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Abbreviations

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AODTS- NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
C-POP	Community Program for Opioid Pharmacotherapy
DAPIS	Drug and Alcohol Pharmacy Information System
DASSA	Drug and Alcohol Services South Australia
DoHA	Department of Health and Ageing
NAS	Neonatal Abstinence Syndrome
NOPSAD	National Opioid Pharmacotherapy Statistics Annual Data collection
NSW	New South Wales
NT	Northern Territory
ODSP	Opioid Dependence Substitution Program
PBS	Pharmaceutical Benefits Scheme
PHDAS	Pharmaceutical Drugs of Addiction System
Qld	Queensland
SA	South Australia
SOSP	Suboxone® Opioid Substitution Program
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

–	nil or rounded to zero
..	not applicable
n.a.	not available
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data
<	Less than. This is used to indicate that the value is less than the number written. For example, the percentage of clients aged 70 and over receiving methadone is less than 0.1%.

Summary

This report presents data from the 2011 National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection. Specifically, it highlights the prescribed drug that clients in Australia took to help manage opioid dependence. Characteristics of the clients, prescribers and dosing point sites where the pharmacotherapy drugs were dispensed are also presented. The data are based on a 'snapshot' period – usually a day – in June 2011. On the snapshot day in 2011, there were 46,446 clients and 1,444 prescribers.

Clients receiving opioid treatment are getting older.

- The proportion of clients aged 30 years and over increased from 72% in 2006 to 85% in 2011. The median age of clients in 2011 across all drug types was 38 years.
- Almost one in ten clients (9%) identified as Indigenous.

There are currently three medications in use in Australia. These are methadone, buprenorphine, and buprenorphine in combination with naloxone (referred to as buprenorphine-naloxone).

Methadone was the most common pharmacotherapy drug; however, the proportion of clients taking buprenorphine-naloxone has increased since 2006.

- In 2011, 69% of clients were prescribed methadone, 14% received buprenorphine and 17% received the combination product buprenorphine-naloxone.
- The proportion of clients receiving buprenorphine-naloxone increased from 5% in 2006 to 17% in 2011.
- The combined product buprenorphine-naloxone was used more among younger clients, with methadone more likely to be used among clients older than 40 years.

The number of prescribers remained relatively stable between 2010 and 2011 despite fluctuations among jurisdictions.

- Private prescribers were the most common prescriber type for all three pharmacotherapy types (79%).

The proportion of prescribers authorised to prescribe more than one pharmacotherapy type has increased every year since 2006.

- Three in four prescribers (77%) were authorised to prescribe more than one drug type, up from half (51%) in 2006.

In 2010–2011, there were 2,264 pharmacotherapy dosing point sites, an increase of 64 sites from 2009–10.

- Among the states and territories, the most notable change was an increase of 69 sites in Victoria.
- As has been observed in previous years, the majority of sites were pharmacies (88%).

1 Introduction

In 2010, about 3% of Australians had used opioids (including pain medication) for non-medical reasons (AIHW 2011c). Opioid dependence is considered to be a serious public health issue, both in Australia and internationally (Box 1.1; WHO 2011). The consequences of dependence can be severe and include family disruption, loss of productivity, a risk of bloodborne diseases for injecting drug users, depression, anxiety and fatal overdose (DASSA 2008; DHFS 1998). Treatment for those dependent on opioids aims to reduce 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 a person 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 drugs, 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 include both opiates (based on naturally occurring compounds derived from the opium poppy) and synthetic compounds that act on opiate receptors. They have an analgesic effect, and are used for this purpose by the medical profession. Opioids are addictive, and can lead to drug dependence (DASSA 2008). Dependency can occur with pharmaceutical opioids as well as illegal opioids. Common types of opioids include codeine, heroin, morphine, oxycodone/Percodan, Demerol and Darvon.

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 dependence (DoHA 2007). A range of treatment services are available in Australia for people who are dependent on opioids or other drugs (AIHW 2011a). Drug treatment providers differ depending on their size and approach to treatment, and offer a range of treatment 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 for treating opioid dependence. This approach is often combined with other forms of treatment, such as social and psychological treatment. How long a client stays on pharmacotherapy varies, depending on their needs. Other treatment approaches for opioid dependence can include supervised detoxification followed by individually based treatment plans, or strategies designed to support abstinence from illicit opioid use (NDARC 2004).

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 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 dependence (see, for example, Ritter & Chalmers 2009).

This report is based on the NOPSAD collection, which collects information on three opioid pharmacotherapy medications used for treating opioid dependence – methadone, buprenorphine, and buprenorphine in combination with naloxone (buprenorphine–naloxone) (Box 1.2). These can be used as short-term detoxification medications or as long-term maintenance medications.

In Australia, pharmacotherapy for people who are opioid dependent has been available for a number of decades:

- Methadone has been available since 1969
- Buprenorphine has been available since 1980, and has been subsidised by the Pharmaceutical Benefits Scheme (PBS) since 2000
- Buprenorphine–naloxone has been available since mid-2005 (DoHA 2007).

The Australian Government 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 for the treatment of opioid dependence using methadone, buprenorphine and buprenorphine–naloxone (DoHA 2007).

Each state and territory has specific jurisdictional guidelines and policies for people dependent on opioids. For more information, see Chapter 5.

