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## The changing face of opioid dependence in Australia

- One in five Australians in treatment for opioid dependence now being treated for pharmaceutical opioid dependence
- People in treatment less likely to inject; are older and more likely to live in rural Australia than a decade ago
- Experts call for changes to where and how treatment is delivered in light of changing profile of people with dependence
- People at risk for problems with strong painkillers are likely to present with pre-existing mental health and substance use problems

The number of Australians receiving treatment for dependence on the painkillers codeine and oxycodone trebled in the nine years from 2002 new research from the National Drug and Alcohol Research Centre at UNSW has shown. One in five people in treatment for opioid dependence were being treated for dependence on pharmaceutical opioids – most commonly morphine, codeine, oxycodone and fentanyl. Treatment demand was greater in regional and rural areas.

The research found that clients being treated for pharmaceutical opioid dependence were older, less likely to inject and more likely to be living in rural and remote areas. Although heroin is still the principal drug of concern for people in treatment for opioid dependence, prescription opioids are far more common than in 2002 when the vast majority of people (93 per cent) were being treated for heroin dependence.

Women make up the majority of people in treatment for codeine dependence and accounted for more than two thirds of those being treated in 2002, although the number of men in treatment for codeine dependence is increasing over time. In contrast men were far more likely than women to be in treatment for heroin and strong painkillers such as oxycodone and fentanyl.

Dr Suzanne Nielsen who presented the research at the National Drug and Alcohol Research Centre's Annual Research Symposium at UNSW last week says that there are a number of effective treatments for pharmaceutical opioid dependence, including opioid substitution therapy (methadone and buprenorphine). "We need to adapt the way we deliver treatment given the changing profile of opioid dependence," she says.

"Compared with people in treatment for heroin dependence a decade ago the people we are seeing now are older, more likely to be employed, more likely to be female and more likely to have a history to chronic pain.

"This can result in barriers to treatment access," she says. "In particular some may be reluctant to come forward because of the stigma associated with traditional treatment for heroin dependence."

In another paper presented at the conference, a study of 1,500 Australians who are being prescribed strong opioids such as oxycodone for chronic pain found that 40% were taking high doses (more than 90mg daily) or very high doses (more than 200mg daily) and these were at high risk for becoming dependent. Those at risk for developing problems with their medication also had pre-existing mental health problems including anxiety and depression and were likely to have a history of dependence on alcohol and sedatives such as benzodiazepines.

While less than 5 per cent of people in the study were classified as being dependent on opioids in the past 12 months, those who were dependent were more likely to have been prescribed high doses and were more likely to be male, younger and unemployed.

“Of particular concern was the finding that there was no difference in pain relief between those taking more than 200mg of oxycodone daily and those taking 90 mg daily,” said Gabrielle Campbell lead author of the study. “Both groups however were equally likely to become dependent, tamper with their medicines and use them other than as prescribed.

“Our study has also shown that there are a significant proportion of chronic non cancer pain patients who already have multiple risk factors for adverse outcomes, such as pre-existing mental illness and dependence on alcohol and other drugs such as benzodiazepines.”

**Media contacts:**

Alexandra Pitzing  
Communications Officer, National Drug and Alcohol Research Centre  
P: (02) 9385 0124 | 0432 894 776 | [a.pitzing@unsw.edu.au](mailto:a.pitzing@unsw.edu.au)

Marion Downey  
Communications Manager, National Drug and Alcohol Research Centre  
P: (02) 9385 0180 | 0401 713 850 | [m.downey@unsw.edu.au](mailto:m.downey@unsw.edu.au)