



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







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

Chrianna Bharat, Kendal Chidwick, Natasa Gisev, Michael Farrell, & Louisa Degenhardt

Technical report number: 349

Funded by the Australian Government Department of Health and Aged Care and the ASCEND program.

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation.

All other rights are reserved. Requests and enquiries concerning reproduction and rights should be addressed to the National Drug and Alcohol Research Centre, UNSW Sydney, NSW 2052, Australia





Suggested citation

Bharat C, Chidwick K, Gisev N, Farrell M, and Degenhardt L. NDARC Technical Report: Trends in the use of Opioid Agonist Treatment in Queensland, 2013-2022. Sydney: UNSW Sydney, 2023. http://doi.org/10.26190/ybm1-3f83

Acknowledgements

We are grateful to IQVIA, and the wholesalers and pharmaceutical manufacturers who provide their sales data to IQVIA, which makes this work possible. NDARC receives core funding from the Australian Government Department of Health & Aged Care under the Drug and Alcohol Program. This report was also funded by the ASCEND (Advancing the health of people who use drugs: hepatitis C and drug dependence) NHMRC Program Grant (#1150078).





Table of Contents

1.	Exe	ecutive Summary	
2.	Bac	ckground & Methods	
	2.1.	Background	9
	2.2.	Aims	10
	2.3.	Methods	10
3.	Gui	ide to interpretation of results	15
4.	Find	dings	17
	4.1.	OAT utilisation by state/territory	17
	4.2.	OAT utilisation in QLD	19
5.	Disc	cussion	28
6.	Арр	pendices	30
	6.1.	Mapping to postcodes	30
	6.2.	Appendix Tables	30
7.	Ref	ferences	52





List of Tables

Table 1. Medicines available in the Australian opioid agonist treatment programme	11
Table 2. Average doses for OAT medicines: data pooled from recent Australian cohort	studies 12

List of Figures

Figure 1. Number of OAT clients (A), and OAT clients per 10,000 population (B), per month by	
Australian state/territory (2013-2022).	18
Figure 2. Cumulative number of OAT clients (A) and proportion of total OAT clients (B), per mon	ith
by medicine (QLD, 2013-2022)	20
Figure 3. Number of OAT clients by LAI buprenorphine (LAIB) group* (QLD, 2019-2022)	21
Figure 4. Number of OAT clients per month by remoteness (QLD, 2013-2022)	23
Figure 5. Number of OAT clients per month by IRSAD quintile (QLD, 2013-2022)	24
Figure 6. Number of OAT clients per month, by setting (QLD, 2013-2022)	26
Figure 7. Number of OAT clients per month by medicine in: community pharmacy (A), hospitals	(B),
and other (including prisons) (C) (QLD, 2013-2022)	27





Executive Summary

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

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

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

Key findings

- QLD had the third highest number of OAT clients of all jurisdictions, from 2013 to 2022.
- The estimated number of OAT clients in QLD increased by 82% from 4,621 in January 2013 to 8,404 in December 2022.
- Per capita, QLD saw a 60% increase in OAT use from 10 clients per 10,000 population in January 2013 to 16 per 10,000 in December 2022.
- Patterns of OAT medicines in QLD also changed over this time. There was:
 - o a decline (-7.7%) in clients receiving methadone (2013-2022),
 - o a 2-fold increase of clients receiving SL buprenorphine (2013-2022), and





- a substantial uptake of LAI buprenorphine following its introduction (59 clients in Sep 2019 to 2,345 clients in Dec 2022).
- Consequently, the distribution of OAT medicines has shifted in QLD:
 - In January 2013, two-thirds (67%) of OAT clients received methadone with the remainder receiving SL buprenorphine (33%).
 - In December 2022, one-third (34%) of clients received methadone and two-thirds
 (66%) buprenorphine (38% SL buprenorphine and 28% LAI buprenorphine).
- Across the decade in QLD, some small, gradual, changes were observed in the distribution
 of OAT clients by remoteness and socioeconomic status. From 2013 to 2022, the
 proportion of clients in QLD receiving OAT in:
 - o major cities decreased from 70 to 66%,
 - o remote and very remote areas increased from 1.5% to 3.5%,
 - o the most disadvantaged areas increased from 15% to 17%, and
 - the most advantaged areas decreased from 21% to 19%.
- Since 2020 in QLD, there was a decline in the number of clients accessing OAT in community pharmacies and a marked increase in other settings. Consequently, across the study period (January 2013 to December 2022) the proportion of clients receiving OAT in:
 - o community pharmacy decreased from 92.3% to 63.3%,
 - hospitals (including inpatient and outpatient drug and alcohol services) increased
 from 7% to 14%, and;
 - o 'other' settings (including prisons) increased from <1% to 5.6%.
- At the beginning of the study, the majority (67%) of clients accessing OAT in community pharmacy received methadone and by the end (December 2022) most received buprenorphine (51% SL buprenorphine and 6% LAI buprenorphine). The majority of clients accessing OAT from hospitals (82%) and other settings (incl. prison) (93%) received LAI buprenorphine.





Conclusions

There has been an increase in access to OAT in QLD over the past decade, with buprenorphine now replacing methadone as the most common OAT used. Importantly, there has been an increase in access to OAT, especially in settings other than community pharmacy since 2020 - coinciding with the introduction of LAI buprenorphine and the COVID-19 pandemic. It is now important to determine the clinical outcomes of these changes, in terms of benefits, harms and cost effectiveness.





2. Background & Methods

2.1. Background

Opioid agonist treatment (OAT) is a first-line treatment for opioid dependence¹. Involving long-term pharmacotherapy with an opioid agonist or partial agonist, it is well established that OAT reduces non-medical use of opioids and related harms ³. For example, there is strong evidence to show that OAT is effective at reducing injecting and injection related injuries, blood-borne viral spread, overdoses and overall mortality²⁻⁵, as well as improving physical health, social functioning and economic productivity¹. Methadone and buprenorphine are both listed by the World Health Organization as essential medicines for this indication⁸. In Australia, four formulations of OAT are approved by the Therapeutics Goods Administration (TGA) and subsidised through the Pharmaceutical Benefit Scheme (PBS) for the treatment of opioid dependence. These include methadone liquid (PBS listed in 1974), sublingual (SL) buprenorphine (2001), SL buprenorphine-naloxone (2005: tablets, 2011: films) and long acting injection (LAI) buprenorphine (September 2019)⁹.

LAI formulations of buprenorphine have recently become available for the treatment of opioid dependence¹⁰, having been PBS-listed since September 2019. Depending on the formulation, LAI buprenorphine is administered via weekly¹¹ or monthly^{12,13} subcutaneous injections, providing an alternate OAT option to daily methadone and SL buprenorphine, that reduces the frequency of dosing visits and increases flexibility^{14,15}. LAI buprenorphine may offer a number of benefits including increased quality of life, employment, and treatment satisfaction¹⁶, however, the shift to monthly dosing may result in unintended consequences as well¹⁷⁻¹⁹. In Australia, the roll-out of LAI buprenorphine was stepped up during the COVID-19 pandemic in an effort to reduce face-to-face interactions and the frequency of visits by OAT clients to health services. National interim guidance developed by professional and consumer groups also recommended increasing the number of take-away doses, greater use of telehealth appointments, and home delivery, including third party collections for clients in quarantine²⁰. These recommendations addressed logistical barriers to OAT engagement, including the travel burden associated with attending services²¹.





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

Each year, a summary of medicines used on snapshot day/s in OAT programs around Australia are published.²² Due to the implementation of a new real-time prescription monitoring system and the commencement of a new policy act in 2021²³, Queensland (QLD) data from 2021 are not available in these summaries²². This limits a nuanced understanding of changes to the profile of individual medicines over time in QLD – especially in the years following the introduction of LAI buprenorphine - as well as changes to overall utilisation in different settings (e.g., community vs. prison, regional v. remote). Monthly sales data provide a novel means to examine longitudinal trends of OAT in QLD.

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

2.2. Aims

This report aims to:

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

2.3. Methods

2.3.1. Study design and time period

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

2.3.2. Data source

Data was provided by IQVIA (iqvia.com) on sales of medicines by pharmaceutical wholesalers and manufacturers to community pharmacies, hospitals and other providers, including prisons. IQVIA claims around 97% coverage of the Australian community pharmacy and hospital settings²⁴. Data





on all formulations of OAT medicines sold in QLD between January 2013 and December 2022 were included. Due to the legal requirements for secure storage and monitoring of OAT medicines in pharmacies, the number of packs sold over a 12-month period should closely approximate the number of medicines used by clients in the QLD OAT Program.

2.3.3. Medicines

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

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

Active Ingredient	Form	Brand name	Strength (mg)	LAIB† Group	Entry to market [‡]
Methadone	Oral (liquid)	Biodone Forte, Methadone Syrup	5mg / mL	N/A	1974 ²⁵
Buprenorphine	Sublingual tablet	Subutex	0.4, 2, 8	N/A	2001 ²⁶
Buprenorphine / naloxone	Sublingual tablet / film	Suboxone	2/0.5, 8/2	N/A	2005: Tablets ²⁷ 2011: Films ²⁸
Buprenorphine	Long acting injection	Buvidal weekly	8, 16	Weekly LAIB - low	September 2019 ²⁵
Buprenorphine	Long acting injection	Buvidal weekly	24, 32	Weekly LAIB - high	September 2019 ²⁵
Buprenorphine	Long acting injection	Buvidal monthly	64	Monthly LAIB - low	September 2019 ²⁵
Buprenorphine	Long acting injection	Buvidal monthly	96, 128	Monthly LAIB - med	September 2019 ²⁵
Buprenorphine	Long-acting injection	Buvidal monthly	160	Monthly LAIB - high	May 2022 ²⁵
Buprenorphine Long-acting injection		Sublocade	100	Monthly LAIB - low	May 2020 ²⁵
Buprenorphine	Long-acting injection	Sublocade	300	Monthly LAIB - high	May 2020 ²⁵

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





2.3.4. OAT clients per month

Describing OAT utilisation based solely on packs sold does not enable a like-for-like comparison between different medicines. In some cases, one pack may be used to treat one or multiple clients - for example, one pack of LAI buprenorphine treats one client over 28 days, whereas one pack of methadone syrup (1 L) may treat several clients. Oral morphine equivalents (OME) were considered less relevant for comparing OAT in a non-analgesia setting and could not be reliably estimated for LAI buprenorphine. For these reasons, the monthly number of packs sold was converted into an estimate of OAT clients per month.

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

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

Average doses were estimated from previous research (see Table 2). For LAI buprenorphine formulations, estimates of clients per month were based on the number of packs (injections) sold. Specifically, one pack of weekly and one pack of monthly LAI buprenorphine were assumed to treat 0.25 and 1 client, respectively, over a 28-day period, aligning with the recommended dosing schedules¹¹⁻¹³. A chart review of three Australian OAT providers verified these dose estimates aligned with real-world LAI buprenorphine dosing schedules²⁹. To account for small fluctuations in sales data, reflecting the ordering behaviour (such as stockpiling) of pharmacies rather than actual fluctuations in OAT client numbers, three-month moving averages are presented.

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

Measure	Methadone li	quid	Sublingual Buprenorphine		
	Pooled estimate (95% CI)	Sources	Pooled estimate (95% CI)	Sources	
Mean dose (mg/day)	74.06 (69.44, 78.69)	30,31	16.00 (14.39, 17.61)	31	
Median dose (mg/day)	75 (47,75)	75 (47,75)		31-36	

Where applicable $I^2 = 0.0$.





