effects include sedation and euphoria, and repeated use of opioids can lead to drug dependence – a chronic, relapsing condition (NSW Health 2006).

1.2 What problems can opioid dependence cause?

Problems associated with heroin dependence include:

- overdose deaths
- the spread of diseases such as HIV and Hepatitis B and C due to needle sharing
- medical and psychological complications
- social and family disruption
- harm to the welfare of children

- violence and drug-related crime (NSW Health 2006).

Overdose, injection-related harm and other harms due to dependence are also related to the non-medical use of prescription opioids (Roxburgh et al. 2011). Dependence on over-the-counter opioids can also lead to life-threatening paracetamol or ibuprofen overdose due to the large number of tablets taken to achieve the required codeine dose (Nielsen et al. 2010).

1.3 What treatment is available?

Opioid dependence is a condition that requires long-term treatment. Treatment is tailored to the person's individual circumstances, and treatment types may be combined (for example, opioid pharmacotherapy combined with counselling) or varied over time (NDARC 2004). The 3 main treatment approaches for opioid dependence are:

- detoxification (also called withdrawal)
- opioid pharmacotherapy (also called substitution or maintenance treatment)
- abstinence-based treatments:
 - self-help groups
 - counselling
 - therapeutic communities (NDARC 2004).

The broad goal of treatment for opioid dependence is to reduce the health, social and economic harms to individuals and the public arising from dependence (DoHA 2007).

Pharmacotherapy treatment

Opioid pharmacotherapy involves replacing the drug of dependence with a legally obtained, longer-lasting opioid that is taken orally. It reduces or eliminates withdrawal symptoms and drug cravings (NDARC 2004). Research suggests that pharmacotherapy treatment reduces heroin use, other opioid substance misuse and associated criminal behaviour, and improves physical and mental health, and social functioning (Ritter & Chalmers 2009).

In Australia, 3 medications are registered for long-term maintenance treatment for opioid-dependent people (see Box 1.2):

- methadone oral liquid (available since 1969)
- buprenorphine tablet (available since 2000)
- buprenorphine-naloxone tablet (available since 2005) or film (available since 2011) (DoHA 2007; DoHA 2012).

Box 1.2: Pharmacotherapy types in the NOPSAD collection

The National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection on which this report is based includes data on the 3 pharmacotherapy drugs described below.

Methadone (Methadone Syrup®, Biodone Forte®)

Methadone is a synthetic opioid used to treat heroin and other opioid dependence. It reduces opioid withdrawal symptoms, the desire to take opioids and the euphoric effect when opioids are used. It is taken orally on a daily basis (DoHA 2007).

Buprenorphine (Subutex®)

Buprenorphine acts in a similar way to methadone, but is longer-lasting and may be taken daily or every second or third day. Two buprenorphine preparations are registered in Australia for the treatment of opioid dependence: a product containing buprenorphine only and a combined product containing buprenorphine and naloxone. The buprenorphine-only product is available as a tablet containing buprenorphine hydrochloride that is administered sublingually (by dissolving under the tongue) (DoHA 2007).

Buprenorphine-naloxone (Suboxone®)

The combination buprenorphine-naloxone product is a sublingual tablet or film containing buprenorphine hydrochloride and naloxone hydrochloride (DoHA 2012). It is recommended that buprenorphine-naloxone should be prescribed in preference to buprenorphine for most clients receiving takeaway doses (DoHA 2007). This is because, when taken as intended by dissolving the tablet or film under the tongue, the combined product acts as if it was buprenorphine alone. However, if the combined product is injected, naloxone can block the effects of buprenorphine and increases opioid withdrawal symptoms. This reduces the risk that those receiving buprenorphine-naloxone as a takeaway dose will inject it or sell it to others to inject (Chapleo & Walter 1997; DoHA 2007; Dunlop 2007).

1.4 How is opioid pharmacotherapy provided in Australia?

The current Australian opioid pharmacotherapy system seeks to strike a balance between maximising accessibility of treatment and minimising the risks associated with non-compliance (injecting medication) and diversion (selling or swapping medication) (Ritter & Chalmers 2009). Methadone and buprenorphine are Schedule 8 (controlled) drugs, which means there are strict regulations associated with their use (Ritter & Chalmers 2009).

Clients seek or are referred to treatment for their opioid dependence. A health professional who is authorised to provide opioid pharmacotherapy (a prescriber) prescribes methadone, buprenorphine or buprenorphine-naloxone as part of the client's treatment plan. Clients are not usually given a whole course of their medication for use at home. Rather, the client attends a dosing point regularly and takes 1 dose of their prescribed medication under the supervision of a pharmacist or other health professional. Some takeaway doses may be given to eligible clients. See Box 1.3 for more information.

Responsibilities and costs

The Australian and state and territory governments share responsibility and costs for the provision of opioid pharmacotherapy services. Depending on where pharmacotherapy is dosed, clients may be charged a dispensing fee.

As described by Ritter and Chalmers (2009), the Australian Government:

- sets the national policy for opioid pharmacotherapy (DoHA 2007; new policy due for release shortly)
- provides national clinical practice guidelines for methadone and buprenorphine
- provides methadone and buprenorphine free of charge to the dosing body under the Pharmaceutical Benefits Scheme (PBS)
- funds private-sector prescribing (for example, by general practitioners) through Medicare.

State and territory governments:

- administer the delivery of opioid pharmacotherapy
- set policies and clinical guidelines for their jurisdiction
- regulate, train and accredit prescribers and dosing points
- register and monitor clients
- fund prescribing and dosing in public clinics and prisons
- subsidise service providers in some instances.

Depending on the state or territory and the dosing point type (Box 1.3), opioid pharmacotherapy for clients can be either free or charged. Under the provisions of the PBS for the Opiate Dependence Treatment Program, the drugs are provided free to dosing points. Clients may be charged a dispensing fee when receiving medication. This cost may limit clients' access to opioid pharmacotherapy (Ritter & Chalmers 2009). In most cases, dosing at public clinics is free, at least for a limited time (see Chapter 5 for more information).

Prescribers

Each state and territory has rules about how prescribers are authorised to prescribe methadone, buprenorphine and buprenorphine-naloxone. Each runs professional training programs for medical personnel wishing to be approved as prescribers (DoHA 2007). In some states and territories, doctors can be authorised to prescribe to up to 5 ongoing clients without attending a training course, if these clients have first been seen by a medical practitioner with accredited training (ACT Health 2009; NSW Health 2006). In South Australia and Victoria, medical practitioners can treat up to 5 new or ongoing clients with buprenorphine-naloxone film without undertaking training or without the client first seeing an accredited medical practitioner (SA Health 2011; Vic Health 2013).

Being authorised or registered to prescribe pharmacotherapy for opioid dependence does not necessarily mean that the prescriber will prescribe this medication during any given year. Prescribers who have prescribed pharmacotherapy for a client with opioid dependence in a given financial year are referred to as 'active prescribers' (Box 1.3).

Dosing

At the start of treatment, clients need to attend the clinic or pharmacy to take their dose under supervision. However, the requirement to travel regularly to the dosing point can be a barrier to both ongoing participation in treatment and social reintegration. To overcome these issues, there is a provision for takeaway doses for stable clients in some circumstances (DoHA 2007). Policies on takeaway dosing vary by state or territory. For more information, refer to the individual state and territory policies and guidelines for treating opioid dependence in Table 5.3. Where takeaway dosing is allowed, it is preferred that clients on buprenorphine are given the combination buprenorphine-naloxone product (DoHA 2007).

1.5 What information is included in the NOPSAD collection?

The NOPSAD collection commenced in 2005 and comprises data about opioid pharmacotherapy clients, prescribers and dosing points collected by state and territory health departments and reported to the AIHW (see Box 1.3 for further information). Prior to 2005, information was provided each year to the Australian Government Department of Health.

Box 1.3: Definitions for the NOPSAD collection

Several terms used throughout this report are specific to the NOPSAD collection and its subject matter. Full definitions are in the NOPSAD 2013 collection data guide (see <<https://www.aihw.gov.au/nopsad/>>), which is made available each year to complement the NOPSAD report and provide a clearer understanding about what is and what is not being reported.

Specified/snapshot day or snapshot day is a particular day, usually in June each year, on which clients are counted for the NOPSAD collection. The snapshot day varies between states and territories, but allows the number of clients to be estimated at a single point in time. See Chapter 5 for information about the use of the snapshot day for each state and territory.

Client refers to a person registered as receiving opioid pharmacotherapy treatment on the snapshot day.

Prescriber refers to a registered prescriber who is accredited and/or authorised to prescribe a pharmacotherapy drug and who has not been recorded as ceasing this registration before the snapshot day. More specifically, prescribers are included in the count if they are registered or active prescribers, that is, prescribers who are scripting at least 1 client during the reporting period (that is, each financial year).

Prescriber type is defined as the sector (public or private) in which the prescriber is practising when prescribing pharmacotherapy drugs.

Dosing point site refers to a place at which at least 1 client is provided a pharmacotherapy drug on the snapshot day. Sites include public and private clinics (such as methadone clinics), pharmacies, correctional facilities, hospitals (admitted patients and outpatients) and other locations such as community health centres and doctors' surgeries.

While states and territories strive to report data consistent with agreed standards, the NOPSAD collection is not a national minimum data set and some discrepancies exist in the way data are reported. For example, reporting systems in New South Wales do not

distinguish between buprenorphine and buprenorphine-naloxone. As such, New South Wales data relating to both these products are reported under the category of buprenorphine. Such discrepancies are discussed in more detail in Chapter 5.

1.6 What is new in the 2013 NOPSAD collection?

The 2013 NOPSAD collection included 2 new data items. These sought information on:

- the opioid drug(s) leading clients to pharmacotherapy treatment
- whether pharmacotherapy clients were continuing, new, readmitting or transferring from interstate on a snapshot day.

Analyses based on these new data items are provided in Section 2.4. Due to the incomplete reporting of these data, however, the results should be interpreted carefully.

While the 2012 NOPSAD collection was the first to include state and territory unit record data (in addition to aggregated tables) provided to the AIHW, variable data quality prevented these being reported. In 2013, data quality improvements have allowed for de-identified aggregate output based on unit record analyses to be included for the first time. Six states and territories provided unit record data: New South Wales, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. For a number of these jurisdictions, some data items were reported incompletely or not reported. For this reason, analyses based on 2013 unit record data should be interpreted with caution. This transition from reporting aggregate level to unit record level information will allow for more nuanced data analysis to be conducted, which will lead to improved, policy relevant reporting in future.

States and territories implement policy, administrative and methodological changes that can affect the NOPSAD collection. In 2013, 2 material changes relating to Victoria occurred. First, general practitioners can now prescribe buprenorphine-naloxone to a small number of clients (up to 5) without attending specific training. This policy change is similar to that which occurred in South Australia in 2011 and has contributed toward an increase in the number of prescribers. Second, due to changes in data reporting, information on the age and sex of clients for each pharmacotherapy drug type in 2013 was not provided for Victoria. Full details on policy, administrative and methodological arrangements for all states and territories can be found in Chapter 5.

1.7 What is the NOPSAD collection used for?

Information about specialist drug and alcohol treatment services and their clients is collected by Australian, state and territory governments and compiled by the Australian Institute of Health and Welfare (AIHW) to form the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) (AIHW 2013a). However, the treatment settings for opioid pharmacotherapy – including correctional facilities and private clinics, as well as the role of pharmacists and general practitioners in delivering opioid pharmacotherapy – are very diverse. This places this area generally out of scope for the AODTS NMDS.

The NOPSAD collection is one of a number of data sources that provide a picture of alcohol and other drug treatment services in Australia. Data from the collection can be considered with information from other sources (for instance, the AODTS NMDS, the National Drug

Strategy Household Survey and the Health of Australia's Prisoners reports – see Appendix C) to inform public debate, policy decisions and planning processes that occur within the broader alcohol and other drug treatment sector. More specifically, pharmacotherapy data are used by state and territory governments to:

- monitor resources required for pharmacotherapy treatment, such as the number of prescribers and dosing point sites
- monitor and plan services (for example, monitoring prescriber patterns and the number of clients)
- develop and refine policies relating to the treatment of clients with opioid dependency
- track the number of clients moving between the public and private sectors.

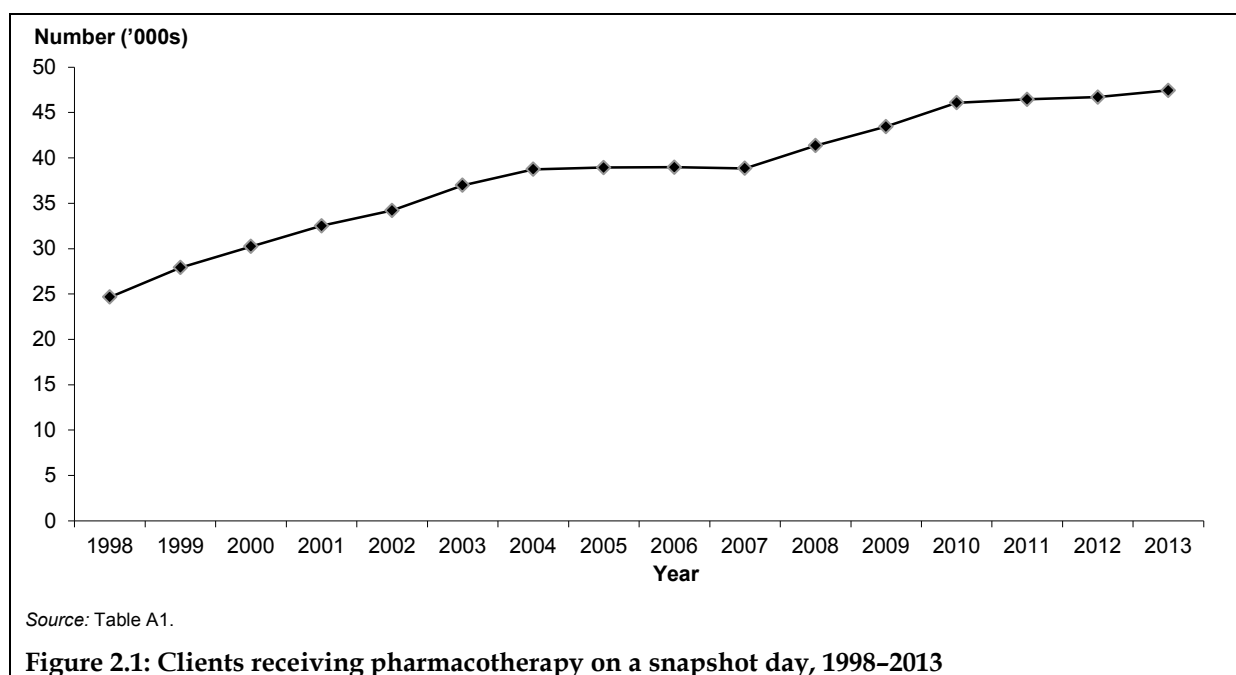
Data are also used to fill gaps in national treatment services data. See appendixes A, B and C for more information about the NOPSAD data as well as related data collections.

The NOPSAD reports are available free online at <www.aihw.gov.au/alcohol-and-other-drugs/>.

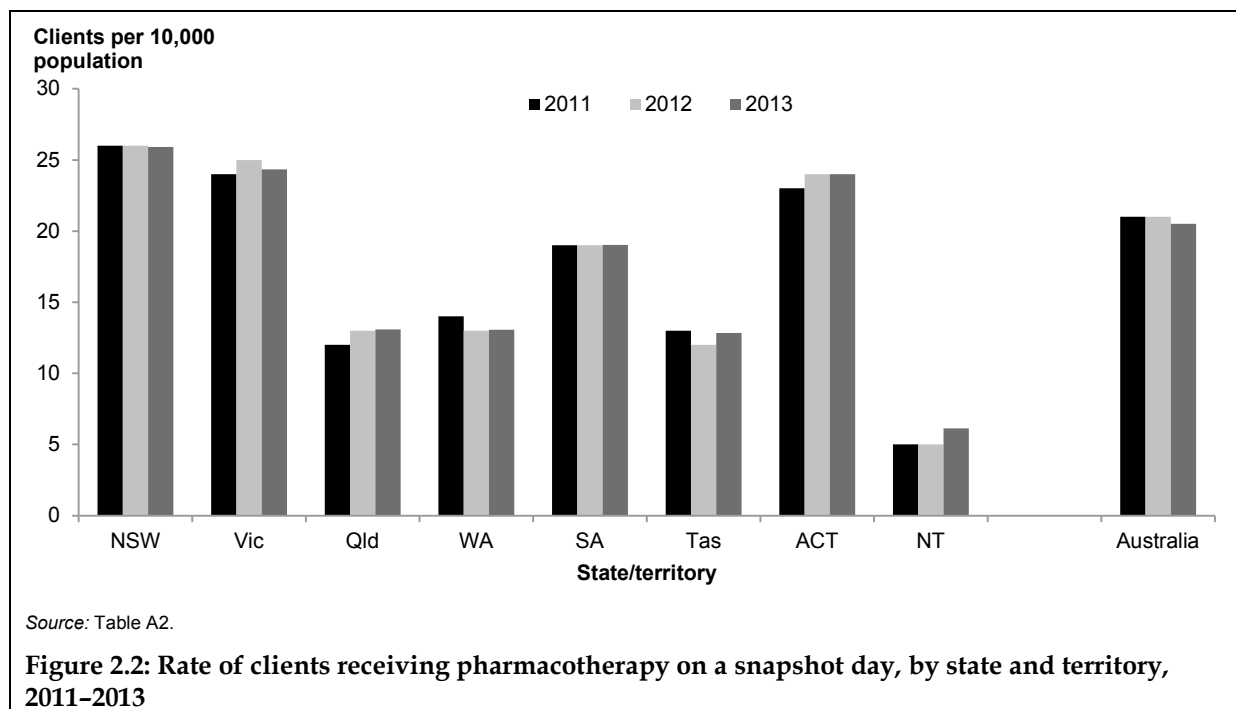
2 Clients

2.1 How many people receive opioid pharmacotherapy treatment?

On a snapshot day in June 2013, 47,442 clients were receiving opioid pharmacotherapy treatment in Australia, an increase of 745 from 2012. Client numbers grew slightly (by less than 1% annually) between 2010 and 2013 (Figure 2.1). In contrast, between 1998 and 2004, and again between 2007 and 2010, client numbers grew by 5–13% a year.



Nationally, the number of clients per 10,000 people increased from 13 in 1998 to 21 in 2010, but has since remained stable at 21 (Table A1). In 2013, New South Wales had the highest rate of clients (26 clients per 10,000 population), followed by Victoria (24) and the Australian Capital Territory (24). The Northern Territory had the lowest rate of clients (6 clients per 10,000 population) (Figure 2.2). The low rate of clients in the Northern Territory may be partially attributable to the absence of an established heroin market in Darwin (Moon 2010), the impact of remote locations on treatment delivery, and a highly mobile population. Rates for all states and territories varied only slightly over the last 3 collection years.



2.2 What drugs do clients receive?

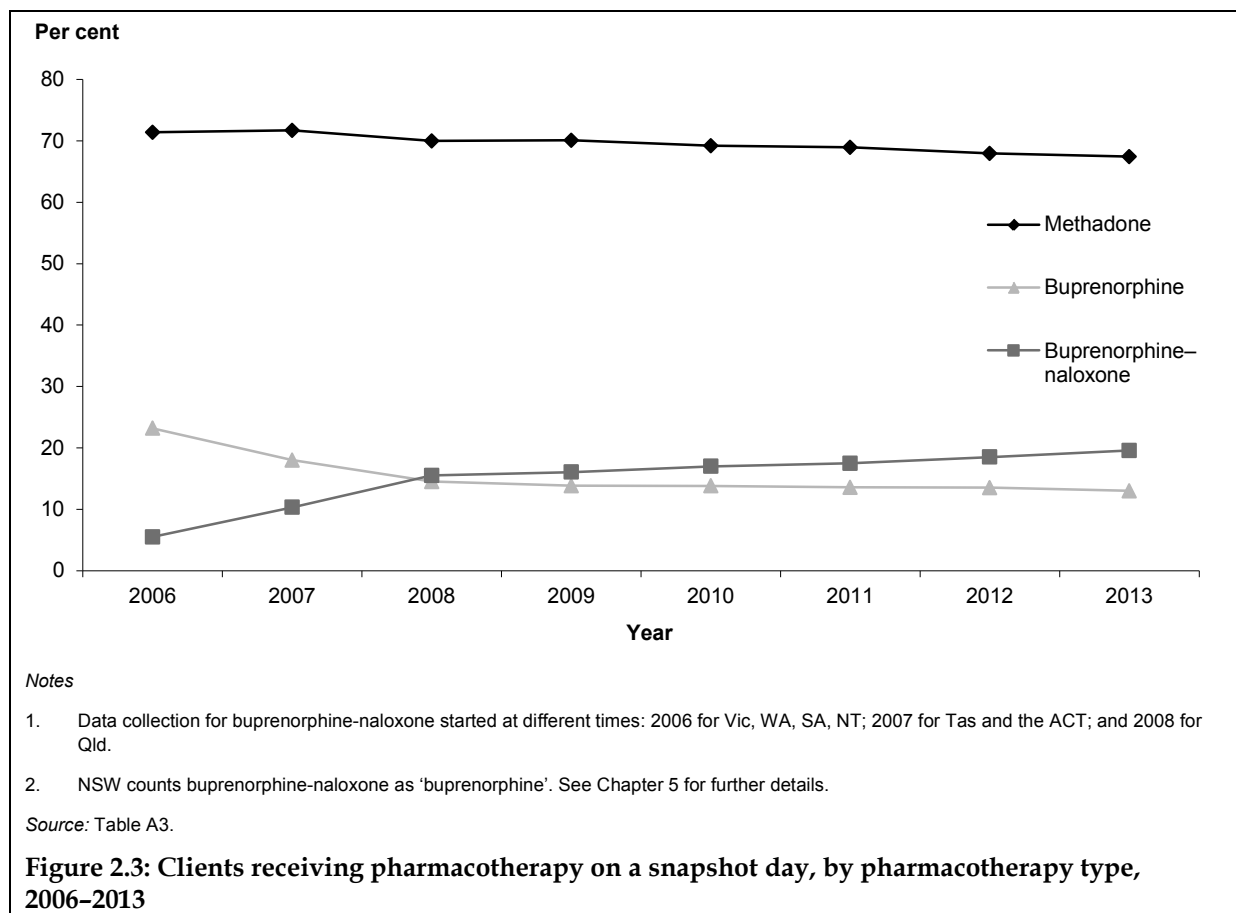
On a snapshot day in June 2013:

- 67% of clients received methadone
- 13% received buprenorphine
- 20% received buprenorphine-naloxone (Table A3).

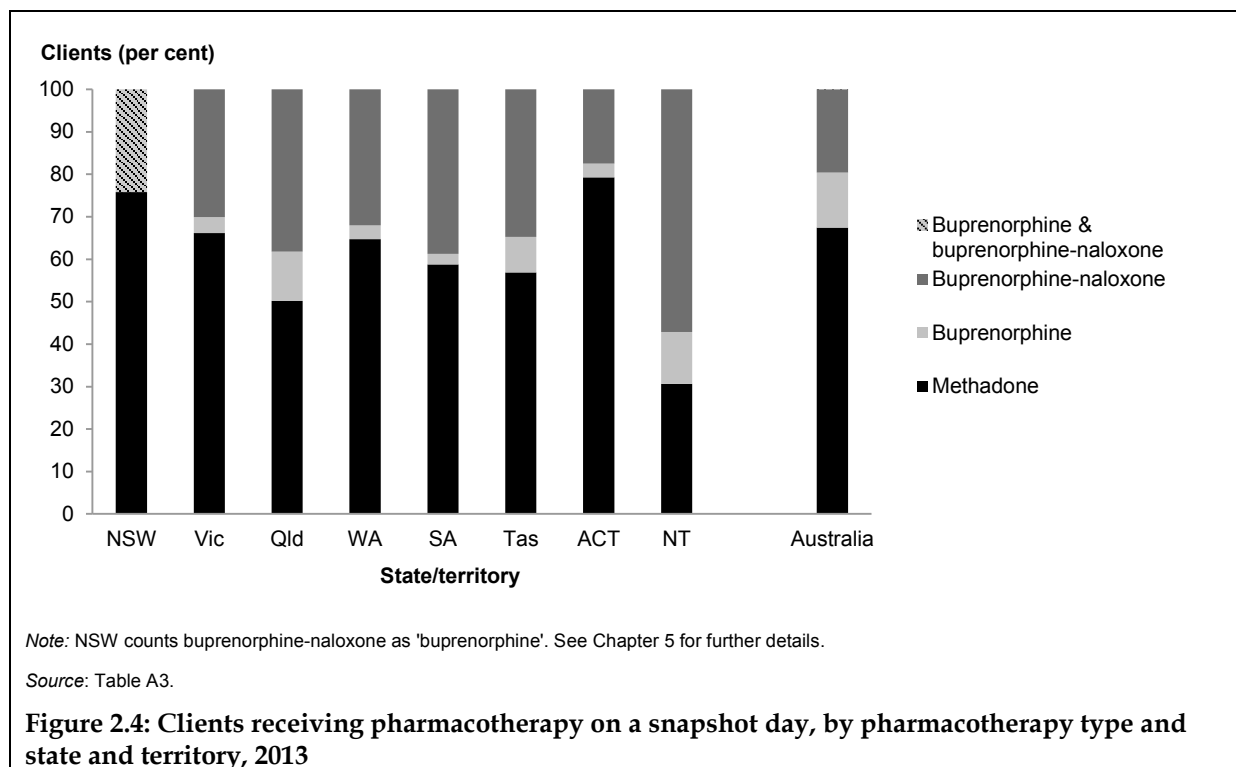
However, it should be noted that New South Wales does not report clients receiving buprenorphine-naloxone separately, but rather includes them within the total number of clients receiving buprenorphine. If New South Wales data are excluded, in the rest of Australia:

- 62% of clients received methadone
- 5% received buprenorphine
- 33% received buprenorphine-naloxone.

