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Abbreviations

AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
DASSA	Drug and Alcohol Services South Australia
DoHA	Department of Health and Ageing
NOPSAD	National Opioid Pharmacotherapy Statistics Annual Data (collection)
PHDAS	Pharmacotherapy Drugs of Addiction System

Symbols

n.a.	Not available (Data are not available. For example, the number of clients in New South Wales receiving buprenorphine-naloxone is not available as this information is currently not collected, and so would be represented by 'n.a'.)
–	Nil (This is used to represent cells where zero cases are present. For example, in 2010 Victoria had zero dosing point sites located in a public clinic, represented by '–'.)
<	Less than (This is used to indicate that the value is less than the number written. For example, the percentage of clients 70 years and over receiving methadone is less than 0.1%.)
..	Not applicable (This is used to indicate that the category or data item does not apply.)

Summary

This report presents data from the 2010 National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection, which includes information at both the national level and state and territory level. Specifically, it highlights the pharmacotherapy type (or prescribed drug type) that clients in Australia took to help manage opioid dependence. Characteristics of the clients, prescribers and dosing point sites where the pharmacotherapy drugs are dispensed are also presented. The data are based on a 'snapshot' period – usually a day – in June 2010.

Increased use of pharmacotherapy by opioid dependent clients

- On a snapshot day in 2010 there were 46,078 clients who received pharmacotherapy for opioid dependence, of which almost two in three were male. This was an overall increase of just over 2,600 clients since 2009.
- Between 2006 and 2010 the mean age group of clients receiving pharmacotherapy has increased. The proportion of clients aged 29 years and younger decreased from about one in four clients in 2006 to about one in six in 2010. In the same timeframe, the proportion of clients aged 30 years and over increased from just over seven in 10 clients in 2006 to just over eight in 10 clients in 2010.

Methadone was the most common pharmacotherapy type

- Consistent with previous years, in 2010 methadone accounted for close to seven in 10 clients' pharmacotherapy type, with the remaining three in 10 clients receiving either buprenorphine or buprenorphine–naloxone.
- The proportion of clients receiving methadone was highest among those aged less than 40 years (55% compared with 45% for clients 40 years and over).

Increase in prescribers

- There was a rise in the number of prescribers from 1,435 in 2009 to 1,449 in 2010, with the majority of prescribers in 2010 being private prescribers (80%).
- Across Australia, the client-to-prescriber ratio has remained relatively stable since 2005 (in the range of 30 to 33 clients per prescriber). In 2010, this ratio was 32 clients per prescriber.
- The ratio of clients per prescriber varied depending on the prescriber type. In 2010, public prescribers had the highest ratio (64 clients per prescriber), followed by correctional facility prescribers (57 clients per prescriber) and private prescribers (25 clients per prescriber).

Most opioid pharmacotherapy dosing point sites were located in pharmacies

- In 2010, there were 2,200 dosing point sites in Australia, a rise from 2,157 in 2009. Of these 2,200, 86% were located in pharmacies.
- The ratio of clients per dosing point site across Australia has been increasing slowly since this information was first collected in 2006. In 2006, there was a ratio of 19 clients per dosing point, increasing to a ratio of 21 clients per dosing point in 2010.

1 Introduction

Opioid dependence is associated with a range of problems that affect not only the individual drug user but also their family and the community. Opioid dependence is considered to be a serious public health issue, both in Australia and internationally (Box 1.1; WHO 2011). In 2007, about 3% of Australians had used opioids for non-medical reasons (AIHW 2008). The consequences of opioid dependence can be severe and include family disruption, loss of productivity, a risk of bloodborne diseases for injecting drug users, depression, anxiety and overdose that can lead to death (DASSA 2008; DHFS 1998). Treatment for those dependent on opioids is important, and reduces the associated health, social and economic costs for everyone involved.

Box 1.1: What is 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. The *Diagnostic and statistical manual of mental disorders* (APA 2000) requires that for a diagnosis of drug dependence you must have had at least three of the following in a 12-month period:

- Tolerance, which may be determined by the need for more of the drug to achieve the same effect or, the same amount of the drug has a diminished effect.
- Withdrawal, which is characterised by either the characteristic withdrawal symptoms for the particular drug, or the use of the same or closely related drug, to reduce or avoid withdrawal symptoms.
- The drug is taken in larger amounts and over a longer period than intended.
- A persistent desire to stop or unsuccessful attempts to stop using the drug.
- A large amount of time is spent getting, using or recovering from the drug.
- Important social, occupational or recreational activities are given up or reduced because of drug use.
- The drug is still being used despite knowledge of adverse consequences that are caused, or made worse by the drug or drug-taking behaviour.

What are opioids?

Opioids are both the natural and synthetic forms of drugs that act on opiate receptors in the brain. They have an analgesic effect, which means they can reduce pain, and are used for this purpose by the medical profession. Opioids are addictive, and can lead to drug dependence (DASSA 2008). While it is possible to become addicted to prescribed opioids, most Australians who are dependent on opioids use illegal substances such as heroin (NDARC 2004).

What treatment is available?

The broad goal of treatment for opioid dependence is to reduce the health, social and economic harms to individuals and the community arising from opioid dependence (DoHA 2007). There is a range of drug treatment services in Australia that provide treatment for people who are dependent on opioids as well as other drugs. Drug treatment providers differ in many ways depending on their size and approach to treatment, and offer a range of options in different settings. Once a client's needs have been assessed, the treatment provider and client work together towards a plan that suits their specific needs. Opioid pharmacotherapy, the use of medication to reduce illicit opioid use, is one option available for treating opioid dependence. This approach is often combined with other forms of treatment such as social and psychological treatment. The length of time a client stays on pharmacotherapy varies, and is different from person to person depending on their needs.

What is pharmacotherapy?

Pharmacotherapy is a treatment option available for people who are dependent on opioids, as well as other substances including alcohol and tobacco. Pharmacotherapy for opioid dependence uses a long-acting opioid medicine to manage opioid dependence. Drugs with short-term effects, often illegal and sometimes injected, are replaced with legally obtained, longer lasting drugs that are taken orally in a controlled environment (NDARC 2004). Research suggests that pharmacotherapy treatment is successful for many individuals in reducing the harms associated with opioid dependence (see, for example, Ritter & Chalmers 2009).

This report is based on the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection, which collects information on three opioid pharmacotherapy types, or types of drugs, used for treating opioid dependence. These drugs are methadone, buprenorphine and buprenorphine-naloxone (Box 1.2). These pharmacotherapy types can be used as short-term detoxification medications or as long-term maintenance medications. Other approaches to the treatment of opioid dependence can include supervised detoxification followed by individually based treatment plans or strategies that are designed to support abstinence from illicit opioid use (NDARC 2004).

In Australia, the option of pharmacotherapy for people who are opioid dependent has been available for a number of decades (methadone since 1969, buprenorphine since 2000 and buprenorphine-naloxone since mid-2005) (DoHA 2007). The Australian Government currently funds the provision of these pharmacotherapy types through pharmaceutical benefits arrangements. State and territory governments administer the program, which is run through approved dosing point sites such as clinics and pharmacies.

The *National pharmacotherapy policy for people dependent on opioids* was released in January 2007 by the Australian Government Department of Health and Ageing (DoHA). It provides a broad policy context and a framework for state and territory policies and guidelines that are concerned with the treatment of opioid dependence using methadone, buprenorphine and buprenorphine-naloxone.

Each state and territory has specific jurisdictional guidelines and policies for people dependent on opioids (see Table 1.3).

Box 1.2: Pharmacotherapy types

The NOPSAD collection captures information about three pharmacotherapy types currently recommended for the treatment of opioid dependency: methadone, buprenorphine and buprenorphine–naloxone (DoHA 2011).

Methadone

Methadone (Methadone Syrup[®], Biodone Forte[®]) is a synthetic opioid used to treat heroin and other opioid dependence. Methadone reduces heroin withdrawal symptoms, reduces the desire to take heroin and reduces the euphoric effect when heroin is used. Methadone is taken orally on a daily basis (DoHA 2007).

Buprenorphine

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 products are currently registered in Australia for the treatment of opioid dependence: a product containing only buprenorphine and a combined product containing buprenorphine and naloxone. The buprenorphine-only product (Subutex[®]) is a tablet containing buprenorphine hydrochloride in 0.4 mg, 2.0 mg and 8.0 mg strengths that is administered orally (DoHA 2007).

Buprenorphine–naloxone

The combination buprenorphine–naloxone product (Suboxone[®]) is a tablet containing buprenorphine hydrochloride and naloxone hydrochloride in a ratio of 4:1. Buprenorphine–naloxone is available in two dosage strengths: 2.0 mg buprenorphine and 0.5 mg naloxone, and 8.0 mg buprenorphine and 2.0 mg naloxone. Buprenorphine–naloxone is often the preferred pharmacotherapy takeaway product. This is because, when taken as intended by dissolving a tablet under the tongue, the combined product acts as if it was buprenorphine alone. However, if the combined product is injected, naloxone blocks the effects of buprenorphine and increases opioid withdrawal symptoms. This helps to ensure that those receiving buprenorphine–naloxone as a takeaway dose do not inject it or sell it to others to inject (Chapleo & Walter 1997; DoHA 2007).

It is important to note that reporting systems in New South Wales currently do not distinguish between buprenorphine and buprenorphine–naloxone. As such, New South Wales data relating to both these products are reported in this report under the category of buprenorphine.

The opioid pharmacotherapy system in Australia

The states and territories administer the pharmacotherapy system for opioid dependence, and each has different policies and guidelines. More specific information is provided in tables 1.1, 1.2 and 1.3.

Prescribers

Each state and territory has rules about how doctors are authorised to prescribe methadone, buprenorphine and buprenorphine–naloxone. Accredited training is a requirement for all doctors who start a client on pharmacotherapy for opioid dependence (DoHA 2007). In some states and territories, doctors can be authorised to prescribe to up to five ongoing clients without attending a training course. However, these clients must have first been seen by a doctor with accredited training (ACT Health 2009; NSW Health 2006).

In 1985, methadone treatment guidelines were endorsed by the Australian Health Ministers' Conference and in 1993 these guidelines were developed into Australian policy (DHFS 1998). As a result, prescriber training around this time focused on methadone alone. This registration process now includes new pharmacotherapies that are approved for prescription, including buprenorphine and buprenorphine–naloxone. Prescribers of pharmacotherapy for opioid dependence may be authorised to prescribe just one type of drug, or more than one type of drug depending on the requirements of the state or territory the prescriber is authorised (for more information refer to the individual state and territory guidelines for treating opioid dependence in Table 1.3).

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

In all states and territories, a cap on the number of pharmacotherapy clients per prescriber is stated as a guide, but it is not usually included in legislation. This cap is often flexible and exceptions can be made to accommodate clients as necessary (for more information refer to the individual state and territory guidelines for treating opioid dependence in Table 1.3).

Dosing

At the start of treatment, clients need to attend the clinic or pharmacy to take their dose under supervision (PSA 2005). In certain circumstances, clients may be eligible to receive a takeaway dose. The takeaway dose for methadone is determined by each jurisdiction in line with the *National policy on methadone treatment* (see Henry-Edwards et al. 2003 for information on takeaway dosing). The policy for unsupervised dosing of buprenorphine and buprenorphine–naloxone is determined by each Australian jurisdiction. Prescribers are required to check with the relevant authority in their jurisdiction to determine if there is a preference as to which formulation of buprenorphine is used for unsupervised dosing (Lintzeris et al. 2006).

Cost to clients

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 Pharmaceutical Benefits Scheme (PBS) for the Opiate Dependence Treatment Program, the drugs are provided free of charge to dosing points. Clients are charged a dispensing fee and this cost to clients receiving their drugs from a community pharmacist may limit people's access to opioid pharmacotherapy (Ritter & Chalmers 2009). In most cases, dosing at public clinics is free, at least for a limited period of time (see Table 1.3).

One limitation for opioid pharmacotherapy clients is that in many cases daily travel is required to reach their dosing point. To overcome this limitation there is provision for takeaway doses in some circumstances (DoHA 2007). Policies on takeaway dosing vary by state or territory (for more information refer to the individual state and territory guidelines for treating opioid dependence in Table 1.3). Where takeaway dosing is allowed, it is preferred that clients on buprenorphine are given the combination buprenorphine–naloxone product (DoHA 2007).

Box 1.3: Definitions

There are several terms used throughout this publication that are unique to this report and subject matter. Full definitions may be found in the *National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2010 collection: data guide* (AIHW 2010). This data guide is released 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, on which clients are counted for the NOPSAD collection. This permits the number of clients to be estimated at a single point in time. The snapshot day varies slightly between states and territories. See Table 1.1 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 has undergone accreditation and/or authorisation to prescribe a pharmacotherapy drug and who has not been recorded as ceasing this registration prior to the snapshot day. More specifically, prescribers should be included in the count if they are registered or authorised prescribers, or **active prescribers**, that is, prescribers who are scripting at least one client during the reporting period (that is, each financial year).

Prescriber type is defined as the sector in which the prescriber is practising when prescribing pharmacotherapy drugs.

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

The NOPSAD collection

In December 1999, the Australian state and territory governments, through the National Health Information Management Group, endorsed the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS). A national minimum data set is a nationally accepted set of data elements mandated for collection. Collection of the AODTS-NMDS began on 1 July 2000. However, due to particular complexities in collecting information about pharmacotherapy provision for opioid dependence, agencies whose sole activity is to prescribe and/or dispense doses for opioid pharmacotherapy treatment are excluded from the scope of this collection. Instead, data on clients receiving opioid pharmacotherapy treatment are routinely collected by state and territory health departments. Up until 2005, data were provided each year to DoHA. In 2005, DoHA commissioned the Australian Institute of Health and Welfare (AIHW) to manage the collection, including the analysis and reporting of pharmacotherapy treatment data. A set of agreed standards for reporting were developed in consultation with states and territories, and the NOPSAD collection was developed. 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 the administrative features for each state and territory (tables 1.1 and 1.2).

What is the NOPSAD collection used for?

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 also be considered along with information from other sources (for instance, the AODTS–NMDS and the National Drug Strategy Household Survey) 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 capping 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. See Appendix 2 for more information about the NOPSAD data as well as related data collections.

The NOPSAD reports are available online, free of charge, making them accessible to other interested parties including those who work in the sector, clients, educators, students and the general public.

How data are collected by each state and territory

Each state and territory uses a slightly different method to collect data about the pharmacotherapy used to treat those with opioid dependence. These are driven by differences between the states and territories in relation to legislation, information technology systems and resources. The differences may result in minor discrepancies when comparing one state or territory with another. Differing administrative features adopted by each state and territory are outlined in Table 1.1 and methodological features are outlined in Table 1.2. Relevant state and territory differences are also highlighted in the footnotes under the relevant tables.