2.3.5. Geographical information and setting

Monthly OAT utilisation was summarised overall and disaggregated by jurisdiction, remoteness, socioeconomic status, and setting. The Australian jurisdictions includes six states (New South Wales (NSW), QLD, South Australia (SA), Tasmania (TAS), Victoria (VIC), Western Australia (WA)), and two territories (Australian Capital Territory (ACT) and the Northern Territory (NT)). Setting refers to the provider type which purchased the medicines, and includes 'community pharmacy', 'hospital' including outpatient drug and alcohol services, 'aged and community healthcare', 'clinics and medical centres' including general practice, and 'other (including prisons)'. The Australian Bureau of Statistics (ABS) mapping of Postcode 2017 was used to map sales to the Australian Statistical Geography Standard (ASGS) Remoteness Areas 2016 data³⁷ and to the Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socioeconomic Advantage and Disadvantage (IRSAD) 2016 data³⁸ (see Appendix 6.1 Mapping to postcode). Australian remoteness categories include 'Major Cities', 'Inner Regional', 'Outer Regional', 'Remote' and 'Very Remote'. IRSAD summarises information about the economic and social conditions of people and households within an area, with lower quintiles indicating relatively greater disadvantage and higher quintiles indicating relatively greater advantage.

2.3.6. Statistical Analysis

Descriptive statistics and data visualisations were used to describe trends over time, and by OAT medicine, jurisdiction, remoteness, socioeconomic status and setting. The estimated number of clients receiving OAT medicines each month, overall and by individual medicines, were evaluated as a count standardised against population size and/or as a proportion (%) of the total number of OAT clients that month. Per capita estimates were based on the estimated residential population at June 30 each year, provided by the ABS³⁹, overall and by jurisdiction.

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





Ethics approval

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





Guide to interpretation of results

- It is important to acknowledge that the amounts sold do not directly translate to the
 amounts dispensed or used. For this reason, it was not possible to estimate patterns of use
 at the client level nor determine the exact number of clients engaged in OAT in each
 month.
- The approach used in estimating the number of clients receiving OAT per month assumes
 that real-world OAT doses and the factors known to influence dose, including disorder
 severity have remained stable over time and across different settings. The parameters
 used to derive these estimates were informed by the literature and have not been
 validated against population-level data on OAT doses from Australia.
- The estimates assume clients are retained in OAT over the full 28-day interval; where this is not the case, the number of clients accessing OAT at least once a month would be higher.
- This report complements the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD), which provide a national overview of OAT pharmacotherapies used in Australia on snapshot day/s by state and territory health departments²². Where comparisons with NOPSAD show varying trends, these may be explained by differences in client ascertainment and changes in the patterns of OAT retention during the study period⁴⁰.
- Furthermore, IQVIA coverage is not 100% and may have improved over time, which could lead to an underestimate of OAT clients in earlier years of the study and an overestimate of the percentage change between 2013 to 2022.
- As the weekly low dose LAI buprenorphine formulation can be used for top-up or supplemental dosing, inclusion of these formulations may have resulted in a slight overestimate of the number of clients.
- The geographic information provided by IQVIA for non-community pharmacy/hospital settings was less granular (PHN level) so there may be some misclassification of remoteness and socioeconomic categories in these settings.





 The socioeconomic and remoteness findings reflect where OAT was received rather than where OAT clients reside, as clients may have travelled to different areas to receive OAT.





4. Findings

4.1. OAT utilisation by state/territory

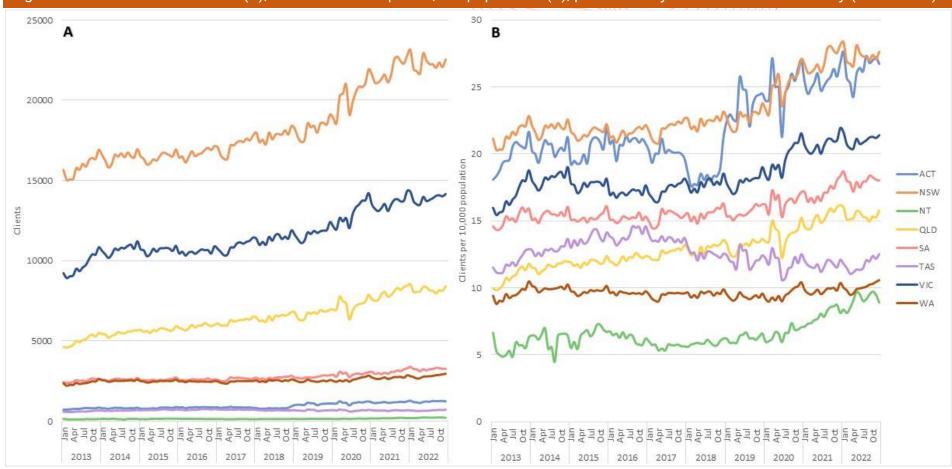
Across the decade, QLD had the third highest estimated number of OAT clients per month of all jurisdictions, after New South Wales and Victoria (Figure 1A) and the fifth or sixth highest rate of per-capita OAT use (Figure 1B). The estimated number of clients receiving OAT each month in QLD increased from 4,621 clients in January 2013 to 8,404 clients in December 2022 (81% increase Figure 1A, Table A1).

After accounting for population size, there was a 60% increase in rates of use in QLD, from 10 OAT clients per 10,000 population in January 2013 to 16 per 10,000 in December 2022 (Figure 1B). In December 2022, the number of OAT clients per capita per month in QLD was just over half the number in NSW (16 per 10,000 population vs 28 per 10,000) (Figure 1B).









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





4.2. OAT utilisation in QLD

4.2.1. All OAT medicines

Patterns of OAT have changed over time in QLD. Methadone use decreased (-7.7%) from 3,089 clients in 2013 to 2,882 in December 2022 (Figure 2A, Table A1). There was a 2-fold increase in the estimated number of clients receiving SL buprenorphine, from 2,545 clients in January 2013 to 3,176 SL buprenorphine in December 2022. Following its introduction to the market, there was a substantial uptake of LAI buprenorphine, from 59 clients in September 2019 to 2,345 clients in December 2022.

Subsequently, the distribution of medicines in the QLD OAT program evolved over time (Figure 2B). In January 2013, two-thirds (66.8%) of the estimated number of OAT clients in QLD received methadone with the remainder receiving SL buprenorphine (33.2%). In December 2022, 34.3% of clients received methadone, 37.8% SL buprenorphine, and 27.9% LAI buprenorphine (Figure 2B, Table A1).

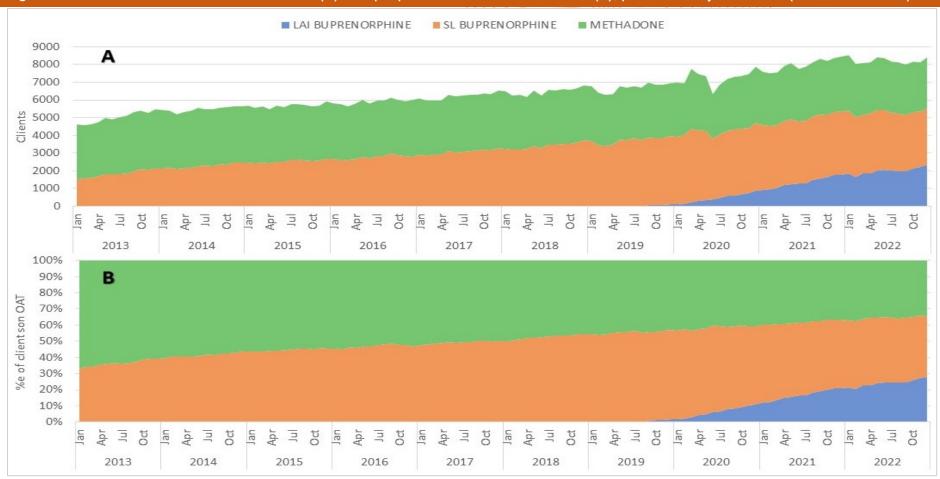
4.2.2. LAI buprenorphine

Since the introduction of LAI buprenorphine, the majority of use was for monthly rather than weekly formulations (Figure 3, Table A2). The formulations in the 'Monthly LAIB – medium' group were used most commonly, followed by 'Monthly LAIB – low', with 'Monthly LAIB – high' used less frequently. From September 2019 to December 2022, use of 'Monthly LAIB – medium' formulations increased from 31 to 1,015 clients, Monthly LAIB – low' from 12 to 670 clients (+5483%) and Monthly LAIB – high' from <10 clients in February 2020 to 497 clients in December 2022 (Figure 3, Table A2).





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

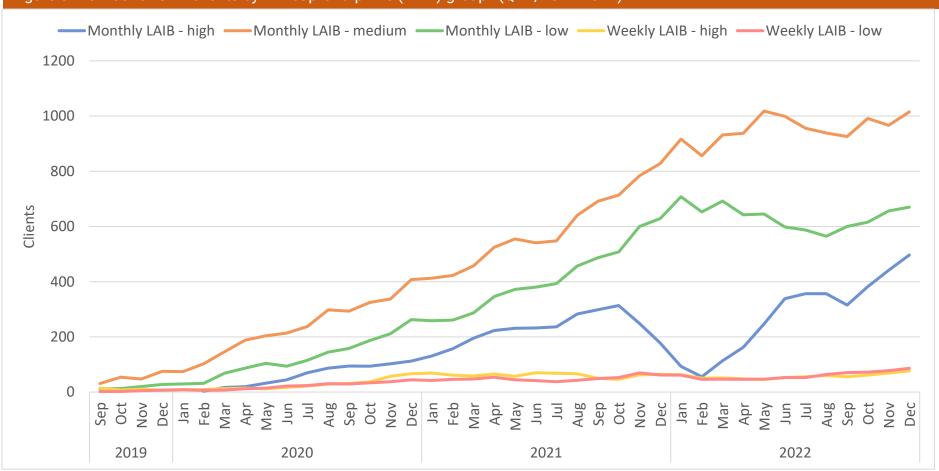


LAI: Long Acting Injection, OAT: Opioid Agonist Treatment, SL: Sublingual









^{*} LAIB groups are defined in Table 1





4.2.1. Remoteness

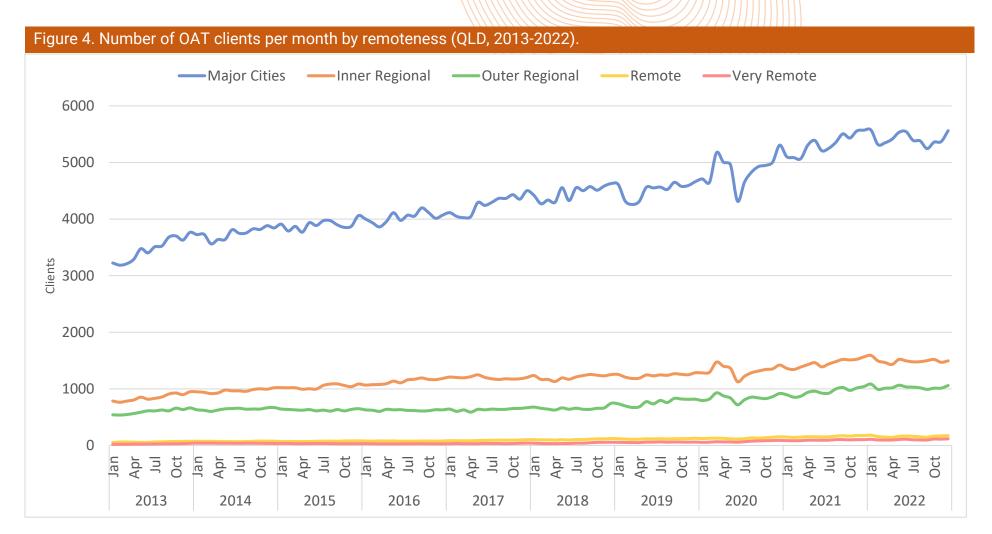
Over the decade, the estimated number of OAT clients increased across all remoteness categories with some small changes observed in the distribution of clients (Figure 4). From 2013 to 2022, greater increases in OAT utilisation were observed in remote (52 to 173 clients: +233%) and very remote (18 to 117 clients: +539%) areas compared with major cities, which increased by 72.5% from 3,224 clients in January 2013 to 5,561 in December 2022 (Figure 4, Table A3). There was a decrease in the proportion of clients accessing OAT in major cities, from 69.8% in January 2023 to 66.2% in December 2022, whereas an increase was observed in remote and very remote areas, from 1.5% to 3.5% while regional areas remained unchanged. (Figure 4, Table A3).