From 2008-2013, the national proportion of clients receiving methadone fell slightly from 70% to 67% (Figure 2.3). In the same period, the proportion of clients receiving buprenorphine fell from 15% to 13%, while the proportion receiving buprenorphine-naloxone rose from 16% to 20%. Data prior to 2008 should be interpreted with caution, as separate data collection for buprenorphine-naloxone did not start until 2007 or 2008 in some jurisdictions (see Chapter 5 for more details). Separate data collection for buprenorphine and buprenorphine-naloxone has not yet commenced in New South Wales. Nonetheless, it appears that buprenorphine-naloxone prescription is replacing buprenorphine prescription to some extent. This is in keeping with national guidelines (DoHA 2007), which recommend that buprenorphine-naloxone should be preferred over buprenorphine for most clients receiving takeaway doses.



The proportion of clients receiving each of the 3 pharmacotherapies varies across states and territories (Figure 2.4). In 2013, methadone was the most common pharmacotherapy in all jurisdictions except for the Northern Territory. The jurisdiction with the highest proportion of clients receiving methadone was the Australian Capital Territory (79%), followed by New South Wales (76%). In contrast, only 31% of clients in the Northern Territory were prescribed methadone. The Northern Territory had the highest proportion of clients receiving buprenorphine-naloxone (57%). Buprenorphine-naloxone is the default treatment drug for the main pharmacotherapy program in the Northern Territory.

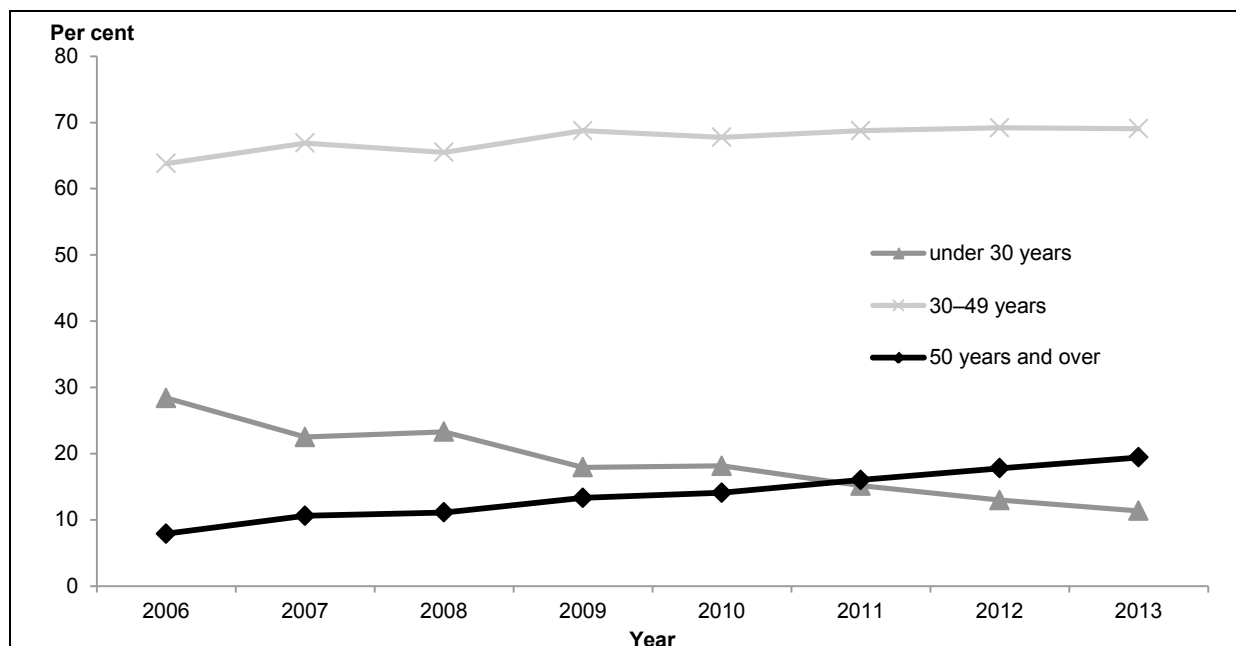


2.3 Who receives pharmacotherapy treatment?

Age and sex

Since 2006, when information about the age of a client was first collected, the proportion of older clients within the treatment population has increased. Around two-thirds (69%) of clients in 2013 were aged 30–49, and this proportion has been fairly consistent since 2006 (Figure 2.5). However, from 2006–2013 the proportion of clients aged less than 30 more than halved (from 28% to 11%), and the proportion of clients aged 50 and over more than doubled (from 8% to 19%). This trend suggests an ageing cohort of people receiving opioid pharmacotherapy treatment. This trend toward older pharmacotherapy clients has also been observed overseas (see, for example, Doukas 2011 and Dürsteler-MacFarland et al. 2011) and may be due to:

- methadone treatment having been available for more than 40 years
- pharmacotherapy treatment reducing the risk of premature death, resulting in some clients remaining in treatment for decades
- clients seeking treatment for the first time at an older age.



Source: Table A4.

Figure 2.5: Clients receiving pharmacotherapy on a snapshot day, by age group, 2006–2013

In 2013, clients ranged in age from their mid-teens to their late-80s. The median age of clients across all pharmacotherapy types was 40 years, compared with 39 in 2012 and 38 in 2011 (the first year these data were reported). At a state and territory level, clients in Victoria and Tasmania had the youngest median age (37 and 38 years respectively) and clients in New South Wales and South Australia had the oldest median age (41 years).

Table 2.1: Median age of clients receiving pharmacotherapy on a snapshot day, by state and pharmacotherapy type, 2013

	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Australia ^(b)
	Age (years)								
Methadone	42	n.a.	42	40	43	40	39	39	42
Buprenorphine ^(c)	..	n.a.	38	35	40	36	40	37	..
Buprenorphine-naloxone	n.a.	n.a.	38	38	39	35	39	39	..
Total	41	37	40	39	41	38	39	39	40

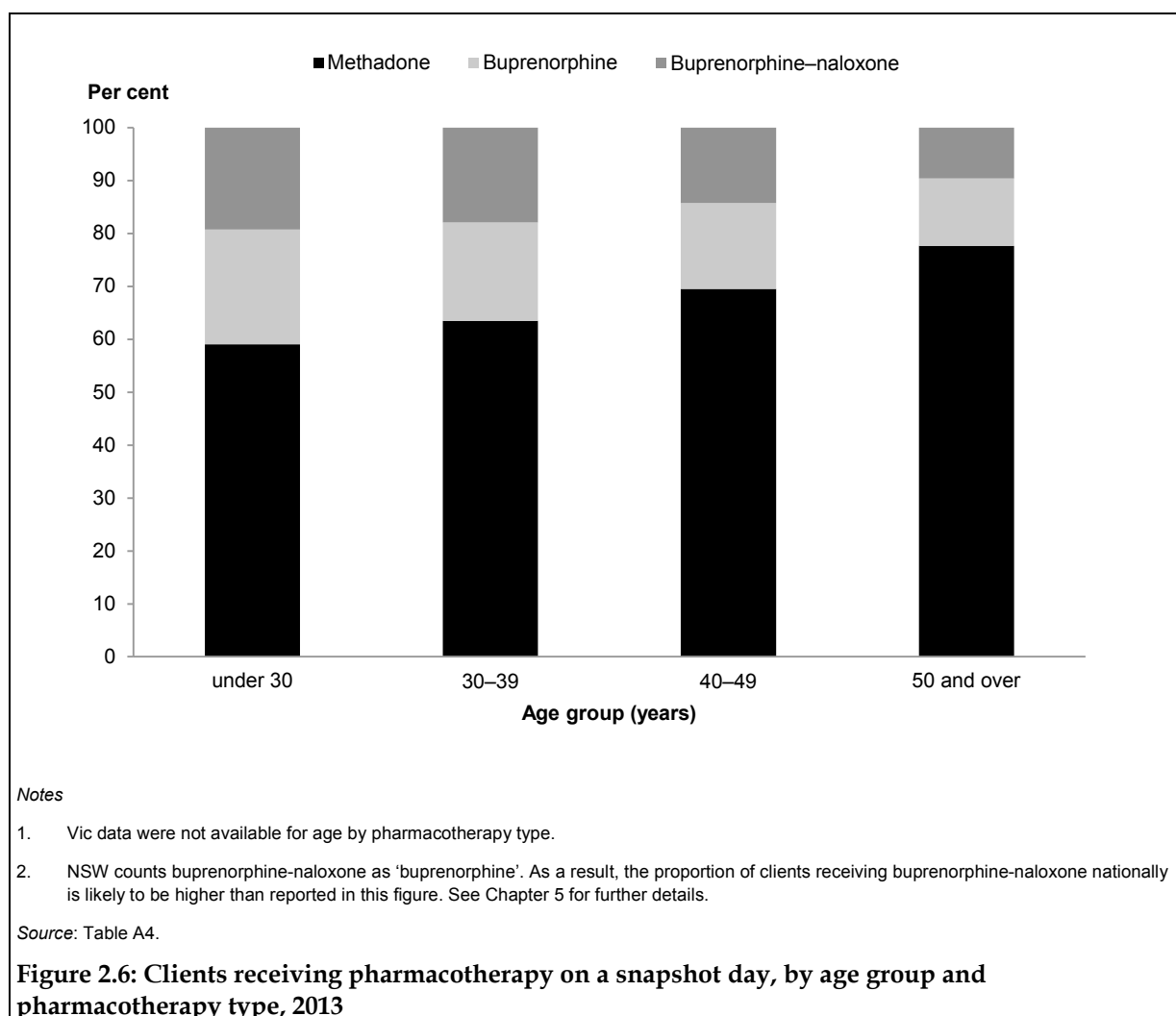
(a) Vic data were not available for age by pharmacotherapy type.

(b) The national median age for buprenorphine and buprenorphine-naloxone clients is not published due to lack of data coverage.

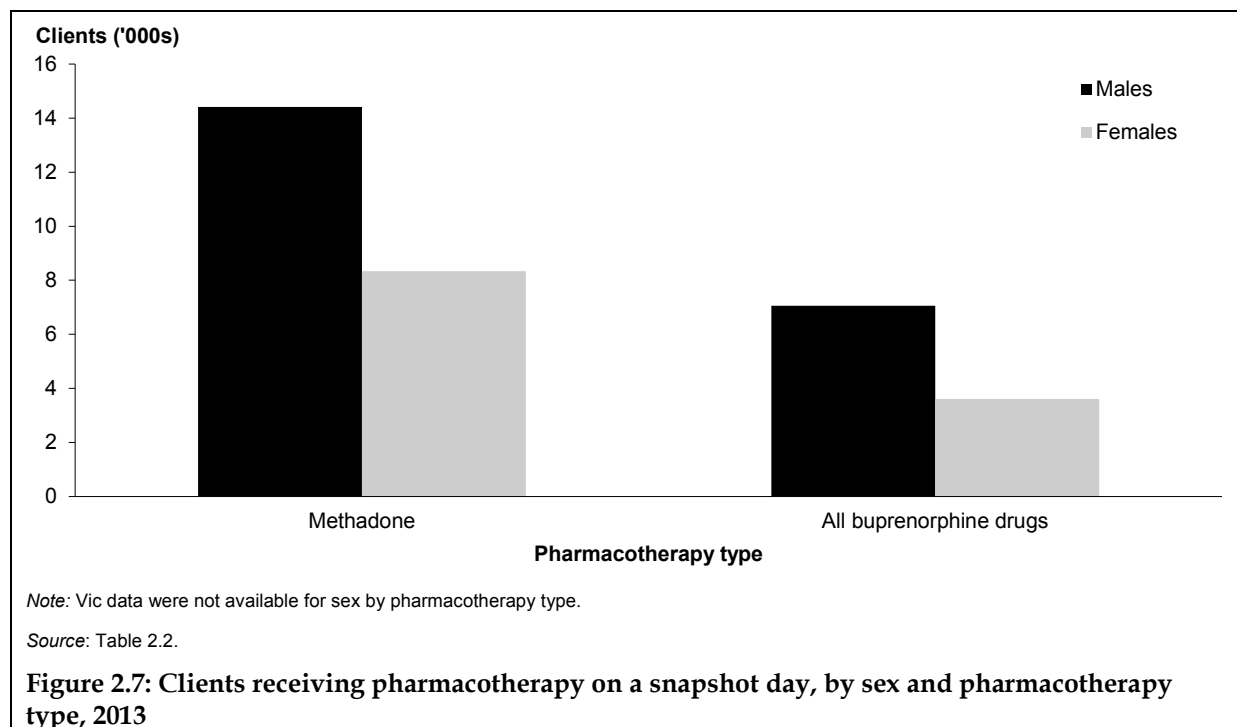
(c) Due to NSW counting buprenorphine and buprenorphine-naloxone as 'Buprenorphine', the median age of NSW buprenorphine clients is not published. See Chapter 5 for further details.

In 2013, methadone was the most commonly dispensed pharmacotherapy across all age groups (Figure 2.6). For older clients, the proportion receiving methadone was higher than for younger clients. Conversely, younger clients were more likely to receive buprenorphine or buprenorphine-naloxone than older clients. As buprenorphine was registered in Australia for opioid pharmacotherapy in 2000, and buprenorphine-naloxone was only registered in 2005 (DoHA 2007), a possible explanation for the observed trend might be that some older,

long-term clients first entered treatment when methadone was the only available pharmacotherapy for opioid dependence.



Around two-thirds (65%) of all clients receiving pharmacotherapy on a snapshot day in June 2013 were male (Table 2.2). This proportion has remained relatively stable since 2006 (Table A5). Excluding Victoria, 63% of clients receiving methadone were male, as were 66% of clients receiving buprenorphine and buprenorphine-naloxone (Figure 2.7).



Around two-thirds of clients were male in each state and territory, ranging from 59% in Tasmania to 66% in New South Wales and Victoria (Table 2.2).

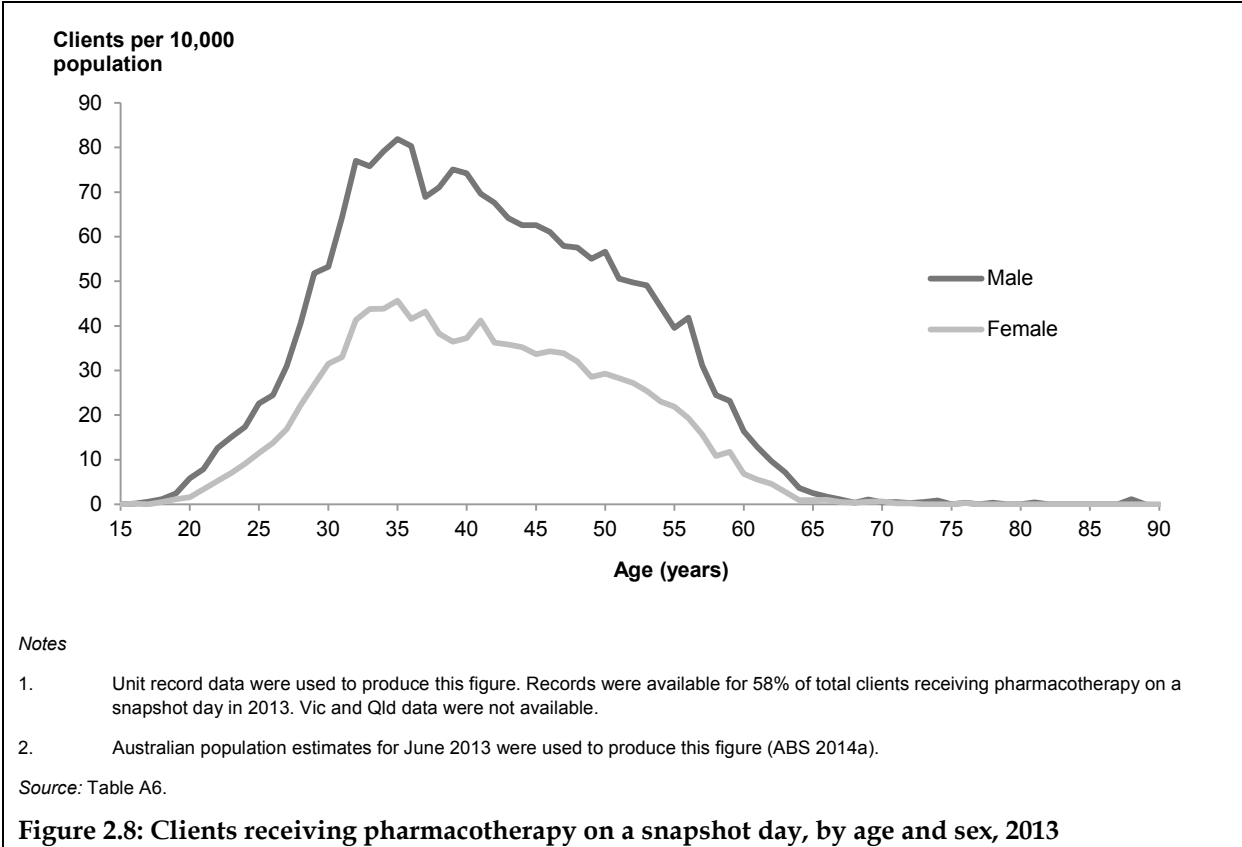
Table 2.2: Clients receiving pharmacotherapy on a snapshot day, by sex, pharmacotherapy type, and state and territory, 2013

Sex	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Total	Total (%)
Methadone										
Male	9,491	n.a.	1,740	1,326	1,159	217	451	29	14,413	63.3
Female	5,065	n.a.	1,312	801	710	158	278	16	8,340	36.6
Not stated	—	n.a.	4	—	—	—	—	—	4	0.0
Total	14,556	n.a.	3,056	2,127	1,869	375	729	45	22,757	100.0
Buprenorphine^(b)										
Male	3,146	n.a.	410	42	42	25	24	8	3,697	65.6
Female	1,495	n.a.	298	65	36	30	6	10	1,940	34.4
Not stated	—	n.a.	—	—	—	—	—	—	—	0.0
Total	4,641	n.a.	708	107	78	55	30	18	5,637	100.0
Buprenorphine-naloxone										
Male	n.a.	n.a.	1,526	668	851	149	113	53	3,360	66.1
Female	n.a.	n.a.	745	384	381	80	48	31	1,669	32.8
Not stated	n.a.	n.a.	58	—	—	—	—	—	58	1.1
Total	n.a.	n.a.	2,329	1,052	1,232	229	161	84	5,087	100.0
Total (all pharmacotherapy drugs)										
Male	12,637	9,241	3,676	2,036	2,052	391	588	90	30,711	64.7
Female	6,560	4,654	2,355	1,250	1,127	268	332	57	16,603	35.0
Not stated	—	66	62	—	—	—	—	—	128	0.3
Total	19,197	13,961	6,093	3,286	3,179	659	920	147	47,442	100.0

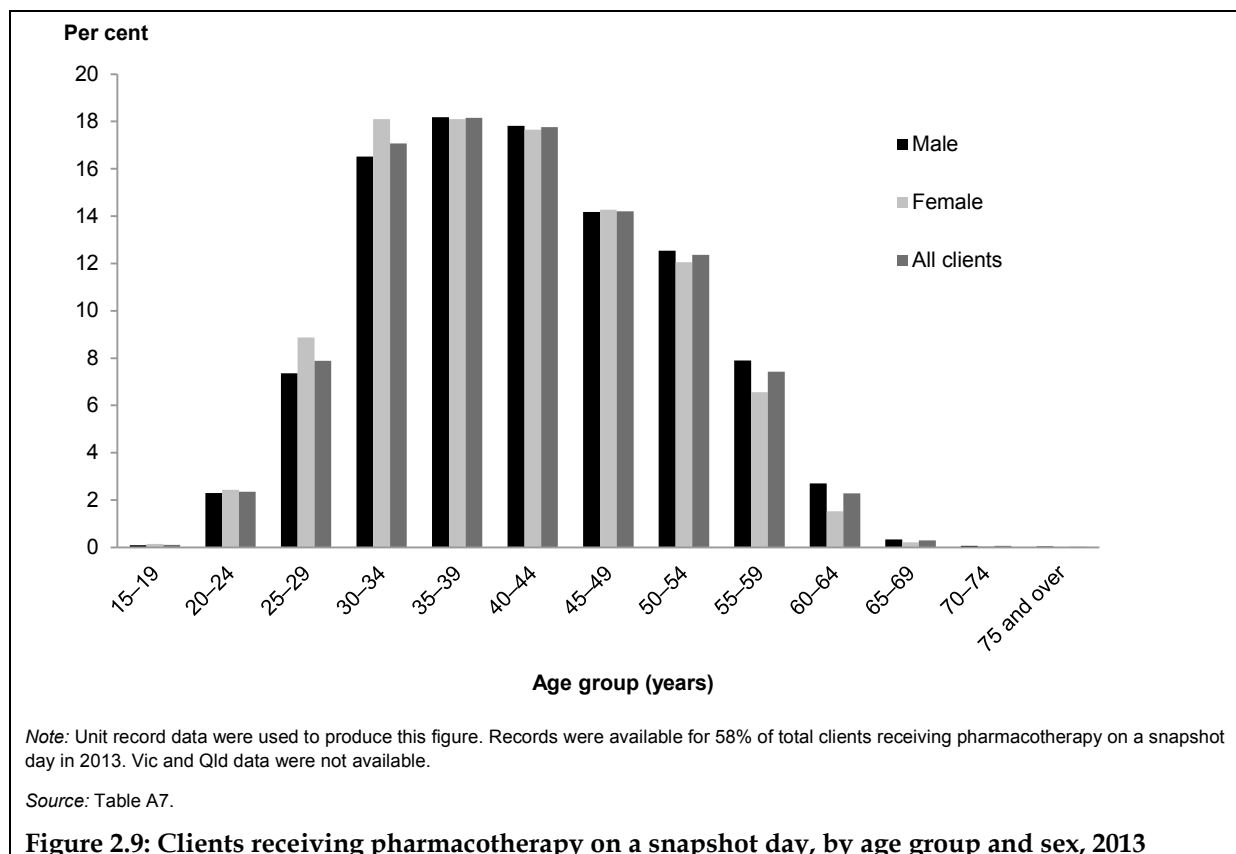
(a) Vic data were not available for sex by pharmacotherapy type.

(b) NSW counts buprenorphine-naloxone as 'buprenorphine'. See Chapter 5 for further details.

Compared to the general population, the proportion of people receiving pharmacotherapy was highest between ages spanning early 30s to mid-50s for both males and females (Figure 2.8). The rate of pharmacotherapy clients peaked at the age of 36 for males and 35 for females (with 82 clients for every 10,000 males aged 36, and 46 clients for every 10,000 females aged 35). Males were generally more likely – and in some cases about twice as likely – to be receiving pharmacotherapy when compared to females of the same age.



While the age profiles of male and female pharmacotherapy clients were similar in 2013, females tended to be slightly younger and males slightly older (Figure 2.9). From the ages of 20–34, the proportion of female clients exceeded males for each 5-year age group; the proportion of male clients exceeded females for almost all groups aged 35 and over.



Aboriginal and Torres Strait Islander people

In 2013, 6 states and territories were able to provide information about the Indigenous status of clients receiving pharmacotherapy treatment. Victoria and Western Australia did not report the Indigenous status of their clients, with the result that Indigenous status was only reported for around two-thirds (64%) of clients in the collection. Furthermore, Indigenous status was not stated for 9% of clients in the 6 reporting states and territories. Jurisdictions are working toward improving the quality of Indigenous data for this collection. The analysis of the 2013 data that follows should be treated with caution due to the high proportion of clients (42%) for whom Indigenous status is either not reported or not stated.

Of the 30,195 clients in the 6 jurisdictions reporting Indigenous status in 2013, 2,822 (9%) identified as being of Aboriginal and/or Torres Strait Islander origin (Table 2.3). The proportion of clients who were Indigenous ranged from 4% in Queensland to 11% in New South Wales and the Northern Territory.