Table 1.1: Administrative features of the NOPSAD collection in each state and territory

State/territory	Administrative features
New South Wales	The Pharmaceutical Drugs of Addiction System (PHDAS) is primarily used in the administration of the NSW Opioid Treatment Program. The database is used to inform the issuing of authority to doctors to prescribe as part of the NSW Opioid Treatment Program. PHDAS also records client admissions to and exits from treatment, as well as details of approved prescribers and dosing points. For these reasons, 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 fluctuations flatten out over the course of a full year. Client data are reported in New South Wales as at 30 June.

(continued)

Table 1.1 (continued): Administrative features of the NOPSAD collection in each state and territory

State/territory	Administrative features
Victoria	<p>Data are collected from two sources including a quarterly 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 two data sources cannot be linked. The Victorian pharmacotherapy system is essentially community-based, other than inpatients in hospitals and in prisons. Although a small number of services receives government funding, services are independent bodies and are not managed directly by government.</p> <p>Client data are reported in Victoria on a snapshot day.</p>
Queensland	<p>Data are collected monthly from pharmacists and entered into a central database managed by the Drugs of Dependence Unit. Data are also collected from administrative 'Admission' and 'Discharge' forms. National and 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>Client data for Queensland are reported 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 is 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.</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 two 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', 'Authority to prescribe' and 'Request for takeaway doses', which are entered into a central database system at Drug and Alcohol Services South Australia (DASSA). Information from dispensed prescriptions is also collected electronically from pharmacists monthly by DASSA.</p> <p>From 2007, data have been collected via a quarterly census of 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>
Tasmania	<p>Data are collected from pharmacists participating in the Tasmanian Pharmacotherapy Program, and stored in the Drug and Alcohol Pharmacy Information System (DAPIS). This central database is managed through the Pharmaceutical Services Unit, and is a 'live' database, from which a snapshot for any day can be taken.</p> <p>Client data are reported in Tasmania on a snapshot day.</p>
Australian Capital Territory	<p>Client participation data are collected from Alcohol and Drug Program databases and from prescription dosing records provided by community pharmacies. General practitioner and pharmacy participation data are collected from the Chief Health Officer's records and quarterly phone contact.</p> <p>Client data are reported in the Australian Capital Territory on a snapshot day.</p>
Northern Territory	<p>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.</p> <p>Client data are reported in the Northern Territory on a snapshot day.</p>

Table 1.2: Methodological differences of the NOPSAD collection in each state and territory

State/territory	Methodological differences
New South Wales	<p>In New South Wales, 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>Prescribers authorised to prescribe methadone can additionally be approved to prescribe buprenorphine, but not vice versa. Medical practitioners who manage up to five clients do not require an approval to prescribe drugs of addiction under Section 28A of the <i>Poisons and Therapeutic Goods Act 1966</i> (NSW) and are not required to complete pharmacotherapy training. The numbers provided in tables 3.1 and 3.2 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>In New South Wales, data on dosing point sites relate to dosing point sites that were dosing at least one client as at 30 June 2010.</p>
Victoria	<p>The numbers of registered prescribers in Victoria have been revised and are different from data reported previously. The number of prescribers registered to prescribe more than one drug type changed from 341 to 314 in 2006, from 371 to 350 in 2007, from 407 to 383 in 2008, and from 373 to 420 in 2009. The number of prescribers registered to prescribe methadone only changed from 84 to 122 in 2009.</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>The number of dosing point sites in ‘Pharmacies’, ‘Correctional facility’ and ‘Other’ for the periods 2007–08, 2007–06 and 2006–05 have been revised, and are different from the figures previously reported.</p> <p>In Victoria, data relating to the Indigenous status of clients are not available.</p>
Queensland	<p>The total number of prescribers for Queensland includes those prescribers from private practice, public clinics, correctional facilities and government medical offices.</p> <p>In 2006 and 2007, Queensland excluded clients who were not physically dosed on the snapshot day. In 2008 an ‘other’ category was included to capture these clients.</p>
Western Australia	<p>In Western Australia, the number of clients receiving pharmacotherapy treatment is reported through the month of June 2010. The 2005–10 data reported for Western Australia are substantially lower than previous years, which included data for the whole year.</p> <p>Prescriber training is provided for all pharmacotherapies currently available. The total number of prescribers includes those treating at least one client as at 30 June 2010 in private practice, public clinics and correctional facilities.</p> <p>In Western Australia, data relating to Indigenous status of clients are not available.</p>
South Australia	<p>In 2008, South Australia made a slight variation to its collection methodology, which has resulted in a revision of the total numbers for 2006 (from 2,517 to 2,823) and 2007 (from 2,559 to 2,834). This revision has also resulted in a change in the total number of clients for 2006 (from 38,659 to 38,965) and 2007 (from 38,568 to 38,843).</p> <p>In 2010, 334 clients did not enter a dosing point on the snapshot day and are reported as ‘other’ when describing clients per dosing point site. Also, the drug type of nine clients receiving pharmacotherapy was not captured—these nine clients were removed from all analyses.</p> <p>In South Australia, data relating to prescribers refers to active prescribers only.</p>
Tasmania	<p>In Tasmania, pharmacotherapy training is provided separately for each pharmacotherapy drug.</p> <p>Data relating to Indigenous status of clients are not available.</p>
Australian Capital Territory	—
Northern Territory	<p>In the Northern Territory, data relating to the age group of clients are not reported.</p> <p>Data relating to the Indigenous status of clients are not reported.</p>

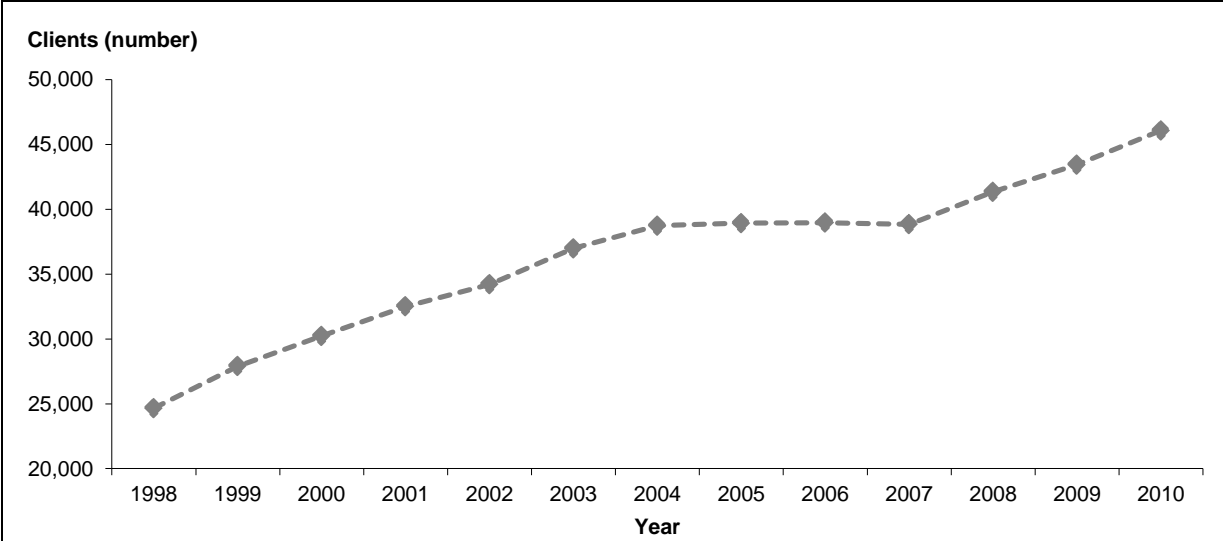
Table 1.3: Policies and guidelines for opioid pharmacotherapy in each state and territory, 2010

State/territory	Policies and guidelines for opioid pharmacotherapy
New South Wales	<ul style="list-style-type: none">• New South Wales Opioid Treatment Program Clinical Guidelines for Methadone and Buprenorphine Treatment of Opioid Dependence
Victoria	<ul style="list-style-type: none">• Policy for Maintenance Pharmacotherapy for Opioid Dependence
Queensland	<ul style="list-style-type: none">• Queensland Opioid Treatment Program: clinical guidelines 2008
Western Australia	<ul style="list-style-type: none">• Western Australia Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opioid Dependence-October 2007• Operational Directive 0255/09 Management of Community Program for Opioid Pharmacotherapy (C-POP) Patients in a Hospital Setting
South Australia	<ul style="list-style-type: none">• Policy for Unsupervised Doses in the Opioid Dependence Substitution Program• Guidelines for Locums Prescribing Methadone / Buprenorphine in the Opioid Dependence Substitution Program• Guidelines for Locums Prescribing Drugs of Dependence for Treatment of Neonatal Abstinence Syndrome• Guidelines for Responses to Client Breaches of Opioid Dependence Substitution Programs• Opioid Dependence Substitution Program Interstate Transfers Protocol• Guidelines on Split-Dosing in Opioid Dependence Substitution Programs• Prescribing Suboxone® in Opioid Dependence Substitution Programs• SA Opioid Dependence Substitution Program Prescriptions for Treatment Interstate• Interstate Prescriptions for Opioid Pharmacotherapy in South Australia
Tasmania	<ul style="list-style-type: none">• Tasmanian Methadone Policy
Australian Capital Territory	<ul style="list-style-type: none">• The ACT Opioid Maintenance Treatment Guidelines
Northern Territory	<ul style="list-style-type: none">• Northern Territory Schedule 8 and Restricted Schedule 4 Clinical Practice Guidelines

2 Clients

Number of clients

Nationally, 46,078 clients were receiving pharmacotherapy treatment on the snapshot day in June 2010. This is an increase of just over 2,600 clients from June 2009. After an initial increase of over 50% from 1998 (24,657 clients) to 2004 (38,741), the figure remained relatively stable from 2004 to 2007. Since 2007, the number of clients has risen by over 2,000 clients per year (Figure 2.1).



Source: Table 2.1.

Figure 2.1: Clients receiving pharmacotherapy on a snapshot day, 1998–2010

In the states and territories, as per their population size, the largest proportion of clients were in New South Wales (41%), followed by Victoria (29%) and Queensland (12%). The lowest proportion were in the Northern Territory (0.2%) followed by the Australian Capital Territory (2%) (for number of clients see Table 2.1; for percentages see Table 2.2).

Table 2.1: Clients receiving pharmacotherapy, by state and territory, on a snapshot day, 1998–2010

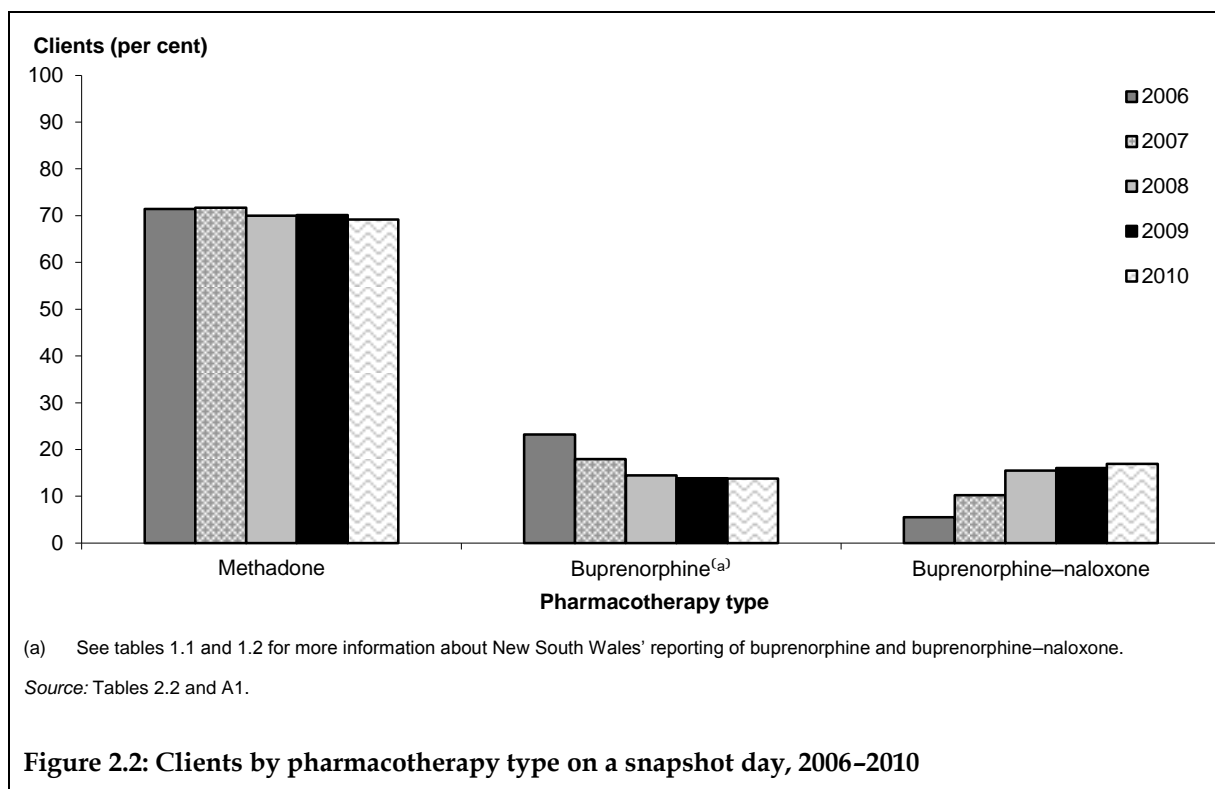
Year	NSW	Vic	Qld	WA ^(a)	SA ^(a)	Tas	ACT	NT	Australia
1998	12,107	5,334	3,011	1,654	1,839	306	406	—	24,657
1999	12,500	6,700	3,341	2,449	1,985	370	559	2	27,906
2000	13,594	7,647	3,588	2,140	2,198	423	615	32	30,237
2001	15,069	7,743	3,745	2,307	2,522	464	641	25	32,516
2002	15,471	7,700	3,896	3,602	2,417	513	590	21	34,210
2003	16,165	8,685	4,289	4,079	2,486	498	686	98	36,986
2004	15,719	10,003	4,470	4,437	2,706	576	748	82	38,741
2005	16,469	10,753	4,440	2,883	2,857	588	764	183	38,937
2006	16,355	10,736	4,637	2,888	2,823	602	790	134	38,965
2007	16,348	11,051	4,309	2,822	2,834	600	765	114	38,843
2008	17,168	11,821	4,899	2,908	3,052	588	786	125	41,347
2009	17,868	12,576	5,116	3,187	3,151	634	792	121	43,445
2010	19,114	13,185	5,688	3,342	3,210	620	811	108	46,078

(a) See tables 1.1 and 1.2 for more information about Western Australia and South Australia.