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

Buprenorphine

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

Buprenorphine-naloxone

The combination buprenorphine-naloxone product is a sublingual tablet or film (as of 1 September 2011) containing buprenorphine hydrochloride and naloxone hydrochloride (DoHA 2012). Buprenorphine-naloxone is often the preferred pharmacotherapy takeaway product (Chapleo & Walter 1997; DoHA 2007; Dunlop 2007). This is because, when taken as intended by dissolving the tablet or film under the tongue, the combined product acts as if it was buprenorphine alone. However, if the combined product is injected, naloxone blocks the effects of buprenorphine and increases opioid withdrawal symptoms. This reduces the risk that those receiving buprenorphine-naloxone as a takeaway dose inject it or sell it to others to inject (Chapleo & Walter 1997; DoHA 2007; Dunlop 2007).

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

The NOPSAD collection

In December 1999, the Australian state and territory governments 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. Until 2005, data were provided each year to DoHA.

In 2005, the Department of Health and Ageing (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 in the ways in which data are reported. These discrepancies are discussed in more detail in Table 5.1 and Table 5.2.

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 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 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 Appendices A, B and C for more information about the NOPSAD data as well as related data collections.

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

Box 1.3: Definitions

There are several terms used throughout this publication that are specific to this report and subject matter. Full definitions are in the *National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2011 collection: data guide* (AIHW 2011b). 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 each year, on which clients are counted for the NOPSAD collection. This allows the number of clients to be estimated at a single point in time. The snapshot day varies between states and territories. See Table 5.1 for information about the use of the snapshot day for each state and territory.

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

Prescriber refers to a registered prescriber who is accredited and/or authorised to prescribe a pharmacotherapy drug and who has not been recorded as ceasing this registration before the snapshot day. More specifically, prescribers 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).

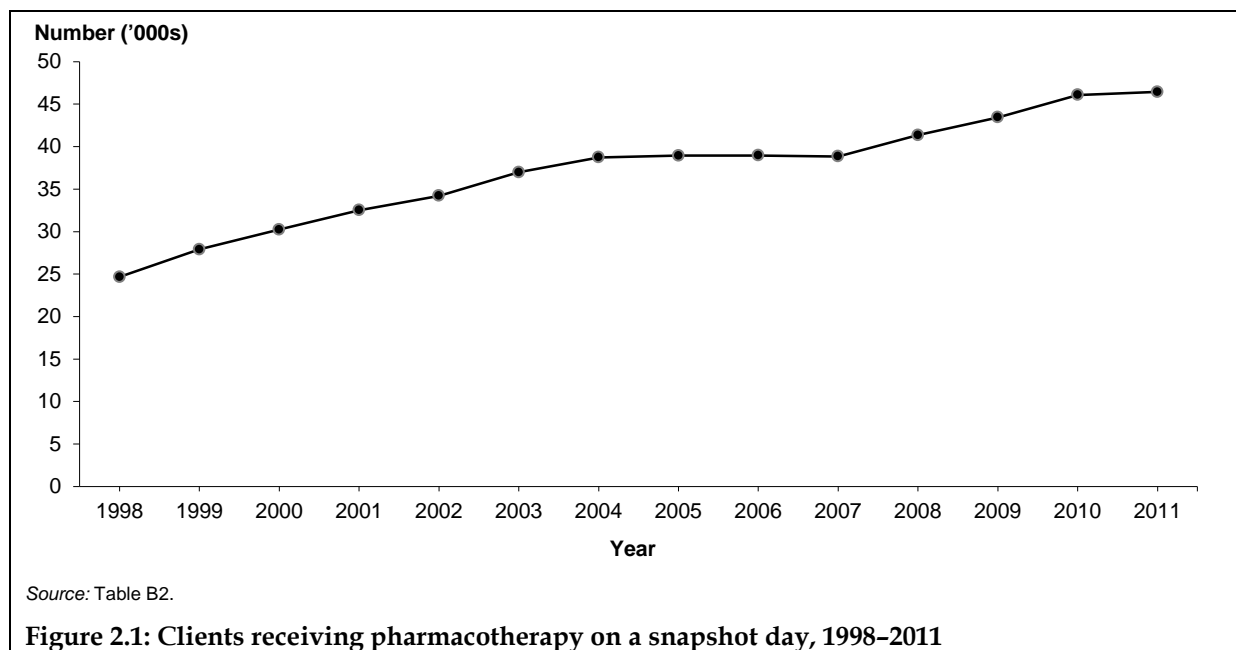
Prescriber type is defined as the sector (public or private) in which the prescriber is practising when prescribing pharmacotherapy drugs.

Dosing point site refers to a place at which at least one client is provided a pharmacotherapy drug on the snapshot day. 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.