Overall, for the 6 states and territories reporting Indigenous status, there were 59 Indigenous clients per 10,000 Indigenous people. When compared to the rate for non-Indigenous clients (17 clients per 10,000 non-Indigenous people), this suggests an over-representation of Indigenous people receiving pharmacotherapy treatment. Three jurisdictions had relatively high rates of Indigenous clients: the Australian Capital Territory (188 clients per 10,000 Indigenous people), New South Wales (122) and South Australia (83). The high rate in the Australian Capital Territory should be regarded with caution as it has a small Indigenous population. In contrast, Queensland had 15 Indigenous clients per 10,000 Indigenous people, Tasmania had 14 and the Northern Territory just 2 Indigenous clients per 10,000 Indigenous

people. This low rate in the Northern Territory is consistent with the low overall rate of pharmacotherapy (6 clients per 10,000 people).

Three-quarters (73%) of Indigenous clients received methadone, with the remaining quarter (27%) receiving either buprenorphine or buprenorphine-naloxone (Table 2.3).

Table 2.3: Clients receiving pharmacotherapy on a snapshot day, by Indigenous status, pharmacotherapy type, and state and territory, 2013

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Total (%)
Methadone										
Indigenous	1,679	n.a.	131	n.a.	152	21	85	5	2,073	10
Non-Indigenous	11,017	n.a.	2,512	n.a.	1,717	299	632	40	16,217	79
Not stated	1,860	n.a.	413	n.a.	—	55	12	—	2,340	11
<i>Sub total</i>	<i>14,556</i>	<i>n.a.</i>	<i>3,056</i>	<i>n.a.</i>	<i>1,869</i>	<i>375</i>	<i>729</i>	<i>45</i>	<i>20,630</i>	<i>100</i>
Not reported ^(a)	—	9,234	—	2,127	—	—	—	—	11,361	n.a.
Total	14,556	9,234	3,056	2,127	1,869	375	729	45	31,991	..
Buprenorphine^(b)										
Indigenous	468	n.a.	33	n.a.	4	2	—	3	510	9
Non-Indigenous	3,979	n.a.	656	n.a.	74	47	29	14	4,799	87
Not stated	194	n.a.	19	n.a.	—	6	1	1	221	4
<i>Sub total</i>	<i>4,641</i>	<i>n.a.</i>	<i>708</i>	<i>n.a.</i>	<i>78</i>	<i>55</i>	<i>30</i>	<i>18</i>	<i>5,530</i>	<i>100</i>
Not reported ^(a)	—	531	—	107	—	—	—	—	638	n.a.
Total	4,641	531	708	107	78	55	30	18	6,168	..
Buprenorphine-naloxone										
Indigenous	n.a.	n.a.	102	n.a.	112	7	10	8	239	6
Non-Indigenous	n.a.	n.a.	2,091	n.a.	1,120	191	148	75	3,625	90
Not stated	n.a.	n.a.	136	n.a.	—	31	3	1	171	4
<i>Sub total</i>	<i>n.a.</i>	<i>n.a.</i>	<i>2,329</i>	<i>n.a.</i>	<i>1,232</i>	<i>229</i>	<i>161</i>	<i>84</i>	<i>4,035</i>	<i>100</i>
Not reported ^(a)	n.a.	4,196	—	1,052	—	—	—	—	5,248	n.a.
Total	n.a.	4,196	2,329	1,052	1,232	229	161	84	9,283	..
Total (all pharmacotherapy drugs)										
Indigenous	2,147	n.a.	266	n.a.	268	30	95	16	2,822	9
Non-Indigenous	14,996	n.a.	5,259	n.a.	2,911	537	809	129	24,641	82
Not stated	2,054	n.a.	568	n.a.	—	92	16	2	2,732	9
<i>Sub total</i>	<i>19,197</i>	<i>n.a.</i>	<i>6,093</i>	<i>n.a.</i>	<i>3,179</i>	<i>659</i>	<i>920</i>	<i>147</i>	<i>30,195</i>	<i>100</i>
Not reported ^(a)	—	13,961	—	3,286	—	—	—	—	17,247	n.a.
Total	19,197	13,961	6,093	3,286	3,179	659	920	147	47,442	..
Number of Indigenous clients per 10,000 Indigenous people^(c)										
	122	n.a.	15	n.a.	83	14	188	2	59	
Number of Non-Indigenous clients per 10,000 non-Indigenous people^(c)										
	21	n.a.	11	n.a.	18	11	23	8	17	

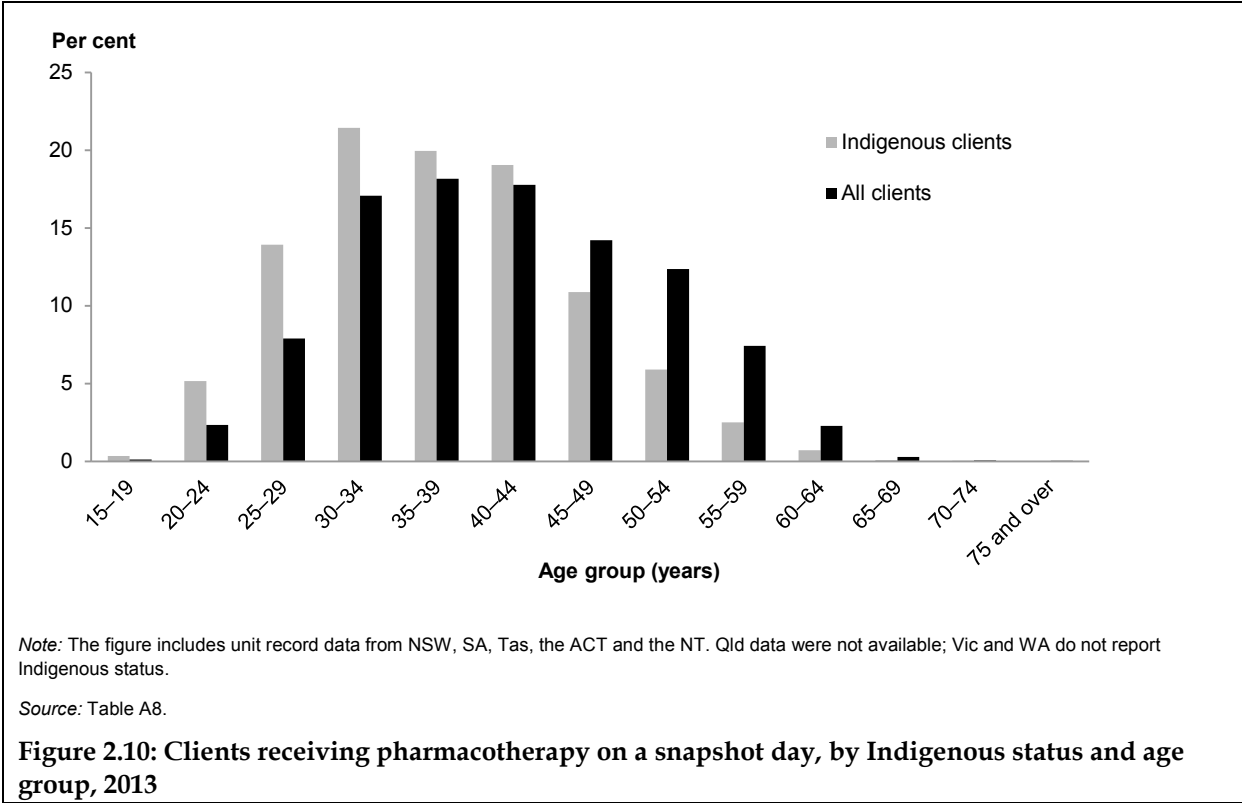
(a) Vic and WA do not report Indigenous status.

(b) NSW counts buprenorphine-naloxone as 'buprenorphine'. See Chapter 5 for further details.

(c) Population estimates for Indigenous and Non-Indigenous people are for June 2013 (ABS 2014b)

In 2013, 5 states and territories provided confidentialised client data (unit records) including Indigenous status information. The following aggregated information is based on those data and, as with the data reported above, should be interpreted with caution due to the high proportion of individual clients (54%) for whom Indigenous status is either 'not reported' or 'not stated'.

Drawing on this richer data for 5 states and territories, Indigenous pharmacotherapy clients tended to be younger than pharmacotherapy clients in general (Figure 2.10). For age groups under 45 years, Indigenous clients were over-represented compared to pharmacotherapy clients as a whole. For each older age group, the proportion of Indigenous pharmacotherapy clients was lower than that seen for pharmacotherapy clients generally, by as much as two-thirds for some age groups.



2.4 Opioid drug of dependence and client status

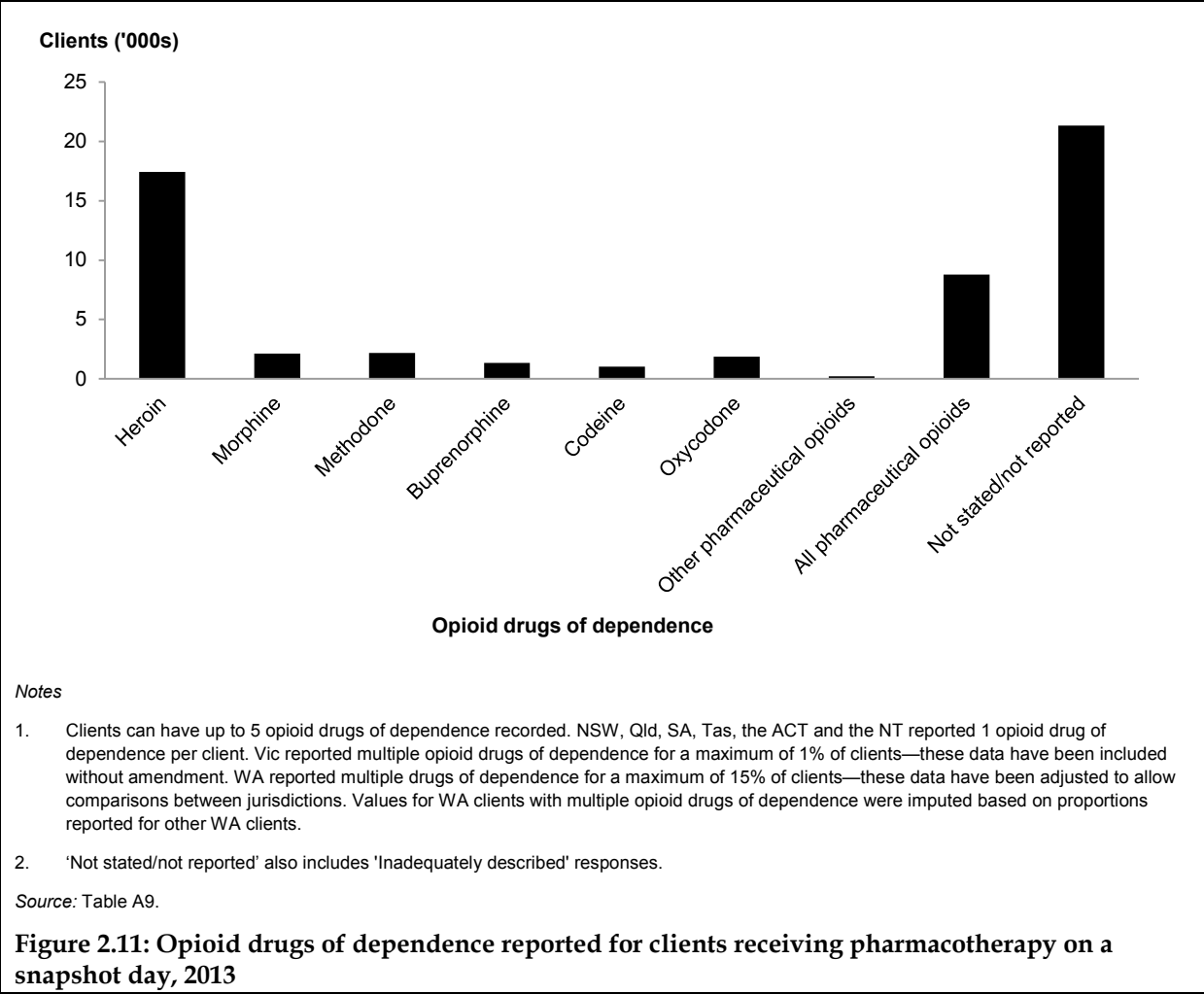
The 2013 NOPSAD collection included 2 new types of information on pharmacotherapy clients. These relate to clients' opioid drugs of dependence (the drugs leading people to seek opioid pharmacotherapy treatment) and their status (the numbers of new, ongoing or readmitting clients, and clients transferring from another state/territory jurisdiction). Because the data items are new to the collection, a high rate of 'not stated' and 'not reported' responses were received in this first year. The following information should therefore be interpreted with caution.

Which drugs do clients receive treatment for?

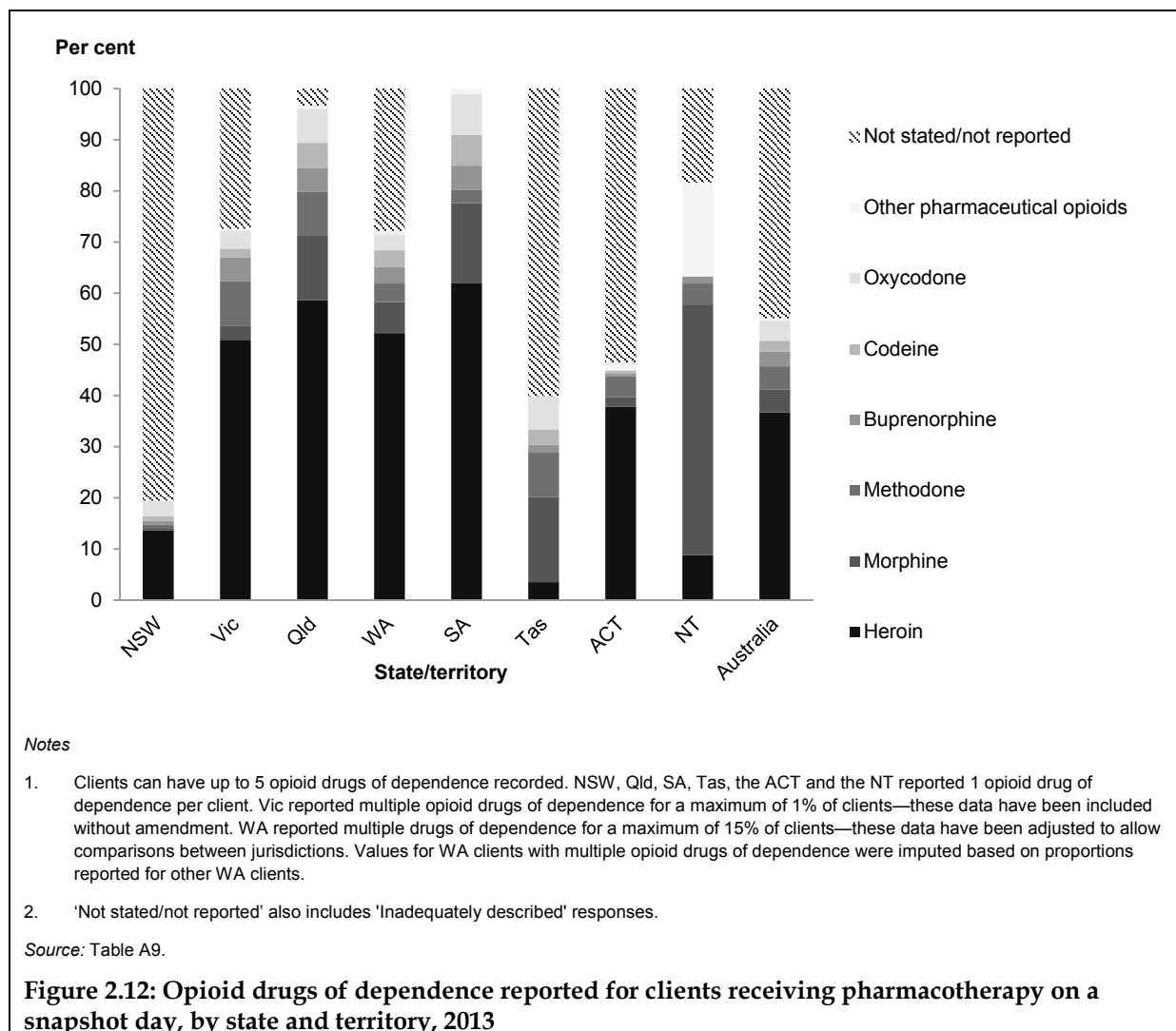
Opioid pharmacotherapy clients receive treatment for a range of drugs of dependence. These include illicit opioids (such as heroin) and pharmaceutical opioids, which are available

illicitly, by prescription (such as morphine and oxycodone) or over-the-counter (such as codeine-paracetamol combinations).

At the national level, clients were about twice as likely to report heroin as an opioid drug of dependence (17,434 clients) than they were for opioid pharmaceuticals (8,795 clients) (Figure 2.11). Methadone (2,186 clients) and morphine (2,136 clients) were the next most reported drugs of dependence; however, pharmacotherapy drugs may be subject to misreporting if a client’s treatment drug is reported in place of the opioid drug of dependence leading a client to seek treatment. In addition, differences in reporting for Victoria and Western Australia mean that data on opioid drug of dependence should be interpreted with caution (see footnotes in figures 2.11 and 2.12 for more information).



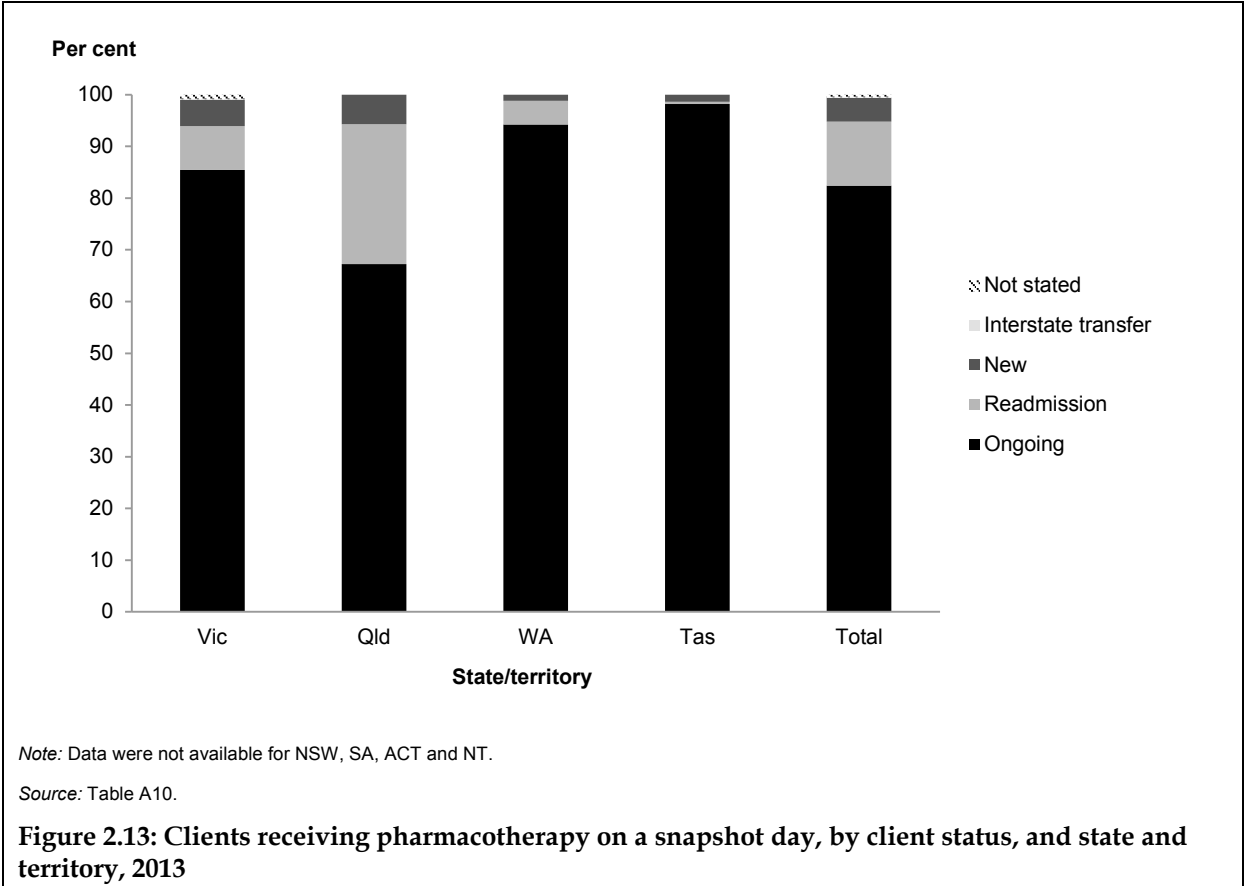
Heroin was the most common drug of dependence for all states and territories, except Tasmania and the Northern Territory, where morphine was the most common (Figure 2.12). Comparing states and territories, heroin was most common in the Australian Capital Territory (81% of all reported drugs of dependence, excluding ‘not stated’ and ‘not reported’ responses). All other states and territories apart from Tasmania and the Northern Territory had between 60% and 70% of all opioid drugs of dependence reported as heroin.



Do clients stay in treatment?

Clients interact with the pharmacotherapy treatment system in a number of ways. A client's status may differ according to whether they are: receiving treatment for the first time (new), re-entering treatment after a lapse (readmission), continuing treatment (ongoing) or transferring from another state/territory jurisdiction (interstate transfer).

Based on a snapshot day in 2013, client status data were provided for Victoria, Queensland, Western Australia and Tasmania (Figure 2.13). Across these 4 jurisdictions, a large majority of clients were classed as ongoing. This was highest in Tasmania (98%), followed by Western Australia (94%), Victoria (86%, excluding 'not stated' responses) and Queensland (67%). The proportion of re-admitting clients ranged from 27% in Queensland to less than 1% in Tasmania. New clients comprised a small proportion of clients in all 4 jurisdictions (no greater than 6%).



3 Prescribers

3.1 How are prescribers authorised?

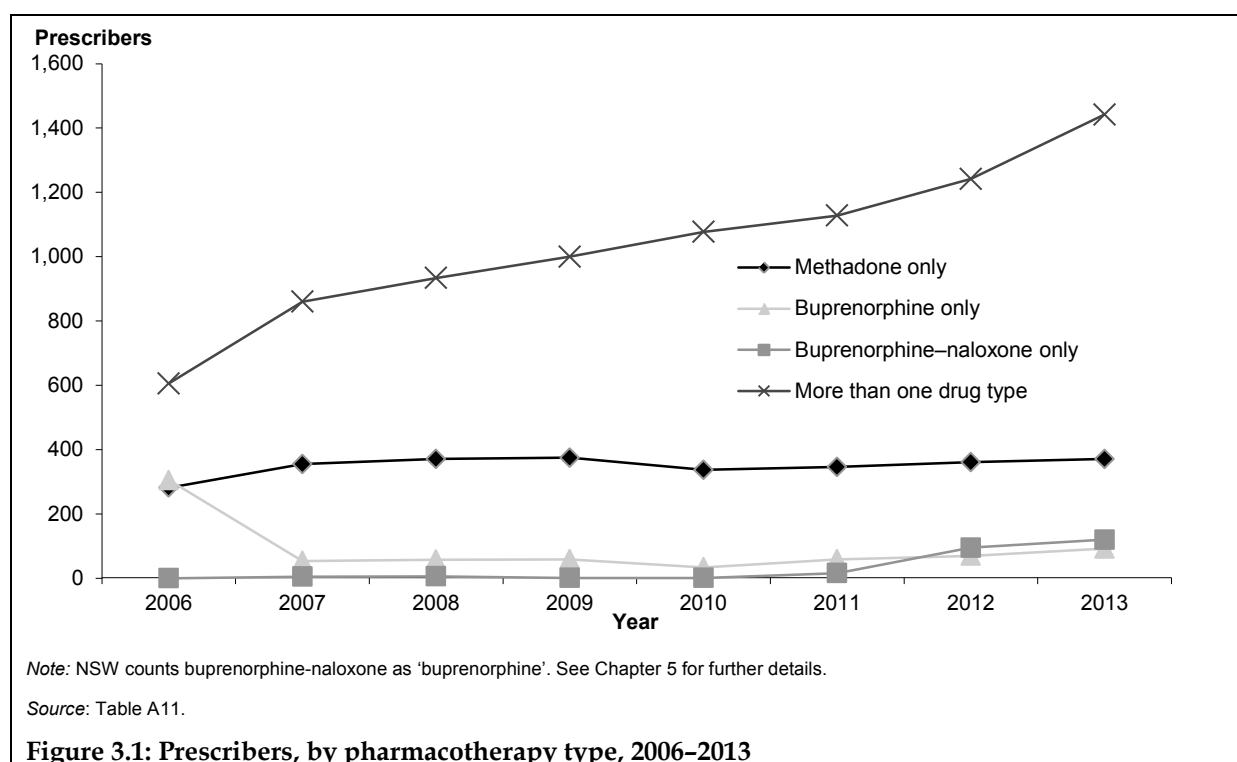
Opioid pharmacotherapies are prescribed by medical personnel such as general practitioners and medical specialists. Each state and territory has a registration process through which prescribers can undergo training and become registered to prescribe opioid pharmacotherapies to clients. Some jurisdictions, including South Australia and Victoria, also authorise prescribers to prescribe opioid pharmacotherapies for a small number of clients without undergoing the specified training. Data on all registered or authorised prescribers are included in this report, except for New South Wales, Western Australia and South Australia, where prescribers are included only if they are actively prescribing for at least 1 client on the snapshot day (see Table 5.2 for further details). NSW has 8 prescribers who prescribe in more than 1 location, and as such are counted twice. This will lead to slightly deflated client to prescriber ratios.