Pharmacotherapy type

On the snapshot day in 2010, 69% of clients registered for pharmacotherapy treatment received methadone and the remaining 31% received buprenorphine or the combination product buprenorphine–naloxone (Figure 2.2).

The changes between the proportions of clients on buprenorphine and buprenorphine–naloxone (see Figure 2.2) need to be interpreted with caution. While it shows that the proportion of clients taking buprenorphine–naloxone has almost tripled, this is in part accounted for by changes over time in how states and territories report. In New South Wales, clients receiving buprenorphine–naloxone are reported under the category ‘buprenorphine’. As such, the number of clients receiving buprenorphine–naloxone is an underestimate, as New South Wales was not able to separately identify the number of these clients. This was also the case for Queensland in 2007, and Tasmania and the Australian Capital Territory in 2006. Of those states and territories able to identify clients receiving buprenorphine–naloxone, dosing for this drug was most common in the Northern Territory, Queensland and Victoria (Figure 2.3).



Since 2006, the uptake of buprenorphine–naloxone as a pharmacotherapy treatment has been increasing (Figure 2.2). Of the states and territories able to identify clients receiving buprenorphine–naloxone, the largest increases in the proportion of clients receiving this treatment in 2010 were seen in Tasmania and the Northern Territory (increased by 8.4 and 7.5 percentage points, respectively, see Table A1).

The proportions of clients prescribed methadone, buprenorphine or buprenorphine–naloxone varied across the states and territories, with the majority of clients prescribed methadone in 2010. The Northern Territory was the exception, with 55% of clients being prescribed buprenorphine–naloxone and 31% being prescribed methadone (Figure 2.3). A similar trend was seen in 2008 and 2009 (Table A1). This could be attributed to the benefits of buprenorphine–naloxone as a takeaway drug, and the reduced potential for abuse (Lintzeris et al. 2006). See Box 1.2 for more information.

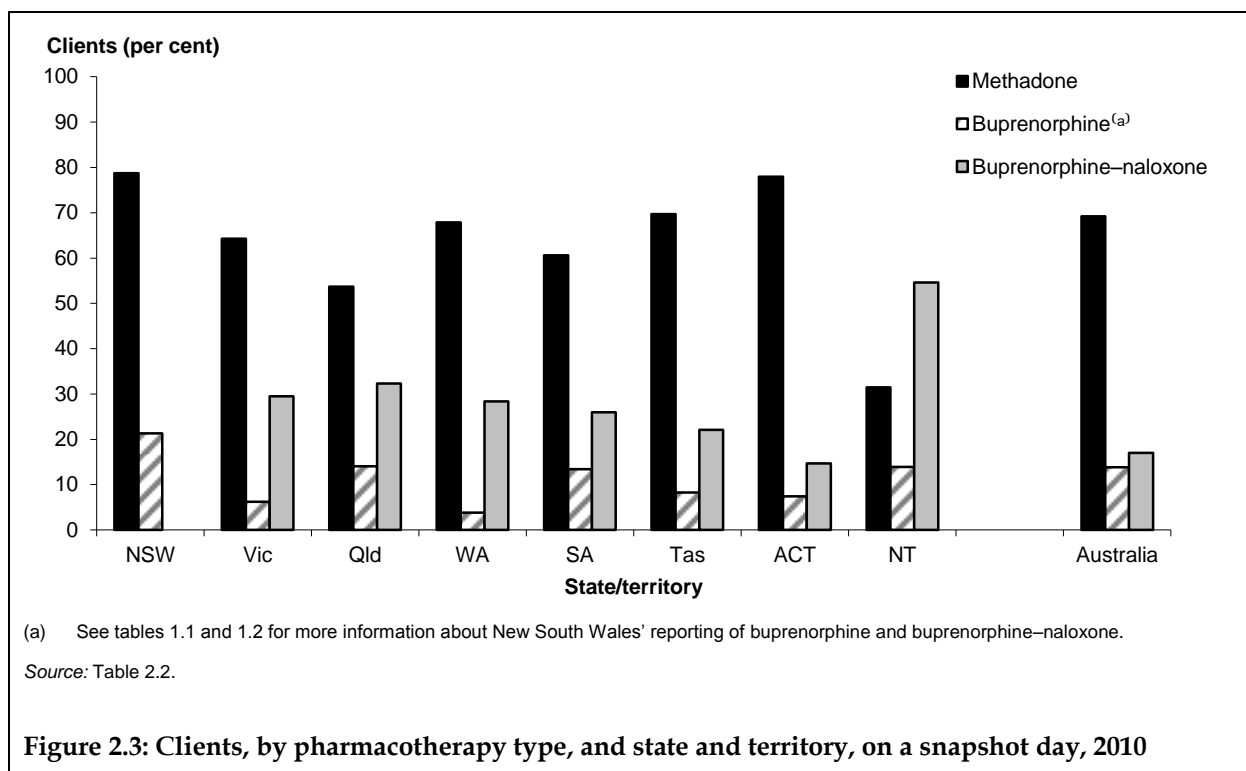


Table 2.2: Clients, by pharmacotherapy type, and state and territory, on a snapshot day, 2010

Pharmacotherapy type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Number									
Methadone	15,048	8,476	3,052	2,269	1,946	432	632	34	31,889
Buprenorphine ^(a)	4,066	817	796	126	430	51	60	15	6,361
Buprenorphine–naloxone	n.a.	3,892	1,840	947	834	137	119	59	7,828
Total	19,114	13,185	5,688	3,342	3,210	620	811	108	46,078
Per cent									
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
Total clients by state/territory	41.5	28.6	12.3	7.3	7.0	1.3	1.8	0.2	100.0

(a) See tables 1.1 and 1.2 for more information about New South Wales reporting of buprenorphine and buprenorphine–naloxone.

Client characteristics

Sex of clients

Of the 46,078 clients who received pharmacotherapy treatment in June 2010, close to two-thirds were male (Figure 2.4). This pattern was seen across clients using methadone, buprenorphine and buprenorphine–naloxone. The proportion of male and female clients across all three drug types has remained stable since 2006 (Table A2). A similar pattern was observed at the state and territory level, with approximately two-thirds of clients being male, ranging from 59% in Tasmania to 66% in New South Wales (Table 2.3).

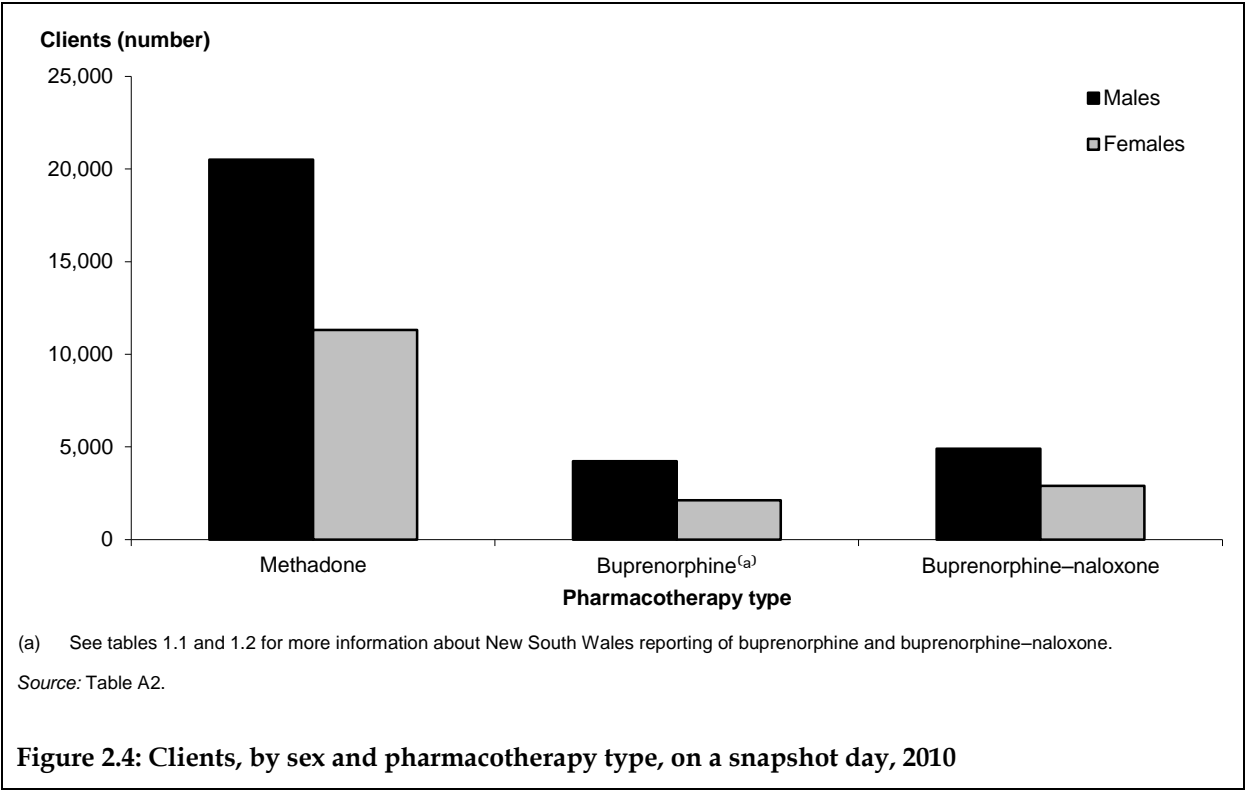


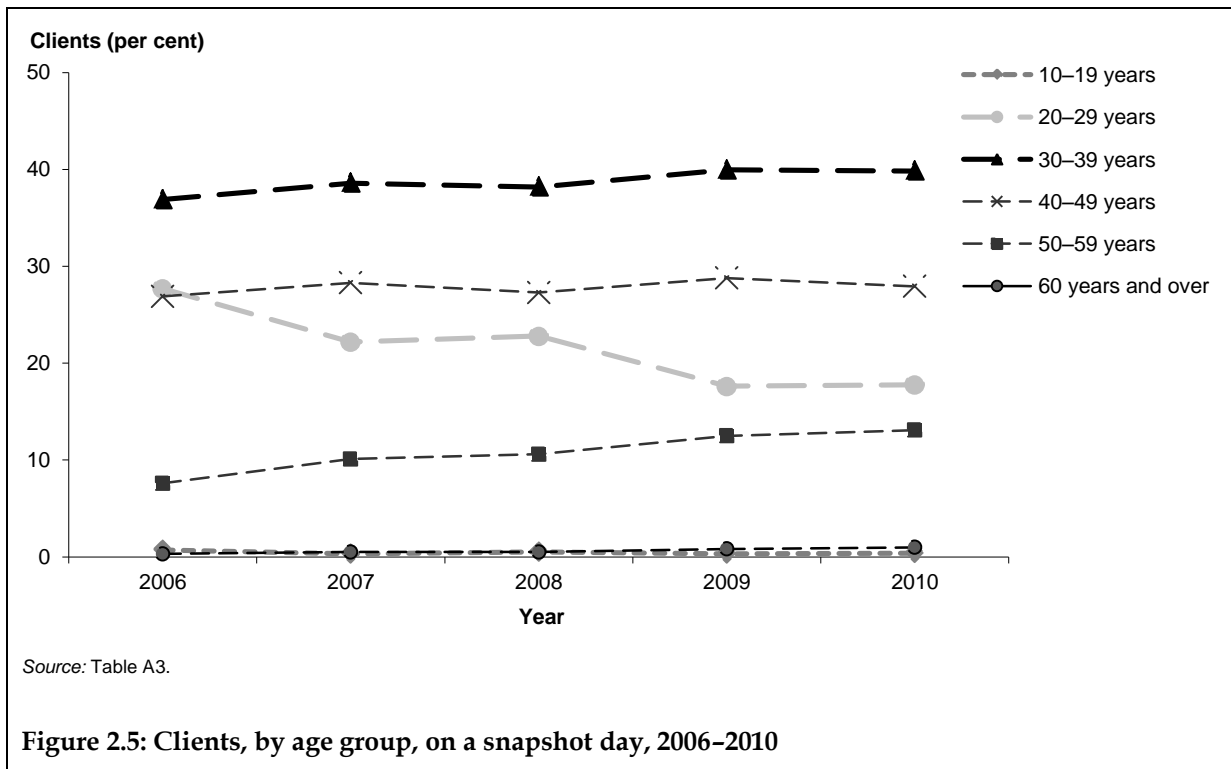
Table 2.3: Clients, by sex, pharmacotherapy type, and state and territory, on a snapshot day, 2010

Sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Total (per cent)
Methadone										
Males	9,864	5,608	1,747	1,412	1,227	256	374	24	20,512	64.3
Females	5,184	2,811	1,305	857	719	176	258	10	11,320	35.5
Not stated	—	57	—	—	—	—	—	—	57	0.2
Total	15,048	8,476	3,052	2,269	1,946	432	632	34	31,889	100.0
Buprenorphine^(a)										
Males	2,808	541	479	57	269	22	46	7	4,229	66.5
Females	1,258	271	317	69	161	28	14	8	2,126	33.4
Not stated	—	5	—	—	—	1	—	—	6	0.1
Total	4,066	817	796	126	430	51	60	15	6,361	100.0
Buprenorphine–naloxone										
Males	n.a.	2,575	1,223	349	555	85	79	38	4,904	62.6
Females	n.a.	1,291	617	598	279	52	40	21	2,898	37.0
Not stated	n.a.	26	—	—	—	—	—	—	26	0.3
Total	n.a.	3,892	1,840	947	834	137	119	59	7,828	100.0
Total (all pharmacotherapy drugs)										
Males	12,672	8,724	3,449	2,067	2,051	363	499	69	29,894	64.9
Females	6,442	4,373	2,239	1,275	1,159	256	312	39	16,095	34.9
Not stated	—	88	—	—	—	1	—	—	89	0.2
Total	19,114	13,185	5,688	3,342	3,210	620	811	108	46,078	100.0

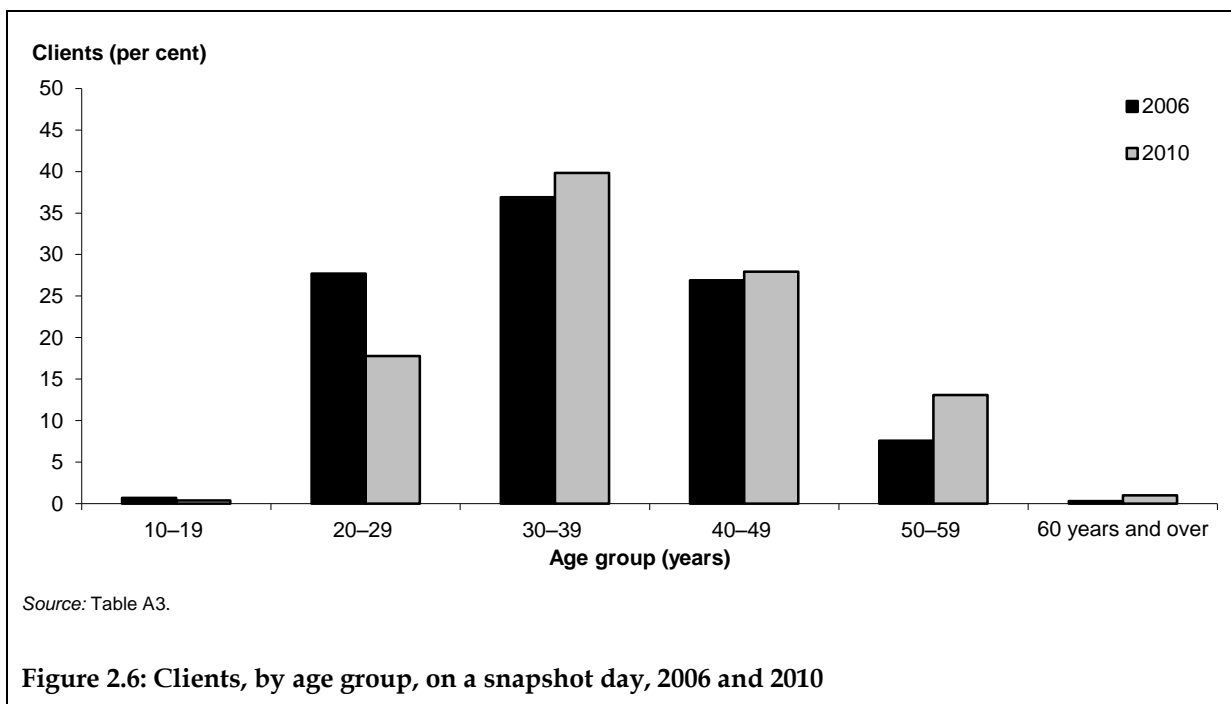
(a) See tables 1.1 and 1.2 for more information about New South Wales reporting of buprenorphine and buprenorphine–naloxone.