2 Clients

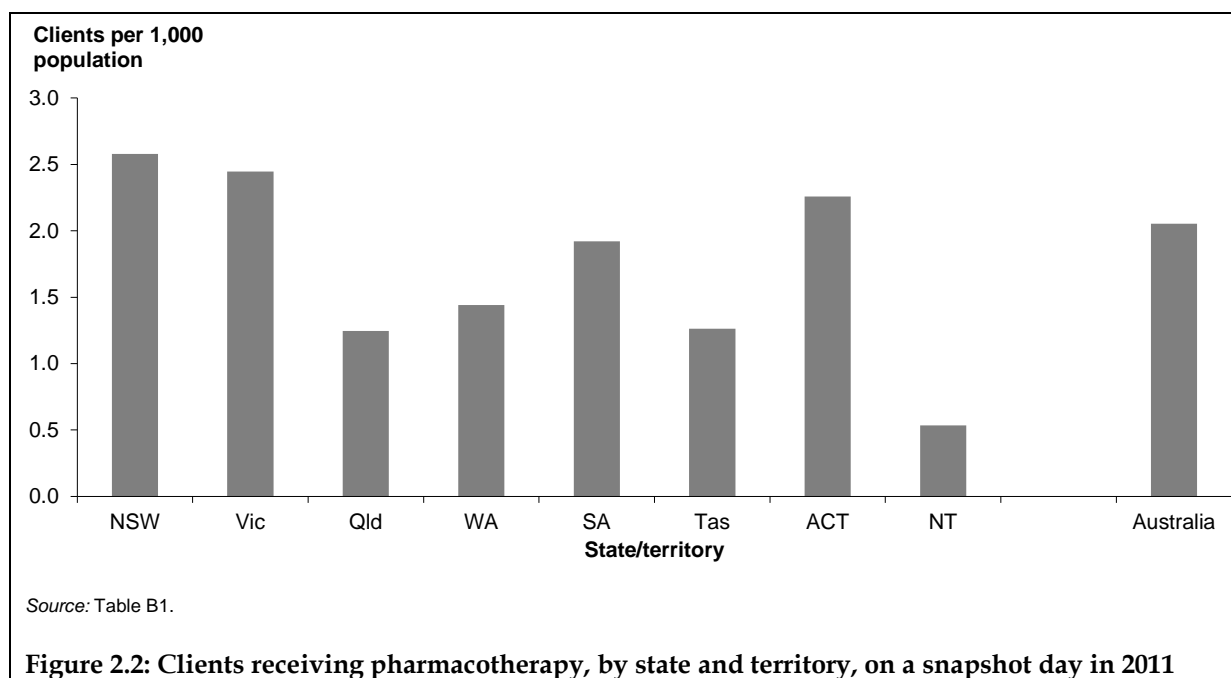
Number of clients

On the snapshot day in June 2011, 46,446 clients were receiving pharmacotherapy treatment nationally. While this was similar to 2010 (46,078 clients), in the preceding three years (2007–10) client numbers grew by 5–6% annually (Figure 2.1). Since 1998, client rates have almost doubled, increasing from 1.3 clients per 1,000 people to 2.1 clients per 1,000 people) (Tables B1 and B2).



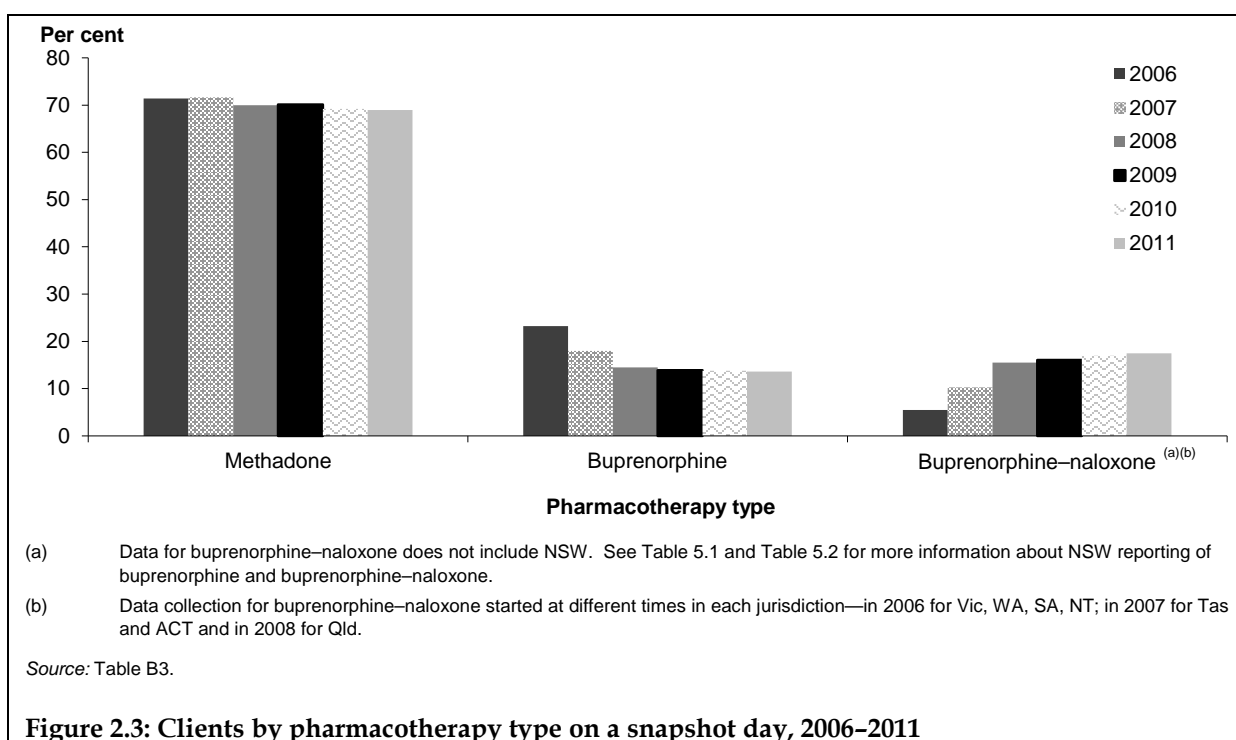
The largest proportion of clients were in New South Wales (NSW) (41%), followed by Victoria (30%) and Queensland (12%). The lowest proportion was in the Northern Territory (0.3%) followed by the Australian Capital Territory (ACT) (2%) (for number of clients see Table B1, for percentages Table B2).

New South Wales, Victoria and the Australian Capital Territory reported client rates greater than the national rate (at 2.6, 2.4 and 2.3 clients per 1,000 people respectively) while Tasmania and Queensland had lower rates (1.3 and 1.2 clients per 1,000 people) and Northern Territory was substantially lower (0.5 clients per 1,000 people) (Figure 2.2 and Table B1).