4.2.2. Socioeconomic status (IRSAD)

From 2013 to 2022, rates of OAT use increased across all IRSAD quintiles, however the greatest increases in OAT use were observed in the most disadvantaged areas (+111%: 691 to 1,464 clients), compared with the most advantaged areas (+64%: 955 to 1,563) (Figure 5). Trends in the distribution of OAT utilisation by socioeconomic status remained relatively consistent, with some changes observed in the most and least advantaged areas Across the decade, the highest proportion of clients (27-28%) accessed OAT from areas in the middle IRSAD quintile (quintile 3). There was a decrease in the proportion of clients accessing OAT in the most advantaged areas (quintile 5), from 20.7% in January 2023 to 18.6% in December 2022, whereas an increase was observed in the most disadvantaged areas (quintile 1), from 14.9% to 17.4% (Figure 5, Table A4).



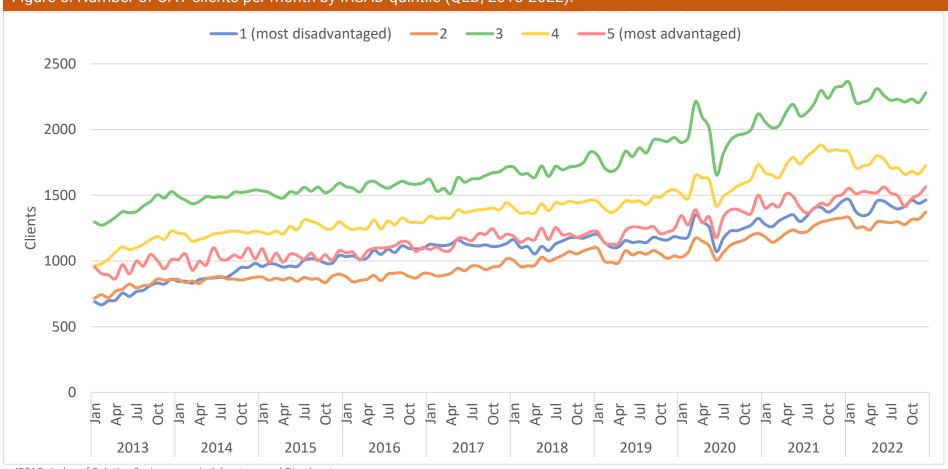












IRSAD: Index of Relative Socioeconomic Advantage and Disadvantage





4.2.3. Setting

In QLD, trends in the distribution of OAT utilisation by setting remained relatively consistent between 2013 and 2019, with some significant changes observed from 2020 to 2022 (Figure 6). The estimated number of clients accessing OAT each month in community pharmacy increased steadily from 4,268 in January 2013 to a peak of 6,462 in March 2020 (+ 39.6% increase) before declining to 5,322 in December 2022 (Figure 7A, Table A5). In contrast, the estimated number of clients accessing OAT in non-community pharmacy settings increased gradually up to 2019, and more markedly since 2020 (Figure 6). Consequently, the distribution of OAT utilisation across settings in QLD changed. From January 2013 to December 2022, the proportion of all OAT clients accessing OAT at (Figure 6, Table A5):

- community pharmacies decreased from 92.3% to 63.3%,
- hospitals (including inpatient and outpatient drug and alcohol services) increased from
 7.1% to 14.2%,
- clinics and medical centres increased from <1.0% to 9.7%, and;
- other settings (including prisons) increased from <1% to 5.6%.

The distribution of medicines in the QLD OAT program varied by setting and changed over time (Figure 7, Table A6). At the beginning of the study, the majority (67%) of clients in community pharmacy received methadone and by the end (December 2022), most received buprenorphine (51% SL buprenorphine and 6% LAI buprenorphine). In December 2022, the vast majority of clients accessing OAT from hospitals (82%) and other settings (incl. prison) (93%) received LAI buprenorphine. (Figure 7, Table A6).





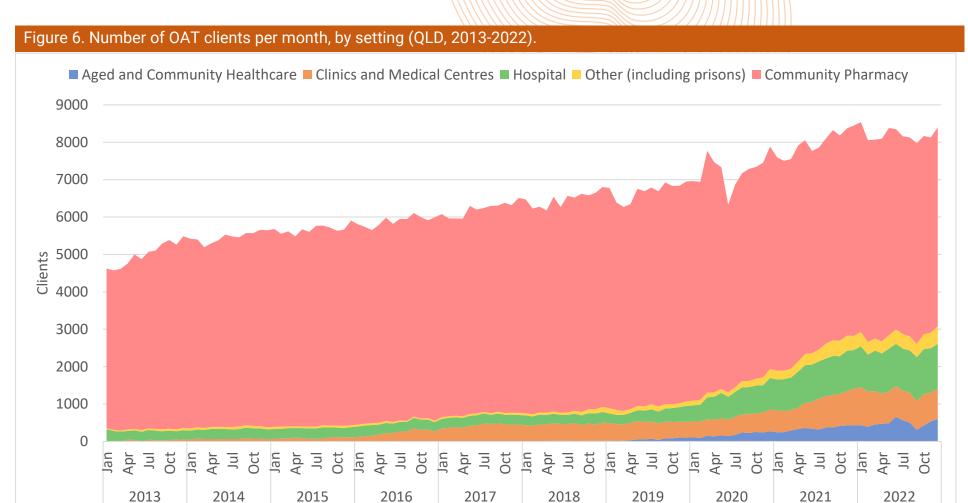
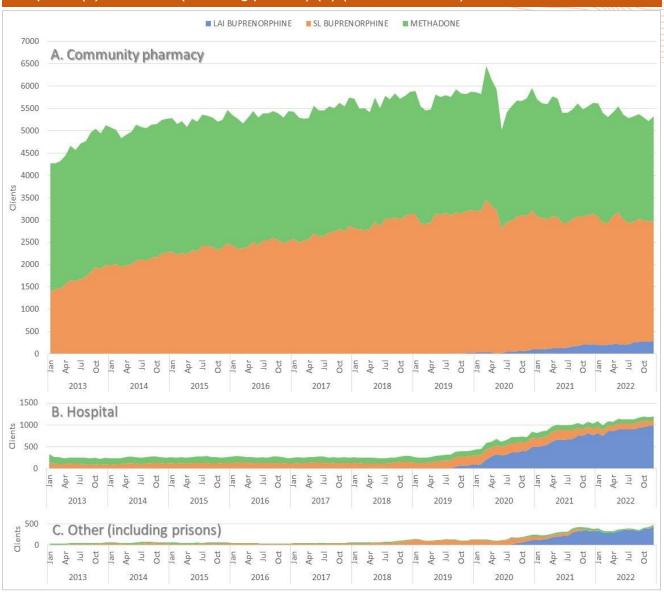






Figure 7. Number of OAT clients per month by medicine in: community pharmacy (A), hospitals (B), and other (including prisons) (C) (QLD, 2013-2022).







5. Discussion

This report used monthly sales data to evaluate trends in the estimated number of clients and the types of OAT medicines used in QLD between 2013 and 2022. Over the study period, overall utilisation of OAT in QLD increased steadily, with a +45% estimated increase in the per-capita number of OAT clients (June 2013 to June 2022). The pattern of OAT medicines used in QLD changed over time with the most common medicine for OAT being methadone in 2013, and buprenorphine in 2022. Considerable increases in OAT access were observed in settings other than community pharmacies from early 2020 – coinciding with the introduction of LAI buprenorphine, the COVID-19 pandemic, and related interim OAT guidance and policies.

Importantly this report demonstrates a substantial increase in the use of LAI buprenorphine for OAT in QLD. Between September 2019 (the month LAI buprenorphine was PBS-listed) and December 2022, the estimated number of clients accessing LAI buprenorphine increased, eventually accounting for just over a quarter of all QLD OAT clients. By the end of the study period (2022), most clients in community pharmacy received buprenorphine (51% SL buprenorphine and 6% LAI buprenorphine) whereas the vast majority of OAT clients attending hospitals/outpatient drug and alcohol services and 'other (incl. prisons)' settings received LAI buprenorphine (82% and 93%, respectively). This will in part reflect the scale-up of LAI buprenorphine during the COVID-19 pandemic, which was used as a strategy to reduce exposure to infection, and help adhere with social distancing²⁰.

Since mid-2017, there has been equality in the number of clients estimated to be receiving buprenorphine and methadone in QLD. With the significant uptake of LAI buprenorphine there has been a further shift in the distribution of OAT, with buprenorphine (SL and LAI formulations) accounting for two thirds (66%) of clients in the most recent months of data capture and methadone accounting for only a third (34%). This finding aligns with previous reports that buprenorphine is increasingly the medicine most OAT clients initiate on in Australia⁴⁰.

The trends seen in this report largely align with the annual summaries from the NOPSAD collection, however the client estimates in this report are somewhat lower than those reported in





NOPSAD²². At the beginning of the study period, the estimated number of OAT clients in QLD in this report was 19% lower than the figure quoted by NOPSAD (June 2013: 4,909 clients vs 6,093 clients in NOPSAD) and by the end of the study period this difference had reduced to 2% lower (June 2022: 7,763 clients vs 7,961 clients in NOPSAD). While both data sources show increasing per-capita OAT use between 2013 and 2022, the magnitude of the increase was higher in this report than NOPSAD. From June 2013 to June 2022, data indicate per capita OAT use in QLD increased by +45% in this report (from 11 to 16 OAT clients per 10,000 population) and by +15% (from 13 to 15 OAT clients per 10,000 population) according to the NOPSAD collection²². These differences may be explained by differences in the methods used for client ascertainment and changes in the patterns of OAT retention during the study period 40. NOPSAD collects data on clients receiving OAT on specific day/s per year, whereas the client estimates in this report are based on a conversion of packs sold into clients treated over a month, with the assumption that clients are retained in OAT over the full 28-day interval. As some attrition from OAT is expected, this report probably underestimates the total number of clients accessing OAT over the month. However, if OAT retention rates have improved over time⁴⁰ the potential for this source of underestimation would have diminished over the study time period.