Age group of clients

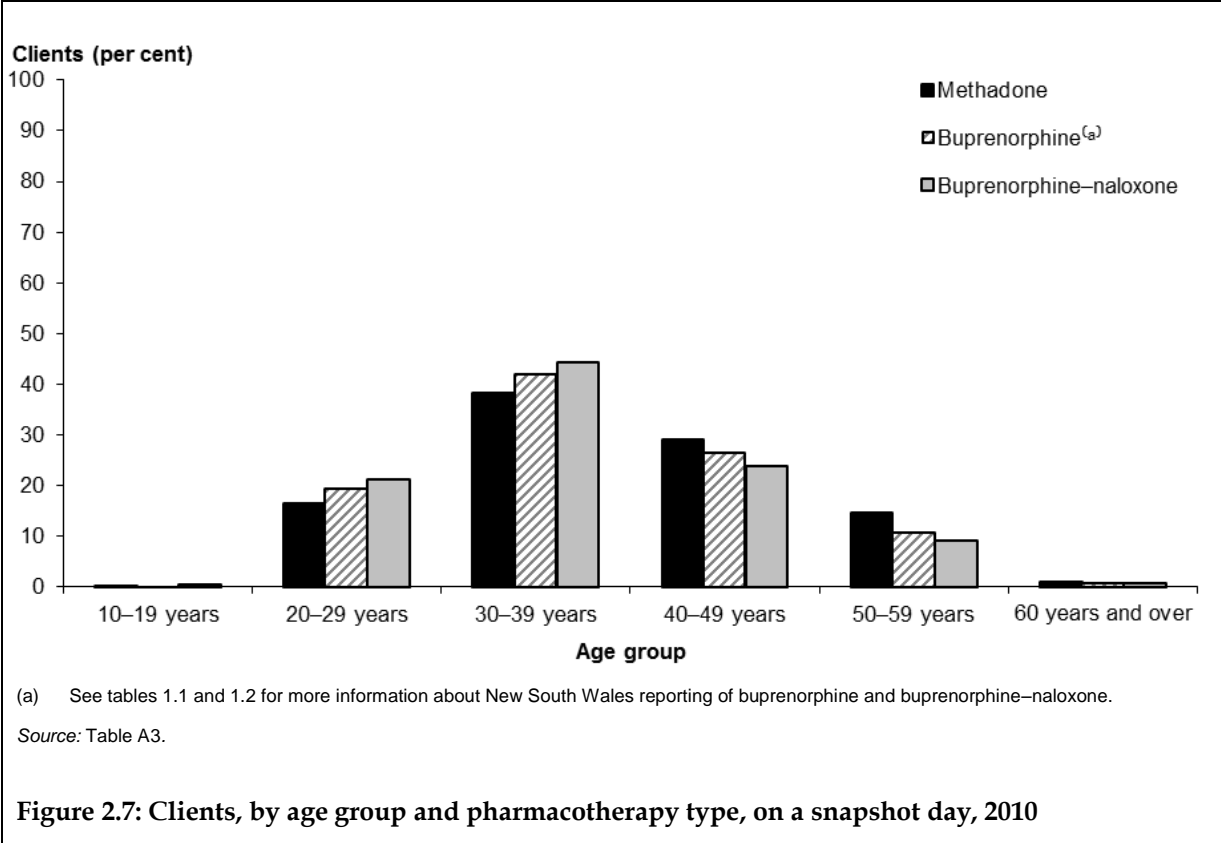
For the 2010 collection, all states and territories except the Northern Territory were able to provide information on the age grouping of clients receiving pharmacotherapy treatment. Since 2006, there has been a shift towards older clients, with the proportion of clients aged 30 years and over increasing from 72% to 82% in 2010 (Table A3). The proportion of clients in various age groups remained relatively stable between 2009 and 2010 (Figure 2.5).



In 2010, the majority of clients (68%) were aged between 30 and 49 years of age (Figure 2.6). Those aged 30 to 34 years made up the largest proportion of clients (21%). Those aged 35 to 39 years made up 19% and those aged 40 to 44 years made up 15% of clients (Table A4). As previously noted, between 2006 and 2010, there has been an increase in the proportion of older clients (those aged 30 years and older), with the largest growth in clients aged 50 to 59 years (8% in 2006 to 13% in 2010) (Figure 2.6).



With respect to specific drug types, the combined product buprenorphine–naloxone is used more among clients younger than 40 years, with methadone more likely to be used among clients older than 40 years (Figure 2.7). However, as states such as New South Wales do not capture the number of clients receiving buprenorphine–naloxone, care must be taken when interpreting these findings. For more detailed information on age, pharmacotherapy type, and state and territory, see Table A4.



Aboriginal and Torres Strait Islander people

In 2010, four states and territories were able to provide information about the Indigenous status of clients receiving pharmacotherapy treatment – New South Wales, Queensland, South Australia and the Australian Capital Territory.

The ‘Not reported’ category in Table 2.4 includes pharmacotherapy clients in Victoria, Western Australia, Tasmania and the Northern Territory where data relating to the Indigenous status of clients were not reported. This is because information about the Indigenous status of their clients is not collected by these jurisdictions, or there are difficulties accessing this information from the data sets.

It is important to note that, due to the large number of clients whose Indigenous status is ‘Not reported’, caution should be taken when interpreting these data. It is also important to consider the proportion of ‘Not stated’ responses when interpreting these data.

Of the 28,823 clients whose Indigenous status was captured on the snapshot day, 9% of clients (2,591 clients) identified as being Indigenous (Table 2.4). Although caution must be taken when interpreting this finding, this proportion demonstrates an over-representation of Indigenous clients receiving pharmacotherapy treatment as the Indigenous population in 2006 was

estimated to be 2.5% of the total Australian population (ABS 2007). The proportion of Indigenous clients remained relatively consistent among the states and territories that reported Indigenous status, ranging from 8% in South Australia to 11% in New South Wales.

When compared across pharmacotherapy type, the majority of Indigenous clients were using methadone (78%), followed by buprenorphine (16%) and buprenorphine–naloxone (5%).

For 10% (2,916) of clients in the four reporting states and territories, Indigenous status was not stated. For the states and territories that are able to collect Indigenous status of clients, there has been a decrease in the proportion of clients where Indigenous status was 'Not stated', from 22% (5,285) of clients in 2007 to 10% (2,916) of clients in 2010.

Table 2.4: Clients, by Indigenous status, pharmacotherapy type, and state and territory, on a snapshot day, 2010

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Total
Methadone										
Indigenous	1,722	n.a.	88	n.a.	158	n.a.	59	n.a.	2,027	9.8
Non-Indigenous	11,282	n.a.	2,392	n.a.	1,785	n.a.	540	n.a.	15,999	77.4
Not stated	2,044	n.a.	572	n.a.	3	n.a.	33	n.a.	2,652	12.8
<i>Subtotal</i>	<i>15,048</i>	<i>n.a.</i>	<i>3,052</i>	<i>n.a.</i>	<i>1,946</i>	<i>n.a.</i>	<i>632</i>	<i>n.a.</i>	<i>20,678</i>	<i>100.0</i>
Not reported ^(a)	—	8,476	—	2,269	—	432	—	34	11,211	..
Total	15,048	8,476	3,052	2,269	1,946	432	632	34	31,889	..
Buprenorphine^(b)										
Indigenous	370	n.a.	24	n.a.	26	n.a.	3	n.a.	423	7.9
Non-Indigenous	3,577	n.a.	731	n.a.	403	n.a.	54	n.a.	4,765	89.0
Not stated	119	n.a.	41	n.a.	1	n.a.	3	n.a.	164	3.1
<i>Subtotal</i>	<i>4,066</i>	<i>n.a.</i>	<i>796</i>	<i>n.a.</i>	<i>430</i>	<i>n.a.</i>	<i>60</i>	<i>n.a.</i>	<i>5,352</i>	<i>100.0</i>
Not reported ^(a)	—	817	—	126	—	51	—	15	1,009	..
Total	4,066	817	796	126	430	51	60	15	6,361	..
Buprenorphine–naloxone										
Indigenous	n.a.	n.a.	50	n.a.	84	n.a.	7	n.a.	141	5.0
Non-Indigenous	n.a.	n.a.	1,703	n.a.	743	n.a.	106	n.a.	2,552	91.4
Not stated	n.a.	n.a.	87	n.a.	7	n.a.	6	n.a.	100	3.6
<i>Subtotal</i>	<i>n.a.</i>	<i>n.a.</i>	<i>1,840</i>	<i>n.a.</i>	<i>834</i>	<i>n.a.</i>	<i>119</i>	<i>n.a.</i>	<i>2,793</i>	<i>100.0</i>
Not reported ^(a)	n.a.	3,892	—	947	—	137	—	59	5,035	..
Total	n.a.	3,892	1,840	947	834	137	119	59	7,828	..
Total (all pharmacotherapy types)										
Indigenous	2,092	n.a.	162	n.a.	268	n.a.	69	n.a.	2,591	9.0
Non-Indigenous	14,859	n.a.	4,826	n.a.	2,931	n.a.	700	n.a.	23,316	80.9
Not stated	2,163	n.a.	700	n.a.	11	n.a.	42	n.a.	2,916	10.1
<i>Subtotal</i>	<i>19,114</i>	<i>n.a.</i>	<i>5,688</i>	<i>n.a.</i>	<i>3,210</i>	<i>n.a.</i>	<i>811</i>	<i>n.a.</i>	<i>28,823</i>	<i>100.0</i>
Not reported ^(a)	—	13,18	—	3,342	—	620	—	108	17,255	..
Total	19,114	13,18	5,688	3,342	3,210	620	811	108	46,078	..

(a) See tables 1.1 and 1.2 for more information about Victoria, Western Australia, Tasmania and the Northern Territory reporting of Indigenous status.

(b) See tables 1.1 and 1.2 for more information about New South Wales' reporting of buprenorphine and buprenorphine–naloxone.

3 Prescribers

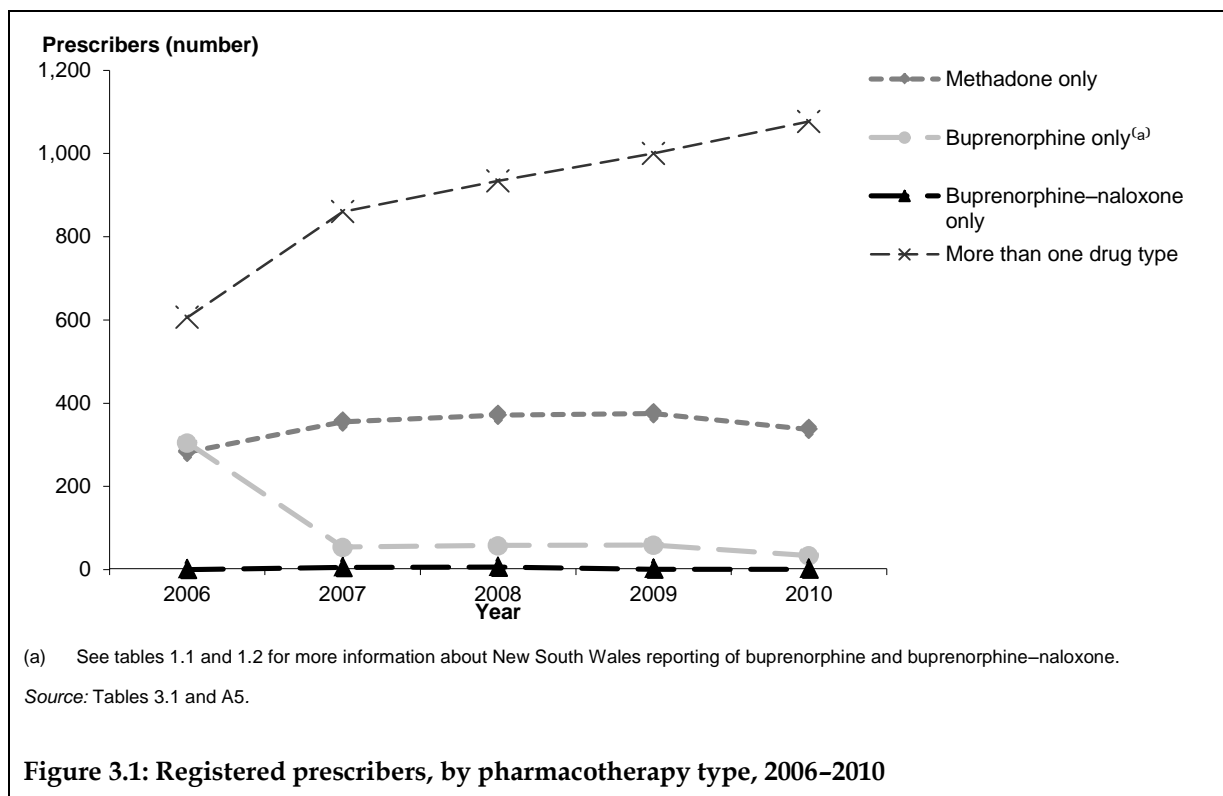
Number of prescribers

Each state and territory has regulations that include the pharmacotherapy drugs that prescribers can prescribe, with not all prescribers being authorised or registered to prescribe methadone, buprenorphine or buprenorphine–naloxone. The data presented in this report relate to all registered prescribers, except for those in New South Wales and South Australia where they report on registered active prescribers only (see Box 1.3).