Nationally, there were 2,025 prescribers authorised to prescribe 1 or more pharmacotherapy drugs in 2013 (Table 3.1). This was an increase of 257 prescribers (15%) from 2012 and 476 (31%) since 2011.

Of these 2,025 prescribers:

- 71% (1,442) were authorised to prescribe more than 1 pharmacotherapy type
- 18% (371) were authorised to prescribe methadone only
- 6% (120) were authorised to prescribe buprenorphine-naloxone only
- The remaining 5% (92) were located in New South Wales and were authorised to prescribe buprenorphine and/or buprenorphine-naloxone, but reported as 'Buprenorphine only' (Table 3.1).

The proportion of prescribers authorised to prescribe more than 1 pharmacotherapy type increased from 51% in 2006 to 71% in 2013 (Figure 3.1). The increase in the proportion of prescribers authorised to prescribe buprenorphine-naloxone only (from 1% in 2011 to 6% in 2013) occurred mainly in South Australia and is due to the introduction of the Suboxone® Opioid Substitution Program (SOSP) in South Australia, discussed in more detail below. In Victoria, as of 2013, general practitioners can prescribe buprenorphine-naloxone for up to 5 patients without the need to attend training (Vic Health 2013). This also had an impact on the increased proportion of buprenorphine-naloxone-only prescribers.



All prescribers in the Australian Capital Territory and the Northern Territory were registered to prescribe more than 1 drug type in 2013. In the other 6 jurisdictions, South Australia (58%), New South Wales (52%), Tasmania (30%) and Victoria (17%) had substantial proportions of prescribers registered to prescribe a single drug type only (Table 3.1). Between 2012 and 2013, prescriber numbers grew in all states and territories (Table A11).

Table 3.1: Prescribers, by pharmacotherapy type, and state and territory, 2013

Pharmacotherapy type	NSW ^(b)	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (%)
Number of prescribers										
Methadone only	236	119	1	4	—	11	—	—	371	18.3
Buprenorphine only ^(a)	92	—	—	—	—	—	—	—	92	4.5
Buprenorphine-naloxone only	n.a.	18	2	—	100	—	—	—	120	5.9
More than 1 drug type	308	684	180	94	72	26	66	12	1,442	71.2
Total (number)	636	821	183	98	172	37	66	12	2,025	100.0
Total (per cent)	31.4	40.5	9.0	4.8	8.5	1.8	3.3	0.6	100.0	..

(a) NSW counts buprenorphine-naloxone as 'buprenorphine'. See Table 5.2 for further details.

(b) The numbers provided for NSW represent the type of drugs prescribed by active prescribers on 30 June rather than the number of prescribers approved to prescribe each drug type.

Note: The states and territories may have different guidelines and policies regarding training and registration to prescribe opioid pharmacotherapy types. See Chapter 5 for more information.

3.2 Where do prescribers work?

Prescribers are classified according to the sector in which they are working when prescribing pharmacotherapy drugs to clients.

- **Private** prescribers work in organisations that are not controlled by government, such as private general practice clinics.
- **Public** prescribers work in organisations that are part of government or are government-controlled, such as public drug and alcohol clinics and public hospitals.
- **Correctional facility** prescribers work in prisons or other correctional services.

Of the 2,025 prescribers authorised to prescribe pharmacotherapy drugs in 2013:

- 82% (1653) were private prescribers
- 13% (270) were public prescribers
- 3% (67) were correctional facility prescribers
- 2% (35) were public/private prescribers (Table 3.2).

In 2013, Victoria had no public prescribers, and so had the highest proportion of private prescribers (98%) (Table 3.2). This was followed by South Australia (90% private prescribers) and the Australian Capital Territory (88% private prescribers). The Northern Territory had the highest proportion of public prescribers (67%), followed by Tasmania and Queensland (both 32%).

Table 3.2: Prescribers, by prescriber type, and state and territory, 2013

Prescriber type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Private prescriber	437	803	112	64	154	23	58	2	1,653
Public prescriber	156	—	58	19	12	12	5	8	270
Public/private prescriber ^(a)	28	—	5	—	—	—	2	—	35
Correctional facility	15	18	8	15	6	2	1	2	67
Total	636	821	183	98	172	37	66	12	2,025

(a) In NSW, Qld and ACT, these figures relate to prescribing that cannot be separated into a single prescriber type.

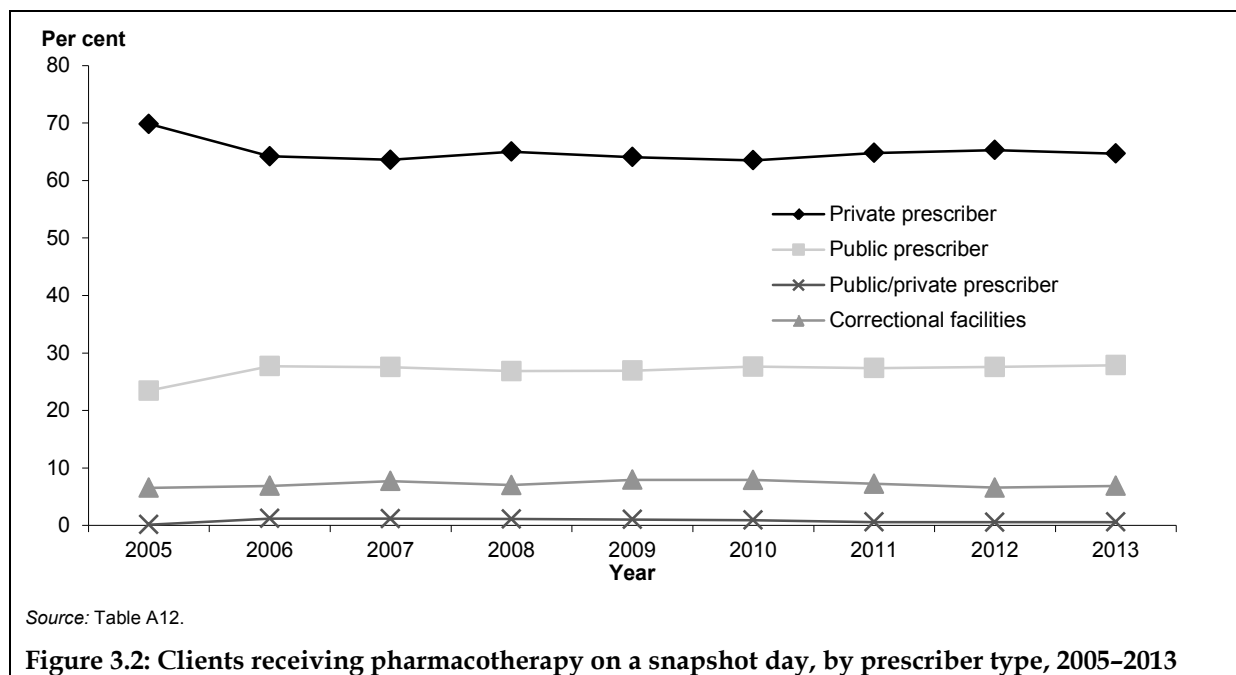
Note: The states and territories have different guidelines and policies regarding training and registration to prescribe opioid pharmacotherapy types. In South Australia, for example, 100 out of 172 prescribers treat a total of 150 clients (under the SOSP). See Chapter 5 for more information.

3.3 How many clients do prescribers treat?

Of the 47,422 clients receiving treatment on the snapshot day in June 2013, when data from all states and territories are combined:

- 65% (30,680) received treatment from a private prescriber
- 28% (13,219) received treatment from a public prescriber
- 7% (3,265) received treatment from a correctional facility prescriber (Table 3.3).

These proportions have remained stable since 2006 (Figure 3.2).



Private prescribers treated the majority of clients in New South Wales, Victoria, Western Australia and South Australia. Public prescribers treated the majority of clients in Queensland, Tasmania, the Australian Capital Territory and the Northern Territory (Table 3.3). This pattern is similar to that observed in 2012 for all jurisdictions.

Table 3.3: Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type, prescriber type, and state and territory, 2013

Prescriber type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of clients									
Methadone									
Private prescriber	8,461	8443	1,054	1,012	1,049	214	248	5	20,486
Public prescriber	4,425	—	1,973	823	653	160	394	40	8,468
Public/private prescriber ^(a)	209	—	—	—	—	—	—	—	209
Correctional facility	1,461	791	29	292	167	1	87	—	2,828
Total	14,556	9,234	3,056	2,127	1,869	375	729	45	31,991
Buprenorphine^(b)									
Private prescriber	2,460	525	375	57	22	20	11	3	3,473
Public prescriber	1,912	—	328	50	54	34	19	15	2,412
Public/private prescriber ^(a)	69	—	—	—	—	—	—	—	69
Correctional facility	200	6	5	—	2	1	—	—	214
Total	4,641	531	708	107	78	55	30	18	6,168
Buprenorphine-naloxone									
Private prescriber	n.a.	4,125	1,119	638	715	75	46	3	6,721
Public prescriber	n.a.	—	1,190	383	421	153	115	77	2,339
Public/private prescriber ^(a)	n.a.	—	—	—	—	—	—	—	—
Correctional facility	n.a.	71	20	31	96	1	—	4	223
Total	n.a.	4,196	2,329	1,052	1,232	229	161	84	9,283
Total (all pharmacotherapy drugs)									
Private prescriber	10,921	13,093	2,548	1,707	1,786	309	305	11	30,680
Public prescriber	6,337	—	3,491	1,256	1,128	347	528	132	13,219
Public/private prescriber ^(a)	278	—	—	—	—	—	—	—	278
Correctional facility	1,661	868	54	323	265	3	87	4	3,265
Total	19,197	13,961	6,093	3,286	3,179	659	920	147	47,442
Total (per cent all pharmacotherapy drugs)									
Private prescriber	56.9	93.8	41.8	51.9	56.2	46.9	33.2	7.5	64.7
Public prescriber	33.0	—	57.3	38.2	35.5	52.7	57.4	89.8	27.9
Public/private prescriber ^(a)	1.4	—	—	—	—	—	—	—	0.6
Correctional facility	8.7	6.2	0.9	9.8	8.3	0.5	9.5	2.7	6.9
Total (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) These figures relate to prescribing that cannot be separated into public or private prescribers.

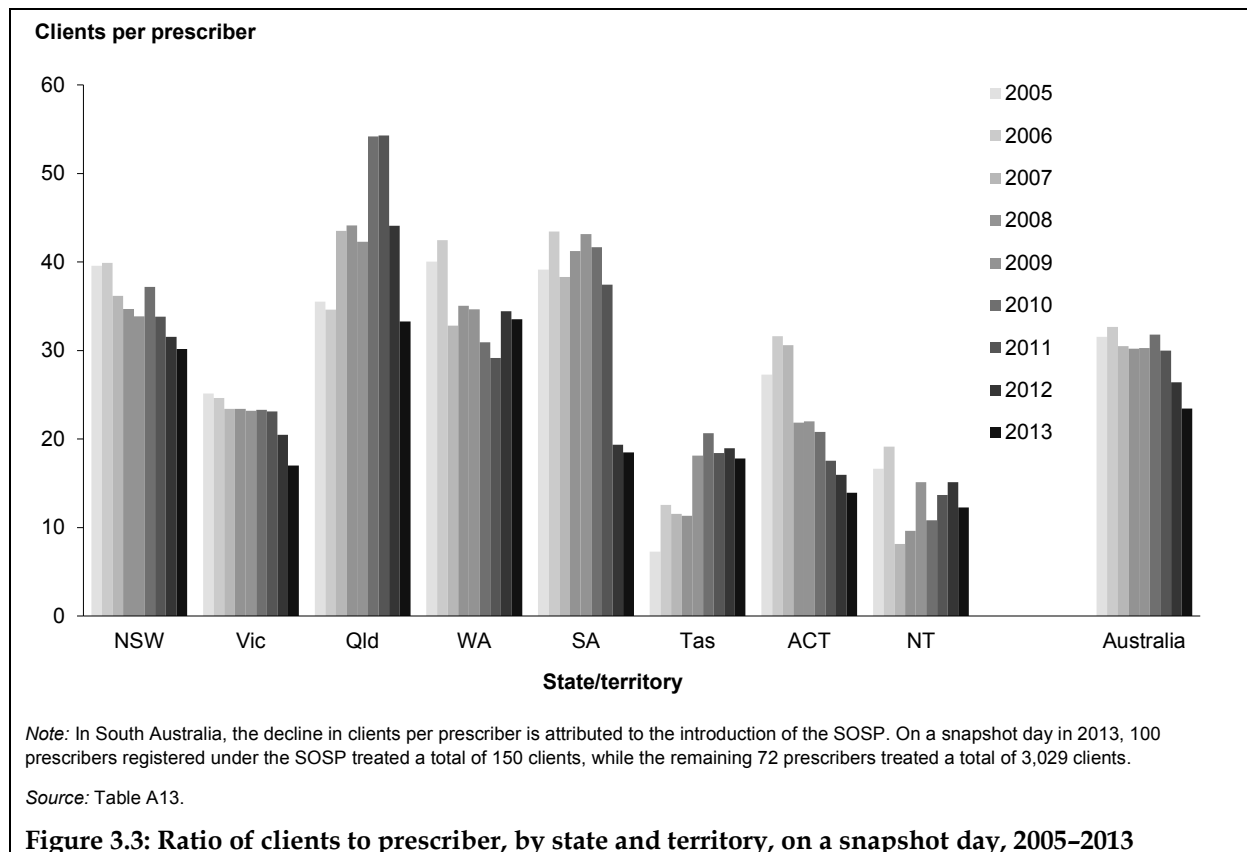
(b) NSW counts buprenorphine-naloxone as 'buprenorphine'. See Chapter 5 for further details.

Clients per prescriber

On a snapshot day in 2013, 2,025 prescribers were treating an average of 23 clients each (compared to an average of 26 clients in 2012) (Figure 3.3). Low growth in client numbers (less than 2% between 2012 and 2013) coupled with relatively high growth in prescriber numbers (15% between 2012 and 2013) meant that the client-to-prescriber ratio fell in 2013.

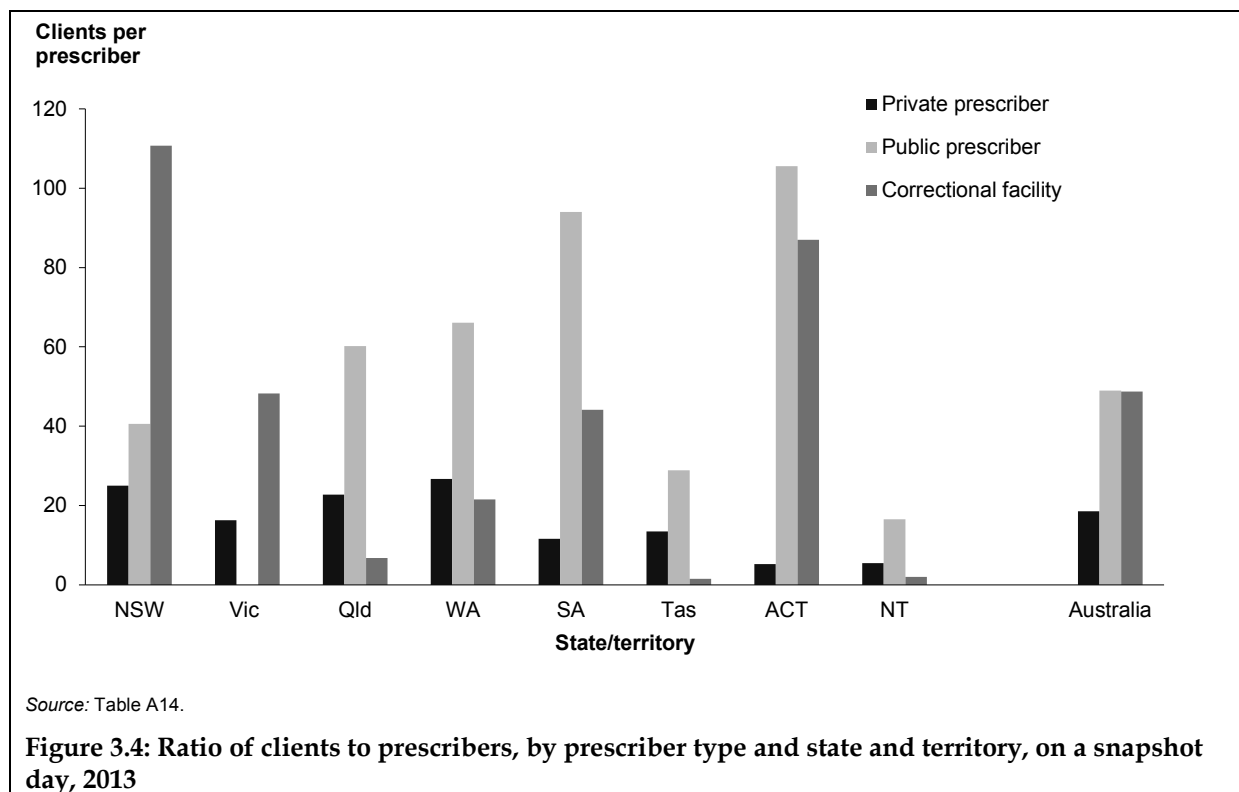
This continues a recent trend, with the client-to-prescriber ratio falling for the last 3 collection years.

Between 2012 and 2013, the number of clients per prescriber fell in all states and territories (Figure 3.3). In relative terms, Queensland had a notable decrease (from 44 to 33), as did the Northern Territory (from 15 to 12) and Victoria (21 to 17). In South Australia, the substantial decrease in the number of clients per prescriber since 2012 was maintained.



In 2013, prescribers working in the public sector had, on average, about 2 and a half times as many clients as prescribers working in the private sector (49 clients per prescriber compared with 19) (Figure 3.4). Public prescribers in the Australian Capital Territory (106 clients) and South Australia (94 clients) had a relatively high average number of clients. Private prescribers had a lower average number of clients than public prescribers in all states and territories except for Victoria, which had no public prescribers.

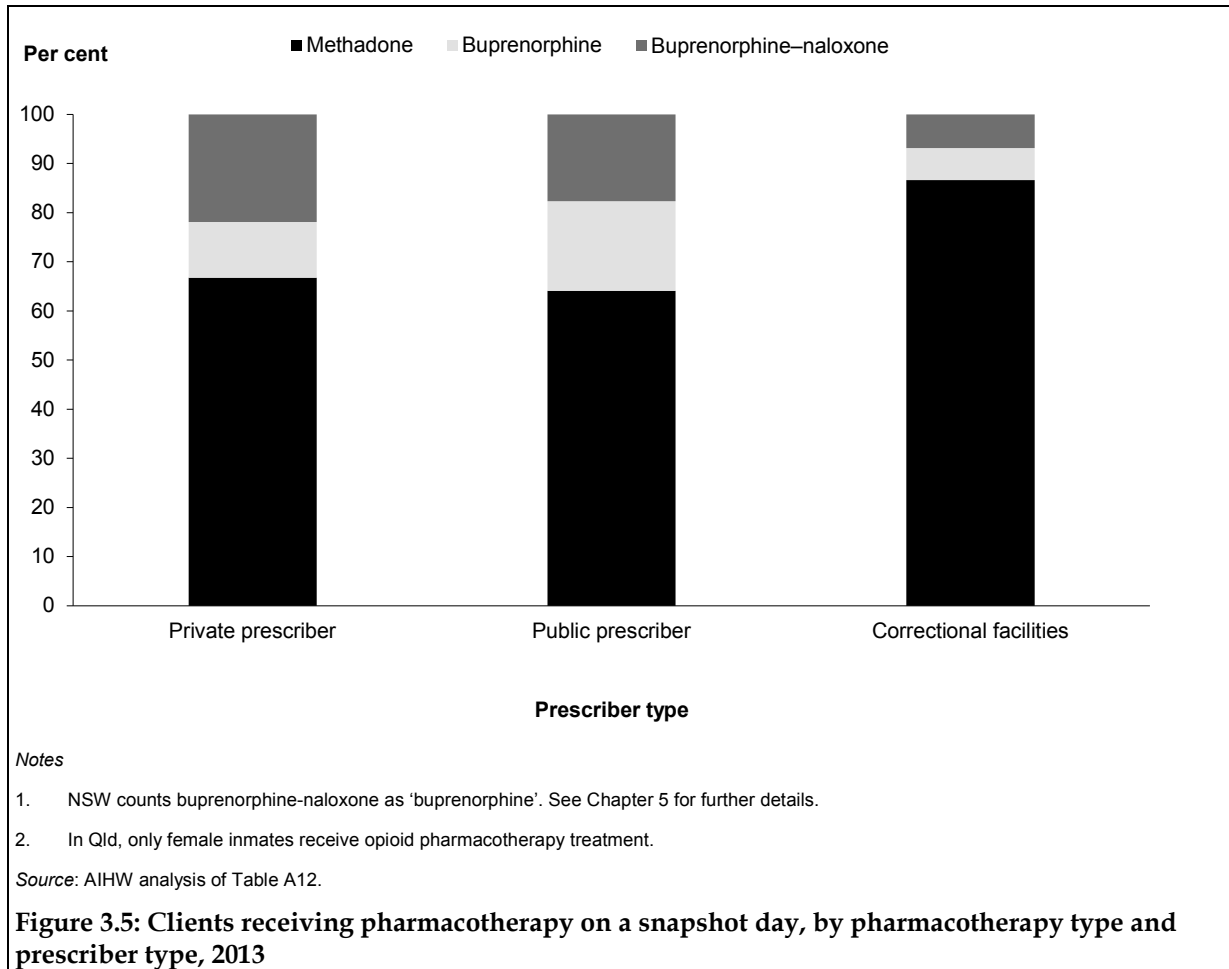
Prescribers working in correctional facilities had an average of 49 clients nationally, but at a state and territory level this varied widely, from 2 clients per prescriber in Tasmania and the Northern Territory to 111 clients per prescriber in New South Wales (Figure 3.4).



3.4 Does drug treatment vary between sectors?

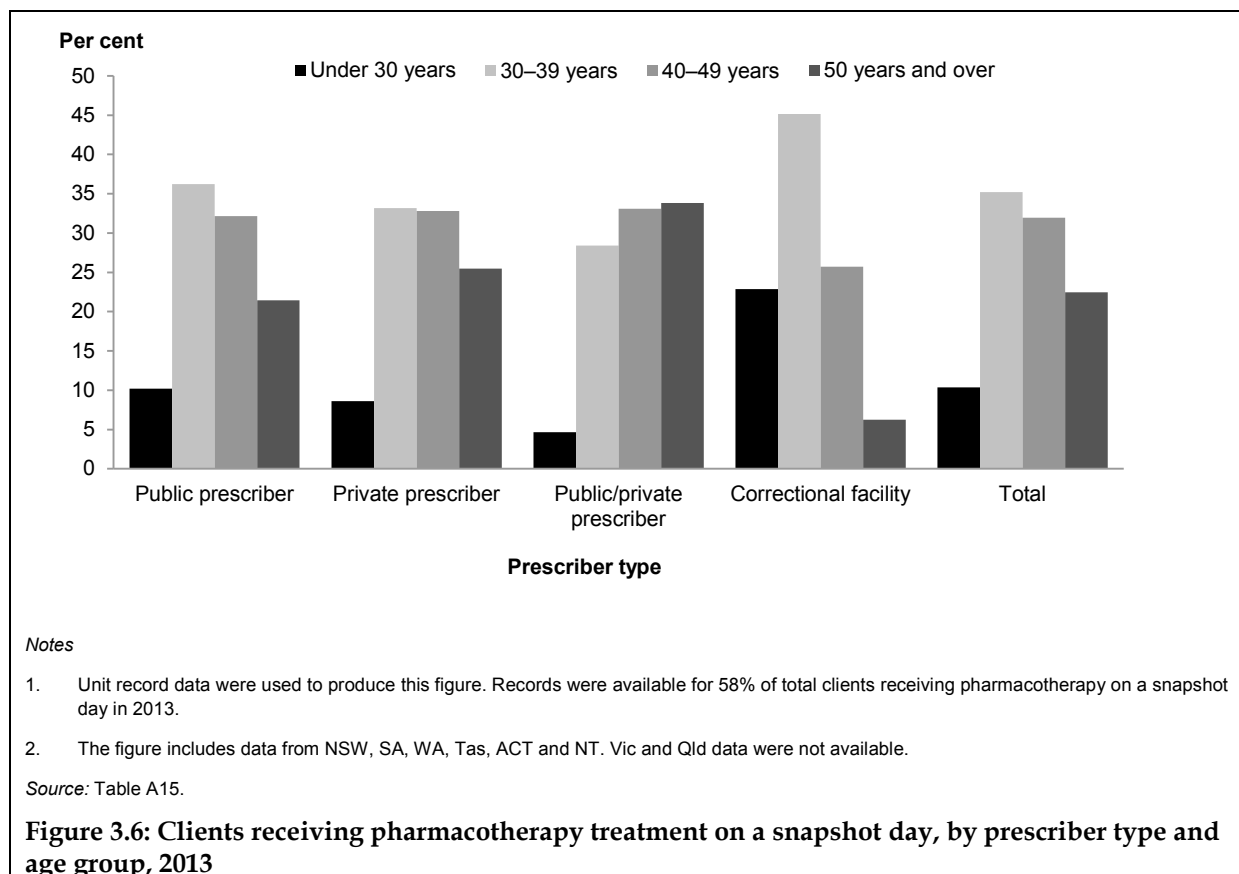
Treatment type

In 2013, methadone was the most commonly prescribed drug in all sectors (Figure 3.5). However, prescribers in correctional facilities were far more likely to prescribe methadone (87% of clients) when compared with private (67%) or public prescribers (64%). Private prescribers were the most likely to prescribe buprenorphine-naloxone (22%) compared with public (18%) or correctional facility (7%) prescribers. Given that clients prescribed buprenorphine-naloxone in New South Wales are reported as receiving buprenorphine, the proportion of clients receiving buprenorphine-naloxone nationally (as shown in Figure 3.5) is likely to be an underestimate.