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





6. Appendices

6.1. Mapping to postcodes

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

6.2. Appendix Tables

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

Time period		AI orphine	SL Buprenorphine		Methadone		Total	
	n	Row %	n	Row %	n	Row %	N	Row %
2013								
January			1532	33.2	3089	66.8	4621	100
February			1572	34.4	2993	65.6	4565	100
March			1594	34.5	3028	65.5	4621	100
April			1679	35.5	3058	64.5	4737	100
May			1803	36.1	3192	63.9	4994	100
June			1795	36.6	3114	63.4	4909	100
July			1826	36.2	3216	63.8	5041	100
August			1861	36.5	3234	63.5	5095	100
September			1978	37.3	3319	62.7	5297	100
October			2093	38.9	3294	61.1	5387	100
November			2056	39.1	3206	60.9	5262	100
December			2153	39.2	3333	60.8	5486	100
2014								
January			2141	39.5	3277	60.5	5418	100
February			2185	40.4	3217	59.6	5401	100
March			2114	40.7	3080	59.3	5194	100
April			2156	40.7	3144	59.3	5300	100
May			2183	40.6	3189	59.4	5371	100
June			2258	40.8	3276	59.2	5533	100
July			2294	41.9	3182	58.1	5476	100
August			2263	41.5	3195	58.5	5457	100





Time period			LAI SL Buprenorphine Buprenorphine		Me	Methadone		Total	
periou	n	Row %	n	Row %	n	Row %	N	Row %	
September			2361	42.4	3210	57.6	5571	100	
October			2359	42.3	3216	57.7	5574	100	
November			2447	43.3	3208	56.7	5655	100	
December			2457	43.5	3186	56.5	5643	100	
2015			2437	43.3	3100	30.3	3043	100	
January			2470	43.5	3208	56.5	5678	100	
February			2414	43.5	3137	56.5	5551	100	
March			2450	43.6	3167	56.4	5618	100	
April			2414	44.0	3072	56.0	5485	100	
May			2509	44.2	3165	55.8	5674	100	
June			2490	44.5	3111	55.5	5601	100	
July			2606	45.2	3160	54.8	5766	100	
August			2629	45.6	3142	54.4	5772	100	
September			2600	45.4	3122	54.6	5722	100	
October			2543	45.2	3089	54.8	5632	100	
November			2597	45.9	3063	54.1	5660	100	
December			2679	45.3	3229	54.7	5908	100	
2016									
January			2648	45.6	3156	54.4	5805	100	
February			2589	45.1	3148	54.9	5737	100	
March			2622	46.4	3027	53.6	5650	100	
April			2670	46.1	3122	53.9	5792	100	
May			2800	46.8	3186	53.2	5986	100	
June			2725	46.8	3092	53.2	5817	100	
July			2836	47.7	3115	52.3	5951	100	
August			2848	47.9	3096	52.1	5944	100	
September			2974	48.7	3133	51.3	6107	100	
October			2874	47.9	3127	52.1	6001	100	
November			2812	47.5	3102	52.5	5914	100	
December			2801	46.7	3190	53.3	5991	100	
2017									
January			2911	47.9	3168	52.1	6079	100	
February			2861	48.0	3103	52.0	5964	100	
March			2909	48.8	3053	51.2	5962	100	





Time		Al	SI Runrenorphine Methadone		thadone	e Total		
period	Bupren	orphine	JE Dupi	enorphine	IVIE	tiladone		Otal
	n	Row %	n	Row %	n	Row %	N	Row %
April			2928	49.1	3031	50.9	5960	100
May			3108	49.4	3189	50.6	6296	100
June			3051	49.2	3147	50.8	6198	100
July			3080	49.4	3159	50.6	6239	100
August			3126	49.6	3171	50.4	6297	100
September			3172	50.3	3132	49.7	6304	100
October			3206	50.2	3176	49.8	6383	100
November			3160	50.0	3160	50.0	6319	100
December			3288	50.5	3223	49.5	6511	100
2018								
January			3228	49.9	3243	50.1	6471	100
February			3177	51.0	3049	49.0	6227	100
March			3206	51.1	3069	48.9	6275	100
April			3227	52.3	2949	47.7	6175	100
May			3400	51.9	3146	48.1	6546	100
June			3294	52.6	2971	47.4	6265	100
July			3475	52.9	3090	47.1	6565	100
August			3494	53.6	3025	46.4	6519	100
September			3529	53.3	3094	46.7	6623	100
October			3525	53.6	3053	46.4	6578	100
November			3613	54.4	3034	45.6	6647	100
December			3709	54.5	3094	45.5	6803	100
2019								
January			3687	54.4	3091	45.6	6778	100
February			3443	53.9	2946	46.1	6389	100
March			3411	54.4	2861	45.6	6273	100
April			3496	55.1	2848	44.9	6344	100
May			3766	55.7	2989	44.3	6755	100
June			3737	55.9	2951	44.1	6689	100
July			3832	56.5	2956	43.5	6789	100
August			3705	55.4	2987	44.6	6691	100
September	59	0.8	3816	55.1	3092	44.6	6927	100
October	76	1.1	3759	55.0	3024	44.3	6833	100
November	83	1.2	3782	55.3	2973	43.5	6838	100





Time	Time LAI							
period	Buprenorphine		SI Bunrenorphine Methado		thadone	done Total		
	n	Row %	n	Row %	n	Row %	N	Row %
December	116	1.7	3857	55.5	2976	42.8	6950	100
2020								
January	121	1.7	3813	54.8	3025	43.5	6959	100
February	151	2.2	3852	55.5	2940	42.3	6943	100
March	245	3.2	4149	53.4	3375	43.4	7768	100
April	321	4.3	3958	53.0	3185	42.7	7464	100
May	367	5.0	3881	52.9	3086	42.1	7334	100
June	392	6.2	3401	53.7	2539	40.1	6331	100
July	468	6.8	3593	52.3	2809	40.9	6869	100
August	588	8.2	3648	50.8	2940	41.0	7176	100
September	605	8.3	3711	50.9	2975	40.8	7291	100
October	675	9.2	3701	50.4	2963	40.4	7339	100
November	746	10.0	3656	49.1	3050	40.9	7452	100
December	893	11.3	3795	48.1	3198	40.5	7886	100
2021								
January	913	12.0	3649	48.0	3033	39.9	7595	100
February	948	12.6	3583	47.7	2974	39.6	7505	100
March	1045	13.8	3521	46.6	2987	39.6	7552	100
April	1212	15.3	3592	45.4	3112	39.3	7916	100
May	1260	15.6	3648	45.3	3149	39.1	8057	100
June	1265	16.3	3508	45.2	2991	38.5	7763	100
July	1283	16.3	3533	45.0	3041	38.7	7857	100
August	1489	18.4	3569	44.1	3043	37.6	8101	100
September	1576	18.9	3609	43.4	3139	37.7	8324	100
October	1633	20.0	3530	43.2	3016	36.9	8179	100
November	1764	21.1	3546	42.3	3064	36.6	8374	100
December	1760	20.8	3584	42.4	3107	36.8	8451	100
2022								
January	1841	21.6	3531	41.4	3167	37.1	8539	100
February	1661	20.6	3375	41.9	3018	37.5	8054	100
March	1836	22.8	3302	40.9	2930	36.3	8068	100
April	1836	22.7	3386	41.8	2873	35.5	8095	100
May	2003	23.9	3417	40.8	2962	35.3	8382	100
June	2040	24.4	3378	40.5	2932	35.1	8351	100





Time period	LAI Buprenorphine		SI Buprenorphine		Methadone		Total	
	n	Row %	n	Row %	n	Row %	N	Row %
July	2008	24.6	3248	39.8	2903	35.6	8158	100
August	1983	24.4	3231	39.7	2914	35.9	8129	100
September	1967	24.7	3180	39.9	2828	35.5	7975	100
October	2123	26.0	3194	39.1	2851	34.9	8168	100
November	2210	27.2	3159	38.9	2761	34.0	8129	100
December	2345	27.9	3176	37.8	2882	34.3	8404	100

LAI: Long acting injectable, SL: Sublingual

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

		LAI Bu	iprenorphine group*		
Time period	Monthly LAIB - high	Monthly LAIB - medium	Monthly LAIB - low	Weekly LAIB - high	Weekly LAIB - low
	n	n	n	n	n
2019					
September		31	12	14	<5
October		54	13	7	<5
November		47	20	10	5
December		75	27	7	7
2020					
January		74	29	9	8
February	<5	103	32	9	6
March	17	146	68	13	7
April	19	188	87	14	12
May	32	204	104	12	14
June	45	214	94	17	22
July	70	237	115	22	24
August	87	298	145	29	30
September	94	293	158	31	29
October	94	324	186	37	33
November	103	337	212	57	38
December	112	408	263	67	44
2021					

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





		LAI Buprenorphine group*						
Time period	Monthly LAIB - high	Monthly LAIB - medium	Monthly LAIB - low	Weekly LAIB - high	Weekly LAIB - low			
	n	n	n	n	n			
January	131	413	259	69	42			
February	157	423	261	62	46			
March	195	457	287	59	48			
April	223	524	346	66	54			
May	231	555	372	57	44			
June	232	541	380	70	41			
July	236	548	393	68	38			
August	283	640	457	67	42			
September	299	691	487	50	49			
October	313	713	508	46	53			
November	249	784	600	63	69			
December	177	828	629	64	62			
2022								
January	93	916	708	63	61			
February	56	856	653	50	46			
March	114	932	692	52	47			
April	162	938	642	48	46			
May	247	1018	645	46	47			
June	339	999	598	53	52			
July	357	956	587	55	53			
August	357	938	564	60	64			
September	315	926	600	56	70			
October	382	991	616	62	72			
November	441	966	656	69	78			
December	497	1015	670	77	86			

^{*} LAIB groups are defined in Table 1

[†]Due to the calculation of 3 month moving averages, the sum of the number of clients in individual LAIB groups does not tally up to the total number of clients on LAIB for the first two months since launch of Monthly LAIB- high strength (i.e., February and March 2020).





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

Time period	Majo	r Cities	Inner I	Regional	Outer	Regional	Re	emote	Very	Remote	Grand Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	n
2013											
January	3224	69.8	785	17.0	542	11.7	52	1.1	18	0.4	4621
February	3185	69.8	763	16.7	536	11.8	60	1.3	20	0.4	4565
March	3211	69.5	784	17.0	546	11.8	61	1.3	20	0.4	4621
April	3289	69.4	803	17.0	565	11.9	58	1.2	23	0.5	4737
May	3476	69.6	853	17.1	587	11.8	56	1.1	23	0.5	4994
June	3402	69.3	817	16.6	612	12.5	54	1.1	24	0.5	4909
July	3510	69.6	833	16.5	610	12.1	63	1.2	26	0.5	5041
August	3523	69.1	855	16.8	626	12.3	63	1.2	28	0.5	5095
September	3680	69.5	909	17.2	611	11.5	68	1.3	29	0.5	5297
October	3702	68.7	927	17.2	659	12.2	70	1.3	30	0.6	5387
November	3628	68.9	897	17.0	634	12.0	71	1.4	33	0.6	5262
December	3764	68.6	948	17.3	663	12.1	73	1.3	37	0.7	5486
2014											
January	3725	68.8	947	17.5	630	11.6	74	1.4	41	0.8	5418
February	3731	69.1	938	17.4	620	11.5	72	1.3	40	0.7	5401
March	3562	68.6	916	17.6	601	11.6	75	1.4	41	0.8	5194
April	3639	68.7	928	17.5	625	11.8	70	1.3	38	0.7	5300
May	3637	67.7	978	18.2	646	12.0	72	1.3	38	0.7	5371
June	3811	68.9	965	17.4	652	11.8	68	1.2	38	0.7	5533
July	3749	68.5	965	17.6	658	12.0	68	1.2	37	0.7	5476
August	3753	68.8	956	17.5	640	11.7	69	1.3	38	0.7	5457
September	3827	68.7	989	17.7	644	11.6	73	1.3	38	0.7	5571
October	3816	68.5	1000	17.9	642	11.5	78	1.4	38	0.7	5574
November	3883	68.7	995	17.6	665	11.8	76	1.3	36	0.6	5655
December	3843	68.1	1019	18.1	670	11.9	76	1.3	35	0.6	5643
2015											
January	3910	68.9	1021	18.0	643	11.3	69	1.2	35	0.6	5678
February	3788	68.2	1019	18.4	636	11.5	72	1.3	36	0.6	5551
March	3871	68.9	1020	18.1	628	11.2	69	1.2	31	0.6	5618
April	3768	68.7	993	18.1	623	11.4	70	1.3	32	0.6	5485
May	3936	69.4	1002	17.7	634	11.2	70	1.2	33	0.6	5674
June	3885	69.4	996	17.8	611	10.9	74	1.3	34	0.6	5601
July	3971	68.9	1060	18.4	624	10.8	76	1.3	35	0.6	5766