In 2010, there were 1,449 prescribers nationally that were authorised to prescribe pharmacotherapy drugs. Of these:

- 74% (1,077) were registered to prescribe more than one drug type
- 23% (337) were registered to prescribe methadone only
- 2% (34) were registered to prescribe buprenorphine only
- less than 1% were registered to prescribe buprenorphine–naloxone only (Figure 3.1).

The proportion of prescribers authorised to prescribe more than one pharmacotherapy type has grown from 51% (606 prescribers) in 2006 (when this information was first captured) to 74% (1,077 prescribers) in 2010 (Figure 3.1).



Across the states and territories, all prescribers in Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory could prescribe more than one drug type. This was different to New South Wales, Victoria and Queensland where some prescribers could only prescribe one drug type. In 2010, Victoria continued to account for the largest proportion of prescribers (39%), followed by New South Wales (35%). In 2010, Western Australia had the third highest proportion of prescribers (7.5%), overtaking Queensland, which had been third highest from 2006 to 2009 (7.2% for Queensland in 2010) (Table 3.1; for time series see Table A5).

Table 3.1: Registered prescribers^(a), by pharmacotherapy type, and state and territory, 2010

Pharmacotherapy type	NSW ^(b)	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total	Total (per cent)
Methadone only	214	122	1	—	—	—	—	—	337	23.3
Buprenorphine only ^(c)	34	—	—	—	—	—	—	—	34	2.3
Buprenorphine–naloxone only	n.a.	—	1	—	—	—	—	—	1	0.1
More than one 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	..

(a) The states and territories may have different guidelines and policies regarding training to prescribe opioid the pharmacotherapy types. See Table 1.3 for more information.

(b) See tables 1.1 and 1.2 for more information about New South Wales and South Australian reporting of registered prescribers.

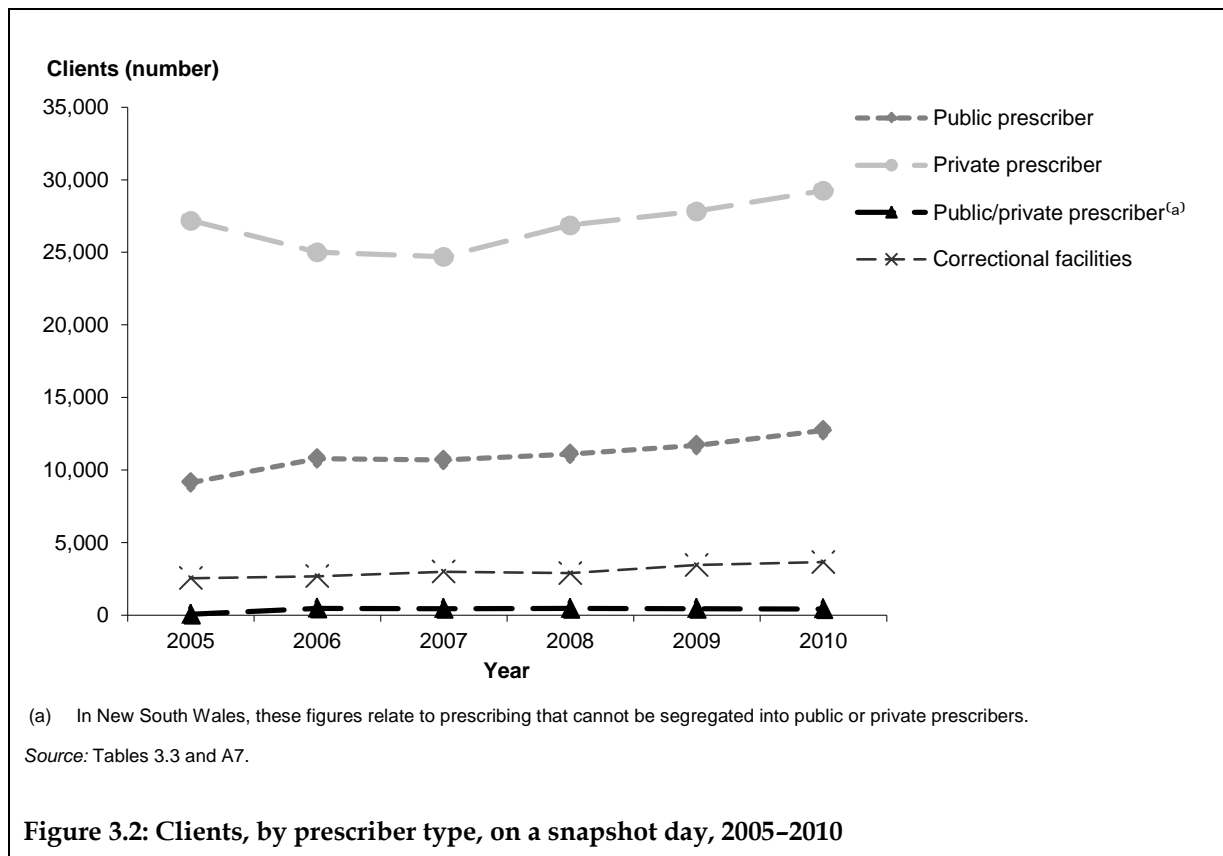
(c) See tables 1.1 and 1.2 for more information about New South Wales reporting of buprenorphine and buprenorphine–naloxone.

Prescriber type

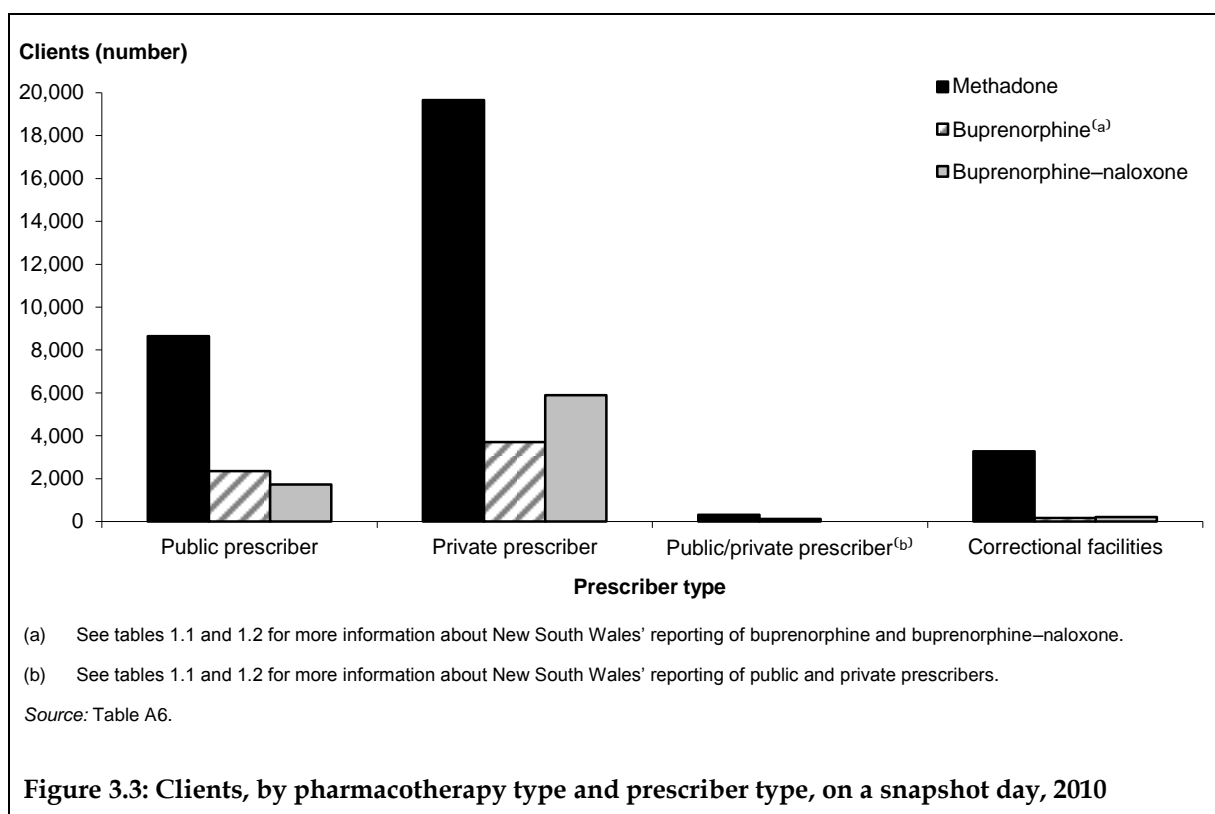
Of the 46,078 clients authorised to receive pharmacotherapy treatment on the snapshot day in June 2010:

- 64% (29,268) received treatment from a private prescriber
- 28% (12,735) received treatment from a public prescriber
- 8% (3,647) received treatment from a prescriber in a correctional facility (Figure 3.2).

These proportions have remained relatively stable since 2005 (Table A6).



Private prescribers were the most common prescriber type for all three pharmacotherapy types. More than half of all methadone (62%), buprenorphine (58%), and buprenorphine–naloxone (75%) doses were prescribed by private prescribers. This was followed by public prescribers who prescribed 27% of all methadone, 37% of all buprenorphine, and 22% of all buprenorphine–naloxone (Figure 3.3).



Among the states and territories, New South Wales had the highest number of public prescribers (121) and prescribers working at correctional facilities (20). Victoria had the highest number of private prescribers (566); this was the only type of prescriber in this state (Table 3.2).

Table 3.2: Registered prescribers^(a), by prescriber type, and state and territory, 2010

Prescriber type	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Australia
Public prescriber	121	—	26	20	12	8	3	5	195
Private prescriber	337	566	71	76	58	20	32	4	1,164
Public/private prescriber ^(c)	22	—	3	—	—	—	1	—	26
Correctional facilities	20	—	5	9	7	2	3	1	47
Correctional/private ^(c)	10	—	—	3	—	—	—	—	13
Correctional/public ^(c)	2	—	—	—	—	—	—	—	2
Correctional/public/private ^(c)	2	—	—	—	—	—	—	—	2
Total	514	566	105	108	77	30	39	10	1,449

(a) See tables 1.1 and 1.2 for more information about New South Wales and South Australian reporting of registered prescribers.

(b) Private prescribers in Victoria may also prescribe in correctional facilities.

(c) See tables 1.1 and 1.2 for more information about New South Wales reporting of public and private prescribers.

The majority of clients in most states and territories received their pharmacotherapy through private prescribers. The exceptions were Queensland, the Australian Capital Territory and the Northern Territory, where clients were more likely to receive their pharmacotherapy through public prescribers (Table 3.3).

Table 3.3: Clients, by pharmacotherapy type, prescriber type, and state and territory, on a snapshot day, 2010

Prescriber type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Metadone									
Public prescriber	4,465	—	2,167	833	656	153	348	27	8,649
Private prescriber	8,365	7,708	866	1,132	1,088	275	219	7	19,660
Public/private prescriber ^(a)	308	—	—	—	—	—	—	—	308
Correctional facility	1,910	768	19	304	202	4	65	—	3,272
Total	15,048	8,476	3,052	2,269	1,946	432	632	34	31,889
Buprenorphine^(b)									
Public prescriber	1,630	—	439	55	156	27	35	10	2,352
Private prescriber	2,152	^(c) 817	352	^(c) 71	271	24	25	5	3,717
Public/private prescriber ^(a)	120	—	—	—	—	—	—	—	120
Correctional facility	164	—	5	—	3	—	—	—	172
Total	4,066	817	796	126	430	51	60	15	6,361
Buprenorphine–naloxone									
Public prescriber	n.a.	—	955	287	270	84	88	50	1,734
Private prescriber	n.a.	3,836	873	623	469	50	31	^(c) 9	5,891
Public/private prescriber ^(a)	n.a.	—	—	—	—	—	—	—	—
Correctional facility	n.a.	56	12	37	95	3	—	—	203
Total	n.a.	3,892	1,840	947	834	137	119	59	7,828
Total (all pharmacotherapy drugs)									
Public prescriber	6,095	—	3,561	1,175	1,082	264	471	87	12,735
Private prescriber	10,517	12,361	2,091	1,826	1,828	349	275	21	29,268
Public/private prescriber ^(a)	428	—	—	—	—	—	—	—	428
Correctional facility	2,074	824	36	341	300	7	65	—	3,647
Total	19,114	13,185	5,688	3,342	3,210	620	811	108	46,078
Total (per cent all pharmacotherapy drugs)									
Public prescriber	31.9	—	62.6	35.2	33.7	42.6	58.1	80.6	27.6
Private prescriber	55.0	93.8	36.8	54.6	56.9	56.3	33.9	19.4	63.5
Public/private prescriber ^(a)	2.2	—	—	—	—	—	—	—	0.9
Correctional facility	10.9	6.2	0.6	10.2	9.3	1.1	8.0	—	7.9
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) In New South Wales, these figures relate to prescribing that cannot be separated into public or private prescribers.