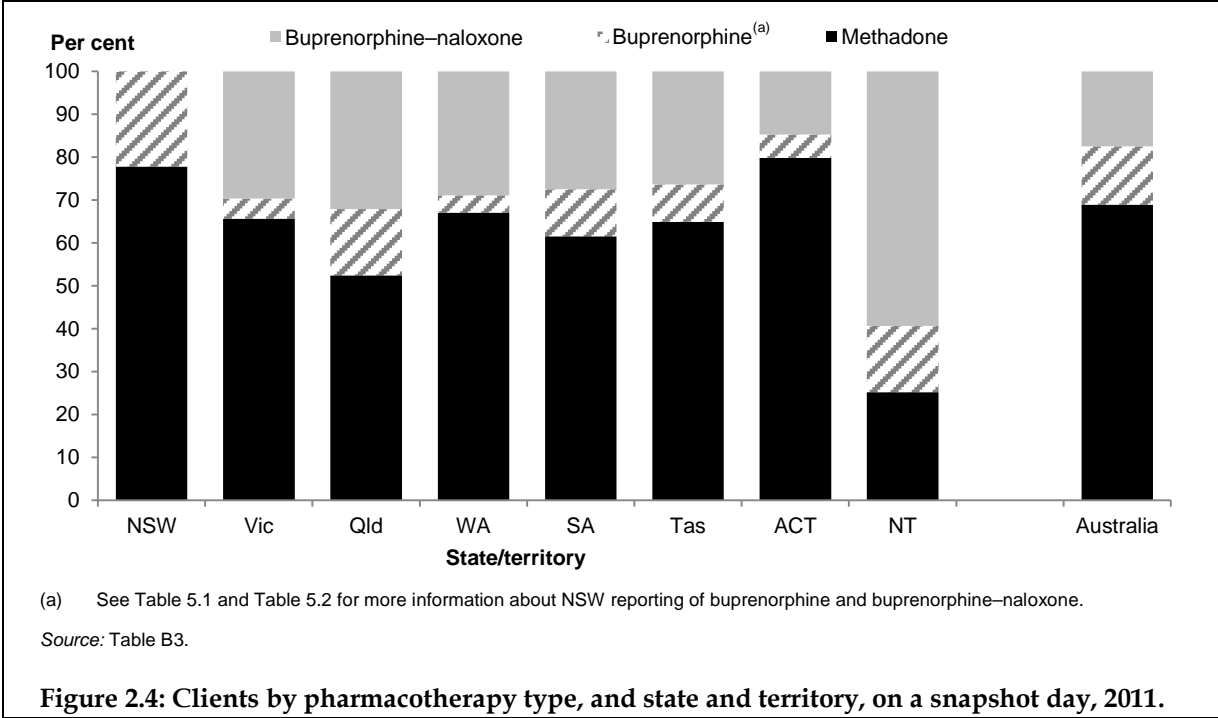
Pharmacotherapy type

On the snapshot day in 2011, 69% of clients registered for pharmacotherapy treatment received methadone, 14% buprenorphine and 17% buprenorphine–naloxone (Figure 2.3).



Nationally, from 2006 to 2011 the proportion of clients prescribed methadone remained relatively stable (between 69% and 71%). The proportion prescribed buprenorphine decreased between 2006 and 2008 and then levelled off at 14% from 2009. In contrast, the proportion prescribed buprenorphine–naloxone increased from 2006 to 2010, though the rate

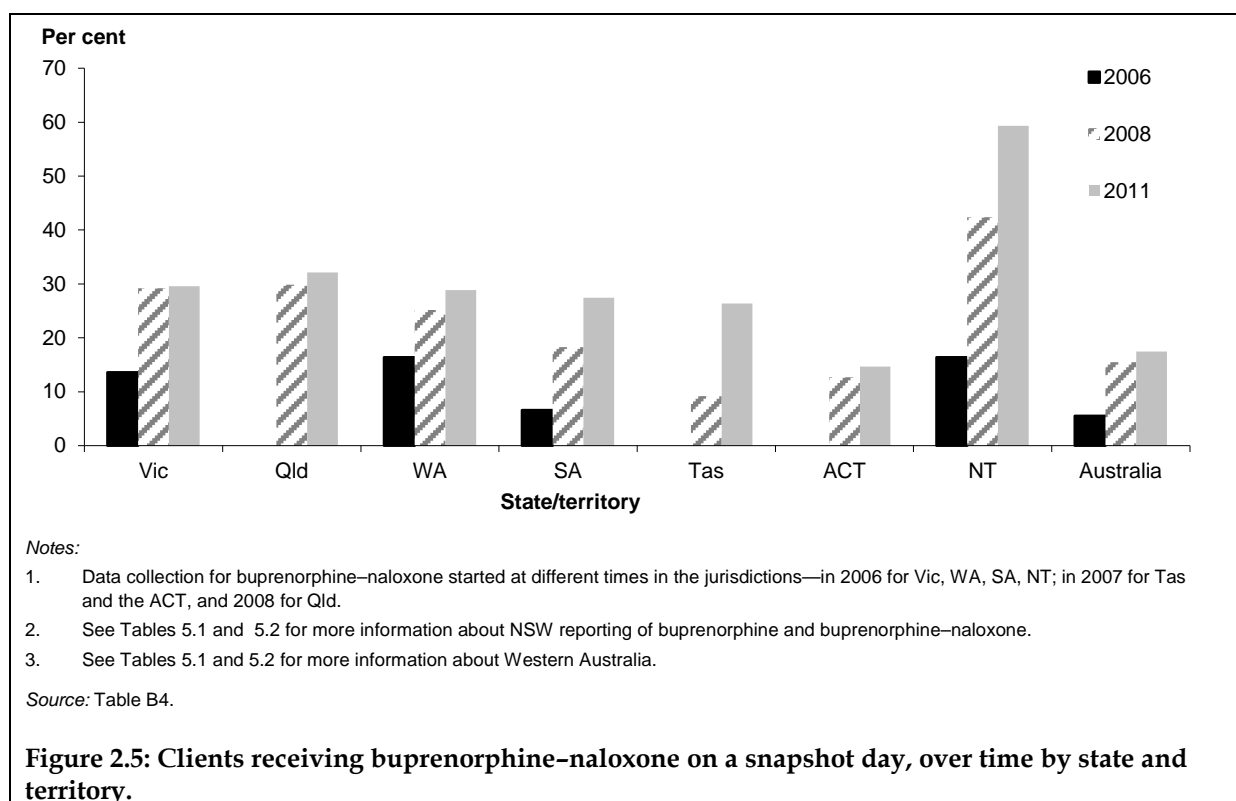
of increase slowed from 2010 (Figure 2.3). This suggests that prescription of buprenorphine-naloxone may be replacing buprenorphine; however, the changes between the proportions of clients on buprenorphine and buprenorphine-naloxone need to be interpreted with caution. While the data suggests that the proportion of clients taking buprenorphine-naloxone has almost tripled since the collection's inception, this is in part accounted for by changes over time in how states and territories report these data.