								111111			
Time period	Majo	r Cities	Inner	Regional	Outer	Regional	Re	emote	Very	Remote	Grand Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	n
August	3972	68.8	1085	18.8	606	10.5	76	1.3	33	0.6	5772
September	3897	68.1	1087	19.0	634	11.1	74	1.3	31	0.5	5722
October	3853	68.4	1059	18.8	610	10.8	80	1.4	30	0.5	5632
November	3873	68.4	1039	18.3	637	11.3	80	1.4	31	0.6	5660
December	4060	68.7	1085	18.4	649	11.0	81	1.4	32	0.5	5908
2016											
January	4000	68.9	1066	18.4	629	10.8	78	1.3	32	0.5	5805
February	3935	68.6	1074	18.7	622	10.8	77	1.3	30	0.5	5737
March	3861	68.3	1077	19.1	602	10.7	81	1.4	29	0.5	5650
April	3958	68.3	1092	18.8	639	11.0	77	1.3	27	0.5	5792
May	4112	68.7	1137	19.0	629	10.5	80	1.3	28	0.5	5986
June	3977	68.4	1106	19.0	632	10.9	74	1.3	27	0.5	5817
July	4067	68.3	1159	19.5	619	10.4	77	1.3	29	0.5	5951
August	4053	68.2	1169	19.7	616	10.4	76	1.3	30	0.5	5944
September	4196	68.7	1192	19.5	608	10.0	79	1.3	31	0.5	6107
October	4114	68.5	1167	19.4	614	10.2	78	1.3	29	0.5	6001
November	4013	67.9	1163	19.7	631	10.7	78	1.3	29	0.5	5914
December	4070	67.9	1184	19.8	629	10.5	79	1.3	29	0.5	5991
2017											
January	4113	67.7	1208	19.9	642	10.6	85	1.4	31	0.5	6079
February	4047	67.8	1200	20.1	602	10.1	83	1.4	33	0.6	5964
March	4024	67.5	1195	20.0	628	10.5	83	1.4	31	0.5	5962
April	4044	67.8	1215	20.4	588	9.9	82	1.4	31	0.5	5960
May	4292	68.2	1248	19.8	638	10.1	87	1.4	31	0.5	6296
June	4241	68.4	1203	19.4	629	10.1	90	1.4	36	0.6	6198
July	4295	68.8	1178	18.9	642	10.3	91	1.5	34	0.5	6239
August	4366	69.3	1166	18.5	636	10.1	94	1.5	35	0.6	6297
September	4365	69.2	1177	18.7	638	10.1	92	1.5	31	0.5	6304
October	4430	69.4	1172	18.4	652	10.2	94	1.5	35	0.5	6383
November	4352	68.9	1178	18.6	654	10.4	97	1.5	38	0.6	6319
December	4501	69.1	1201	18.4	667	10.2	102	1.6	42	0.6	6511
2018											
January	4418	68.3	1234	19.1	677	10.5	102	1.6	39	0.6	6471
February	4271	68.6	1166	18.7	656	10.5	98	1.6	35	0.6	6227
March	4335	69.1	1167	18.6	642	10.2	99	1.6	32	0.5	6275
April	4295	69.6	1128	18.3	625	10.1	94	1.5	33	0.5	6175
· ·	<u> </u>										





								11111			
Time period	Majo	r Cities	Inner	Regional	Outer	Regional	Re	mote	Very	Remote	Grand Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	n
May	4554	69.6	1193	18.2	663	10.1	102	1.6	34	0.5	6546
June	4326	69.1	1168	18.6	640	10.2	95	1.5	35	0.6	6265
July	4553	69.3	1211	18.4	658	10.0	104	1.6	40	0.6	6565
August	4502	69.1	1234	18.9	639	9.8	104	1.6	41	0.6	6519
September	4573	69.1	1254	18.9	637	9.6	111	1.7	48	0.7	6623
October	4510	68.6	1241	18.9	656	10.0	116	1.8	54	0.8	6578
November	4583	68.9	1229	18.5	662	10.0	117	1.8	56	0.8	6647
December	4627	68.0	1252	18.4	745	11.0	123	1.8	56	0.8	6803
2019											
January	4613	68.1	1255	18.5	736	10.9	120	1.8	55	0.8	6778
February	4318	67.6	1207	18.9	698	10.9	113	1.8	52	0.8	6389
March	4258	67.9	1184	18.9	672	10.7	108	1.7	51	0.8	6273
April	4312	68.0	1188	18.7	682	10.8	111	1.8	50	0.8	6344
May	4561	67.5	1245	18.4	773	11.5	117	1.7	59	0.9	6755
June	4550	68.0	1230	18.4	734	11.0	116	1.7	58	0.9	6689
July	4565	67.2	1246	18.4	795	11.7	119	1.8	63	0.9	6789
August	4522	67.6	1240	18.5	758	11.3	115	1.7	57	0.9	6691
September	4648	67.1	1267	18.3	832	12.0	119	1.7	61	0.9	6927
October	4578	67.0	1256	18.4	820	12.0	119	1.7	59	0.9	6833
November	4594	67.2	1249	18.3	815	11.9	122	1.8	58	0.8	6838
December	4662	67.1	1285	18.5	817	11.7	127	1.8	59	0.9	6950
2020											
January	4708	67.6	1282	18.4	794	11.4	122	1.7	54	0.8	6959
February	4646	66.9	1292	18.6	820	11.8	126	1.8	57	0.8	6943
March	5171	66.6	1473	19.0	930	12.0	129	1.7	65	0.8	7768
April	5002	67.0	1399	18.7	876	11.7	125	1.7	62	0.8	7464
May	4958	67.6	1361	18.6	837	11.4	117	1.6	62	0.8	7334
June	4316	68.2	1126	17.8	718	11.3	114	1.8	56	0.9	6331
July	4654	67.8	1223	17.8	807	11.7	119	1.7	66	1.0	6869
August	4829	67.3	1284	17.9	853	11.9	133	1.9	76	1.1	7176
September	4928	67.6	1315	18.0	840	11.5	129	1.8	79	1.1	7291
October	4949	67.4	1342	18.3	827	11.3	137	1.9	84	1.1	7339
November	5006	67.2	1353	18.2	862	11.6	145	1.9	86	1.2	7452
December	5305	67.3	1420	18.0	918	11.6	153	1.9	89	1.1	7886
2021			. = 0		-			5		· -	
January	5103	67.2	1363	17.9	896	11.8	149	2.0	85	1.1	7595





								111111			
Time period	Major	Cities	Inner I	Regional	Outer	Regional	Re	mote	Very	Remote	Grand Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	n
February	5086	67.8	1342	17.9	852	11.4	141	1.9	83	1.1	7505
March	5066	67.1	1385	18.3	869	11.5	147	2.0	85	1.1	7552
April	5303	67.0	1427	18.0	938	11.8	155	2.0	93	1.2	7916
May	5389	66.9	1463	18.2	958	11.9	154	1.9	92	1.1	8057
June	5207	67.1	1389	17.9	924	11.9	150	1.9	92	1.2	7763
July	5250	66.8	1440	18.3	923	11.7	152	1.9	92	1.2	7857
August	5355	66.1	1481	18.3	998	12.3	164	2.0	103	1.3	8101
September	5505	66.1	1520	18.3	1023	12.3	171	2.1	104	1.2	8324
October	5431	66.4	1511	18.5	973	11.9	166	2.0	99	1.2	8179
November	5557	66.4	1523	18.2	1015	12.1	176	2.1	103	1.2	8374
December	5570	65.9	1564	18.5	1041	12.3	174	2.1	102	1.2	8451
2022											
January	5574	65.3	1591	18.6	1084	12.7	181	2.1	108	1.3	8539
February	5317	66.0	1494	18.5	991	12.3	157	1.9	96	1.2	8054
March	5347	66.3	1466	18.2	1011	12.5	149	1.8	95	1.2	8068
April	5410	66.8	1430	17.7	1017	12.6	143	1.8	95	1.2	8095
May	5532	66.0	1520	18.1	1064	12.7	161	1.9	105	1.3	8382
June	5545	66.4	1494	17.9	1035	12.4	166	2.0	110	1.3	8351
July	5390	66.1	1477	18.1	1030	12.6	161	2.0	100	1.2	8158
August	5382	66.2	1479	18.2	1018	12.5	152	1.9	97	1.2	8129
September	5245	65.8	1499	18.8	990	12.4	146	1.8	96	1.2	7975
October	5359	65.6	1520	18.6	1012	12.4	164	2.0	113	1.4	8168
November	5368	66.0	1469	18.1	1013	12.5	168	2.1	111	1.4	8129
December	5561	66.2	1495	17.8	1059	12.6	173	2.1	117	1.4	8404





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

Time period		most antaged)		2		3		4		most ntaged)	Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	n
2013											
January	691	14.9	717	15.5	1297	28.1	963	20.8	955	20.7	4621
February	667	14.6	743	16.3	1272	27.9	979	21.4	904	19.8	4565
March	697	15.1	721	15.6	1296	28.1	1015	22.0	892	19.3	4621
April	701	14.8	770	16.2	1333	28.1	1068	22.5	865	18.3	4737
May	756	15.1	786	15.7	1374	27.5	1107	22.2	971	19.5	4994
June	731	14.9	824	16.8	1367	27.8	1085	22.1	902	18.4	4909
July	767	15.2	796	15.8	1376	27.3	1102	21.9	1000	19.8	5041
August	778	15.3	813	15.9	1418	27.8	1126	22.1	961	18.9	5095
September	814	15.4	821	15.5	1453	27.4	1161	21.9	1049	19.8	5297
October	833	15.5	863	16.0	1504	27.9	1186	22.0	1002	18.6	5387
November	824	15.7	855	16.2	1479	28.1	1164	22.1	940	17.9	5262
December	861	15.7	859	15.7	1527	27.8	1228	22.4	1010	18.4	5486
2014											
January	845	15.6	859	15.9	1491	27.5	1212	22.4	1011	18.7	5418
February	846	15.7	836	15.5	1463	27.1	1202	22.3	1054	19.5	5401
March	831	16.0	847	16.3	1436	27.6	1150	22.1	930	17.9	5194
April	858	16.2	829	15.6	1451	27.4	1164	22.0	997	18.8	5300
May	867	16.1	865	16.1	1489	27.7	1180	22.0	970	18.0	5371
June	871	15.7	876	15.8	1483	26.8	1204	21.8	1100	19.9	5533
July	875	16.0	884	16.1	1488	27.2	1212	22.1	1018	18.6	5476
August	878	16.1	863	15.8	1484	27.2	1221	22.4	1011	18.5	5457
September	912	16.4	862	15.5	1523	27.3	1228	22.0	1046	18.8	5571
October	951	17.1	854	15.3	1522	27.3	1222	21.9	1025	18.4	5574
November	950	16.8	866	15.3	1529	27.0	1211	21.4	1099	19.4	5655
December	982	17.4	876	15.5	1540	27.3	1228	21.8	1017	18.0	5643
2015											
January	958	16.9	877	15.4	1533	27.0	1217	21.4	1093	19.2	5678
February	980	17.7	854	15.4	1520	27.4	1207	21.7	989	17.8	5551
March	973	17.3	869	15.5	1490	26.5	1226	21.8	1060	18.9	5618
April	954	17.4	855	15.6	1480	27.0	1205	22.0	991	18.1	5485
May	962	16.9	872	15.4	1526	26.9	1262	22.2	1052	18.5	5674
June	958	17.1	845	15.1	1517	27.1	1238	22.1	1044	18.6	5601