Client characteristics

The client group treated by particular prescriber types can vary depending on the demographic features of the clients. Based on 2013 unit record data from 6 states/territories, correctional facility prescribers were more likely to treat younger clients (Figure 3.6) – the proportion of clients aged 50 and over that were treated by correctional facilities was about a quarter of that seen for all prescribers. Correctional facilities treated clients aged under 30 at over twice the rate seen for all prescribers. Public and private prescribers served similar client groups, with public/private prescribers serving a slightly older group of clients.



Public, private and public/private prescriber types were generally similar in terms of the proportion of male and female clients treated, each treating about twice as many males as females (Table A15). Correctional facilities were different, with about 9 in 10 clients being male.

4 Dosing points

A dosing point is the site where clients receive the medication prescribed for them. In general, clients attend a dosing point and receive 1 dose of medication, which they take under supervision, in order to reduce the risks of diversion, misuse or overdose. However, stable clients may be authorised to take home 1 or more 'takeaway' doses for use on subsequent days (DoHA 2007).

4.1 What are the numbers and types of dosing points?

In 2012–13 there were 2,355 dosing points in Australia, an increase of 129 (6%) from 2011–12 (Table A16). In the same period the number of dosing points rose in all states and territories. Nationally, in 2012–13 the majority of dosing points were pharmacies (88%), which were the most common dosing point sites in all states and territories (Table 4.1). These proportions are very similar to those observed in previous years.

Table 4.1: Dosing point sites, by state and territory, 2012–13

Dosing point sites	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (%)
Public clinic	36	—	11	1	2	2	1	2	55	2.3
Private clinic	12	—	7	—	—	—	—	—	19	0.8
Pharmacy	680	455	411	241	193	58	32	8	2,078	88.2
Correctional facility	1	11	5	2	8	1	1	1	30	1.3
Other ^(b)	75	16	77	2	2	1	—	—	173	7.3
Total (number)	804	482	511	246	205	62	34	11	2,355	100.0
Total (%)	34.2	20.5	21.7	10.4	8.7	2.6	1.4	0.5	100.0	..

(a) See Chapter 5 for more information about NSW. NSW correctional dosing points are reported under a single facility.

(b) The category 'Other' includes hospitals, mobile dosing sites, community health clinics, non-government organisations, doctors' surgeries and dosing points 'not stated'.

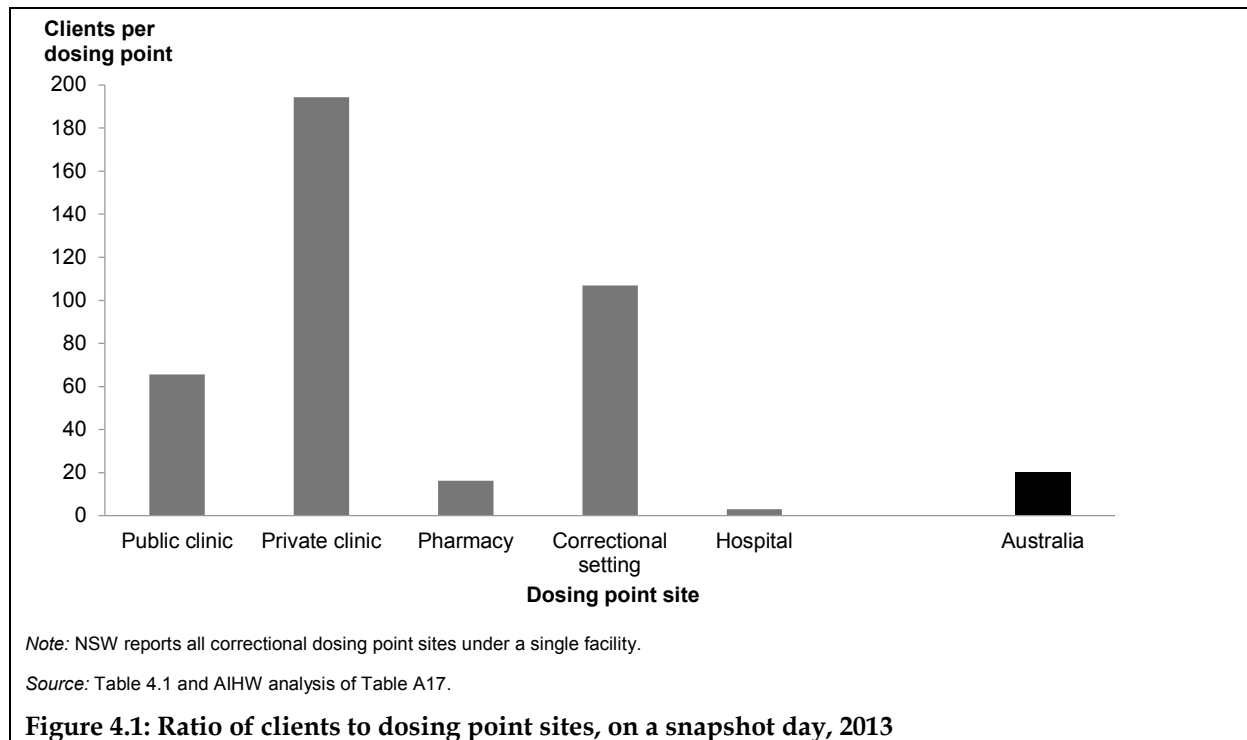
4.2 What is the relationship between clients and dosing points?

Of the 47,442 clients receiving treatment on the snapshot day in June 2013, the majority (71%) dosed at a pharmacy. Other common sites for dosing were private and public clinics (8% of clients each) and correctional facilities (7%) (Table A17).

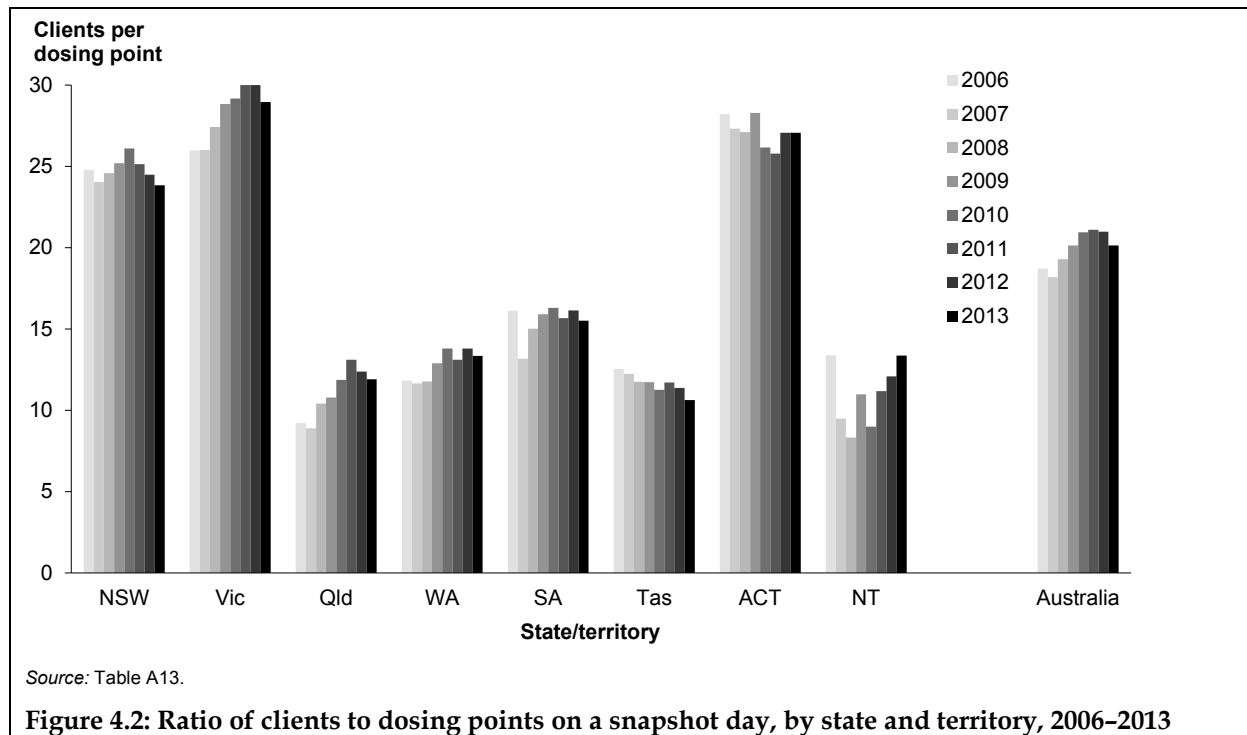
Clients per dosing point

On the snapshot day in June 2013, an average of 20 clients dosed at each dosing point site (Figure 4.1). However, this varied greatly by the type of dosing point. For example, more than 10 times as many clients dosed at private clinics, on average, than at pharmacies (194 clients per dosing point compared to 16). An average of 107 clients dosed at correctional facilities, but this number is inflated as New South Wales reports all correctional dosing

point sites under a single facility. If New South Wales data are excluded, an average of 52 clients were dosed at correctional facilities (tables 4.1 and A17).



Nationally, the ratio of clients per dosing point rose from around 19 in 2006, peaking at around 21 from 2010 to 2012 (Figure 4.2). In 2013, the ratio decreased slightly to 20. At a state and territory level, the ratio of clients per dosing point rose or remained relatively stable between 2006 and 2012. In 2013, Victoria had the highest ratio of clients per dosing point (29), followed by the Australian Capital Territory (27) and New South Wales (24) (Figure 4.2).



Drug type

While the majority of clients were dosed at pharmacies, a larger proportion of clients who received buprenorphine-naloxone were dosed at a pharmacy (84%) than those receiving methadone (71%) or the buprenorphine-only product (55%). A larger proportion of clients who received methadone were dosed in a correctional facility (9%) than those who received buprenorphine only (4%) or buprenorphine-naloxone only (3%) (Figure 4.3). These proportions have remained similar over time (Table A18). The proportion of clients dosed with buprenorphine-naloxone may be higher than reported, given that clients receiving buprenorphine-naloxone in New South Wales are reported as receiving buprenorphine.

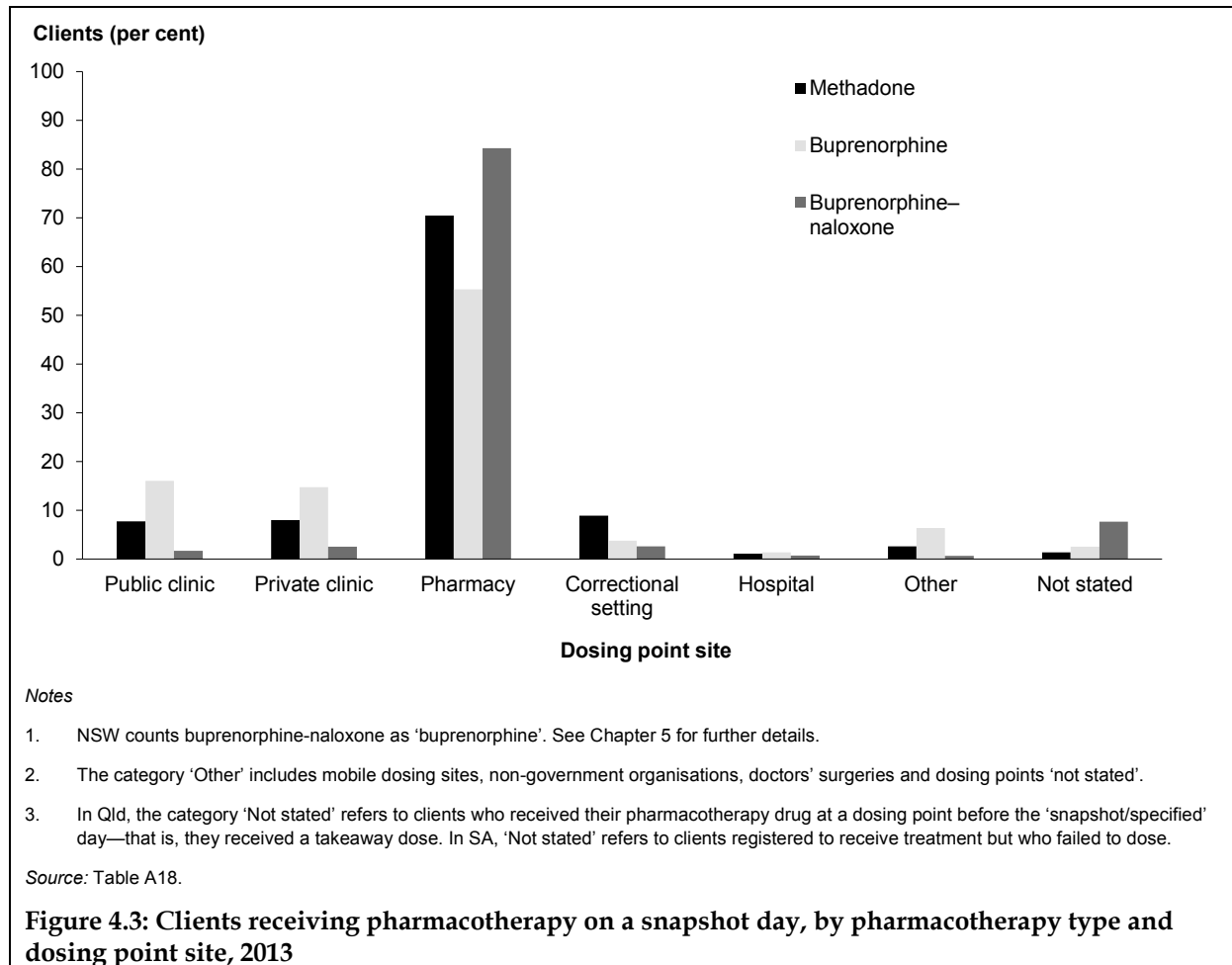
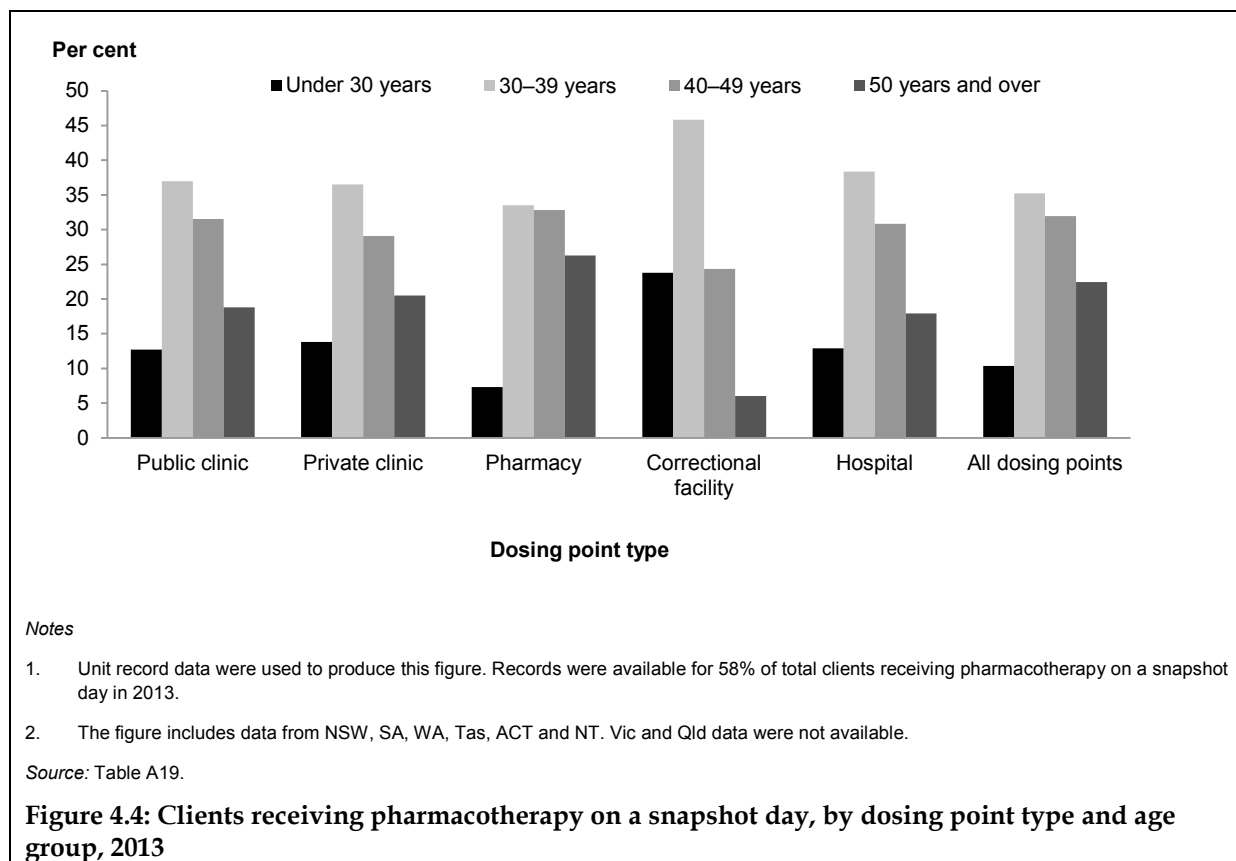


Table A17 provides a further breakdown of clients by pharmacotherapy type, dosing points, and state and territory.

Client characteristics

As with prescriber types, the characteristics of the client group treated at particular dosing point types are not uniform. Based on data from 6 states/territories, an older client group dosed at pharmacy dosing points in 2013 compared with other dosing point types, with a lower proportion of clients aged under 30 and a higher proportion of clients aged 50 and over (Figure 4.4). In contrast, a much younger client group dosed at correctional facility dosing points than other dosing point types. The client groups dosed at public clinics, private clinics and hospitals were similar.



With the exception of correctional facilities, about twice as many males compared to females dosed at each dosing point type, reflecting the overall proportion of males and females receiving pharmacotherapy treatment. The proportion of male clients ranged from 58% for hospital dosing points to 72% for private clinic dosing points (Table A19). Correctional facility dosing points provided pharmacotherapy to 7 male clients for every female client (in Queensland, however, only females can receive opioid pharmacotherapy in correctional facilities).

There are a number of different pathways that clients take from where they are prescribed pharmacotherapy to where they are dosed their treatment. For example, on a snapshot day in 2013, the large majority of clients dosed at public clinics were prescribed by public prescribers (Table 4.2). Likewise, almost all clients dosed at private clinics were dosed by private prescribers. For clients dosed at pharmacies, about 2 in 5 were prescribed by public prescribers and about 3 in 5 by private prescribers.

Table 4.2: Clients receiving pharmacotherapy treatment on a snapshot day, by dosing point type and prescriber type, 2013 (per cent)

Prescriber type	Dosing point type							All dosing points
	Public clinic	Private clinic	Pharmacy	Correctional facility	Hospital	Other	Not stated	
Public prescriber	10.2	0.4	18.6	0.3	0.7	1.2	4.1	35.5
Private prescriber	2.2	10.7	32.0	0.3	0.3	2.9	6.5	54.9
Public/private prescriber	—	—	0.9	—	—	0.1	—	1.0
Correctional facility	0.1	—	—	7.2	—	0.2	1.0	8.6
Total	12.6	11.1	51.5	7.9	1.0	4.3	11.6	100.0

Notes

1. Unit record data were used to produce this table. Records were available for 58% of total clients receiving pharmacotherapy on a snapshot day in 2013.
2. The table includes data from NSW, SA, WA, Tas, ACT and NT. Vic and Qld data were not available.

5 Explanatory notes

A brief overview of the Australian opioid pharmacotherapy system is in Chapter 1. The states and territories administer the system, and this chapter has further information about the different policies and guidelines in each jurisdiction. It also includes information about changes to the NOPSAD data collection since its inception.

Data collection by states and territories

State and territory governments use different methods to collect data about the clients, prescribers and dosing points associated with the opioid pharmacotherapy system. These methods are driven by differences between the states and territories in relation to legislation, information technology systems and resources. The differences may result in discrepancies when comparing one state or territory with another. Differing administrative features adopted by each state and territory are outlined in Table 5.1 and methodological features in Table 5.2.

Table 5.1: Administrative features of the NOPSAD collection in each state and territory

State/territory	Administrative features
New South Wales	Prescribers authorised to prescribe methadone can additionally be approved to prescribe buprenorphine, but not vice versa. Medical practitioners who manage up to 5 clients do not require an approval to prescribe drugs of addiction under s. 28A of the <i>Poisons and Therapeutic Goods Act 1966</i> (NSW) and are not required to complete pharmacotherapy training. Those who are not accredited/approved prescribers may prescribe up to 5 'stable' patients; that is, a patient may be transferred to them, but they cannot induct a person onto treatment.
Victoria	The Victorian pharmacotherapy system is essentially community-based, other than for inpatients in hospitals and in prisons. Although a small number of services receive government funding, services are independent bodies and are not managed directly by government. As of 2013, general practitioners can prescribe buprenorphine-naloxone for up to 5 patients without the need to attend specific training (Vic Health 2013). In addition, changes have been made to allow greater flexibility for prescribers to make collaborative decisions with pharmacists regarding takeaway pharmacotherapy doses.
Queensland	—
Western Australia	Prescriber training is provided for all pharmacotherapies currently available.
South Australia	Policies were introduced in 2011 permitting any medical practitioner to be authorised to prescribe buprenorphine-naloxone for up to 5 patients for the treatment of opioid drug dependence. This program is known as the Suboxone® Opioid Substitution Program (SOSP). Authorities granted by the Drugs of Dependence Unit are still required to be held before starting treatment with buprenorphine-naloxone, and the usual program rules for all pharmacotherapy programs remain in force. Buprenorphine-naloxone film is the only drug option authorised for this program. A prescriber can treat up to a maximum of 5 patients with buprenorphine-naloxone film before having to undertake accreditation by Drug and Alcohol Services South Australia and formal approval by the Drugs of Dependence Unit to be an accredited prescriber via the Opioid Dependence Substitution Program (ODSP). A prescriber cannot provide treatment with buprenorphine alone or methadone liquid without first being accredited.
Tasmania	In Tasmania, pharmacotherapy training is provided separately for each pharmacotherapy drug.
Australian Capital Territory	All pharmacists are required to attend training in 'Risk Management of the Process of Dosing Opioid Dependent Consumers' before they start dosing clients. This training is conducted by the Principal Pharmacist within the Health Directorate's Alcohol and Drug Service.

(continued)

Table 5.1 (cont.): Administrative features of the NOPSAD collection in each state and territory

State/territory	Administrative features
Northern Territory	Prescribers complete an 'Application for authority to prescribe a restricted S8 substance for the treatment of addiction' and submit the form with a photograph of the client to the Department of Health, Poisons Control. A contract between the client, prescriber and supplying pharmacy is also required for all applications for maintenance treatments. The information provided is assessed against data held in the Drug Monitoring System database. Non-standard applications are required to be submitted to the S8 and Restricted S4 Substances Clinical Advisory Committee for advice before a decision can be made on whether to issue the authorisation and whether special conditions need to apply. The prescriber is not permitted to prescribe until they receive a signed authorisation document (usually delivered by facsimile). When the prescriber is no longer treating the client, they are required to notify Poisons Control—this may be done by marking the authorisation/copy of application document as ceased, or by other written advice.