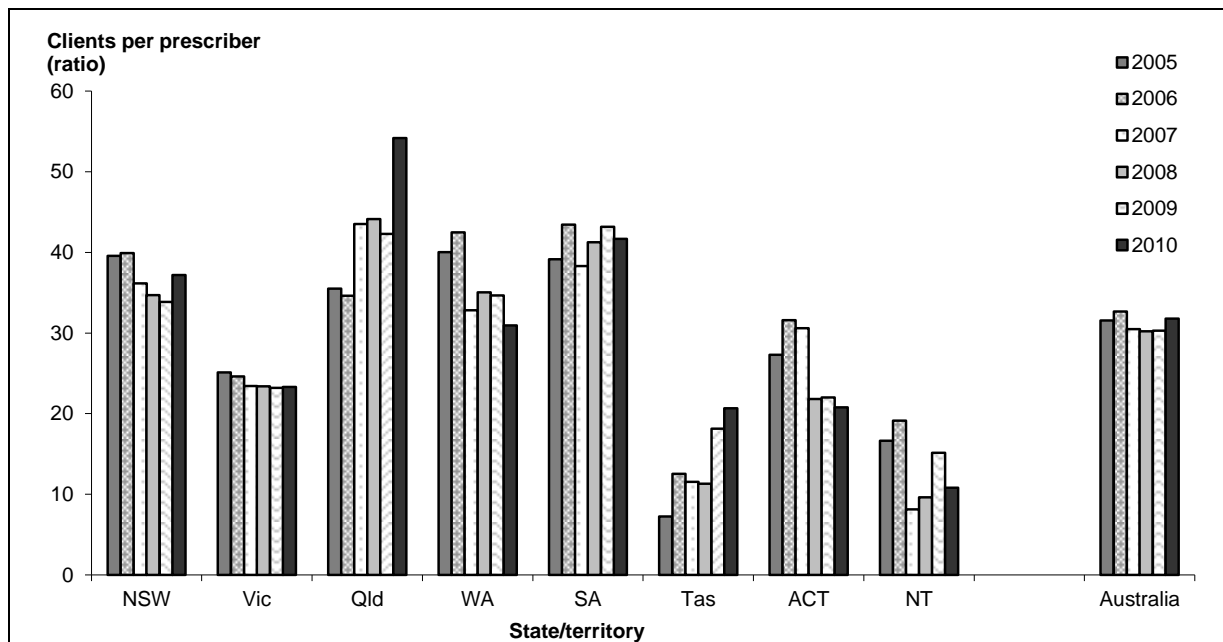
(b) See tables 1.1 and 1.2 for more information about New South Wales reporting of buprenorphine and buprenorphine–naloxone.

(c) For Victoria, Western Australia and the Northern Territory, this category refers to the number of clients receiving treatment from a private prescriber and correctional facility. The number of clients by correctional facility prescriber is small (<3).

Clients per prescriber

Nationally in 2010, there were 1,449 prescribers who were registered to prescribe pharmacotherapy treatment for 46,078 clients, with a ratio of 32 clients per prescriber. Queensland had the largest number of clients per prescriber (54), followed by South Australia (42), and New South Wales (37) (Figure 3.4).

Nationally, the client to prescriber ratio has remained relatively stable from 2005 to 2010 (in the range of 30 to 33 clients per prescriber). At the state and territory level, the ratio has risen in Queensland from 36 clients per prescriber in 2005 to 54 clients per prescriber in 2010, and in Tasmania increased from seven clients per prescriber in 2005 to 21 clients per prescriber in 2010. A decline was recorded in Western Australia from 40 clients per prescriber in 2005 to 31 clients per prescriber in 2010. The ratio of clients to prescriber in other states and territories has fluctuated over time (Figure 3.4). Table A8 provides a further breakdown of pharmacotherapy clients and prescribers by state and territory.

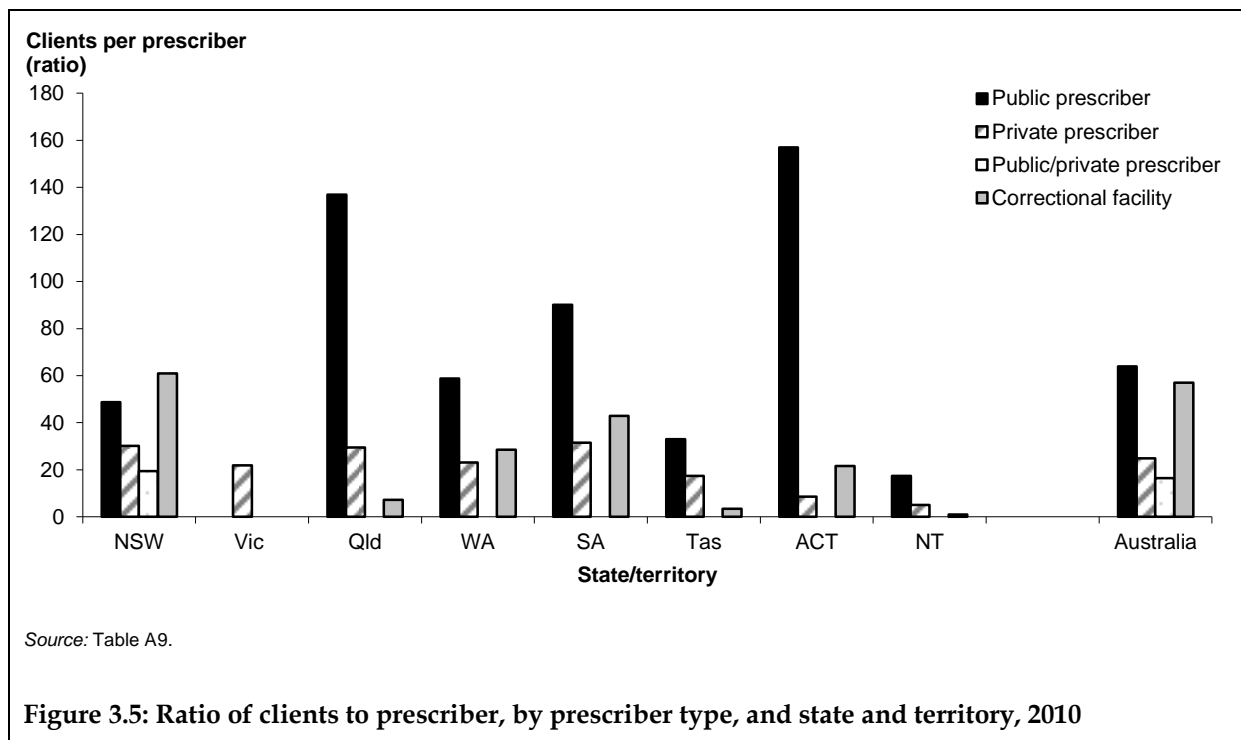


Source: Table A8.

Figure 3.4: Ratio of clients to prescriber, by state and territory, on a snapshot day, 2005–2010

Clients per prescriber by prescriber type

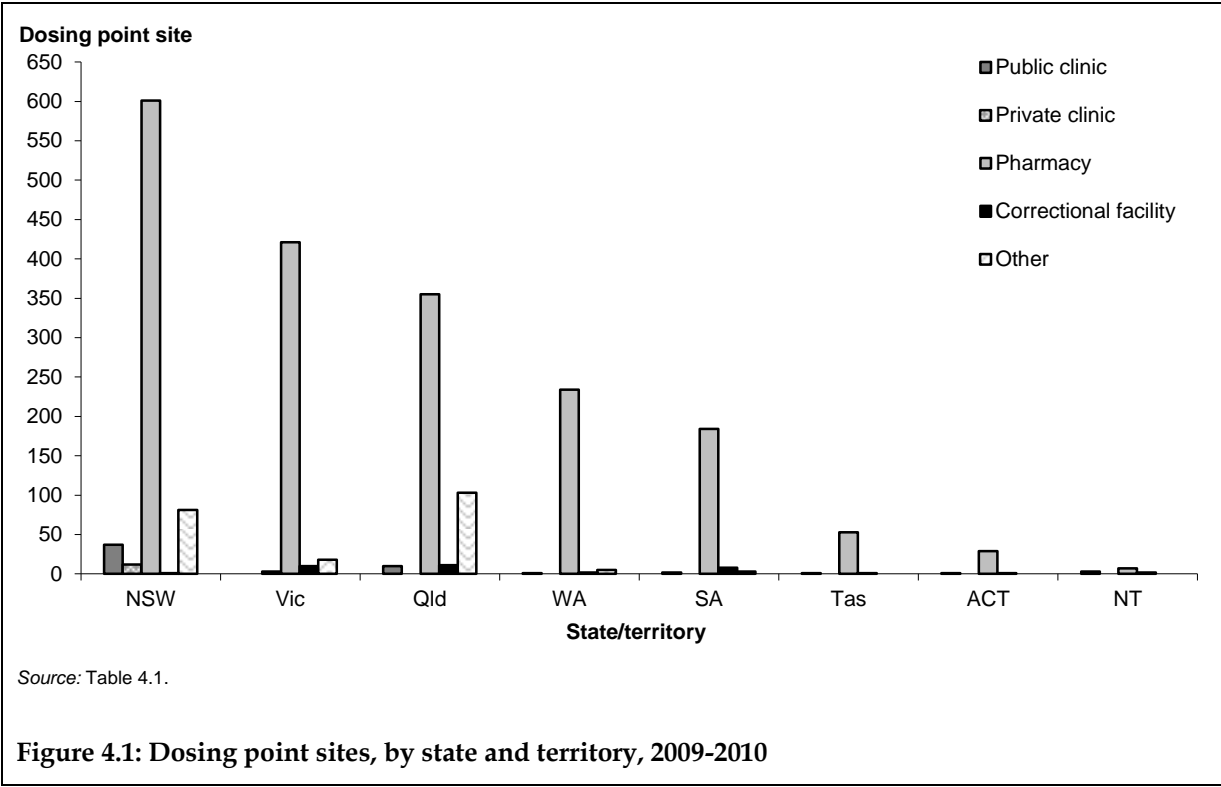
Across Australia in 2010, public prescribers had the highest client to prescriber ratio (64 clients to every public prescriber), followed by prescribers in correctional facilities (57). Private prescribers had a considerably lower ratio of 25 clients per private prescriber. Among the states and territories, the Australian Capital Territory had the highest client to prescriber ratio for public prescribers (157), followed by Queensland (137) and South Australia (90). The largest number of clients per prescriber for private prescribers was in South Australia (32), followed by New South Wales and Queensland (30 and 29 respectively). In comparison with the other states and territories, New South Wales had the largest proportion of clients per prescriber in correctional facilities (61 clients per correctional facility prescriber) (Figure 3.5).



4 Dosing point sites

Number of dosing point sites

A pharmacotherapy dosing point site relates to the physical setting in which a pharmacotherapy drug is provided to a client, regardless of whether the drug intake is supervised or the dose is taken away. In 2009–2010, there were 2,200 pharmacotherapy dosing point sites. Of these, the majority (86%) were located in pharmacies. The remainder were located in public clinics (3%), correctional facilities (2%), private clinics (1%) and other locations (10%) (Table 4.1). Among the states and territories, reflecting their population size, New South Wales had the highest number of pharmacy dosing point sites (601), followed by Victoria (421) and Queensland (355) (Figure 4.1).



In 2009–10, South Australia and Western Australia recorded a small decrease in total dosing point sites compared with 2008–09 (a decrease in one dosing point site and five dosing point sites respectively). New South Wales and Victoria reported increases in dosing point sites of 23 and 16 dosing point sites respectively. Queensland, Tasmania, the Australian Capital Territory and the Northern Territory all recorded small increases in the number of dosing point sites since 2008–09 (ranging from an increase in one dosing point site to an increase in five dosing point sites) (Table 4.1; for time series see Table A10).

Table 4.1: Dosing point sites, by state and territory, 2009–10

Dosing point sites	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Total (per cent)
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	..

(a) See tables 1.1 and 1.2 for more information about New South Wales. NSW correctional dosing points are reported under a single facility.

(b) The category 'Other' includes hospital inpatient and outpatients, community health centres, doctors' surgeries and dosing points 'not stated'.

As mentioned previously, dosing point sites were most commonly located in pharmacies (Figure 4.2). When looking at pharmacotherapy type, a larger proportion of clients who received buprenorphine–naloxone were dosed at a pharmacy (83%) than those receiving methadone (67%) or buprenorphine only (53%) (Table A11).

When looking at this trend over time, the proportion of clients receiving buprenorphine–naloxone at pharmacies has decreased since 2006, from 94% to 83% in 2010. Similarly, the proportion of clients accessing buprenorphine from pharmacies declined from 74% in 2006 to 53% in 2010. However, the proportion of clients accessing methadone from pharmacies has remained relatively stable during the same period (around 67%) (Table A11). Table 4.2 provides a further breakdown of clients by pharmacotherapy type, dosing points, and state and territory.

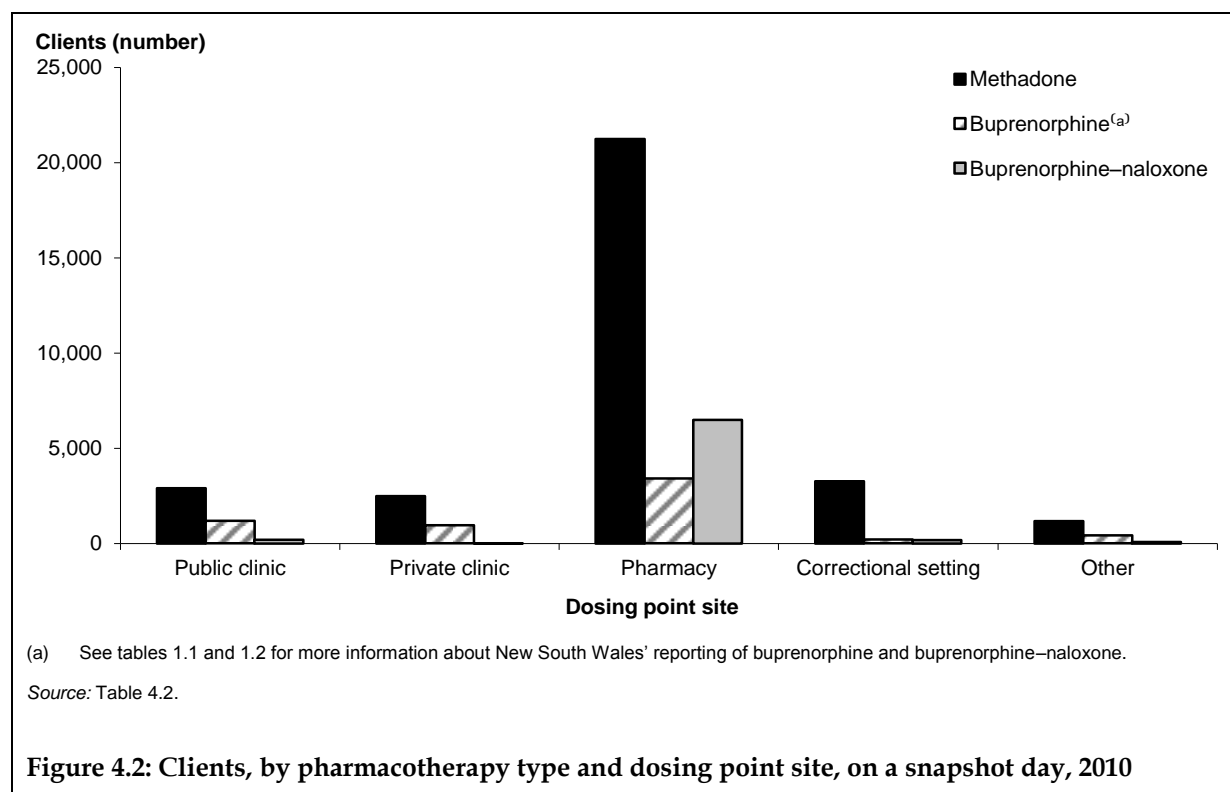


Table 4.2: Clients, by pharmacotherapy type, dosing point site, and state and territory, on a snapshot day, 2010