The proportion of clients prescribed methadone, buprenorphine or buprenorphine-naloxone varied across the states and territories. Methadone was the most common pharmacotherapy for all states, with the exception of the Northern Territory where 59% of clients were prescribed buprenorphine-naloxone and 25% methadone (Figure 2.4). In New South Wales, clients receiving buprenorphine-naloxone were reported under the category 'buprenorphine'. As such, the number of clients receiving buprenorphine-naloxone is an underestimate. This was also the case for Queensland in 2007, and Tasmania and the Australian Capital Territory in 2006. In previous years, of those states and territories able to identify clients receiving buprenorphine-naloxone, dosing for this drug was most common in the Northern Territory (59%), Queensland (32%) and Victoria (30%).

The proportion of clients receiving buprenorphine-naloxone increased between 2010 and 2011 in all states, with the exception of Queensland (which decreased slightly by 0.2 percentage points). Of the states and territories able to identify clients receiving buprenorphine-naloxone, the largest increases were observed in Tasmania and the Northern Territory (increased by 4.3 and 4.7 percentage points, respectively, see Table B3). However, it should be noted that buprenorphine-naloxone only became available in mid-2005 with progressively increasing uptake since this date.

Since 2006, a marked decrease in the proportion of clients receiving methadone accompanied by an increase in the proportion receiving of buprenorphine-naloxone was observed in the Northern Territory, with 53% of clients receiving methadone in 2006 decreasing to 25% in 2011 (Table B4). A similar although less marked pattern can be observed among the other states and territories (Figure 2.5).



Client characteristics

Sex

Of the 46,446 clients who received pharmacotherapy treatment in June 2011, close to two-thirds (65%) were male (Figure 2.6). The proportion of male and female clients across all three drug types has remained stable since 2006 (Table B5). A similar pattern was observed at the state and territory level, ranging from 59% male in Tasmania to 66% in Victoria and New South Wales (Table B5).

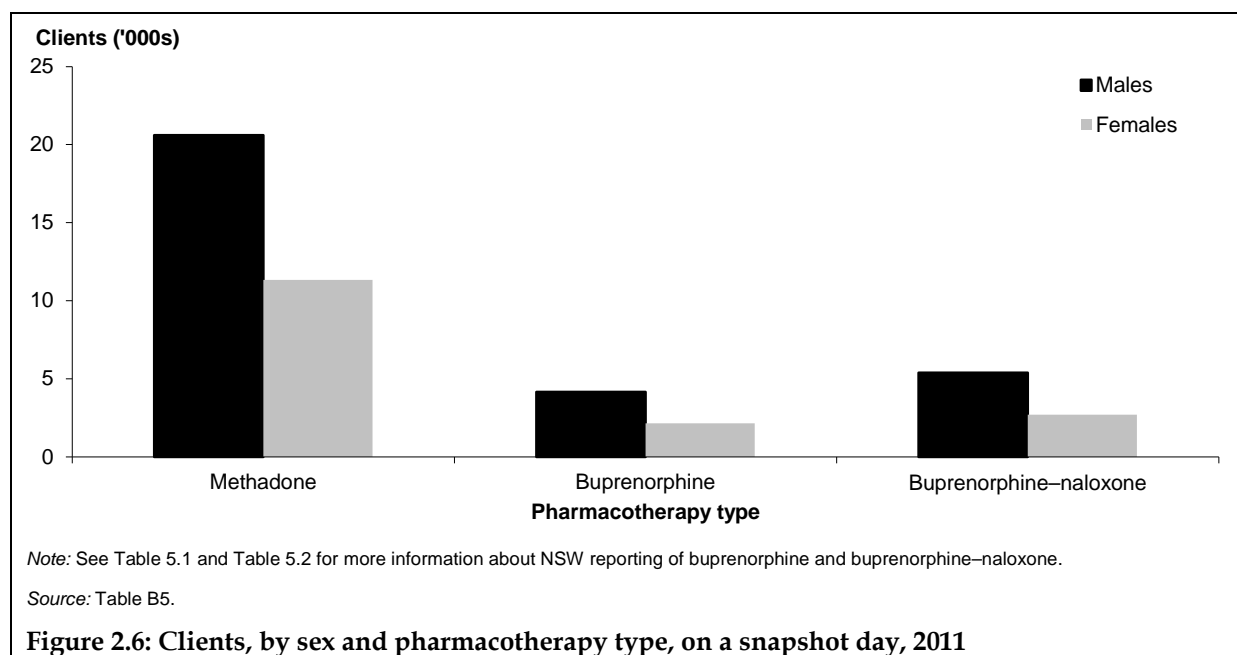


Table 2.1: Number of clients, by sex, pharmacotherapy type, and state and territory, on a snapshot day, 2011

Sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (per cent)
Methadone										
Males	9,578	5,971	1,738	1,409	1,233	247	400	23	20,599	64.3
Females	5,081	2,974	1,254	860	726	168	259	8	11,330	35.4
Not stated	—	88	1	—	—	4	—	—	93	0.3
Total	14,659	9,033	2,993	2,269	1,959	419	659	31	32,022	100.0
Buprenorphine^(a)										
Males	2,872	433	509	61	220	26	34	9	4,164	66.0
Females	1,300	216	369	75	131	29	11	10	2,141	33.9
Not stated	—	3	—	—	—	1	—	—	4	0.1
Total	4,172	652	878	136	351	56	45	19	6,309	100.0
Buprenorphine–naloxone^(a)										
Males	n.a.	2,697	1,224	640	587	109	81	47	5,385	66.4
Females	n.a.	1,343	605	337	286	57	40	26	2,694	33.2
Not stated	n.a.	30	2	—	—	4	—	—	36	0.4
Total	n.a.	4,070	1,831	977	873	170	121	73	8,115	100.0
Total (all pharmacotherapy drugs)										
Males	12,450	9,101	3,471	2,110	2,040	382	515	79	30,148	64.9
Females	6,381	4,533	2,228	1,272	1,143	254	310	44	16,165	34.8
Not stated	—	121	3	—	—	9	—	—	133	0.3
Total	18,831	13,755	5,702	3,382	3,183	645	825	123	46,446	100.0

(a) See Table 5.1 and Table 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.

Age

In 2011 the median age of clients across all drug types was 38 years. Clients receiving the combined product buprenorphine–naloxone had a slightly younger median age of 36 and those receiving methadone a slightly older median age of 39 years. Victorian clients had the youngest median age of 36 years while South Australia and New South Wales had clients with the oldest median age of 40 years (Table 2.2).

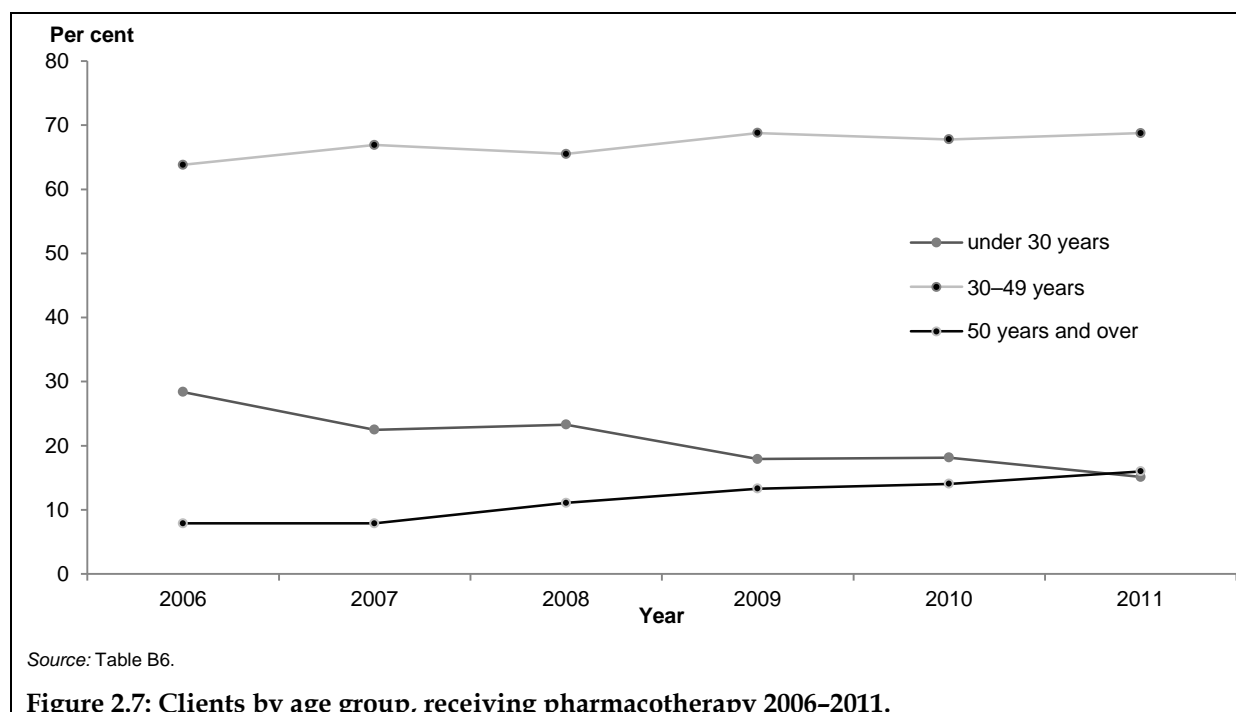
Table 2.2: Median age, by state and pharmacotherapy type, on a snapshot day, 2011

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Australia
Methadone	40	36	41	38	41	38	38	40	39
Buprenorphine	37	36	37	33	41	34	40	41	37
Buprenorphine-naloxone	n.a. ^(a)	36	37	37	37	34	35	36	36
Total	40	36	39	38	40	37	37	37	38

(a) See Table 5.1 and Table 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.