Time	1 (most		2		3		4	5 (most	Total
period	disadv	antaged)							adva	ntaged)	TOtal
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	n
July	1006	17.4	875	15.2	1560	27.1	1313	22.8	1013	17.6	5766
August	1017	17.6	862	14.9	1531	26.5	1302	22.6	1060	18.4	5772
September	1009	17.6	865	15.1	1562	27.3	1286	22.5	1001	17.5	5722
October	984	17.5	834	14.8	1519	27.0	1248	22.2	1047	18.6	5632
November	982	17.4	883	15.6	1545	27.3	1246	22.0	1005	17.8	5660
December	1042	17.6	899	15.2	1592	27.0	1298	22.0	1077	18.2	5908
2016											
January	1034	17.8	881	15.2	1566	27.0	1261	21.7	1063	18.3	5805
February	1038	18.1	841	14.7	1554	27.1	1238	21.6	1066	18.6	5737
March	1014	17.9	852	15.1	1525	27.0	1250	22.1	1008	17.8	5650
April	1022	17.6	860	14.9	1593	27.5	1245	21.5	1072	18.5	5792
May	1080	18.1	890	14.9	1606	26.8	1313	21.9	1096	18.3	5986
June	1050	18.1	850	14.6	1574	27.1	1243	21.4	1100	18.9	5817
July	1090	18.3	900	15.1	1554	26.1	1304	21.9	1103	18.5	5951
August	1065	17.9	907	15.3	1580	26.6	1276	21.5	1117	18.8	5944
September	1116	18.3	909	14.9	1606	26.3	1327	21.7	1149	18.8	6107
October	1095	18.3	883	14.7	1588	26.5	1298	21.6	1137	18.9	6001
November	1093	18.5	871	14.7	1584	26.8	1294	21.9	1072	18.1	5914
December	1094	18.3	905	15.1	1595	26.6	1293	21.6	1104	18.4	5991
2017											
January	1127	18.5	904	14.9	1622	26.7	1339	22.0	1087	17.9	6079
February	1120	18.8	885	14.8	1532	25.7	1323	22.2	1105	18.5	5964
March	1117	18.7	891	14.9	1552	26.0	1326	22.2	1076	18.0	5962
April	1129	18.9	906	15.2	1514	25.4	1328	22.3	1083	18.2	5960
May	1160	18.4	944	15.0	1634	25.9	1389	22.1	1170	18.6	6296
June	1132	18.3	926	14.9	1599	25.8	1368	22.1	1173	18.9	6198
July	1119	17.9	962	15.4	1625	26.0	1380	22.1	1154	18.5	6239
August	1114	17.7	960	15.2	1627	25.8	1389	22.1	1208	19.2	6297
September	1122	17.8	933	14.8	1650	26.2	1394	22.1	1203	19.1	6304
October	1109	17.4	954	15.0	1671	26.2	1403	22.0	1245	19.5	6383
November	1115	17.6	962	15.2	1680	26.6	1390	22.0	1173	18.6	6319
December	1133	17.4	1016	15.6	1714	26.3	1444	22.2	1204	18.5	6511
2018											
January	1163	18.0	1005	15.5	1714	26.5	1403	21.7	1187	18.3	6471
February	1102	17.7	957	15.4	1661	26.7	1363	21.9	1142	18.3	6227





Time period		most antaged)		2		3		4		most ntaged)	Total
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	n
March	1110	17.7	962	15.3	1664	26.5	1368	21.8	1171	18.7	6275
April	1053	17.1	966	15.6	1634	26.5	1363	22.1	1160	18.8	6175
May	1111	17.0	1028	15.7	1723	26.3	1436	21.9	1249	19.1	6546
June	1079	17.2	998	15.9	1643	26.2	1384	22.1	1162	18.5	6265
July	1130	17.2	1020	15.5	1719	26.2	1443	22.0	1254	19.1	6565
August	1152	17.7	1042	16.0	1693	26.0	1433	22.0	1199	18.4	6519
September	1176	17.8	1071	16.2	1716	25.9	1454	22.0	1205	18.2	6623
October	1178	17.9	1054	16.0	1722	26.2	1443	21.9	1181	17.9	6578
November	1174	17.7	1077	16.2	1750	26.3	1450	21.8	1197	18.0	6647
December	1193	17.5	1094	16.1	1831	26.9	1463	21.5	1222	18.0	6803
2019											
January	1202	17.7	1098	16.2	1804	26.6	1453	21.4	1222	18.0	6778
February	1143	17.9	999	15.6	1710	26.8	1399	21.9	1138	17.8	6389
March	1105	17.6	991	15.8	1681	26.8	1369	21.8	1128	18.0	6273
April	1106	17.4	985	15.5	1718	27.1	1400	22.1	1134	17.9	6344
May	1155	17.1	1078	16.0	1834	27.2	1457	21.6	1231	18.2	6755
June	1141	17.1	1046	15.6	1794	26.8	1449	21.7	1259	18.8	6689
July	1147	16.9	1066	15.7	1861	27.4	1459	21.5	1256	18.5	6789
August	1140	17.0	1052	15.7	1823	27.2	1429	21.4	1248	18.6	6691
September	1181	17.0	1079	15.6	1919	27.7	1486	21.5	1262	18.2	6927
October	1166	17.1	1054	15.4	1921	28.1	1484	21.7	1208	17.7	6833
November	1159	17.0	1020	14.9	1909	27.9	1528	22.4	1221	17.9	6838
December	1186	17.1	1039	14.9	1939	27.9	1542	22.2	1245	17.9	6950
2020											
January	1175	16.9	1029	14.8	1901	27.3	1510	21.7	1345	19.3	6959
February	1187	17.1	1067	15.4	1940	27.9	1475	21.2	1274	18.4	6943
March	1348	17.4	1172	15.1	2211	28.5	1648	21.2	1389	17.9	7768
April	1295	17.4	1151	15.4	2093	28.0	1633	21.9	1291	17.3	7464
May	1257	17.1	1114	15.2	2009	27.4	1620	22.1	1336	18.2	7334
June	1072	16.9	1006	15.9	1657	26.2	1420	22.4	1175	18.6	6331
July	1170	17.0	1062	15.5	1815	26.4	1490	21.7	1332	19.4	6869
August	1227	17.1	1118	15.6	1915	26.7	1529	21.3	1388	19.3	7176
September	1231	16.9	1143	15.7	1957	26.8	1568	21.5	1392	19.1	7291
October	1249	17.0	1159	15.8	1968	26.8	1592	21.7	1370	18.7	7339
November	1273	17.1	1194	16.0	2000	26.8	1623	21.8	1361	18.3	7452





	1 (most 2 2						- Lucat				
Time				2		3		4		most	Total
period		antaged)								ntaged)	
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %	n
December	1324	16.8	1209	15.3	2118	26.9	1735	22.0	1500	19.0	7886
2021											
January	1278	16.8	1184	15.6	2059	27.1	1671	22.0	1403	18.5	7595
February	1261	16.8	1143	15.2	2013	26.8	1654	22.0	1434	19.1	7505
March	1305	17.3	1169	15.5	2031	26.9	1635	21.6	1412	18.7	7552
April	1334	16.8	1211	15.3	2131	26.9	1730	21.8	1511	19.1	7916
May	1351	16.8	1236	15.3	2191	27.2	1788	22.2	1491	18.5	8057
June	1301	16.8	1217	15.7	2102	27.1	1737	22.4	1406	18.1	7763
July	1343	17.1	1223	15.6	2131	27.1	1796	22.9	1364	17.4	7857
August	1402	17.3	1268	15.6	2195	27.1	1838	22.7	1398	17.3	8101
September	1408	16.9	1295	15.6	2297	27.6	1884	22.6	1439	17.3	8324
October	1372	16.8	1307	16.0	2238	27.4	1836	22.4	1426	17.4	8179
November	1400	16.7	1322	15.8	2317	27.7	1847	22.1	1487	17.8	8374
December	1452	17.2	1326	15.7	2330	27.6	1839	21.8	1504	17.8	8451
2022											
January	1468	17.2	1332	15.6	2362	27.7	1825	21.4	1553	18.2	8539
February	1375	17.1	1254	15.6	2206	27.4	1708	21.2	1511	18.8	8054
March	1345	16.7	1261	15.6	2210	27.4	1723	21.4	1529	19.0	8068
April	1367	16.9	1237	15.3	2231	27.6	1738	21.5	1521	18.8	8095
May	1454	17.4	1296	15.5	2311	27.6	1801	21.5	1519	18.1	8382
June	1455	17.4	1298	15.5	2260	27.1	1775	21.3	1563	18.7	8351
July	1420	17.4	1291	15.8	2223	27.2	1709	20.9	1516	18.6	8158
August	1396	17.2	1299	16.0	2231	27.4	1708	21.0	1495	18.4	8129
September	1417	17.8	1277	16.0	2210	27.7	1658	20.8	1412	17.7	7975
October	1462	17.9	1317	16.1	2232	27.3	1682	20.6	1475	18.1	8168
November	1438	17.7	1319	16.2	2206	27.1	1662	20.5	1504	18.5	8129
December	1464	17.4	1372	16.3	2279	27.1	1726	20.5	1563	18.6	8404
				•			-				

IRSAD: Index of Relative Socioeconomic Advantage and Disadvantage

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





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

Time period	Commu Pharma		Hospit	tal	Clinics a		Other (priso		Aged a Commu Health	unity
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %
2013										
January	4268	92.3	326	7.1			28	0.6		
February	4266	93.3	264	5.8	15	0.3	27	0.6		
March	4327	93.7	261	5.7			28	0.6		
April	4437	93.3	233	4.9	48	1.0	35	0.7		
May	4666	93.3	255	5.1	40	0.8	39	0.8		
June	4575	93.9	259	5.3			40	0.8		
July	4720	93.1	255	5.0	50	1.0	44	0.9		
August	4768	93.4	256	5.0	33	0.6	46	0.9		
September	4972	93.9	242	4.6	31	0.6	52	1.0		
October	5047	93.7	249	4.6	41	0.8	50	0.9		
November	4939	93.9	229	4.3	43	0.8	52	1.0		
December	5126	93.4	247	4.5	56	1.0	58	1.1		
2014										
January	5069	93.6	234	4.3	55	1.0	61	1.1		
February	5025	93.0	242	4.5	74	1.4	61	1.1		
March	4834	93.1	242	4.7	65	1.3	52	1.0		
April	4914	92.7	270	5.1	67	1.3	49	0.9		
May	4984	92.7	280	5.2	55	1.0	50	0.9	5	0.1
June	5143	93.0	266	4.8	66	1.2	56	1.0		
July	5091	93.0	254	4.6	61	1.1	67	1.2	<5	
August	5060	92.7	263	4.8	62	1.1	69	1.3	5	0.1
September	5132	92.1	280	5.0	83	1.5	71	1.3	5	0.1
October	5153	92.5	277	5.0	77	1.4	63	1.1		
November	5249	92.8	267	4.7	73	1.3	62	1.1	6	0.1
December	5266	93.3	257	4.6	57	1.0	59	1.0	5	0.1
2015										
January	5288	93.1	263	4.6	65	1.1	58	1.0	<5	
February	5157	92.9	252	4.5	79	1.4	59	1.1	<5	
March	5215	92.8	267	4.8	84	1.5	49	0.9	<5	
April	5080	92.6	258	4.7	95	1.7	48	0.9	<5	
May	5276	93.0	266	4.7	86	1.5	43	0.8	<5	