Dosing point site	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Methadone									
Public clinic	2,608	—	89	18	38	18	117	7	2,895
Private clinic	2,400	91	—	—	—	—	—	—	2,491
Pharmacy	7,140	7,547	2,159	1,946	1,572	414	450	27	21,255
Correctional facility	1,926	768	18	304	184	—	65	—	3,265
Other ^(a)	974	70	113	1	10	—	—	—	1,168
Not reported ^(b)	—	—	673	—	142	—	—	—	815
Total	15,048	8,476	3,052	2,269	1,946	432	632	34	31,889
Buprenorphine^(c)									
Public clinic	1,113	—	18	^(d) 5	4	7	13	4	1,164
Private clinic	931	^(e) 3	—	—	—	—	—	—	934
Pharmacy	1,476	811	507	121	379	44	47	11	3,396
Correctional facility	174	—	3	—	—	—	—	—	177
Other ^(a)	372	3	25	—	4	—	—	—	404
Not reported ^(b)	—	—	243	—	43	—	—	—	286
Total	4,066	817	796	126	430	51	60	15	6,361
Buprenorphine–naloxone									
Public clinic	n.a.	—	62	3	39	36	37	^(d) 14	191
Private clinic	n.a.	13	—	—	—	—	—	—	13
Pharmacy	n.a.	3,805	995	903	573	97	82	45	6,500
Correctional facility	n.a.	56	11	37	73	4	—	—	181
Other ^(a)	n.a.	18	54	4	—	—	—	—	76
Not reported ^(b)	n.a.	—	718	—	149	—	—	—	867
Total	n.a.	3,892	1,840	947	834	137	119	59	7,828
Total (all pharmacotherapy drugs)									
Public clinic	3,721	—	169	26	81	61	167	25	4,250
Private clinic	3,331	107	—	—	—	—	—	—	3,438
Pharmacy	8,616	12,163	3,661	2,970	2,524	555	579	83	31,151
Correctional facility	2,100	824	32	341	257	4	65	—	3,623
Other ^(a)	1,346	91	192	5	14	—	—	—	1,648
Not reported ^(b)	—	—	1,634	—	334	—	—	—	1,968
Total (number)	19,114	13,185	5,688	3,342	3,210	620	811	108	46,078
Total (per cent of all pharmacotherapy drugs)									
Public clinic	19.5	—	3.0	0.8	2.5	9.8	20.6	23.1	9.2
Private clinic	17.4	0.8	—	—	—	—	—	—	7.5
Pharmacy	45.1	92.2	64.4	88.9	78.6	89.5	71.4	76.9	67.6
Correctional facility	11.0	6.2	0.6	10.2	8.0	0.6	8.0	—	7.9
Other ^(a)	7.0	0.7	3.4	0.1	0.4	—	—	—	3.6
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 hospital inpatient and outpatients, community health centres, doctors' surgeries and dosing points 'not stated'.

(b) The category 'not reported' refers to clients who received their pharmacotherapy drug at a dosing point before the 'snapshot/specified' day, that is, they received a takeaway dose.

(c) See tables 1.1 and 1.2 for more information about New South Wales' reporting of buprenorphine and buprenorphine–naloxone.

(d) For Western Australia and the Northern Territory, this category refers to the number of clients receiving treatment from a public clinic and correctional facility. The number of clients by correctional facility is small (<3).

(e) For Victoria, this category refers to the number of clients receiving treatment from a private clinic and correctional facility. The number of clients by correctional facility is small (<3).

Clients per dosing point

In 2010, there were 2,200 dosing point sites across Australia, and 46,078 pharmacotherapy clients. Nationally, the ratio of clients per dosing point site has risen slightly over the past four years, from 19 clients per dosing point in 2006 to 21 in 2010 (Figure 4.3).

Tasmania, the Australian Capital Territory and the Northern Territory all had a small reduction in the client to dosing point ratio. This could be due to many factors, for example:

- an increase in clients and dosing point sites, but with dosing points increasing at a greater rate
- a decrease in clients accompanied by an increase in dosing point sites.

The remaining states and territories all had a small increase in the number of clients per dosing point site, mostly due to an increase in clients and a reduction in dosing point sites (Figure 4.3).

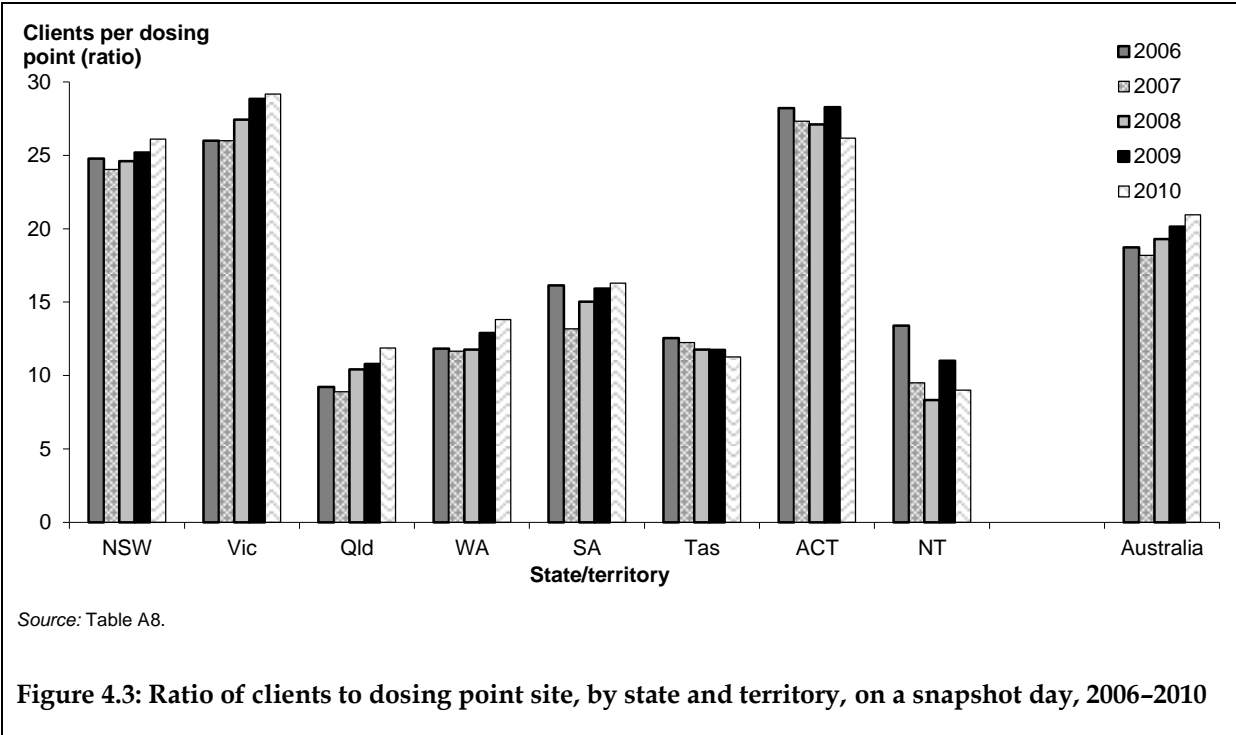


Figure 4.3: Ratio of clients to dosing point site, by state and territory, on a snapshot day, 2006–2010

Appendix 1: Additional tables

Table A1: Clients, by pharmacotherapy type, and state and territory, on a snapshot day, 2006–2009 (per cent)

Pharmacotherapy type	NSW	Vic	Qld	WA ^(a)	SA	Tas	ACT	NT	Australia
2009									
Methadone	80.7	62.5	55.0	68.2	62.0	74.4	78.9	38.8	70.1
Buprenorphine ^(b)	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
Total clients by state/territory	41.1	28.9	11.8	7.3	7.3	1.5	1.8	0.3	100.0
2008									
Methadone	81.4	60.6	56.1	68.6	63.2	81.6	76.0	39.2	70.0
Buprenorphine ^(b)	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	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total clients by state/territory	41.5	28.6	11.8	7.0	7.4	1.4	1.9	0.3	100.0
2007									
Methadone	83.2	60.0	62.1	69.3	64.2	85.3	79.3	42.1	71.7
Buprenorphine ^(b)	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	100.0	100.0	100.0	100.0	100.0	100.0
Total clients by state/territory	42.4	28.7	11.2	7.3	6.6	1.6	2.0	0.3	100.0
2006									
Methadone	83.9	59.6	61.2	64.8	62.5	86.5	75.9	53.0	71.4
Buprenorphine ^(b)	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	100.0
Total clients by state/territory	42.3	27.8	12.0	7.5	6.5	1.6	2.0	0.3	100.0

(a) See tables 1.1 and 1.2 for more information about Western Australia.

(b) See tables 1.1 and 1.2 for more information about New South Wales' reporting of buprenorphine and buprenorphine–naloxone.

Table A2: Clients, by sex and pharmacotherapy type, on a snapshot day, 2006–2010

Sex	Methodone	Buprenorphine ^(a)	Buprenorphine–naloxone	Total
2010 (number)				
Males	20,512	4,229	4,904	29,894
Females	11,320	2,126	2,898	16,095
Not stated	57	6	26	89
Total	31,889	6,361	7,828	46,078
2010 (per cent)				
Males	64.3	66.5	62.6	64.9
Females	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 (per cent)				
Males	64.1	67.1	66.4	64.9
Females	35.7	32.8	33.2	34.9
Not stated	0.2	0.1	0.4	0.2
Total	100.0	100.0	100.0	100.0
2008 (per cent)				
Males	63.4	67.0	66.7	64.4
Females	36.1	32.8	32.6	35.1
Not stated	0.5	0.3	0.7	0.5
Total	100.0	100.0	100.0	100.0
2007 (per cent)				
Males	63.1	66.5	66.6	64.1
Females	36.4	33.1	32.6	35.4
Not stated	0.5	0.4	0.8	0.5
Total	100.0	100.0	100.0	100.0
2006 (per cent)				
Males	62.8	67.9	65.5	64.2
Females	36.8	31.6	33.3	35.4
Not stated	0.3	0.5	1.1	0.4
Total	100.0	100.0	100.0	100.0

(a) See tables 1.1 and 1.2 for more information about New South Wales' reporting of buprenorphine and buprenorphine–naloxone.

Table A3: Clients, by age group^(a) and pharmacotherapy type, on a snapshot day, 2006–2010 (per cent)

Age group	Methadone	Buprenorphine^(b)	Buprenorphine– naloxone	All drug types
2010				
10–19 years	0.3	0.3	0.5	0.4
20–29 years	16.6	19.5	21.3	17.8
30–39 years	38.3	42.0	44.4	39.8
40–49 years	29.2	26.6	23.9	27.9
50–59 years	14.6	10.7	9.0	13.1
60 years and over	1.1	0.9	0.7	1.0
Not stated	—	—	0.1	<0.1
Total	100.0	100.0	100.0	100.0
2009				
10–19 years	0.3	0.6	0.3	0.3
20–29 years	16.4	21.2	20.1	17.6
30–39 years	38.6	41.8	44.5	40.0
40–49 years	30.1	26.0	25.5	28.8
50–59 years	13.9	9.7	8.9	12.5
60 years and over	0.9	0.7	0.7	0.8
Total	100.0	100.0	100.0	100.0
2008				
10–19 years	0.4	0.7	0.8	0.5
20–29 years	20.8	27.0	27.9	22.8
30–39 years	36.9	40.1	42.5	38.2
40–49 years	29.3	23.5	21.9	27.3
50–59 years	12.0	8.1	6.4	10.6
60 years and over	0.6	0.5	0.5	0.5
Total	100.0	100.0	100.0	100.0

(continued)

Table A3 (continued): Clients, by age group^(a) and pharmacotherapy type, on a snapshot day, 2006–2010 (per cent)

Age group	Methadone	Buprenorphine^(b)	Buprenorphine–naloxone	All drug types
2007				
10–19 years	0.3	0.5	0.3	0.3
20–29 years	20.5	27.0	25.0	22.2
30–39 years	37.4	40.4	44.3	38.6
40–49 years	30.1	24.0	22.6	28.3
50–59 years	11.2	7.6	7.2	10.1
60 years and over	0.5	0.5	0.6	0.5
Total	100.0	100.0	100.0	100.0
2006				
10–19 years	0.6	1.0	1.0	0.7
20–29 years	24.9	34.1	35.6	27.7
30–39 years	36.2	38.4	40.3	36.9
40–49 years	29.3	21.1	18.8	26.9
50–59 years	8.7	5.1	4.2	7.6
60 years and over	0.3	0.3	0.2	0.3
Total	100.0	100.0	100.0	100.0

(a) See tables 1.1 and 1.2 for more information about the Northern Territory reporting of age

(b) See tables 1.1 and 1.2 for more information about New South Wales reporting of buprenorphine and buprenorphine–naloxone.

Table A4: Clients, by five-year age group^(a), pharmacotherapy type, and state and territory, on a snapshot day, 2010

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Total (per cent)
Methadone										
24 years or less	528	451	78	56	52	10	31	—	1,206	3.8
25–29 years	1,791	1,456	311	273	201	46	106	—	4,184	13.1
30–34 years	2,560	2,074	564	530	289	105	115	—	6,237	19.6
35–39 years	2,657	1,717	583	421	365	105	114	—	5,962	18.7
40–44 years	2,443	1,202	455	320	372	66	99	—	4,957	15.6
45–49 years	2,309	792	465	324	300	55	90	—	4,335	13.6
50 years and over	2,760	784	596	345	367	45	77	—	4,974	15.6
Not stated	—	—	—	—	—	—	—	—	—	—
<i>Subtotal</i>	<i>15,048</i>	<i>8,476</i>	<i>3,052</i>	<i>2,269</i>	<i>1,946</i>	<i>432</i>	<i>632</i>	—	<i>31,855</i>	<i>100.0</i>
Not reported	—	—	—	—	—	—	—	34	34	n.a.
Total	15,048	8,476	3,052	2,269	1,946	432	632	34	31,889	..
Buprenorphine^(b)										
24 years or less	251	43	32	3	7	4	—	—	340	5.4
25–29 years	569	140	110	28	46	14	8	—	915	14.4
30–34 years	918	200	205	41	73	10	16	—	1,463	23.1
35–39 years	736	166	174	27	82	11	8	—	1,204	19.0
40–44 years	623	116	110	13	81	4	13	—	960	15.1
45–49 years	473	76	90	6	69	5	9	—	728	11.5
50 years and over	496	76	75	8	72	3	6	—	736	11.6
Not stated	—	—	—	—	—	—	—	—	—	—
<i>Subtotal</i>	<i>4,066</i>	<i>817</i>	<i>796</i>	<i>126</i>	<i>430</i>	<i>51</i>	<i>60</i>	—	<i>6,346</i>	<i>100.0</i>
Not reported	—	—	—	—	—	—	—	15	15	n.a.
Total	4,066	817	796	126	430	51	60	15	6,361	..
Buprenorphine–naloxone										
24 years or less	n.a.	206	94	24	58	8	3	—	393	5.0
25–29 years	n.a.	668	290	135	152	38	21	—	1,304	16.8
30–34 years	n.a.	953	463	243	158	33	33	—	1,883	24.2
35–39 years	n.a.	789	360	193	170	24	32	—	1,568	20.2
40–44 years	n.a.	552	225	143	135	19	10	—	1,084	14.0
45–49 years	n.a.	364	194	108	84	10	14	—	774	10.0
50 years and over	n.a.	360	209	101	77	5	6	—	758	9.8
Not stated	n.a.	—	5	—	—	—	—	—	5	0.1
<i>Subtotal</i>	<i>n.a.</i>	<i>3,892</i>	<i>1,840</i>	<i>947</i>	<i>834</i>	<i>137</i>	<i>119</i>	—	<i>7,769</i>	<i>100.0</i>
Not reported	n.a.	—	—	—	—	—	—	59	59	n.a.
Total	n.a.	3,892	1,840	947	834	137	119	59	7,828	..