Table 5.2: Methodological differences for the NOPSAD collection in each state and territory

State/territory	Methodological notes
National	The 'snapshot day' varies between states and territories, but allows the number of clients to be estimated at a single point in time. Data collected for a snapshot day are likely to result in an underestimate of total clients receiving pharmacotherapy within a year. In general, all clients receiving their pharmacotherapy dose in-person on the snapshot day are counted; however, not all states/territories are able to count clients receiving a take-away dose on the snapshot day.
New South Wales	<p>The Pharmaceutical Drugs of Addiction System (PHDAS) is used primarily in the administration of the New South Wales Opioid Treatment Program. The database is used to record the authorisation of doctors to prescribe as part of the New South Wales Opioid Treatment Program. The PHDAS also records client admissions to, and exits from, treatment, as well as details of approved prescribers and dosing points. For these reasons, the PHDAS is characterised by continual fluctuations and data extracted at different times for the same period may not be the same. However, while delays in reporting entries to the program, exits from the program and changes in the status of dosing points cause short-term fluctuations in the database, these flatten out over the course of a full year.</p> <p>Clients prescribed buprenorphine-naloxone are counted under 'buprenorphine'.</p> <p>Similarly, New South Wales data collection does not differentiate between prescribers who are authorised to prescribe buprenorphine and those authorised to prescribe buprenorphine-naloxone.</p> <p>Data relating to prescribers refer to active prescribers only.</p> <p>In New South Wales approved and accredited prescribers can prescribe both methadone and buprenorphine (including buprenorphine-naloxone). The numbers provided in Table 3.1 for New South Wales represent the type of drugs prescribed by active prescribers on 30 June rather than the number of prescribers approved to prescribe each drug type.</p> <p>Data on dosing point sites relate to sites that were dosing at least 1 client as at 30 June 2013.</p> <p>Client data are reported in New South Wales as at 30 June.</p>
Victoria	<p>Data are collected from 2 sources: a half-yearly census of pharmacists who are requested to report the actual number of clients being dosed on a snapshot day, and the permit database, which records information about prescribers authorised to prescribe pharmacotherapy drugs, as well as demographic information about clients accessing pharmacotherapy treatment. These 2 data sources cannot be linked.</p> <p>The number of prescribers in Victoria is determined by adding the number of prescribers registered for that year to the number of existing prescribers.</p> <p>In 2013, data were not provided for age and sex by individual pharmacotherapy drug type. Age and sex data for all pharmacotherapy drugs (combined) were provided. In previous years, these data were estimated by Victoria.</p> <p>In Victoria, data relating to the Indigenous status of clients are not available.</p> <p>Client data are reported in Victoria on a snapshot day.</p>

(continued)

Table 5.2 (cont.): Methodological differences for the NOPSAD collection in each state and territory

Queensland	<p>Data are collected monthly from pharmacists and entered into a central database managed by Medicines Regulation and Quality. Data are also collected from administrative 'Admission' and 'Discharge' forms. Queensland totals may vary slightly due to these data source differences. For example, a client may be counted as registered and having received a dose on the snapshot day, but a dosing point cannot be assigned because the dose consumed on that day was a takeaway dose.</p> <p>The total number of prescribers for Queensland includes those from private practice, public clinics, correctional facilities and government medical offices.</p> <p>Client data are reported in Queensland on a snapshot day.</p>
Western Australia	<p>Data are collected from the monthly reports received from pharmacies and other dosing sites authorised to participate in the Community Program for Opioid Pharmacotherapy (C-POP). The dosing data are entered into the Pharmaceutical Services Branch's Monitoring of Drugs of Dependence System (MODDS) database. Data are also collected from the 'Application for authority', 'Authority to prescribe' and 'Termination of treatment' forms. The number of clients receiving pharmacotherapy treatment is reported through the month of June.</p> <p>The total number of prescribers includes those treating at least 1 client as at 30 June 2013 in private practice, public clinics and correctional facilities.</p> <p>In Western Australia, data relating to the Indigenous status of clients are not available.</p> <p>Client data are reported in Western Australia for the entire month of June. Specifically, pharmacies supply information at the end of June relating to the last dose supplied to the patient. If a patient changes pharmacies mid-month, it is possible that they appear on 2 pharmacies' monthly transaction reports and are counted twice. Before 2005, Western Australia reported clients over a year.</p>
South Australia	<p>Data are collected from the forms 'Application for authority', 'Termination of treatment' and 'Request for additional methadone/buprenorphine takeaway', which are entered into a central database system at the Drugs of Dependence Unit, Medicines and Technology Policy and Programs, SA Health. Information from dispensed prescriptions is also collected electronically from pharmacists on a monthly basis by the Drugs of Dependence Unit.</p> <p>From 2011, data have been collected via a half-yearly survey completed by pharmacists and reported on a snapshot day. Other data are drawn from the Drugs of Dependence Unit's Drugs of Misuse Surveillance System and are about those clients registered for treatment on the snapshot day (but who may not actually receive treatment on that day).</p> <p>Clients who did not enter a dosing point on the snapshot day are reported as 'other' when describing clients by dosing point site.</p> <p>All tables include ODSP and SOSP clients and prescribers.</p> <p>In South Australia, data relating to prescribers refer to active prescribers only.</p>
Tasmania	<p>Data are collected monthly from pharmacists participating in the Tasmanian Opioid Pharmacotherapy Program, and entered into the Drug and Alcohol Pharmacy Information System (DAPIS). This central database is managed through the Pharmaceutical Services Branch, and is a 'live' database, from which a snapshot for any day can be taken. Data from DAPIS are made available for management-style reporting from an intranet-based dashboard system.</p> <p>Client data are reported in Tasmania on a snapshot day.</p>
Australian Capital Territory	<p>Client participation data are collected manually from the Health Directorate's Alcohol and Drug Services spread sheets and from Medication Administration Chart (MAC Sheets) which are provided by the community pharmacies. General practitioner and pharmacy participation data are also collated from the MAC Sheets.</p> <p>Client data are reported in the Australian Capital Territory on a snapshot day.</p>
Northern Territory	<p>Client data are reported in the Northern Territory on a snapshot day.</p>

Table 5.3: Policies and guidelines for opioid pharmacotherapy

State/territory	Policies and guidelines for opioid pharmacotherapy
National	<ul style="list-style-type: none"> • National pharmacotherapy policy for people dependent on opioids 2007
New South Wales	<ul style="list-style-type: none"> • <i>Opioid Treatment Program Clinical Guidelines 2006 for Methadone and Buprenorphine Treatment of Opioid Dependence</i>
Victoria	<ul style="list-style-type: none"> • Policy for Maintenance Pharmacotherapy for Opioid Dependence
Queensland	<ul style="list-style-type: none"> • <i>Queensland Opioid Treatment Program: clinical guidelines 2012</i>
Western Australia	<ul style="list-style-type: none"> • <i>Western Australia Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opioid Dependence—3rd Edition</i> • Operational Directive 0255/09 Management of C-POP Patients in a Hospital Setting
South Australia	<ul style="list-style-type: none"> • Information for medical practitioners acting as a locum for an accredited community ODSP prescriber • <i>Guidelines for action to be taken in response to serious breaches of the drug treatment programs—ODSP and SOSF</i> • Policy for non-supervised dosing of methadone and buprenorphine in drug treatment programs • Policy for split doses methadone in the ODSP • Policy relating to the use of buprenorphine in the ODSP • Protocol for drug treatment program transfer to South Australia • Protocol for drug treatment program transfer interstate/territory • Validity of a South Australia prescription for the ODSP in another state/territory • Validity of an interstate prescription for the ODSP in South Australia • <i>SOSF Guidelines—an information handout for medical practitioners in South Australia</i> • <i>Information for a prescriber acting in the absence of the Authority holder (paediatrician) accredited to treat Neonatal Abstinence Syndrome (NAS)</i>
Tasmania	<ul style="list-style-type: none"> • <i>Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards, 2012</i>
Australian Capital Territory	<ul style="list-style-type: none"> • <i>The ACT Opioid Maintenance Treatment Guidelines</i>
Northern Territory	<ul style="list-style-type: none"> • <i>Northern Territory Schedule 8 and Restricted Schedule 4 Substances Policy and Clinical Practice Guidelines</i>

Table 5.4: History of data reported for the NOPSAD collection, 2005–2013

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Data form	Aggregated	Aggregated	Aggregated	Aggregated	Aggregated	Aggregated	Aggregated	Aggregated + Unit records	Aggregated + Unit records
Data item	Client items								
Age		✓	✓	✓	✓	✓	✓	✓	✓
		Not available in NT	Not available in NT	Not available in NT	Not available in NT	Not available in NT			
Sex		✓	✓	✓	✓	✓	✓	✓	✓
Indigenous status		✓	✓	✓	✓	✓	✓	✓	✓
		Not available in Vic, WA, SA, Tas and NT	Not available in Vic, WA, Tas and NT	Not available in Vic, WA, Tas and NT	Not available in Vic, WA, Tas and NT	Not available in Vic, WA, Tas and NT	Not available in Vic, WA, Tas and NT	Not available in Vic and WA	Not available in Vic and WA
Pharmacotherapy drug type	✓ Methadone and buprenorphine data collected	✓ Buprenorphine-naloxone collection begins. NSW and Qld clients prescribed buprenorphine-naloxone are counted under 'buprenorphine'	✓ NSW and Qld clients prescribed buprenorphine-naloxone are counted under 'buprenorphine'	✓ 2008 onward, NSW clients prescribed buprenorphine-naloxone are counted under 'buprenorphine'		✓	✓	✓	✓
Prescriber type	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dosing point type	✓	✓	✓	✓	✓	✓	✓	✓	✓
				2008 onward, Qld included 'Other' category to capture clients not physically dosed on snapshot day					
Opioid drug(s) of dependence									✓
Client status									✓
									Not available in NSW, SA, ACT and NT.
General comments on client data items	SA client data not provided for individual pharmacotherapy drug types. Before 2005, WA reported client data over a 1-year period.			SA revised total number of clients for 2006 and 2007. This revision resulted in change to overall client numbers					Vic client age and sex data not provided for individual drug types

(continued)

Table 5.4 (cont.): History of data reported for the NOPSAD collection, 2005–2013

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Data item	Prescriber items								
Type						✓	✓	✓	✓
Drug(s) prescribed	✓ Methadone and buprenorphine data collected	✓ Buprenorphine-naloxone collection begins. NSW and Qld do not differentiate between prescribers of buprenorphine and buprenorphine-naloxone	✓ NSW and Qld do not differentiate between prescribers of buprenorphine and buprenorphine-naloxone	✓ 2008 onward, NSW do not differentiate between prescribers of buprenorphine and buprenorphine-naloxone	✓	✓ Vic prescribers numbers revised for 2006–2009	✓	✓ Vic prescribers numbers revised for 2011	✓
Data item	Dosing point items								
Type		✓	✓	✓	✓	✓	✓	✓	✓
		From 2006 onward, NSW correctional facility dosing point types are recorded under 1–2 sites				Vic dosing point numbers revised for 2005–06 to 2007–08 334 SA clients did not report dosing point type and were recorded as 'Other'		Vic dosing point numbers revised for 2010–11	
Locality								✓	✓
General comments								Unit record data were provided by SA, Tas, NT and ACT. Data were not used in the NOPSAD report due to limitations in coverage.	Unit record data were provided by NSW, WA, SA, Tas, NT and ACT.

Note: ✓ indicates that the data item was provided in the given collection year.

Appendix A: Supporting tables

Table A1: Clients receiving pharmacotherapy on a snapshot day, by state and territory, 1998–2013

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Clients per 10,000 population, Australia	Australia population
1998	12,107	5,334	3,011	1,654	1,839	306	406	—	24,657	13	18,607,584
1999	12,500	6,700	3,341	2,449	1,985	370	559	2	27,906	15	18,812,264
2000	13,594	7,647	3,588	2,140	2,198	423	615	32	30,237	16	19,028,802
2001	15,069	7,743	3,745	2,307	2,522	464	641	25	32,516	17	19,274,701
2002	15,471	7,700	3,896	3,602	2,417	513	590	21	34,210	18	19,495,210
2003	16,165	8,685	4,289	4,079	2,486	498	686	98	36,986	19	19,720,737
2004	15,719	10,003	4,470	4,437	2,706	576	748	82	38,741	19	19,932,722
2005	16,469	10,753	4,440	2,883	2,857	588	764	183	38,937	19	20,176,844
2006	16,355	10,736	4,637	2,888	2,823	602	790	134	38,965	19	20,450,966
2007	16,348	11,051	4,309	2,822	2,834	600	765	114	38,843	19	20,827,622
2008	17,168	11,821	4,899	2,908	3,052	588	786	125	41,347	19	21,249,199
2009	17,868	12,576	5,116	3,187	3,151	634	792	121	43,445	20	21,691,653
2010	19,114	13,185	5,688	3,342	3,210	620	811	108	46,078	21	22,031,750
2011	18,831	13,755	5,702	3,382	3,183	645	825	123	46,446	21	22,340,024
2012	18,715	14,035	5,819	3,273	3,215	626	893	121	46,697	21	22,683,573
2013	19,197	13,961	6,093	3,286	3,179	659	920	147	47,442	21	23,130,931

Note: Population data are sourced from ABS Australian Demographic Statistics, June 1998–2013 (ABS 2014a).

Table A2: Population rates for clients receiving pharmacotherapy on a snapshot day, by state and territory, 2011–2013

Jurisdiction	Clients	Population	Clients per 10,000 population
2013			
NSW	19,197	7,407,682	26
Vic	13,961	5,737,615	24
Qld	6,093	4,658,557	13
WA	3,286	2,517,165	13
SA	3,179	1,670,834	19
Tas	659	513,012	13
ACT	920	383,375	24
NT	147	239,507	6
Australia	47,442	23,130,931	21
2012			
NSW	18,715	7,290,345	26
Vic	14,035	5,623,492	25
Qld	5,819	4,560,059	13
WA	3,273	2,430,252	13
SA	3,215	1,654,778	19
Tas	626	512,019	12
ACT	893	374,658	24
NT	121	234,836	5
Australia	46,697	22,683,573	21
2011			
NSW	18,831	7,303,690	26
Vic	13,755	5,624,090	24
Qld	5,702	4,580,725	12
WA	3,382	2,346,410	14
SA	3,183	1,657,001	19
Tas	645	510,560	13
ACT	825	365,421	23
NT	123	230,172	5
Australia	46,446	22,620,554	21

Note: Population data are sourced from ABS Australian Demographic Statistics, June 2011–2013 (ABS 2014a).

Table A3: Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type, and state and territory, 2006–2013

Pharmacotherapy drug type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
2013 (number)									
Methadone	14,556	9,234	3,056	2,127	1,869	375	729	45	31,991
Buprenorphine ^(a)	4,641	531	708	107	78	55	30	18	6,168
Buprenorphine-naloxone	n.a.	4,196	2,329	1,052	1,232	229	161	84	9,283
Total	19,197	13,961	6,093	3,286	3,179	659	920	147	47,442
2013 (%)									
Methadone	75.8	66.1	50.2	64.7	58.8	56.9	79.2	30.6	67.4
Buprenorphine ^(a)	24.2	3.8	11.6	3.3	2.5	8.3	3.3	12.2	13.0
Buprenorphine-naloxone	n.a.	30.1	38.2	32.0	38.8	34.7	17.5	57.1	19.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	40.5	29.4	12.8	6.9	6.7	1.4	1.9	0.3	100.0
2012 (%)									
Methadone	76.1	66.5	51.6	66.7	58.7	51.1	82.3	29.8	68.0
Buprenorphine ^(a)	23.9	4.2	13.7	2.9	7.9	10.7	4.0	11.6	13.5
Buprenorphine-naloxone	n.a.	29.4	34.8	30.4	33.4	38.2	13.7	58.7	18.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	40.1	30.1	12.5	7.0	6.9	1.3	1.9	0.3	100.0
2011 (%)									
Methadone	77.8	65.7	52.5	67.1	61.5	65.0	79.9	25.2	68.9
Buprenorphine ^(a)	22.2	4.7	15.4	4.0	11.0	8.7	5.5	15.4	13.6
Buprenorphine-naloxone	n.a.	29.6	32.1	28.9	27.4	26.4	14.7	59.3	17.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	40.5	29.6	12.3	7.3	6.9	1.4	1.8	0.3	100.0
2010 (%)									
Methadone	78.7	64.3	53.7	67.9	60.6	69.7	77.9	31.5	69.2
Buprenorphine ^(a)	21.3	6.2	14.0	3.8	13.4	8.2	7.4	13.9	13.8
Buprenorphine-naloxone	n.a.	29.5	32.3	28.3	26.0	22.1	14.7	54.6	17.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	41.5	28.6	12.3	7.3	7.0	1.3	1.8	0.2	100.0
2009 (%)									
Methadone	80.7	62.5	55.0	68.2	62.0	74.4	78.9	38.8	70.1
Buprenorphine ^(a)	19.3	8.5	14.7	4.6	14.9	11.8	7.1	14.0	13.8
Buprenorphine-naloxone	n.a.	29.0	30.3	27.2	23.1	13.7	14.0	47.1	16.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	41.1	28.9	11.8	7.3	7.3	1.5	1.8	0.3	100.0

(continued)

Table A3 (cont.): Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type, and state and territory, 2006–2013

Pharmacotherapy drug type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
2008 (%)									
Methadone	81.4	60.6	56.1	68.6	63.2	81.6	76.0	39.2	70.0
Buprenorphine ^(a)	18.6	10.2	14.1	6.2	18.5	9.2	11.3	18.4	14.5
Buprenorphine-naloxone	n.a.	29.2	29.9	25.2	18.3	9.2	12.7	42.4	15.5
Total	100.0	100.0	100.1	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	41.5	28.6	11.8	7.0	7.4	1.4	1.9	0.3	99.9
2007 (%)									
Methadone	83.2	60.0	62.1	69.3	64.2	85.3	79.3	42.1	71.7
Buprenorphine ^(a)	16.8	14.0	37.9	8.7	21.7	12.2	10.8	29.8	18.0
Buprenorphine-naloxone	n.a.	26.0	—	21.9	14.1	2.5	9.8	28.1	10.3
Total	100.0	100.0	100.0	99.9	100.0	100.0	99.9	100.0	100.0
Per cent of all clients	42.4	28.7	11.2	7.3	6.6	1.6	2.0	0.3	100.1
2006 (%)									
Methadone	83.9	59.6	61.2	64.8	62.5	86.5	75.9	53	71.4
Buprenorphine ^(a)	16.1	26.8	38.8	18.8	30.9	13.5	24.1	30.6	23.2
Buprenorphine-naloxone	n.a.	13.6	—	16.4	6.6	—	—	16.4	5.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.1
Per cent of all clients	42.3	27.8	12.0	7.5	6.5	1.6	2.0	0.3	100.0

(a) NSW counts buprenorphine-naloxone as 'buprenorphine'. See Chapter 5 for further details.

Table A4: Clients receiving pharmacotherapy on a snapshot day, by age group and pharmacotherapy type, 2006–2013

Age group (years)	Methadone	Buprenorphine ^(a)	Buprenorphine-naloxone	All drug types
2013 (number)^(b)				
Under 30	2,009	737	655	5,382
30–39	7,648	2,239	2,158	18,225
40–49	7,329	1,711	1,502	14,543
50 and over	5,768	950	712	9,212
Not stated	3	0	60	80
Total	22,757	5,637	5,087	47,442
2013 (%)^(b)				
Under 30	8.8	13.1	12.9	11.3
30–39	33.6	39.7	42.4	38.4
40–49	32.2	30.4	29.5	30.7
50–59	22.2	14.5	12.3	17.0
60 and over	3.1	2.3	1.7	2.4
Not stated	0.0	0.0	1.2	0.2
Total	100.0	100.0	100.0	100.0
2012 (%)				
Under 30	11.8	15.2	15.5	13.0
30–39	37.5	40.9	44.2	39.2
40–49	30.8	28.6	28.0	30.0
50–59	17.8	13.6	10.8	15.9
60 and over	2.0	1.7	1.3	1.8
Not stated	0.1	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0
2011 (%)				
Under 30	14.0	17.4	18.0	15.1
30–39	38.3	41.1	44.4	39.7
40–49	30.0	27.6	26.3	29.0
50–59	16.2	12.3	10.0	14.6
60 and over	1.6	1.3	1.0	1.4
Not stated	0.0	0.3	0.2	0.1
Total	100.0	100.0	100.0	100.0

(continued)

Table A4 (cont.): Clients receiving pharmacotherapy on a snapshot day, by age group and pharmacotherapy type, 2006–2013

Age group	Methadone	Buprenorphine ^(a)	Buprenorphine-naloxone	All drug types
2010 (%)				
Under 30	16.9	19.8	21.8	18.1
30–39	38.3	42.0	44.4	39.8
40–49	29.2	26.6	23.9	27.9
50–59	14.6	10.7	9.0	13.1
60 and over	1.1	0.9	0.7	1.0
Not stated	0.0	0.0	0.1	0.01
Total	100.0	100.0	100.0	100.0
2009 (%)				
Under 30	16.6	21.7	20.3	17.9
30–39	38.6	41.8	44.5	40.0
40–49	30.1	26.0	25.5	28.8
50–59	13.9	9.7	8.9	12.5
60 and over	0.9	0.7	0.7	0.8
Total	100.0	100.0	100.0	100.0
2008 (%)				
Under 30	21.2	27.7	28.7	23.3
30–39	36.9	40.1	42.5	38.2
40–49	29.3	23.5	21.9	27.3
50–59	12.0	8.1	6.4	10.6
60 and over	0.6	0.5	0.5	0.5
Total	100.0	99.9	100.0	99.9
2007 (%)				
Under 30	20.8	27.5	25.3	22.5
30–39	37.4	40.4	44.3	38.6
40–49	30.1	24.0	22.6	28.3
50–59	11.2	7.6	7.2	10.1
60 and over	0.5	0.5	0.6	0.5
Total	100.0	100.0	100.0	100.0
2006 (%)				
Under 30	25.5	35.1	36.6	28.4
30–39	36.2	38.4	40.3	36.9
40–49	29.3	21.1	18.8	26.9
50–59	8.7	5.1	4.2	7.6
60 and over	0.3	0.3	0.2	0.3
Total	100.0	100.0	100.1	100.1

(a) NSW counts buprenorphine-naloxone as 'buprenorphine'. See Chapter 5 for further details.

(b) Counts and percentages for age by individual pharmacotherapy type do not include Victorian clients in 2013. However, the counts and percentages for all pharmacotherapy drugs combined do include Victorian clients.

Table A5: Clients receiving pharmacotherapy on a snapshot day, by sex and pharmacotherapy type, 2006–2013

Sex	Methadone	Buprenorphine^(a)	Buprenorphine-naloxone	Total
2013 (number)^(b)				
Male	14,413	3,697	3,360	30,711
Female	8,340	1,940	1,669	16,603
Not stated	4	0	58	128
Total	22,757	5,637	5,087	47,442
2013 (%)^(c)				
Male	63.3	65.6	66.1	64.7
Female	36.6	34.4	32.8	35.0
Not stated	0.0	0.0	1.1	0.3
Total	100.0	100.0	100.0	100.0
2012 (%)				
Male	64.2	65.8	65.8	64.7
Female	35.7	34.2	34.0	35.2
Not stated	0.2	0.0	0.2	0.2
Total	100.0	100.0	100.0	100.0
2011 (%)				
Male	64.3	66.0	66.4	64.9
Female	35.4	33.9	33.2	34.8
Not stated	0.3	0.1	0.4	0.3
Total	100.0	100.0	100.0	100.0
2010 (%)				
Male	64.3	66.5	62.6	64.9
Female	35.5	33.4	37.0	34.9
Not stated	0.2	0.1	0.3	0.2
Total	100.0	100.0	100.0	100.0
2009 (%)				
Male	64.1	67.1	66.4	64.9
Female	35.7	32.8	33.2	34.9
Not stated	0.2	0.1	0.4	0.2
Total	100	100	100	100
2008 (%)				
Male	63.4	67	66.7	64.4
Female	36.1	32.8	32.6	35.1
Not stated	0.5	0.3	0.7	0.5
Total	100	100.1	100	100

(continued)

Table A5 (cont.): Clients receiving pharmacotherapy on a snapshot day, by sex and pharmacotherapy type, 2006–2013

Sex	Methadone	Buprenorphine^(a)	Buprenorphine-naloxone	Total
2007 (%)				
Male	63.1	66.5	66.6	64.1
Female	36.4	33.1	32.6	35.4
Not stated	0.5	0.4	0.8	0.5
Total	100	100	100	100
2006 (%)				
Male	62.8	67.9	65.5	64.2
Female	36.8	31.6	33.3	35.4
Not stated	0.3	0.5	1.1	0.4
Total	99.9	100	99.9	100

(a) NSW counts buprenorphine-naloxone as 'buprenorphine'. See Chapter 5 for further details.