Source: Table B7.

In 2011, the majority of clients (68%) were aged between 30 and 49 years. Since 2006, there has been a shift towards older clients within the treatment population (Figure 2.7). The proportion of clients aged under 30 years decreased from 28% in 2006 to 15% in 2011. This was accompanied by an increase in the proportion of clients aged 50 years and over, from 10% in 2006 to 15% in 2011 (Table B6). Other data collections, such as the National Needle and Syringe Program and the Illicit Drug Reporting System, have also observed an increase in the age of opioid users (Iversen et al. 2008).

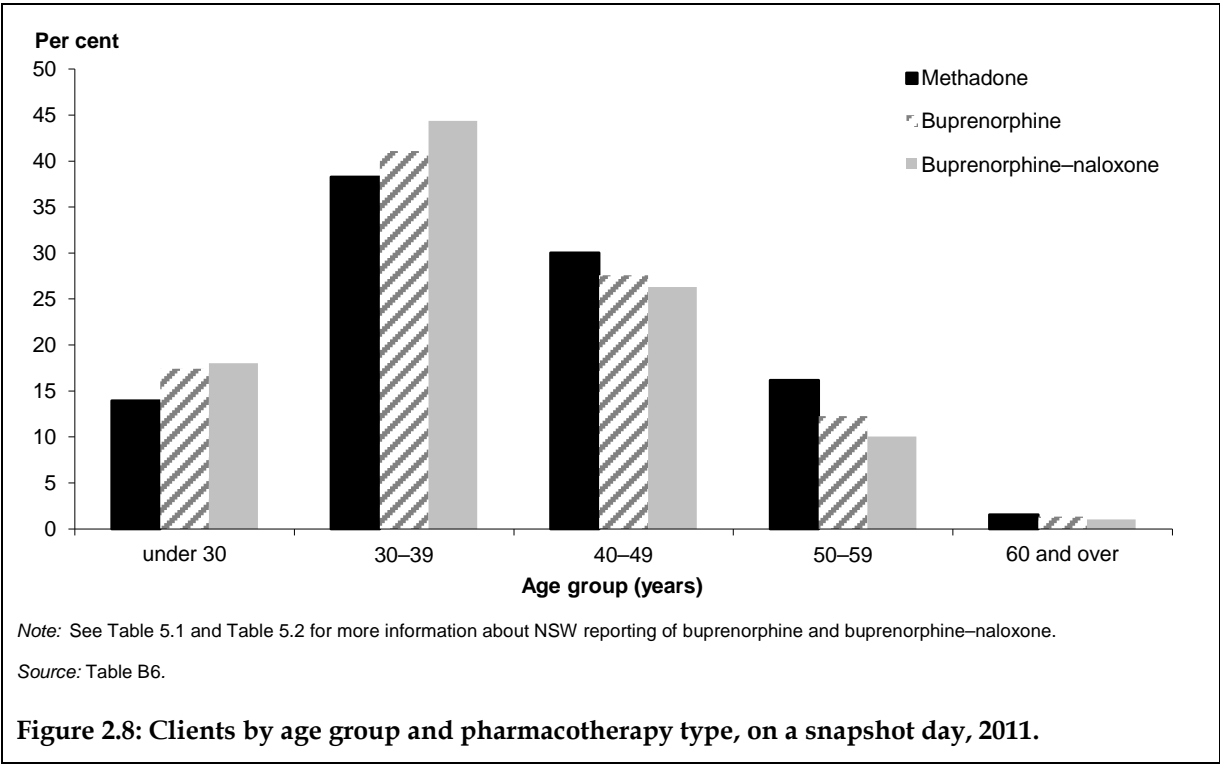


The combined product buprenorphine–naloxone is used more among clients under 40 years, with methadone more likely to be used among clients over 40 years (Figure 2.8).

For more detailed information on age, pharmacotherapy type, and state and territory, see Table B7.

A similar pattern was observed when looking at the different pharmacotherapy types. Out of all age groups, those aged under 30 years receiving methadone decreased from 26% in 2006 to 14% in 2011, those receiving buprenorphine decreased from 35% in 2006 to 17% in 2011, and those receiving buprenorphine–naloxone decreased from 37% in 2006 to 18% in 2011.

The largest proportion of clients (21%), were those aged 30 to 34. A number of possible explanations for the older age profile of clients have been put forward (AIVL 2011). The most widely accepted is that an increase in older opioid users is the result of an increased life expectancy of the general population, and an ageing population (Degenhardt et al. 2000). In the past it has been assumed that people using opioids or related pharmacotherapy treatment would mature out of drug use with age, or die at a young age from drug-related conditions (Winick 1962). However, more recent research suggests that although some drug users do cease opioid use and pharmacotherapy treatment as they age, many continue to use opioids and pharmacotherapy maintenance into old age (Anderson 2003; Rosenberg 1995).



Aboriginal and Torres Strait Islander people

In 2011, 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.

It is important to note that as data on Indigenous status is only available for three-fifths of clients receiving pharmacotherapy, it is difficult to make inferences. Further, for 10% (2,722) of clients in the four reporting states and territories, Indigenous status was not stated. For the states and territories that were able to collect Indigenous status, there was a decrease in the proportion of clients where Indigenous status was not stated, from 22% (5,285) of clients in 2007 to 9.5% (2,722) in 2011. Jurisdictions are working towards improving the quality of

Indigenous data for this collection. More detailed analysis of the characteristics of Indigenous pharmacotherapy clients will be possible as the quality of these data improve.