(continued)

Table A4 (continued): Clients, by five-year age group^(a), pharmacotherapy type, and state and territory, on a snapshot day, 2010

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Total (per cent)
Total (all pharmacotherapy drugs)										
24 years or less	779	700	204	83	117	22	34	—	1,939	4.2
25–29 years	2,360	2,264	711	436	399	98	135	—	6,403	13.9
30–34 years	3,478	3,227	1,232	814	520	148	164	—	9,583	20.8
35–39 years	3,393	2,672	1,117	641	617	140	154	—	8,734	19.0
40–44 years	3,066	1,870	790	476	588	89	122	—	7,001	15.2
45–49 years	2,782	1,232	749	438	453	70	113	—	5,837	12.7
50 years and over	3,256	1,220	880	454	516	53	89	—	6,468	14.0
Not stated	—	—	5	—	—	—	—	—	5	<0.1
<i>Subtotal</i>	<i>19,114</i>	<i>13,185</i>	<i>5,688</i>	<i>3,342</i>	<i>3,210</i>	<i>620</i>	<i>811</i>	<i>—</i>	<i>45,970</i>	<i>100.0</i>
Not reported	—	—	—	—	—	—	—	108	108	n.a.
Total	19,114	13,185	5,688	3,342	3,210	620	811	108	46,078	..

(a) See tables 1.1 and 1.2 for more information about the Northern Territory.

(b) See tables 1.1 and 1.2 for more information about New South Wales reporting of buprenorphine and buprenorphine–naloxone.

Table A5: Registered prescribers^(a), by pharmacotherapy type, and state and territory, 2005–2009

Pharmacotherapy type	NSW ^(b)	Vic ^(b)	Qld	WA	SA	Tas ^(b)	ACT	NT	Total	Total (per cent)
2009										
Methadone only	228	122	4	—	—	12	9	—	375	26.1
Buprenorphine only ^(b)	58	—	1	—	—	—	—	—	59	4.1
Buprenorphine–naloxone only	n.a.	—	1	—	—	—	—	—	1	0.1
More than one 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	..
2008										
Methadone only	199	122	2	14	—	24	10	—	371	27.1
Buprenorphine only ^(b)	39	—	1	—	—	18	—	—	58	4.2
Buprenorphine–naloxone only	n.a.	—	1	—	—	5	—	—	6	0.4
More than one drug type	257	383	107	69	74	5	26	13	934	68.2
Total (number)	495	505	111	83	74	52	36	13	1,369	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 ^(b)	30	—	5	1	—	18	—	—	54	4.2
Buprenorphine–naloxone only	n.a.	—	—	—	—	5	—	—	5	0.4
More than one drug type	246	350	92	70	74	—	14	14	860	67.5
Total (number)	452	472	99	86	74	52	25	14	1,274	100.0
Total (per cent)	35.5	37.0	7.8	6.8	5.8	4.1	2.0	1.1	100.0	..
2006^(c)										
Methadone only	123	122	9	15	—	—	13	—	282	23.6
Buprenorphine only ^(b)	287	—	5	1	—	—	12	—	305	25.6
Buprenorphine–naloxone only	n.a.	—	—	—	—	—	—	—	—	—
More than one 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^{(c)(d)}										
Methadone only	123	112	10	15	—	42	13	—	315	25.5
Buprenorphine only ^(b)	—	—	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	..

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

(b) See tables 1.1 and 1.2 for more information about New South Wales, Victoria and South Australia.

(c) 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.

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

Table A6: Clients, by pharmacotherapy type and prescriber type, on a snapshot day, 2005–2010

Prescriber type	Methodone	Buprenorphine ^(a)	Buprenorphine– naloxone	All drug types
2010 (number)				
Public prescriber	8,649	2,352	1,734	12,735
Private prescriber	19,660	^(b) 3,717	^(b) 5,891	29,268
Public/private prescriber ^(c)	308	120	—	428
Correctional facilities	3,272	^(b) 172	^(b) 203	3,647
Total	31,889	6,361	7,828	46,078
2010 (per cent)				
Public prescriber	27.1	37.0	22.2	27.6
Private prescriber	61.7	58.4	75.2	63.5
Public/private prescriber ^(c)	1.0	1.9	—	0.9
Correctional facilities	10.3	2.7	2.6	7.9
Total	100.0	100.0	100.0	100.0
2009 (per cent)				
Public prescriber	27.2	33.9	20.1	26.9
Private prescriber	61.7	60.6	77.3	64.1
Public/private prescriber ^(c)	1.1	2.0	—	1.0
Correctional facilities	10.1	3.5	2.7	8.0
Total	100.0	100.0	100.0	100.0
2008 (per cent)				
Public prescriber	27.3	31.7	20.4	26.9
Private prescriber	62.8	63.6	76.1	65.0
Public/private prescriber ^(c)	1.2	1.8	—	1.1
Correctional facilities	8.7	2.9	3.5	7.0
Total	100.0	100.0	100.0	100.0
2007 (per cent)				
Public prescriber	27.8	36.2	10.0	27.5
Private prescriber	61.4	59.6	86.1	63.6
Public/private prescriber ^(c)	1.3	1.2	—	1.2
Correctional facilities	9.5	3.0	3.9	7.7
Total	100.0	100.0	100.0	100.0

(continued)

Table A6 (continued): Clients, by pharmacotherapy type and prescriber type, on a snapshot day, 2010

Prescriber type	Methodone	Buprenorphine ^(a)	Buprenorphine–naloxone	All drug types
2006 (per cent)				
Public prescriber	28.3	30.1	8.2	27.7
Private prescriber	61.9	65.2	91.3	64.2
Public/private prescriber ^(c)	1.4	1.0	—	1.2
Correctional facilities	8.4	3.7	0.5	6.9
Total	100.0	100.0	100.0	100.0
2005 (per cent)				
Public prescriber	23.3	20.9	n.a.	23.5
Private prescriber	68.7	75.9	n.a.	69.8
Public/private prescriber ^(c)	0.2	0.1	n.a.	0.1
Correctional facilities	7.8	3.0	n.a.	6.6
Total	100.0	100.0	n.a.	100.0

(a) See tables 1.1 and 1.2 for more information about New South Wales reporting of buprenorphine and buprenorphine–naloxone.

(b) To ensure that small cells are suppressed, some data were moved from 'correctional facilities' to 'private prescribers'. This number was small (<5).

(c) In New South Wales, these figures relate to prescribing that cannot be divided into public or private prescribers.

Table A7: Clients, by prescriber^(a) type, on a snapshot day, 2005–2010

Prescriber type	2005	2006	2007	2008	2009	2010
Public prescriber	9,133	10,794	10,695	11,106	11,705	12,735
Private prescriber	27,192	25,018	24,700	26,878	27,838	^(b) 29,268
Public/private prescriber ^(c)	58	473	453	464	448	428
Correctional facilities	2,554	2,680	2,995	2,899	3,454	^(b) 3,647
Total	38,937	38,965	38,843	41,347	43,445	46,078

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

(b) To ensure that small cells are suppressed, some data were moved from 'correctional facilities' to 'private prescribers'. This number was small (<5).

(c) In New South Wales, these figures relate to prescribing that cannot be separated into public or private prescribers.

Table A8: Clients, prescribers and dosing point sites, by state and territory, 2005–2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
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 per prescriber	37.2	23.3	54.2	30.9	41.7	20.7	20.8	10.8	31.8
Ratio of clients per 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 per prescriber	33.8	23.2	42.3	34.6	43.2	18.1	22.0	15.1	30.3
Ratio of clients per 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 per prescriber	34.7	23.4	44.1	35.0	41.2	11.3	21.8	9.6	30.2
Ratio of clients per dosing point	24.6	27.4	10.4	11.8	15.0	11.8	27.1	8.3	19.3
2007									
Number									
Total number of clients	16,348	11,051	4,309	2,822	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 per prescriber	36.2	23.4	43.5	32.8	38.3	11.5	30.6	8.1	30.5
Ratio of clients per 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	4,637	2,888	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 per prescriber	39.9	24.6	34.6	42.5	43.4	12.5	31.6	19.1	32.7
Ratio of clients per 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	4,440	2,883	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 per prescriber	39.6	25.1	35.5	40.0	39.1	7.3	27.3	16.6	31.6

Note: This table has been derived from tables 2.1, 3.1, 4.1, A5 and A9.

Table A9: Ratio^(a) of clients to prescriber, by prescriber type, and state and territory, 2010

Prescriber type	NSW^{(b)(c)}	Vic	Qld	WA^(b)	SA^(c)	Tas	ACT	NT	Australia
Public prescriber	48.8	—	137.0	58.8	90.2	33.0	157.0	17.4	64.0
Private prescriber	30.1	21.8	29.5	23.1	31.5	17.5	8.6	5.0	24.8
Public/private prescriber	19.5	—	3.0	—	—	—	1.0	—	16.5
Correctional facilities	61.0	—	7.2	28.5	42.9	3.5	21.7	1.0	57.0
Total	36.1	23.3	54.2	30.1	41.7	20.7	20.8	10.8	31.4

(a) This ratio was calculated using the formula: number of clients by all pharmacotherapy types, prescriber type and state/territory (Table A5) divided by registered prescribers by prescriber type and state/territory (Table 3.5).

(b) New South Wales and Western Australia have prescribers who prescribe in more than one sector, and as such are counted twice. This will lead to slightly deflated client to prescriber ratios for these states. This occurs in New South Wales for 14 prescribers and in Western Australia for 3 prescribers.

(c) See tables 1.1 and 1.2 for more information about New South Wales and South Australia.

Table A10: Dosing point sites, by state and territory, 2005–06 to 2008–09

Dosing point sites	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Total (per cent)
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	..
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
Total (per cent)	31.3	19.9	22.3	11.1	9.9	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 1.1 and 1.2 for more information about New South Wales.

(b) The category 'Other' includes hospital inpatient and outpatients, community health centres, doctors' surgeries and dosing points 'not stated'.

Table A11: Clients, by pharmacotherapy type and dosing point site, on a snapshot day, 2006–2010

Dosing point site	Methadone	Buprenorphine ^(a)	Buprenorphine–naloxone	All drug types
2010 (number)				
Public clinic	2,895	^(b) 1,164	^(b) 191	^(b) 4,250
Private clinic	2,491	^(b) 934	13	^(b) 3,438
Pharmacy	21,255	3,396	6,500	31,151
Correctional facility	3,265	^(b) 177	^(b) 181	^(b) 3,623
Other ^(c)	1,168	404	76	1,648
Not reported ^(d)	815	286	867	1,968
Total	31,889	6,361	7,828	46,078
2010 (per cent)				
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 ^(c)	3.7	6.4	1.0	3.6
Not reported ^(d)	2.6	4.5	11.1	4.3
Total	100.0	100.0	100.0	100.0
2009 (per cent)				
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 ^(c)	4.6	10.4	11.1	6.4
Total	100.0	100.0	100.0	100.0
2008 (per cent)				
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 ^(c)	4.5	9.7	7.0	5.7
Total	100.0	100.0	100.0	100.0

(continued)

Table A11 (continued): Clients, by pharmacotherapy type and dosing point site, on a snapshot day, 2006–2010

Dosing point site	Methadone	Buprenorphine ^(a)	Buprenorphine–naloxone	All drug types
2007 (per cent)				
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 ^(c)	2.8	3.7	—	2.7
Total	100.0	100.0	100.0	100.0
2006^(e) (per cent)				
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 ^(c)	1.9	1.5	—	1.7
Total	100.0	100.0	100.0	100.0

(a) See tables 1.1 and 1.2 for more information about New South Wales reporting of buprenorphine and buprenorphine–naloxone.

(b) To ensure that small cells are suppressed, some data were moved from 'correctional facilities' to 'public clinic' or 'private clinic'. This number was small (<5).

(c) The category 'other' includes hospital inpatient and outpatients, community health centres, doctors' surgeries and dosing points 'not stated'. From 2009 and on 'other' also includes 'not reported' which refers to clients who received their pharmacotherapy drug at a dosing point before the 'snapshot/specified' day, which is they received a takeaway dose.

(d) The category 'not reported' refers to clients who received their pharmacotherapy drug at a dosing point before the 'snapshot/specified' day, that is they received a takeaway dose.

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

Appendix 2: Data custodians and related data collections

Data custodianship

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* and other relevant privacy principles.

Data requests to the AIHW can only be made for summarised aggregate tables, as unit record file data do not exist for this collection. This collection is not a national minimum data set.

Additional information about the collection can be found in the *National Opioid Pharmacotherapy Statistical Annual Data (NOPSAD) 2010 collection: data guide*, which is available on the AIHW website: <<http://www.aihw.gov.au/publications/index.cfm/title/11526>>.

Related data collections

As in previous years, a subset of the data presented in this report will be included in the forthcoming *2009–10 Annual report for the Alcohol and Other Drug Treatment Services National Minimum Data Set*, due for release in mid-2011.

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
<http://www.aihw.gov.au/drugs/index.cfm>
- **Alcohol and Other Drug Treatment Services National Minimum Data Set data cubes**
<http://www.aihw.gov.au/drugs/datacubes/index.cfm>
- **National Drug Strategy Household Survey**
Australian Institute of Health and Welfare
<http://www.aihw.gov.au/drugs/ndshs/index.cfm>
- **Pharmaceutical Benefits Scheme**
<http://www.health.gov.au/internet/main/publishing.nsf/Content/pbs-stats-pbexp-jun09>

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