(b) Total number of clients in 2013 will not equal the sum of clients for individual pharmacotherapy drugs. This is due to Victoria not reporting sex by pharmacotherapy type. However, the total numbers (combining all pharmacotherapy drugs), do include Victorian clients.

(c) The percentages for sex by individual pharmacotherapy type do not include Victorian clients in 2013. However, the percentages for all pharmacotherapy drugs combined do include Victorian clients.

Table A6: Clients receiving pharmacotherapy on a snapshot day, by age and sex, 2013 (per 10,000 population)

Clients per 10,000 population							
Age (years)	Male	Female	Total	Age (years)	Male	Female	Total
15	0.0	0.0	0.0	53	49.8	25.4	37.5
16	0.0	0.1	0.1	54	49.1	23.0	35.9
17	0.1	0.0	0.1	55	44.3	21.9	33.0
18	0.6	0.5	0.5	56	39.5	19.3	29.3
19	1.2	1.1	1.1	57	41.8	15.6	28.6
20	2.4	1.6	2.0	58	31.2	10.8	20.9
21	5.8	3.4	4.6	59	24.4	11.8	18.0
22	7.9	5.3	6.6	60	23.2	6.8	14.9
23	12.6	7.0	9.9	61	16.3	5.5	10.9
24	15.1	9.1	12.2	62	12.8	4.6	8.7
25	17.4	11.5	14.5	63	9.7	2.8	6.2
26	22.6	13.8	18.3	64	7.2	0.9	4.0
27	24.5	16.8	20.7	65	3.6	0.9	2.3
28	31.0	22.2	26.7	66	2.5	1.0	1.8
29	40.5	26.8	33.7	67	1.7	0.5	1.1
30	51.8	31.5	41.8	68	1.1	0.4	0.7
31	53.3	33.0	43.2	69	0.4	0.6	0.5
32	64.3	41.3	52.9	70	1.1	0.6	0.8
33	77.0	43.8	60.5	71	0.4	0.2	0.3
34	75.8	43.8	59.9	72	0.5	0.2	0.3
35	79.1	45.6	62.4	73	0.2	0.0	0.1
36	81.9	41.6	61.8	74	0.5	0.0	0.3
37	80.3	43.2	61.8	75	0.8	0.0	0.4
38	68.9	38.3	53.6	76	0.0	0.3	0.1
39	71.1	36.4	53.7	77	0.3	0.0	0.2
40	75.0	37.2	56.0	78	0.0	0.0	0.0
41	74.2	41.2	57.6	79	0.4	0.0	0.2
42	69.6	36.3	52.9	80	0.0	0.0	0.0
43	67.6	35.8	51.7	81	0.0	0.0	0.0
44	64.1	35.2	49.6	82	0.4	0.0	0.2
45	62.6	33.7	48.1	83	0.0	0.0	0.0
46	62.6	34.3	48.4	84	0.0	0.0	0.0
47	61.1	33.9	47.4	85	0.0	0.0	0.0
48	57.9	32.0	44.9	86	0.0	0.0	0.0
49	57.6	28.6	43.0	87	0.0	0.0	0.0
50	55.0	29.3	42.1	88	0.0	0.0	0.0
51	56.6	28.3	42.4	89	1.2	0.0	0.4
52	50.6	27.2	38.8	90	0.0	0.0	0.0

Notes

1. Only unit record data from WA, SA, Tas, NT and ACT were used to produce this table. Vic and Qld data were not available; NSW data were excluded due to incomplete coverage.
2. Australian population estimates for June 2013 were used to produce this table (ABS 2014a).

Table A7: Clients receiving pharmacotherapy on a snapshot day, by age group and sex, 2013

Age group (years)	Male	Female	All clients
	%		
15–19	0.1	0.1	0.1
20–24	2.3	2.4	2.3
25–29	7.4	8.9	7.9
30–34	16.5	18.1	17.1
35–39	18.2	18.1	18.2
40–44	17.8	17.7	17.8
45–49	14.2	14.3	14.2
50–54	12.5	12.0	12.4
55–59	7.9	6.6	7.4
60–64	2.7	1.5	2.3
65–69	0.3	0.2	0.3
70–74	0.1	0.1	0.1
75 and over	0.0	0.0	0.0
Total	100.0	100.0	100.0

Note: Unit record data were used to produce this figure. Records were available for 58% of total clients receiving pharmacotherapy on a snapshot day in 2013. Vic and Qld data were not available.

Table A8: Clients receiving pharmacotherapy on a snapshot day, by Indigenous status and age group, 2013

Age group (years)	Indigenous clients		Non-Indigenous clients	Not stated	Not reported	All clients	
	Number	%	Number	Number	Number	Number	%
15–19	9	0.4	16	0	5	30	0.1
20–24	132	5.2	427	8	76	643	2.3
25–29	356	13.9	1,522	25	257	2,160	7.9
30–34	548	21.4	3,387	79	662	4,676	17.1
35–39	510	20.0	3,542	194	725	4,971	18.2
40–44	487	19.1	3,491	317	569	4,864	17.8
45–49	278	10.9	2,837	395	381	3,891	14.2
50–54	151	5.9	2,391	522	323	3,387	12.4
55–59	64	2.5	1,309	440	222	2,035	7.4
60–64	18	0.7	386	160	62	626	2.3
65–69	2	0.1	56	19	3	80	0.3
70–74	1	0.0	11	4	1	17	0.1
75 and over	0	0.0	7	1	0	8	0.0
Total	2,556	100.0	19,382	2,164	3,286	27,388	100.0

Notes

1. Unit record data were used to produce this figure. Records were available for 58% of total clients receiving pharmacotherapy on a snapshot day in 2013
2. The figure includes data from NSW, SA, Tas, the ACT and the NT. Qld data were not available; Vic and WA do not report Indigenous status.

Table A9: Opioid drugs of dependence reported for clients receiving pharmacotherapy on a snapshot day, by state and territory, 2013

Opioid drug of dependence	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (%)
Heroin	2,614	7,177	3,572	1,715	1,972	23	348	13	17,434	36.6
Morphine	93	372	776	201	495	110	17	72	2,136	4.5
Methadone	117	1,244	521	119	84	57	38	6	2,186	4.6
Buprenorphine	144	648	281	108	149	10	4	2	1,346	2.8
Codeine	171	246	299	104	192	20	6	0	1,038	2.2
Oxycodone	571	496	405	100	254	43	1	0	1,870	3.9
Other pharmaceutical opioids	29	52	38	26	33	0	14	27	219	0.5
Not stated/not reported ^(a)	15,458	3,860	201	913	0	396	492	27	21,347	44.9
Total^(b)	19,197	14,095	6,093	3,286	3,179	659	920	147	47,576	100.0

(a) 'Not stated/not reported' also includes 'Inadequately described' responses.

(b) Clients can have up to 5 opioid drugs of dependence recorded. NSW, Qld, SA, Tas, the ACT and the NT reported 1 opioid drug of dependence per client. Vic reported multiple opioid drugs of dependence for a maximum of 1% of clients—these data have been included without amendment. WA reported multiple drugs of dependence for a maximum of 15% of clients—these data have been adjusted to allow comparisons between jurisdictions. Values for WA clients with multiple opioid drugs of dependence were imputed based on proportions reported for other WA clients.

Table A10: Clients receiving pharmacotherapy on a snapshot day, by client status, and state and territory, 2013

Client status	Vic	Qld	WA	Tas	Total	Total (%)
New	714	349	39	9	1,111	4.6
Readmission	1,180	1,647	151	3	2,981	12.4
Interstate transfer	8	—	—	—	8	0.0
Ongoing	11,933	4,097	3,096	647	19,773	82.4
Not stated	126	—	—	—	126	0.5
Total	13,961	6,093	3,286	659	23,999	100.0

Note: Data were not available for NSW, SA, ACT and NT.

Table A11: Prescribers, by pharmacotherapy type, and state and territory, 2005–2013

Pharmacotherapy drug type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (%)
2013										
Methadone only	236	119	1	4	—	11	—	—	371	18.3
Buprenorphine only ^(a)	92	—	—	—	—	—	—	—	92	4.5
Buprenorphine-naloxone only	n.a.	18	2	—	100	—	—	—	120	5.9
More than 1 drug type	308	684	180	94	72	26	66	12	1,442	71.2
Total (number)	636	821	183	98	172	37	66	12	2,025	100.0
Total (per cent)	31.4	40.5	9.0	4.8	8.5	1.8	3.3	0.6	100.0	..
2012										
Methadone only	223	119	4	7	—	8	—	—	361	20.4
Buprenorphine only ^(a)	70	—	—	—	—	—	—	—	70	4.0
Buprenorphine-naloxone only	n.a.	—	2	—	93	—	—	—	95	5.4
More than 1 drug type	300	566	126	88	73	25	56	8	1,242	70.2
Total (number)	593	685	132	95	166	33	56	8	1,768	100.0
Total (per cent)	33.5	38.7	7.5	5.4	9.4	1.9	3.2	0.5	100.0	..
2011										
Methadone only	214	122	—	—	—	10	—	—	346	22.3
Buprenorphine only ^(a)	58	—	—	—	—	1	—	—	59	3.8
Buprenorphine-naloxone only	n.a.	—	—	—	13	3	—	—	16	1.0
More than 1 drug type	285	473	105	116	72	21	47	9	1,128	72.8
Total (number)	557	595	105	116	85	35	47	9	1,549	100.0
Total (per cent)	36.0	38.4	6.8	7.5	5.5	2.3	3.0	0.6	100.0	..
2010										
Methadone only	214	122	1	—	—	—	—	—	337	23.3
Buprenorphine only ^(a)	34	—	—	—	—	—	—	—	34	2.3
Buprenorphine-naloxone only	n.a.	—	1	—	—	—	—	—	1	0.1
More than 1 drug type	266	444	103	108	77	30	39	10	1,077	74.3
Total (number)	514	566	105	108	77	30	39	10	1,449	100.0
Total (per cent)	35.5	39.1	7.2	7.5	5.3	2.1	2.7	0.7	100.0	..
2009										
Methadone only	228	122	4	—	—	12	9	—	375	26.1
Buprenorphine only ^(a)	58	—	1	—	—	—	—	—	59	4.1
Buprenorphine-naloxone only	n.a.	—	1	—	—	—	—	—	1	0.1
More than 1 drug type	242	420	115	92	73	23	27	8	1,000	69.7
Total (number)	528	542	121	92	73	35	36	8	1,435	100.0
Total (per cent)	36.8	37.8	8.4	6.4	5.1	2.4	2.5	0.6	100.0	..

(continued)

Table A11 (cont.): Prescribers, by pharmacotherapy type, and state and territory, 2005–2013

Pharmacotherapy drug type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (%)
2008										
Methadone only	199	122	2	14	—	24	10	—	371	27.1
Buprenorphine only ^(a)	39	—	1	—	—	18	—	—	58	4.2
Buprenorphine-naloxone only	n.a.	—	1	—	—	5	—	—	6	0.4
More than 1 drug type	257	383	107	69	74	5	26	13	934	68.2
Total (number)	495	505	111	83	74	52	36	13	1369	100.0
Total (per cent)	36.2	36.9	8.1	6.1	5.4	3.8	2.6	0.9	100.0	..
2007										
Methadone only	176	122	2	15	—	29	11	—	355	27.9
Buprenorphine only ^(a)	30	—	5	1	—	18	—	—	54	4.2
Buprenorphine-naloxone only	n.a.	—	—	—	—	5	—	—	5	0.4
More than 1 drug type	246	350	92	70	74	—	14	14	860	67.5
Total (number)	452	472	99	86	74	52	25	14	1274	100.0
Total (per cent)	35.5	37.0	7.8	6.8	5.8	4.1	2.0	1.1	100.0	..
2006^(b)										
Methadone only	123	122	9	15	—	—	13	—	282	23.6
Buprenorphine only ^(a)	287	—	5	1	—	—	12	—	305	25.6
Buprenorphine-naloxone only	n.a.	—	—	—	—	—	—	—	—	—
More than 1 drug type	—	314	120	52	65	48	—	7	606	50.8
Total (number)	410	436	134	68	65	48	25	7	1,193	100.0
Total (per cent)	34.4	36.5	11.2	5.7	5.4	4.0	2.1	0.6	100.0	..
2005^{(b)(c)}										
Methadone only	123	112	10	15	—	42	13	—	315	25.5
Buprenorphine only ^(a)	—	—	1	1	—	—	—	—	2	0.2
Methadone and buprenorphine	293	316	114	56	73	39	15	11	917	74.3
Total (number)	416	428	125	72	73	81	28	11	1,234	100.0
Total (per cent)	33.7	34.7	10.1	5.8	5.9	6.6	2.3	0.9	100.0	..

Note: The states and territories have different guidelines and policies regarding training to prescribe the pharmacotherapy types for opioid dependence. Please contact their respective health departments for specific information.

(a) NSW counts buprenorphine-naloxone as 'buprenorphine'. See Chapter 5 for further details.

(b) Data on 'buprenorphine-naloxone only' prescribers were not reported in 2005 and 2006. However, in 2006, buprenorphine-naloxone was available for prescription but no instances of 'buprenorphine-naloxone only' prescribers were reported.

(c) 'Authorised to prescribe more than 1 drug type' was not a valid response code in 2005.

Table A12: Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type and prescriber type, 2005–2013

Prescriber type	Methadone	Buprenorphine ^(a)	Buprenorphine-naloxone	All drug types
2013 (number)				
Private prescriber	20,486	3,473	6,721	30,680
Public prescriber	8,468	2,412	2,339	13,219
Public/private prescriber ^(b)	209	69	—	278
Correctional facility	2,828	214	223	3,265
Total	31,991	6,168	9,283	47,442
2013 (%)				
Private prescriber	64.0	56.3	72.4	64.7
Public prescriber	26.5	39.1	25.2	27.9
Public/private prescriber ^(b)	0.7	1.1	—	0.6
Correctional facility	8.8	3.5	2.4	6.9
Total	100.0	100.0	100.0	100.0
2012 (%)				
Private prescriber	64.5	57.2	74.1	65.3
Public prescriber	26.4	38.4	23.9	27.6
Public/private prescriber ^(b)	0.6	1.3	—	0.6
Correctional facility	8.5	3.1	2.0	6.6
Total	100.0	100.0	100.0	100.0
2011 (%)				
Private prescriber	63.4	57.7	75.7	64.8
Public prescriber	26.6	37.9	22.3	27.4
Public/private prescriber ^(b)	0.6	1.2	0.0	0.6
Correctional facility	9.4	3.2	2.0	7.2
Total	100.0	100.0	100.0	100.0
2010 (%)				
Private prescriber	61.7	58.4	75.2	63.51
Public prescriber	27.1	37.0	22.2	27.6
Public/private prescriber ^(b)	1.0	1.9	—	0.9
Correctional facility	10.3	2.7	2.6	7.9
Total	100.0	100.0	100.0	100.0
2009 (%)				
Private prescriber	61.7	60.6	77.3	64.1
Public prescriber	27.2	33.9	20.1	26.9
Public/private prescriber ^(b)	1.1	2.0	—	1.0
Correctional facility	10.1	3.5	2.7	8.0
Total	100.0	100.0	100.0	100.0

(continued)

Table A12 (cont.): Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type and prescriber type, 2005–2013

Prescriber type	Methadone	Buprenorphine ^(a)	Buprenorphine-naloxone	All drug types
2008 (%)				
Private prescriber	62.8	63.6	76.1	65.0
Public prescriber	27.3	31.7	20.4	26.9
Public/private prescriber ^(b)	1.2	1.8	—	1.1
Correctional facility	8.7	2.9	3.5	7.0
Total	100.0	100.0	100.0	100.0
2007 (%)				
Private prescriber	61.4	59.6	86.1	63.6
Public prescriber	27.8	36.2	10.0	27.5
Public/private prescriber ^(b)	1.3	1.2	—	1.2
Correctional facility	9.5	3.0	3.9	7.7
Total	100.0	100.0	100.0	100.0
2006 (%)				
Private prescriber	61.9	65.2	91.3	64.2
Public prescriber	28.3	30.1	8.2	27.7
Public/private prescriber ^(b)	1.4	1.0	—	1.2
Correctional facility	8.4	3.7	0.5	6.9
Total	100.0	100.0	100.0	100.0
2005 (%)				
Private prescriber	68.7	75.9	n.a.	69.8
Public prescriber	23.3	20.9	n.a.	23.5
Public/private prescriber ^(b)	0.2	0.1	n.a.	0.1
Correctional facility	7.8	3.0	n.a.	6.6
Total	100.0	99.9	n.a.	100.0

(a) NSW counts buprenorphine-naloxone as 'buprenorphine'. See Table 5.2 for further details.

(b) These figures relate to prescribing that cannot be separated into public or private prescribers.

Table A13: Clients receiving pharmacotherapy on a snapshot day, prescribers and dosing point sites, by state and territory, 2005–2013

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
2013									
Number									
Total number of clients	19,197	13,961	6,093	3,286	3,179	659	920	147	47,442
Total number of prescribers	636	821	183	98	172	37	66	12	2,025
Total number of dosing points	804	482	511	246	205	62	34	11	2,355
Ratio									
Ratio of clients to prescriber	30.2	17.0	33.3	33.5	18.5	17.8	13.9	12.3	23.4
Ratio of clients to dosing point	23.9	29.0	11.9	13.4	15.5	10.6	27.1	13.4	20.1
2012									
Number									
Total number of clients	18,715	14,035	5,819	3,273	3,215	626	893	121	46,697
Total number of prescribers	593	685	132	95	166	33	56	8	1,768
Total number of dosing points	764	458	470	237	199	55	33	10	2,226
Ratio									
Ratio of clients to prescriber	31.6	20.5	44.1	34.5	19.4	19.0	15.9	15.1	26.4
Ratio of clients to dosing point	24.5	30.6	12.4	13.8	16.2	11.4	27.1	12.1	21.0
2011									
Number									
Total number of clients	18,831	13,755	5,702	3,382	3,183	645	825	123	46,446
Total number of prescribers	557	595	105	116	85	35	47	9	1,549
Total number of dosing points	749	457	435	258	203	55	32	11	2,200
Ratio									
Ratio of clients to prescriber	33.8	23.1	54.3	29.2	37.4	18.4	17.6	13.7	30.0
Ratio of clients to dosing point	25.1	30.1	13.1	13.1	15.7	11.7	25.8	11.2	21.1
2010									
Number									
Total number of clients	19,114	13,185	5,688	3,342	3,210	620	811	108	46,078
Total number of prescribers	514	566	105	108	77	30	39	10	1,449
Total number of dosing points	732	452	479	242	197	55	31	12	2,200
Ratio									
Ratio of clients to prescriber	37.2	23.3	54.2	30.9	41.7	20.7	20.8	10.8	31.8
Ratio of clients to dosing point	26.1	29.2	11.9	13.8	16.3	11.3	26.2	9.0	20.9
2009									
Number									
Total number of clients	17,868	12,576	5,116	3,187	3,151	634	792	121	43,445
Total number of prescribers	528	542	121	92	73	35	36	8	1,435
Total number of dosing points	709	436	474	247	198	54	28	11	2,157
Ratio									
Ratio of clients to prescriber	33.8	23.2	42.3	34.6	43.2	18.1	22.0	15.1	30.3
Ratio of clients to dosing point	25.2	28.8	10.8	12.9	15.9	11.7	28.3	11.0	20.1
2008									
Number									
Total number of clients	17,168	11,821	4,899	2,908	3,052	588	786	125	41,347
Total number of prescribers	495	505	111	83	74	52	36	13	1,369
Total number of dosing points	698	431	470	247	203	50	29	15	2,143
Ratio									
Ratio of clients to prescriber	34.7	23.4	44.1	35.0	41.2	11.3	21.8	9.6	30.2
Ratio of clients to dosing point	24.6	27.4	10.4	11.8	15.0	11.8	27.1	8.3	19.3

(continued)

Table A13 (cont.): Clients receiving pharmacotherapy on a snapshot day, prescribers and dosing point sites, by state and territory, 2005–2013

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australi
2007									
Number									
Total number of clients	16,348	11,051	4,30	2,82	2,834	600	765	114	38,843
Total number of prescribers	452	472	99	86	74	52	25	14	1,274
Total number of dosing points	680	425	484	242	215	49	28	12	2,135
Ratio									
Ratio of clients to prescriber	36.2	23.4	43.5	32.8	38.3	11.5	30.6	8.1	30.5
Ratio of clients to dosing point	24.0	26.0	8.9	11.7	13.2	12.2	27.3	9.5	18.2
2006									
Number									
Total number of clients	16,355	10,736	4,63	2,88	2,823	602	790	134	38,965
Total number of prescribers	410	436	134	68	65	48	25	7	1,193
Total number of dosing points	660	413	503	244	175	48	28	10	2,081
Ratio									
Ratio of clients to prescriber	39.9	24.6	34.6	42.5	43.4	12.5	31.6	19.1	32.7
Ratio of clients to dosing point	24.8	26.0	9.2	11.8	16.1	12.5	28.2	13.4	18.7
2005									
Number									
Total number of clients	16,469	10,753	4,44	2,88	2,857	588	764	183	38,937
Total number of prescribers	416	428	125	72	73	81	28	11	1,234
Ratio									
Ratio of clients to prescriber	39.6	25.1	35.5	40.0	39.1	7.3	27.3	16.6	31.6

Notes

1. This table has been derived from tables A1, A11 and A16.
2. From 2011 onward, South Australian data have been impacted by the introduction of the SOSP. This involved growth in the number of prescribers treating relatively few clients. On a snapshot day in 2013, for example, 100 prescribers registered under the SOSP (out of 172 prescribers in total) treated a total of 150 clients.

Table A14: Ratio of clients to prescriber, by prescriber type, and state and territory, 2013

Prescriber type	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public prescriber	40.6	—	60.2	66.1	94.0	28.9	105.6	16.5	49.0
Private prescriber	25.0	16.3	22.8	26.7	11.6	13.4	5.3	5.5	18.6
Public/private prescriber	9.9	—	0.0 ^(b)	—	—	—	0.0 ^(b)	—	7.9
Correctional facility	110.7	48.2	6.8	21.5	44.2	1.5	87.0	2.0	48.7
Total	30.2	17.0	33.3	33.5	18.5	17.8	13.9	12.3	23.4

(a) NSW has 8 prescribers who prescribe in more than 1 location, and as such are counted twice. This will lead to slightly deflated client to prescriber ratios.

(b) For public/private prescribers in Qld and ACT, the number of clients receiving treatment is either zero or cannot be reported in this collection.

Notes

1. This ratio was calculated using the formula: number of clients by all pharmacotherapy types, prescriber type and state/territory (Table 3.3) divided by registered prescribers by prescriber type and state/territory (Table 3.2).
2. See Table 5.2 for more information about reporting of registered prescribers.

Table A15: Clients receiving pharmacotherapy treatment on a snapshot day, by prescriber type, sex and age group, 2013

	Public prescriber		Private prescriber		Public/private prescriber		Correctional facility		All prescribers	
	Number	%	Number	%	Number	%	Number	%	Number	%
Sex										
Male	6,021	61.9	9,539	63.4	166	59.7	2,068	88.3	17,794	65.0
Female	3,707	38.1	5,500	36.6	112	40.3	275	11.7	9,594	35.0
All clients	9,728	100.0	15,039	100.0	278	100.0	2,343	100.0	27,388	100.0
Age group (years)										
Under 30	991	10.2	1,293	8.6	13	4.7	536	22.9	2,833	10.3
30–39	3,524	36.2	4,986	33.2	79	28.4	1,058	45.2	9,647	35.2
40–49	3,129	32.2	4,931	32.8	92	33.1	603	25.7	8,755	32.0
50 and over	2,084	21.4	3,829	25.5	94	33.8	146	6.2	6,153	22.5
Total	9,728	100.0	15,039	100.0	278	100.0	2,343	100.0	27,388	100.0

Notes

1. Unit record data were used to produce this table. Records were available for 58% of total clients receiving pharmacotherapy on a snapshot day in 2013. Vic and Qld data were not available.
2. See Chapter 5 for more information about reporting of registered prescribers.