Clinics and Other line										
Time period	Commu Pharma		Hospi	tal	Clinics a		Other (priso		Aged Comm Health	unity
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %
June	5201	92.8	274	4.9	70	1.3	53	0.9	<5	
July	5368	93.1	278	4.8	67	1.2	50	0.9	<5	
August	5339	92.5	292	5.1	80	1.4	57	1.0	<5	
September	5293	92.5	264	4.6	108	1.9	54	0.9		
October	5207	92.4	262	4.7	103	1.8	56	1.0	<5	
November	5248	92.7	248	4.4	109	1.9	53	0.9	5	0.1
December	5473	92.6	272	4.6	107	1.8	55	0.9	<5	
2016										
January	5353	92.2	278	4.8	118	2.0	51	0.9	<5	
February	5264	91.8	291	5.1	130	2.3	49	0.9	<5	
March	5161	91.3	284	5.0	151	2.7	50	0.9	<5	
April	5293	91.4	270	4.7	176	3.0	50	0.9	<5	
May	5441	90.9	271	4.5	218	3.6	52	0.9	<5	
June	5297	91.1	258	4.4	219	3.8	42	0.7	<5	
July	5389	90.6	259	4.4	264	4.4	38	0.6	<5	
August	5395	90.8	254	4.3	265	4.5	29	0.5	<5	
September	5443	89.1	278	4.6	348	5.7	33	0.5	<5	
October	5384	89.8	276	4.6	305	5.1	32	0.5		0.0
November	5294	89.5	266	4.5	313	5.3	37	0.6	<5	
December	5441	90.8	243	4.1	267	4.4	38	0.6	<5	
2017										
January	5432	89.4	255	4.2	345	5.7	43	0.7	<5	
February	5290	88.7	269	4.5	359	6.0	43	0.7	<5	
March	5275	88.5	258	4.3	384	6.4	42	0.7	<5	
April	5287	88.7	260	4.4	367	6.2	44	0.7	<5	
May	5564	88.4	269	4.3	414	6.6	47	0.7	<5	
June	5452	88.0	275	4.4	423	6.8	45	0.7	<5	
July	5449	87.3	273	4.4	473	7.6	41	0.7	<5	
August	5542	88.0	247	3.9	463	7.3	43	0.7	<5	
September	5513	87.5	263	4.2	478	7.6	46	0.7	<5	
October	5623	88.1	256	4.0	452	7.1	50	0.8	<5	
November	5550	87.8	266	4.2	448	7.1	52	0.8	<5	
December	5748	88.3	258	4.0	449	6.9	54	0.8	<5	





Time period	Commu Pharma		Hospi	tal	Clinics a		Other (priso		Aged Commi Health	unity
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %
2018										
January	5719	88.4	261	4.0	432	6.7	56	0.9	<5	
February	5499	88.3	254	4.1	412	6.6	59	0.9	<5	
March	5501	87.7	258	4.1	452	7.2	60	0.9	5	0.1
April	5410	87.6	255	4.1	449	7.3	57	0.9	5	0.1
May	5750	87.8	251	3.8	470	7.2	57	0.9	18	0.3
June	5502	87.8	238	3.8	452	7.2	57	0.9	16	0.3
July	5790	88.2	243	3.7	448	6.8	68	1.0	17	0.3
August	5701	87.4	248	3.8	490	7.5	76	1.2	5	0.1
September	5833	88.1	254	3.8	429	6.5	93	1.4	14	0.2
October	5716	86.9	280	4.3	461	7.0	107	1.6	14	0.2
November	5786	87.0	288	4.3	436	6.6	118	1.8	20	0.3
December	5882	86.5	286	4.2	483	7.1	134	2.0	18	0.3
2019										
January	5891	86.9	261	3.9	468	6.9	139	2.0	18	0.3
February	5548	86.8	250	3.9	441	6.9	128	2.0	22	0.3
March	5460	87.0	248	4.0	442	7.0	108	1.7	15	0.2
April	5480	86.4	267	4.2	463	7.3	102	1.6	33	0.5
May	5809	86.0	289	4.3	490	7.3	115	1.7	51	0.8
June	5751	86.0	301	4.5	469	7.0	116	1.7	51	0.8
July	5791	85.3	322	4.7	465	6.8	142	2.1	69	1.0
August	5761	86.1	320	4.8	439	6.6	131	2.0	40	0.6
September	5923	85.5	352	5.1	442	6.4	127	1.8	83	1.2
October	5840	85.5	373	5.5	433	6.3	102	1.5	84	1.2
November	5817	85.1	393	5.7	419	6.1	104	1.5	104	1.5
December	5878	84.6	419	6.0	427	6.1	127	1.8	99	1.4
2020										
January	5866	84.3	435	6.3	423	6.1	128	1.8	107	1.5
February	5830	84.0	451	6.5	439	6.3	133	1.9	91	1.3
March	6462	83.2	583	7.5	444	5.7	127	1.6	152	2.0
April	6151	82.4	616	8.3	447	6.0	117	1.6	134	1.8
May	5934	80.9	681	9.3	455	6.2	102	1.4	163	2.2
June	5019	79.3	612	9.7	440	6.9	117	1.8	143	2.3





Time period	Commu Pharma		Hospit	tal	Clinics a		Other (Aged a Commu Health	ınity
	n	Row %	n	Row %	n	Row %	n	Row %	n	Row %
July	5411	78.8	662	9.6	484	7.0	136	2.0	177	2.6
August	5560	77.5	723	10.1	486	6.8	167	2.3	240	3.3
September	5677	77.9	722	9.9	503	6.9	164	2.2	226	3.1
October	5662	77.1	740	10.1	499	6.8	184	2.5	254	3.5
November	5733	76.9	727	9.8	538	7.2	217	2.9	237	3.2
December	5949	75.4	842	10.7	584	7.4	241	3.1	269	3.4
2021										
January	5703	75.1	822	10.8	583	7.7	241	3.2	247	3.3
February	5614	74.8	858	11.4	559	7.5	224	3.0	250	3.3
March	5605	74.2	870	11.5	549	7.3	237	3.1	291	3.8
April	5773	72.9	969	12.2	570	7.2	274	3.5	330	4.2
May	5724	71.1	1011	12.5	665	8.3	294	3.6	363	4.5
June	5400	69.6	996	12.8	723	9.3	307	4.0	337	4.3
July	5400	68.7	993	12.6	826	10.5	316	4.0	324	4.1
August	5486	67.7	1006	12.4	839	10.4	395	4.9	375	4.6
September	5619	67.5	1043	12.5	869	10.4	418	5.0	374	4.5
October	5484	67.1	1011	12.4	857	10.5	416	5.1	411	5.0
November	5550	66.3	1077	12.9	921	11.0	401	4.8	426	5.1
December	5628	66.6	1032	12.2	978	11.6	379	4.5	435	5.1
2022										
January	5612	65.7	1089	12.8	1018	11.9	385	4.5	434	5.1
February	5399	67.0	986	12.2	941	11.7	336	4.2	392	4.9
March	5313	65.9	1082	13.4	891	11.0	327	4.1	454	5.6
April	5419	66.9	1069	13.2	815	10.1	320	4.0	471	5.8
May	5541	66.1	1144	13.7	847	10.1	363	4.3	487	5.8
June	5356	64.1	1128	13.5	823	9.9	385	4.6	659	7.9
July	5285	64.8	1125	13.8	790	9.7	392	4.8	567	6.9
August	5320	65.4	1128	13.9	801	9.9	375	4.6	504	6.2
September	5373	67.4	1170	14.7	771	9.7	350	4.4	310	3.9
October	5301	64.9	1197	14.7	842	10.3	402	4.9	426	5.2
November	5222	64.2	1184	14.6	769	9.5	416	5.1	538	6.6
December	5322	63.3	1194	14.2	813	9.7	474	5.6	601	7.2





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

Time	Comr	munity Ph	armacy		Hospita	ı	Oth	er (incl. pı	risons)
period	LAI bup	SL bup	Methadone	LAI bup	SL bup	Methadone	LAI bup	SL bup	Methadone
	n	n	n	n	n	n	n	n	n
2013									
January		1388	2880		141	186		<5	24
February		1450	2817		113	151		5	22
March		1475	2852		109	152		7	22
April		1547	2890		101	133		11	24
May		1651	3015		114	140		14	25
June		1634	2942		122	137		16	24
July		1679	3041		113	141		19	24
August		1723	3046		107	149		21	25
September		1843	3129		96	145		25	28
October		1947	3100		105	143		24	26
November		1914	3025		95	134		28	24
December		1994	3131		104	142		31	27
2014									
January		1987	3082		97	136		33	28
February		2018	3007		104	139		32	29
March		1949	2885		108	135		29	24
April		1985	2929		118	152		24	25
May		2009	2974		126	155		24	26
June		2087	3057		117	149		25	31
July		2118	2973		110	144		39	28
August		2086	2974		111	152		40	29
September		2159	2974		125	155		42	28
October		2166	2987		128	149		32	31
November		2255	2994		127	140		29	32
December		2280	2986		123	135		26	33
2015									
January		2289	3000		125	138		23	35
February		2227	2930		120	132		25	34
March		2265	2949		126	141		18	30
April		2235	2844		121	137		17	32
May		2330	2946		130	136		16	27





Time	Community Pharmacy				Hospital Other (incl. prisons)				
period	LAI bup	SL bup	Methadone	LAI bup	SL bup	Methadone	LAI bup	SL bup	Methadone
	n	n	n	n	n	n	n	n	n
June		2307	2893		126	147		22	30
July		2417	2951		131	147		27	23
August		2427	2911		131	161		30	27
September		2396	2897		124	140		34	20
October		2333	2874		124	138		37	20
November		2384	2864		125	124		35	17
December		2469	3003		127	145		33	22
2016									
January		2429	2924		133	145		29	22
February		2353	2912		144	147		29	20
March		2373	2787		145	139		31	19
April		2402	2891		146	124		33	17
May		2521	2920		135	136		32	20
June		2440	2857		136	122		25	17
July		2536	2853		128	131		23	15
August		2547	2848		133	122		17	12
September		2609	2835		136	142		21	12
October		2539	2845		137	139		20	12
November		2485	2810		127	140		23	14
December		2524	2917		120	123		24	14
2017									
January		2577	2855		124	132		27	16
February		2505	2786		133	136		29	14
March		2547	2729		128	130		29	14
April		2561	2726		128	131		28	17
May		2701	2863		138	131		27	20
June		2631	2821		139	136		24	21
July		2648	2800		140	133		23	18
August		2724	2819		122	124		26	17
September		2744	2769		129	134		27	20
October		2800	2823		128	128		30	20
November		2734	2816		131	135		31	22
December		2870	2878		134	124		33	21
2018									