Table A16: Dosing point sites, by state and territory, 2005–06 to 2012–13

Dosing point sites	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (%)
2012–2013										
Public clinic	36	—	11	1	2	2	1	2	55	2.3
Private clinic	12	—	7	—	—	—	—	—	19	0.8
Pharmacy	680	455	411	241	193	58	32	8	2,078	88.2
Correctional facility	1	11	5	2	8	1	1	1	30	1.3
Other ^(b)	75	16	77	2	2	1	—	—	173	7.3
Total (number)	804	482	511	246	205	62	34	11	2,355	100.0
Total (per cent)	34.1	20.5	21.7	10.4	8.7	2.6	1.4	0.5	100.0	..
2011–2012										
Public clinic	36	—	10	1	2	1	1	1	52	2.3
Private clinic	12	—	8	—	—	—	—	—	20	0.9
Pharmacy	640	436	377	230	188	52	31	8	1,962	88.1
Correctional facility	1	11	4	2	7	1	1	1	28	1.3
Other ^(b)	75	11	71	4	2	1	—	—	164	7.4
Total (number)	764	458	470	237	199	55	33	10	2,226	100.0
Total (per cent)	34.3	20.6	21.1	10.6	8.9	2.5	1.5	0.4	100.0	..
2010–2011										
Public clinic	37	—	11	1	2	1	1	3	56	2.5
Private clinic	17	—	—	—	—	—	—	—	17	0.8
Pharmacy	618	429	357	249	190	52	30	7	1,932	87.8
Correctional facility	2	11	4	2	8	1	1	1	30	1.4
Other ^(b)	75	17	63	6	3	1	—	—	165	7.5
Total (number)	749	457	435	258	203	55	32	11	2,200	100.0
Total (per cent)	34.0	20.8	19.8	11.7	9.2	2.5	1.5	0.5	100.0	..
2009–2010										
Public clinic	37	—	10	1	2	1	1	3	55	2.5
Private clinic	12	3	—	—	—	—	—	—	15	0.7
Pharmacy	601	421	355	234	184	53	29	7	1,884	85.6
Correctional facility	1	10	11	2	8	1	1	2	36	1.6
Other ^(b)	81	18	103	5	3	—	—	—	210	9.5
Total (number)	732	452	479	242	197	55	31	12	2,200	100.0
Total (per cent)	33.3	20.5	21.8	11.0	9.0	2.5	1.4	0.5	100.0	..
2008–2009										
Public clinic	37	—	10	1	2	1	1	2	54	2.5
Private clinic	12	3	—	—	—	—	—	—	15	0.7
Pharmacy	572	407	354	235	185	52	26	7	1,838	85.2
Correctional facility	1	10	12	2	9	1	1	2	38	1.8
Other ^(b)	87	16	98	9	2	—	—	—	212	9.8
Total (number)	709	436	474	247	198	54	28	11	2,157	100.0
Total (per cent)	32.9	20.2	22.0	11.5	9.2	2.5	1.3	0.5	100.0	..

(continued)

Table A16 (cont.): Dosing point sites, by state and territory, 2005–06 to 2012–13

Dosing point sites	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (%)
2007–2008										
Public clinic	37	—	10	1	2	1	1	3	55	2.6
Private clinic	12	3	—	—	—	—	—	—	15	0.7
Pharmacy	558	403	353	233	189	48	26	10	1,820	84.9
Correctional facility	2	10	16	2	10	1	2	2	45	2.1
Other ^(b)	89	15	91	11	2	—	—	—	208	9.7
Total (number)	698	431	470	247	203	50	29	15	2,143	100.0
Total (per cent)	32.6	20.1	21.9	11.5	9.5	2.3	1.4	0.7	100.0	..
2006–2007										
Public clinic	37	—	12	1	2	1	1	2	56	2.6
Private clinic	12	3	—	—	—	—	—	—	15	0.7
Pharmacy	547	395	366	239	202	47	25	8	1,829	85.7
Correctional facility	2	17	16	2	8	1	2	2	50	2.3
Other ^(b)	82	10	90	—	3	—	—	—	185	8.7
Total (number)	680	425	484	242	215	49	28	12	2,135	100.0
Total (per cent)	31.9	19.9	22.7	11.3	10.1	2.3	1.3	0.6	100.0	..
2005–2006										
Public clinic	36	—	14	1	2	1	1	1	56	2.7
Private clinic	12	3	—	—	—	—	—	—	15	0.7
Pharmacy	533	385	378	241	164	46	25	7	1,779	85.5
Correctional facility	1	10	20	2	6	1	2	2	44	2.1
Other ^(b)	78	15	91	—	3	—	—	—	187	9.0
Total (number)	660	413	503	244	175	48	28	10	2,081	100.0
Total (per cent)	31.7	19.8	24.2	11.7	8.4	2.3	1.3	0.5	100.0	..

(a) See tables 5.1 and 5.2 for more information about NSW.

(b) The category 'Other' includes hospital inpatient and outpatients, mobile dosing sites, non-government organisations, doctors' surgeries and dosing points 'not stated'.

Table A17: Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type, dosing point site, and state and territory, 2013

Dosing point	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Methadone									
Public clinic	2,222	—	51	9	38	7	131	1	2,459
Private clinic	2,233	—	314	—	—	—	—	—	2,547
Pharmacy	7,579	8397	2,297	1,823	1,528	367	511	44	22,546
Other ^(a)	2522	837	135	295	138	1	87	—	4015
Not stated ^(b)	—	—	259	—	165	—	—	—	424
Total	14,556	9,234	3,056	2,127	1,869	375	729	45	31,991
Buprenorphine^(c)									
Public clinic	971	—	2	1	—	9	6	—	989
Private clinic	808	—	102	—	—	—	—	—	910
Pharmacy	2,193	524	459	106	43	44	24	18	3,411
Other ^(a)	669	7	26	—	—	2	—	—	704
Not stated ^(b)	—	—	119	—	35	—	—	—	154
Total	4,641	531	708	107	78	55	30	18	6,168
Buprenorphine-naloxone									
Public clinic	n.a.	—	35	2	32	36	46	5	156
Private clinic	n.a.	—	235	—	—	—	—	—	235
Pharmacy	n.a.	4,116	1,310	1,018	1,005	183	115	75	7,822
Other ^(a)	n.a.	80	136	32	99	10	—	4	361
Not stated ^(b)	n.a.	—	613	—	96	—	—	—	709
Total	n.a.	4,196	2,329	1,052	1,232	229	161	84	9,283
Total (all pharmacotherapy drugs)									
Public clinic	3,193	—	88	12	70	52	183	6	3,604
Private clinic	3,041	—	651	—	—	—	—	—	3,692
Pharmacy	9,772	13,037	4,066	2,947	2,576	594	650	137	33,779
Other ^(a)	3191	924	297	327	237	13	87	4	5080
Not stated ^(b)	—	—	991	—	296	—	—	—	1,287
Total (number)	19,197	13,961	6,093	3,286	3,179	659	920	147	47,442
Total (per cent all pharmacotherapy drugs)									
Public clinic	16.6	—	1.4	0.4	2.2	7.9	19.9	4.1	7.6
Private clinic	15.8	0.0	10.684	0.0	—	—	—	—	7.8
Pharmacy	50.9	93.4	66.7	89.7	81.0	90.1	70.7	93.2	71.2
Other ^(a)	16.6	6.6	4.9	10.0	7.5	2.0	9.5	2.7	10.7
Not stated ^(b)	—	—	16.3	0.0	9.3	—	—	—	2.7
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) The category 'Other' includes hospitals, mobile dosing sites, community health clinics, non-government organisations, doctors' surgeries and dosing points 'not stated'.

(b) In Qld, the category 'Not stated' refers to clients who received their pharmacotherapy drug at a dosing point before the 'snapshot/specified' day, that is, they received a takeaway dose. In SA, 'Not stated' refers to clients registered to receive treatment but who failed to dose.

(c) NSW counts buprenorphine-naloxone as 'buprenorphine'. See Chapter 5 for further details.

Table A18: Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type and dosing point site, 2006–2013

Dosing point site	Methadone	Buprenorphine^(a)	Buprenorphine-	Total
2013 (number)				
Public clinic	2459	989	156	3,604
Private clinic	2547	910	235	3,692
Pharmacy	22,546	3,411	7,822	33,779
Correctional facility	2,842	232	240	3,314
Hospital	339	82	63	484
Other ^(b)	834	390	58	1282
Not stated ^(c)	424	154	709	1287
Total	31,991	6,168	9,283	47,442
2013 (%)				
Public clinic	7.7	16.0	1.7	7.6
Private clinic	8.0	14.8	2.5	7.8
Pharmacy	70.5	55.3	84.3	71.2
Correctional facility	8.9	3.8	2.6	7.0
Hospital	1.1	1.3	0.7	1.0
Other ^(b)	2.6	6.3	0.6	2.7
Not stated ^(c)	1.3	2.5	7.6	2.7
Total	100.0	100.0	100.0	100.0
2012 (%)				
Public clinic	7.7	16.1	1.4	7.7
Private clinic	8.2	15.3	1.8	8.0
Pharmacy	70.5	52.3	86.2	70.9
Correctional facility	8.7	3.2	1.9	6.7
Hospital	1.2	1.6	0.7	1.2
Other ^(b)	2.5	6.3	0.6	2.6
Not stated ^(c)	1.3	5.2	7.5	3.0
Total	100.0	100.0	100.0	100.0
2011 (%)				
Public clinic	8.3	15.9	2.1	8.3
Private clinic	7.3	13.4	0.0	6.8
Pharmacy	69.3	54.8	83.5	69.8
Correctional facility	9.3	3.2	2.1	7.2
Hospital	1.0	1.9	0.7	1.1
Other ^(b)	2.3	4.9	0.4	2.3
Not stated ^(c)	2.4	6.0	11.2	4.5
Total	100.0	100.0	100.0	100.0

(continued)

Table A18 (cont.): Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type and dosing point site, 2006–2013

Dosing point site	Methadone	Buprenorphine ^(a)	Buprenorphine-	Total
2010 (%)				
Public clinic	9.1	18.3	2.4	9.2
Private clinic	7.8	14.7	0.2	7.5
Pharmacy	66.7	53.4	83.0	67.6
Correctional facility	10.2	2.8	2.3	7.9
Other ^(b)	3.7	6.4	1.0	3.6
Not stated ^(c)	2.6	4.5	11.1	4.3
Total	100.0	100.0	100.0	100.0
2009 (%)				
Public clinic	9.5	16.5	2.8	9.4
Private clinic	8.0	13.0	0.2	7.4
Pharmacy	68.1	56.9	83.6	69.1
Correctional facility	9.8	3.2	2.4	7.7
Other ^(b)	4.6	10.4	11.1	6.4
Total	100.0	100.0	100.0	100.0
2008 (%)				
Public clinic	10.7	14.9	2.9	10.1
Private clinic	8.4	12.7	0.2	7.7
Pharmacy	67.6	59.8	86.9	69.4
Correctional facility	8.8	2.9	3.0	7.1
Other ^(b)	4.5	9.7	7.0	5.7
Total	100.0	100.0	100.0	100.0
2007 (%)				
Public clinic	11.9	14.2	2.2	10.8
Private clinic	8.9	9.8	0.7	8.8
Pharmacy	67.1	69.6	93.0	68.9
Correctional facility	9.3	2.7	4.1	8.9
Other ^(b)	2.8	3.7	—	2.7
Total	100.0	100.0	100.0	100.0
2006 (%)^(d)				
Public clinic	12.9	12.7	1.5	12.3
Private clinic	9.3	8.5	1.8	8.7
Pharmacy	67.4	73.9	94.5	70.4
Correctional facility	8.5	3.5	2.2	7.0
Other ^(b)	1.9	1.5	—	1.7
Total	100.0	100.0	100.0	100.0

(a) NSW counts buprenorphine-naloxone as 'buprenorphine'. See Chapter 5 for further details.

(b) The category 'Other' includes mobile dosing sites, non-government organisations, doctors' surgeries and dosing points 'not stated'. From 2009 and earlier 'Other' also includes 'not reported'. From 2010 onward, 'not stated' became a separate category.

(c) In Qld, the category 'Not stated' refers to clients who received their pharmacotherapy drug at a dosing point before the 'snapshot/specified' day—that is, they received a takeaway dose. In SA, 'Not stated' refers to clients registered to receive treatment but who failed to dose.

(d) The total estimated number of clients reported in 2006 excludes pharmacotherapy clients in the NT as data relating to dosing point sites and clients were not available.

Table A19: Clients receiving pharmacotherapy on a snapshot day, by dosing point type, sex and age group, 2013

	Public clinic		Private clinic		Pharmacy		Correctional facility		Hospital		Other		Not stated		All dosing points	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Age group (years)																
Under 30	438	12.7	421	13.8	1,035	7.3	513	23.8	36	12.9	90	7.6	300	9.4	2,833	10.3
30–39	1,274	37.0	1,111	36.5	4,728	33.5	988	45.8	107	38.4	393	33.1	1,046	32.9	9,647	35.2
40–49	1,086	31.5	885	29.1	4,631	32.8	525	24.4	86	30.8	421	35.5	1,121	35.3	8,755	32.0
50 and over	648	18.8	624	20.5	3,706	26.3	130	6.0	50	17.9	283	23.8	712	22.4	6,153	22.5
Sex																
Male	2,191	63.6	2,190	72.0	8,597	61.0	1,882	87.3	161	57.7	721	60.7	2,052	64.5	17,794	65.0
Female	1,255	36.4	851	28.0	5,503	39.0	274	12.7	118	42.3	466	39.3	1,127	35.5	9,594	35.0
Total	3,446	100.0	3,041	100.0	14,100	100.0	2,156	100.0	279	100.0	1,187	100.0	3,179	100.0	27,388	100.0

Note: Unit record data were used to produce this figure. Records were available for 58% of total clients receiving pharmacotherapy on a snapshot day in 2013. Vic and Qld data were not available.

Appendix B: NOPSAD 2013 Data quality statement

Summary of key data quality issues

- Each state and territory uses a slightly different method to collect data about the pharmacotherapy used to treat those with opioid dependence. These differences are driven by differences between the states and territories in relation to legislation, information technology systems and resources. The differences may result in discrepancies when comparing one state or territory with another.
- New South Wales is unable to differentiate between clients prescribed buprenorphine and buprenorphine-naloxone.
- Victoria and Western Australia do not provide data in relation to the Indigenous status of clients.
- In Western Australia, the number of clients receiving pharmacotherapy treatment is reported through the month of June (rather than on a snapshot day), likely resulting in higher numbers reported by WA than by other jurisdictions.
- In 2013, Victoria was unable to provide reliable age and sex data for individual pharmacotherapy drug types. This is different to previous years, where an imputation strategy was used. Footnotes have been made to affected figures and tables to highlight this change.
- Analyses of 2 new data items (opioid drugs of dependence and client status) have been included. Both items contain gaps in data coverage. These gaps have been noted in footnotes and body text relating to each new data item.
- This 2013 NOPSAD report includes unit record analyses for the first time. Unit record data were provided by 6 out of 8 jurisdictions (comprising 58% of total clients). Selected data elements were not provided by all 6 jurisdictions (for example, Indigenous status). For figures and tables based on unit record data, footnotes and explanations in body text have been included to highlight gaps in data coverage.

Description

The NOPSAD collection includes information on 3 opioid pharmacotherapy drugs used for treating opioid dependence. These drugs are methadone, buprenorphine and buprenorphine-naloxone (Box 1.2). Each state and territory collects agreed data about clients receiving opioid pharmacotherapy on a snapshot day, usually in June each year. The snapshot day varies between states and territories. See Table 5.1 for information about the use of the snapshot day for each state and territory.

Since 2012, selected jurisdictions have provided the AIHW with unit record data in addition to aggregate data. Although unit record data are not yet provided by all jurisdictions, this 2013 NOPSAD report is the first to include analyses based on unit record data (provided by New South Wales, Western Australia, South Australia, Tasmania, the Northern Territory and the Australian Capital Territory).

While states and territories strive to report data consistent with agreed standards, the NOPSAD collection is not a national minimum data set and some discrepancies exist

between the ways in which data are reported. These discrepancies are discussed in more detail in Chapter 5.

The NOPSAD collection is one of a number of data sources that provide a picture of alcohol and other drug treatment services in Australia.

Institutional environment

The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with government and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988* (Cth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <www.aihw.gov.au>.

Timeliness

Data are collected by states and territories on a snapshot day, usually in June. Jurisdictions receive, collate and clean this data, providing it in aggregate form to the AIHW between October and December each year. The AIHW analyses and reports on the data provided, with annual data available 6 months after the finalisation of the national data set, usually in June.

Accessibility

Results from the collection are published in an annual report that can be accessed via the AIHW website. An accompanying data guide is also produced annually. This data guide outlines the data elements to be collected in more detail. Additional data requests can also be made on an ad hoc basis.

Interpretability

Information on opioid use is available in the AIHW annual report. Definitions of terms used are in the report to assist with interpretability.

Relevance

The NOPSAD collection is essential in monitoring treatment for opioid dependence nationally. It is one of a number of data sources that provide a picture of alcohol and other drug treatment services in Australia. Data from the collection can also be considered with information from other sources – for instance, the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) and the National Drug Strategy Household Survey (NDSHS) – to inform debate, policy decisions and planning processes that occur within the broader alcohol and other drug treatment sector. More specifically, pharmacotherapy data are used in states and territories to:

- monitor resources required for pharmacotherapy treatment, such as the number of prescribers and dosing point sites
- monitor and plan services (for example, monitoring prescriber patterns and the number of clients)
- develop and refine policies relating to the treatment of clients with opioid dependency
- track the number of clients moving between the public and private sectors.

Data are also used more broadly to fill gaps in national treatment services data.

Accuracy

NOPSAD data are collected on a snapshot day, usually in June each year. This method is appropriate for the collection and should be kept in mind when comparing the NOPSAD collection with other collections that use different data collection periods.

Due to variations between states and territories in data collection methods and some NOPSAD elements, discrepancies noted in Chapter 5 should be kept in mind when interpreting these data.

Coherence

The NOPSAD collection is reported annually. The method of data collection and elements collected is consistent between years, allowing for meaningful comparisons over time.

Appendix C: Data requests and related data collections

Data requests

The states and territories are the data custodians of information collected through the NOPSAD collection in their state or territory. The AIHW is the data custodian of collated national information obtained from each state and territory. For the AIHW, data custodianship means responsibility for protection, storage, analysis and dissemination of the data in accordance with the purpose for which the data were collected, the *Australian Institute of Health and Welfare Act 1987*, other legislation and relevant privacy principles.

Data requests to the AIHW can be made for summarised aggregate tables. Unit record data for 2012 and 2013 may be available for some jurisdictions on request.

Additional information about the collection can be found in the *NOPSAD 2013 data guide*, which is available by contacting the AIHW and on the AIHW website:

<<https://www.aihw.gov.au/national-opioid-pharmacotherapy-statistics-annual-data-collection/>>).

Related data collections

As in previous years, a subset of the data presented in this report will be in the forthcoming *Alcohol and other drug treatment services in Australia 2012–13* report, due for release in mid-2014.

If the data you require are not available from the NOPSAD collection, they may be available from the following sources:

- **Alcohol and Other Drug Treatment Services National Minimum Data Set**
Australian Institute of Health and Welfare
<www.aihw.gov.au/alcohol-and-other-drugs-treatment-services-statistics>
- ***The Health of Australia's Prisoners 2012***
Australian Institute of Health and Welfare
<<https://www.aihw.gov.au/publication-detail/?id=60129543948>>
- ***National Drug Strategy Household Survey***
Australian Institute of Health and Welfare
<www.aihw.gov.au/national-drugs-strategy-household-surveys>
- **Pharmaceutical Benefits Scheme**
Department of Health
<www.pbs.gov.au/info/browse/statistics>.

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List of tables

Table 2.1:	Median age of clients receiving pharmacotherapy on a snapshot day, by state and pharmacotherapy type, 2013	12
Table 2.2:	Clients receiving pharmacotherapy on a snapshot day, by sex, pharmacotherapy type, and state and territory, 2013.....	14
Table 2.3:	Clients receiving pharmacotherapy on a snapshot day, by Indigenous status, pharmacotherapy type, and state and territory, 2013.....	17
Table 3.1:	Prescribers, by pharmacotherapy type, and state and territory, 2013.....	23
Table 3.2:	Prescribers, by prescriber type, and state and territory, 2013.....	24
Table 3.3:	Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type, prescriber type, and state and territory, 2013	26
Table 4.1:	Dosing point sites, by state and territory, 2012–13	31
Table 4.2:	Clients receiving pharmacotherapy treatment on a snapshot day, by dosing point type and prescriber type, 2013 (per cent)	35
Table 5.1:	Administrative features of the NOPSAD collection in each state and territory	36
Table 5.2:	Methodological differences for the NOPSAD collection in each state and territory.....	37
Table 5.3:	Policies and guidelines for opioid pharmacotherapy.....	39
Table 5.4:	History of data reported for the NOPSAD collection, 2005–2013	40
Table A1:	Clients receiving pharmacotherapy on a snapshot day, by state and territory, 1998–2013	42
Table A2:	Population rates for clients receiving pharmacotherapy on a snapshot day, by state and territory, 2011–2013.....	43
Table A3:	Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type, and state and territory, 2006–2013.....	44
Table A4:	Clients receiving pharmacotherapy on a snapshot day, by age group and pharmacotherapy type, 2006–2013	46
Table A5:	Clients receiving pharmacotherapy on a snapshot day, by sex and pharmacotherapy type, 2006–2013	48
Table A6:	Clients receiving pharmacotherapy on a snapshot day, by age and sex, 2013 (per 10,000 population)	50
Table A7:	Clients receiving pharmacotherapy on a snapshot day, by age group and sex, 2013.....	51
Table A8:	Clients receiving pharmacotherapy on a snapshot day, by Indigenous status and age group, 2013	52
Table A9:	Opioid drugs of dependence reported for clients receiving pharmacotherapy on a snapshot day, by state and territory, 2013.....	52
Table A10:	Clients receiving pharmacotherapy on a snapshot day, by client status, and state and territory, 2013.....	53
Table A11:	Prescribers, by pharmacotherapy type, and state and territory, 2005–2013.....	54
Table A12:	Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type and prescriber type, 2005–2013.....	56

Table A13: Clients receiving pharmacotherapy on a snapshot day, prescribers and dosing point sites, by state and territory, 2005–2013	58
Table A14: Ratio of clients to prescriber, by prescriber type, and state and territory, 2013.....	60
Table A15: Clients receiving pharmacotherapy treatment on a snapshot day, by prescriber type, sex and age group, 2013.....	60
Table A16: Dosing point sites, by state and territory, 2005–06 to 2012–13	61
Table A17: Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type, dosing point site, and state and territory, 2013	63
Table A18: Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type and dosing point site, 2006–2013.....	65
Table A19: Clients receiving pharmacotherapy on a snapshot day, by dosing point type, sex and age group, 2013	66

List of figures

Figure 2.1:	Clients receiving pharmacotherapy on a snapshot day, 1998–2013	8
Figure 2.2:	Rate of clients receiving pharmacotherapy on a snapshot day, by state and territory, 2011–2013	9
Figure 2.3:	Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type, 2006–2013	10
Figure 2.4:	Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type and state and territory, 2013.....	11
Figure 2.5:	Clients receiving pharmacotherapy on a snapshot day, by age group, 2006–2013	12
Figure 2.6:	Clients receiving pharmacotherapy on a snapshot day, by age group and pharmacotherapy type, 2013.....	13
Figure 2.7:	Clients receiving pharmacotherapy on a snapshot day, by sex and pharmacotherapy type, 2013	14
Figure 2.8:	Clients receiving pharmacotherapy on a snapshot day, by age and sex, 2013.....	15
Figure 2.9:	Clients receiving pharmacotherapy on a snapshot day, by age group and sex, 2013.....	16
Figure 2.10:	Clients receiving pharmacotherapy on a snapshot day, by Indigenous status and age group, 2013	18
Figure 2.11:	Opioid drugs of dependence reported for clients receiving pharmacotherapy on a snapshot day, 2013.....	19
Figure 2.12:	Opioid drugs of dependence reported for clients receiving pharmacotherapy on a snapshot day, by state and territory, 2013.....	20
Figure 2.13:	Clients receiving pharmacotherapy on a snapshot day, by client status, and state and territory, 2013.....	21
Figure 3.1:	Prescribers, by pharmacotherapy type, 2006–2013	23
Figure 3.2:	Clients receiving pharmacotherapy on a snapshot day, by prescriber type, 2005–2013	25
Figure 3.3:	Ratio of clients to prescriber, by state and territory, on a snapshot day, 2005–2013	27
Figure 3.4:	Ratio of clients to prescribers, by prescriber type and state and territory, on a snapshot day, 2013.....	28
Figure 3.5:	Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type and prescriber type, 2013.....	29
Figure 3.6:	Clients receiving pharmacotherapy treatment on a snapshot day, by prescriber type and age group, 2013	30
Figure 4.1:	Ratio of clients to dosing point sites, on a snapshot day, 2013.....	32
Figure 4.2:	Ratio of clients to dosing points on a snapshot day, by state and territory, 2006–2013	32
Figure 4.3:	Clients receiving pharmacotherapy on a snapshot day, by pharmacotherapy type and dosing point site, 2013	33
Figure 4.4:	Clients receiving pharmacotherapy on a snapshot day, by dosing point type and age group, 2013	34

List of boxes

- Box 1.1: What is opioid drug dependence?1
- Box 1.2: Pharmacotherapy types in the NOPSAD collection3
- Box 1.3: Definitions for the NOPSAD collection.....5

On a snapshot day in 2013, over 47,000 clients received pharmacotherapy treatment for their opioid dependence at 2,355 dosing points around Australia.

As in previous years, methadone was the most common pharmacotherapy drug, with around two-thirds (68%) of clients treated with this drug. There were 2,025 prescribers of opioid pharmacotherapy drugs, an increase of 15% from 2012.