Time	Community Pharmacy				Hospita	ı	Other (incl. prisons)		
period	LAI bup	SL bup	Methadone	LAI bup	SL bup	Methadone	LAI bup	SL bup	Methadone
	n	n	n	n	n	n	n	n	n
January		2812	2908		132	129		33	22
February		2786	2712		126	128		35	24
March		2776	2725		121	138		37	22
April		2794	2616		121	134		37	19
May		2959	2791		120	131		40	16
June		2862	2640		119	118		40	16
July		3037	2753		121	122		46	22
August		3012	2689		128	120		52	24
September		3074	2759		139	114		65	28
October		3010	2705		156	123		80	27
November		3094	2691		160	128		92	26
December		3134	2748		152	134		109	25
2019									
January		3135	2756		135	126		118	20
February		2921	2628		126	124		111	17
March		2915	2545		128	121		95	13
April		2956	2524		144	122		85	16
May		3149	2660		171	119		97	19
June		3126	2625		175	126		97	19
July		3163	2628		194	128		127	15
August		3104	2657		189	131		117	14
September	<5	3171	2751	55	207	127		115	12
October	<5	3148	2691	74	202	122		88	15
November	18	3164	2635	65	208	121		92	12
December	29	3200	2649	87	205	127		111	16
2020									
January	36	3159	2671	85	217	134		112	16
February	40	3178	2612	111	211	128		114	18
March	35	3432	2995	210	227	146		108	19
April	30	3290	2830	279	205	132		100	16
May	15	3206	2712	334	206	140		88	14
June	22	2777	2220	307	198	107		106	12
July	44	2916	2451	323	210	129		121	15
August	54	2931	2574	368	224	132	18	145	16





T:	Community Pharmacy Hospital Other (incl. prisons)									
Time period	Comr	nunity Pn	armacy		Hospital			Other (incl. prisons)		
	LAI bup	SL bup	Methadone	LAI bup	SL bup	Methadone	LAI bup	SL bup	Methadone	
	n	n	n	n	n	n	n	n	n	
September	65	3020	2592	367	218	137	41	116	20	
October	68	3037	2558	403	208	129	59	100	25	
November	81	3015	2637	409	202	116	92	90	36	
December	99	3112	2738	497	215	130	109	90	42	
2021										
January	95	2980	2628	493	205	123	112	89	39	
February	104	2948	2562	525	203	130	126	66	32	
March	109	2905	2592	547	193	131	147	57	32	
April	124	2962	2687	619	220	130	186	54	34	
May	128	2937	2659	662	221	128	192	62	40	
June	130	2805	2465	656	227	114	211	59	38	
July	139	2800	2460	667	211	115	217	60	39	
August	166	2862	2458	688	202	116	295	59	41	
September	182	2905	2532	751	180	112	323	51	44	
October	203	2878	2403	746	157	108	339	30	47	
November	201	2901	2448	822	144	112	343	13	45	
December	217	2934	2477	769	142	121	327	<5	48	
2022										
January	206	2857	2549	819	148	122	336	<5	46	
February	200	2755	2444	751	133	103	289		45	
March	206	2736	2372	857	122	103	287		40	
April	214	2883	2322	853	119	98	281	<5	38	
May	224	2943	2374	903	129	112	324	<5	37	
June	210	2811	2335	894	139	95	347	<5	37	
July	226	2713	2346	896	137	92	357	<5	34	
August	259	2703	2357	891	140	98	345	<5	29	
September	273	2755	2345	940	131	100	323	<5	26	
October	279	2718	2303	955	131	111	373	<5	27	
November	279	2683	2260	973	120	91	385	<5	30	
December	297	2689	2335	974	120	100	439	<5	34	





7. References

- 1. World Health Organization, Department of Mental Health and Substance Abuse. Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Geneva: World Health Organization; 2009.
- 2. Colledge-Frisby S, Jones N, Larney S, et al. The impact of opioid agonist treatment on hospitalisations for injecting-related diseases among an opioid dependent population: A retrospective data linkage study. *Drug and Alcohol Dependence* 2022; **236**: 109494.
- 3. Degenhardt L, Grebely J, Stone J, et al. Global patterns of opioid use and dependence: harms to populations, interventions, and future action. *Lancet* 2019; **394**(10208): 1560-79.
- 4. Gisev N, Bharat C, Larney S, et al. The effect of entry and retention in opioid agonist treatment on contact with the criminal justice system among opioid-dependent people: a retrospective cohort study. *Lancet Public Health* 2019; **4**(7): e334-e42.
- 5. Santo T, Jr., Clark B, Hickman M, et al. Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence: A Systematic Review and Meta-analysis. *JAMA Psychiatry* 2021; **78**(9): 979-93.
- 6. World Health Organization. WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users—2012 revision. 2012.
- 7. Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. *Lancet Global Health* 2023; **11**(5): e673-e83.
- 8. World Health Organization. WHO Model List of Essential Medicines. World Health Organization; 2017.
- 9. Australian Government Department of Health and Aged Care. The Pharmaceutical Benefits Scheme (PBS). 2023. https://www.pbs.gov.au/pbs/home (accessed 21 June 2023).
- 10. Lintzeris N, Dunlop A, Masters D. Clinical Guidelines for Use of Depot Buprenorphine (Buvidal and Sublocade) in the Treatment of Opioid Dependence: NSW Ministry of Health; 2019.
- 11. Australian Product Information: Buvidal® weekly (buprenorphine) solution for injection. Therapeutic Goods Administration, 2018.
- 12. Australian Product Information: Buvidal® monthly (buprenorphine) solution for injection. Therapeutic Goods Administration, 2018.
- 13. Australian Product Information: Sublocade (Buprenorphine). Therapeutic Goods Administration, 2019.
- 14. Frost M, Bailey GL, Lintzeris N, et al. Long-term safety of a weekly and monthly subcutaneous buprenorphine depot (CAM2038) in the treatment of adult out-patients with opioid use disorder. *Addiction* 2019; **114**(8): 1416-26.
- 15. Haight BR, Learned SM, Laffont CM, et al. Efficacy and safety of a monthly buprenorphine depot injection for opioid use disorder: a multicentre, randomised, double-blind, placebocontrolled, phase 3 trial. *Lancet* 2019; **393**(10173): 778-90.





- 16. Farrell M, Shahbazi J, Byrne M, et al. Outcomes of a single-arm implementation trial of extended-release subcutaneous buprenorphine depot injections in people with opioid dependence. *International Journal of Drug Policy* 2022; **100**: 103492.
- 17. Barnett A, Savic M, Lintzeris N, et al. Tracing the affordances of long-acting injectable depot buprenorphine: A qualitative study of patients' experiences in Australia. *Drug and Alcohol Dependence* 2021; **227**: 108959.
- 18. Clay S, Treloar C, Degenhardt L, et al. 'I just thought that was the best thing for me to do at this point': Exploring patient experiences with depot buprenorphine and their motivations to discontinue. *International Journal of Drug Policy* 2023; **115**: 104002.
- 19. Lancaster K, Gendera S, Treloar C, et al. The Social, Material, and Temporal Effects of Monthly Extended-Release Buprenorphine Depot Treatment for Opioid Dependence: An Australian Qualitative Study. *Contemporary Drug Problems* 2023; **50**(1): 105-20.
- 20. Lintzeris N, Hayes V, Arunogiri S. Interim guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID 19: a national response. Royal Australasian College of Physicians, 2020.
- 21. Hall NY, Le L, Majmudar I, Mihalopoulos C. Barriers to accessing opioid substitution treatment for opioid use disorder: A systematic review from the client perspective. *Drug and Alcohol Dependence* 2021; **221**: 108651.
- 22. Australian Institute of Health Welfare. National Opioid Pharmacotherapy Statistics Annual Data collection. Canberra: AIHW, 2023.
- 23. Australian Institute of Health Welfare. National Opioid Pharmacotherapy Statistics Annual Data collection, 2021; Quality Statement. Canberra: AIHW, 2023.
- 24. IQVIA Australia & New Zealand. Navigating COVID-19 Impact: An initial assessment of the pandemic's effect on Australian healthcare. *White paper series Part 1*, 2020. https://www.iqvia.com/-/media/iqvia/pdfs/library/white-papers/iqvia-anz-covid-19 white-paper.pdf (accessed 20 July 2023).
- 25. Australian Government Department of Health and Aged Care. Post-market Review of PBS Opioid Dependence Treatment Program medicines: Interim Report to the Pharmaceutical Benefits Advisory Committee. Canberra, 2023.
- 26. Pharmaceutical Benefits Advisory Committee. Positive Recommendations made by the PBAC in March 2001. Canberra: Australian Government Department of Health and Aged Care; 2001.
- 27. Pharmaceutical Benefits Advisory Committee. Positive Recommendations made by the PBAC November 2005. Canberra: Australian Government Department of Health and Aged Care; 2005.
- 28. Pharmaceutical Benefits Advisory Committee. Positive Recommendations made by the PBAC March 2011. Canberra: Australian Government Department of Health and Aged Care; 2011.
- 29. Chidwick K, Bharat C, Gisev N, Farrell M, Degenhardt L. NDARC Technical Report: Realworld dosing intervals of long-acting buprenorphine for opioid agonist treatment. Sydney: UNSW, 2023.
- 30. Reece AS, Norman A, Hulse GK. Acceleration of cardiovascular-biological age by amphetamine exposure is a power function of chronological age. *Heart Asia* 2017; **9**(1): 30-8.





- 31. Valerio H, Alavi M, Silk D, et al. Progress Towards Elimination of Hepatitis C Infection Among People Who Inject Drugs in Australia: The ETHOS Engage Study. *Clinical Infectious Diseases* 2021; **73**(1): e69-e78.
- 32. Haber PS, Elsayed M, Espinoza D, Lintzeris N, Veillard AS, Hallinan R. Constipation and other common symptoms reported by women and men in methadone and buprenorphine maintenance treatment. *Drug and Alcohol Dependence* 2017; **181**: 132-9.
- 33. Kelty E, Hulse G. Rates of Hospital and Emergency Department Attendances in Opiate-dependent Patients Treated With Implant Naltrexone, Methadone, or Buprenorphine. *Addictive Disorders & Their Treatment* 2017; **16**(2): 39-48.
- 34. Larance B, Degenhardt L, Grebely J, et al. Perceptions of extended-release buprenorphine injections for opioid use disorder among people who regularly use opioids in Australia. *Addiction* 2020; **115**(7): 1295-305.
- 35. Larney S, Lai W, Dolan K, Zador D. Monitoring a Prison Opioid Treatment Program Over a Period of Change to Clinical Governance Arrangements, 2007-2013. *Journal of Substance Abuse Treatment* 2016; **70**: 58-63.
- 36. Jamshidi N, Athavale A, Murnion B. Buprenorphine not detected on urine drug screening in supervised treatment. *Journal of Opioid Management* 2021; **17**(7): 69-76.
- 37. Australian Bureau of Statistics. Australian Statistical Geography Standard (ASGS): Volume 5 Remoteness Structure, July 2016 ABS: Canberra; 2018.
- 38. Australian Bureau of Statistics. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016. ABS: Canberra; 2018.
- 39. Australian Bureau of Statistics. National, state and territory population, September 2022. Canberra: ABS; 2023.
- 40. Bharat C, Larney S, Barbieri S, et al. The effect of person, treatment and prescriber characteristics on retention in opioid agonist treatment: a 15-year retrospective cohort study. *Addiction* 2021; **116**(11): 3139-52.