Of the 28,541 clients whose Indigenous status was captured on the snapshot day, 9% (2,598) identified as being of Aboriginal and/or Torres Strait Islander origin (Table 2.3). This suggests an over-representation of Indigenous people receiving pharmacotherapy treatment as the Indigenous population is estimated to be 2.5% of the total Australian population (ABS 2010). The proportion of Indigenous clients has remained relatively consistent over time, ranging from 4% in Queensland to 11% in New South Wales.

When population rates were calculated for Indigenous people across those states providing Indigenous status information, there were seven Indigenous clients per 1,000 Indigenous people. This is higher than the overall rate of clients receiving opioid treatment (two clients per 1,000 of the total population) (Table 2.3 , Table B1 and Figure 2.2).

In the Australian Capital Territory there were 16.4 Indigenous clients per 1,000 Indigenous people, although this rate should be regarded with caution as the Australian Capital Territory has a small Indigenous population. In Queensland and South Australia there were 12.4 and 8.7 Indigenous clients per 1,000 Indigenous people respectively. In contrast, in New South Wales only 1.2 Indigenous clients per 1,000 Indigenous people received opioid treatment (Table 2.3).

When compared across pharmacotherapy type, the majority of Indigenous clients were treated with methadone (76%), followed by buprenorphine (18%) and buprenorphine-naloxone (5%).

Table 2.3: Number of clients, by Indigenous status, pharmacotherapy type, and state and territory, on a snapshot day, 2011

	NSW ^(a)	Vic ^(b)	Qld	WA ^(b)	SA	Tas ^(b)	ACT	NT ^(b)	Australia	Aus. (per cent)
Methadone										
Indigenous	1,614	n.a.	111	n.a.	179	n.a.	72	n.a.	1,976	9.7
Non-Indigenous	11,109	n.a.	2,392	n.a.	1,773	n.a.	573	n.a.	15,847	78.2
Not stated	1,936	n.a.	490	n.a.	7	n.a.	14	n.a.	2,447	12.1
<i>Subtotal</i>	<i>14,659</i>	<i>n.a.</i>	<i>2,993</i>	<i>n.a.</i>	<i>1,959</i>	<i>n.a.</i>	<i>659</i>	<i>n.a.</i>	<i>20,270</i>	<i>100.0</i>
Not reported ^(b)	—	9,033	—	2,269	—	419	—	31	11,752	n.a.
Total	14,659	9,033	2,993	2,269	1,959	419	659	31	32,022	..
Buprenorphine^(a)										
Indigenous	427	n.a.	30	n.a.	22	n.a.	1	n.a.	480	8.8
Non-Indigenous	3,614	n.a.	797	n.a.	329	n.a.	41	n.a.	4,781	87.8
Not stated	131	n.a.	51	n.a.	0	n.a.	3	n.a.	185	3.4
<i>Subtotal</i>	<i>4,172</i>	<i>n.a.</i>	<i>878</i>	<i>n.a.</i>	<i>351</i>	<i>n.a.</i>	<i>45</i>	<i>n.a.</i>	<i>5,446</i>	<i>100</i>
Not reported ^(b)	—	652	—	136	—	56	—	19	863	n.a.
Total	4,172	652	878	136	351	56	45	19	6,309	..
Buprenorphine–naloxone										
Indigenous	n.a.	n.a.	67	n.a.	69	n.a.	6	n.a.	142	5.0
Non-Indigenous	n.a.	n.a.	1,680	n.a.	800	n.a.	113	n.a.	2,593	91.8
Not stated	n.a.	n.a.	84	n.a.	4	n.a.	2	n.a.	90	3.2
<i>Subtotal</i>	<i>n.a.</i>	<i>n.a.</i>	<i>1,831</i>	<i>n.a.</i>	<i>873</i>	<i>n.a.</i>	<i>121</i>	<i>n.a.</i>	<i>2,825</i>	<i>100.0</i>
Not reported ^(b)	n.a.	4,070	—	977	—	170	—	73	5,290	n.a.
Total	n.a.	4,070	1,831	977	873	170	121	73	8,115	..
Total (all pharmacotherapy types)										
Indigenous	2,041	n.a.	208	n.a.	270	n.a.	79	n.a.	2,598	9.1
Non-Indigenous	14,723	n.a.	4,869	n.a.	2,902	n.a.	727	n.a.	23,221	81.4
Not stated	2,067	n.a.	625	n.a.	11	n.a.	19	n.a.	2,722	9.5
<i>Subtotal</i>	<i>18,831</i>	<i>n.a.</i>	<i>5,702</i>	<i>n.a.</i>	<i>3,183</i>	<i>n.a.</i>	<i>825</i>	<i>n.a.</i>	<i>28,541</i>	<i>100.0</i>
Not reported ^(b)	—	13,755	—	3,382	—	645	—	123	17,905	n.a.
Total	18,831	13,755	5,702	3,382	3,183	645	825	123	46,446	..
Number of Indigenous clients per 1,000 Indigenous people										
	1.2	n.a.	12.4	n.a.	8.7	n.a.	16.4	n.a.	7.0	

(a) See Table 5.1 and Table 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.

(b) See Table 5.1 and Table 5.2 for more information about Victoria, Western Australia, Tasmania and the Northern Territory reporting of Indigenous status.

3 Prescribers

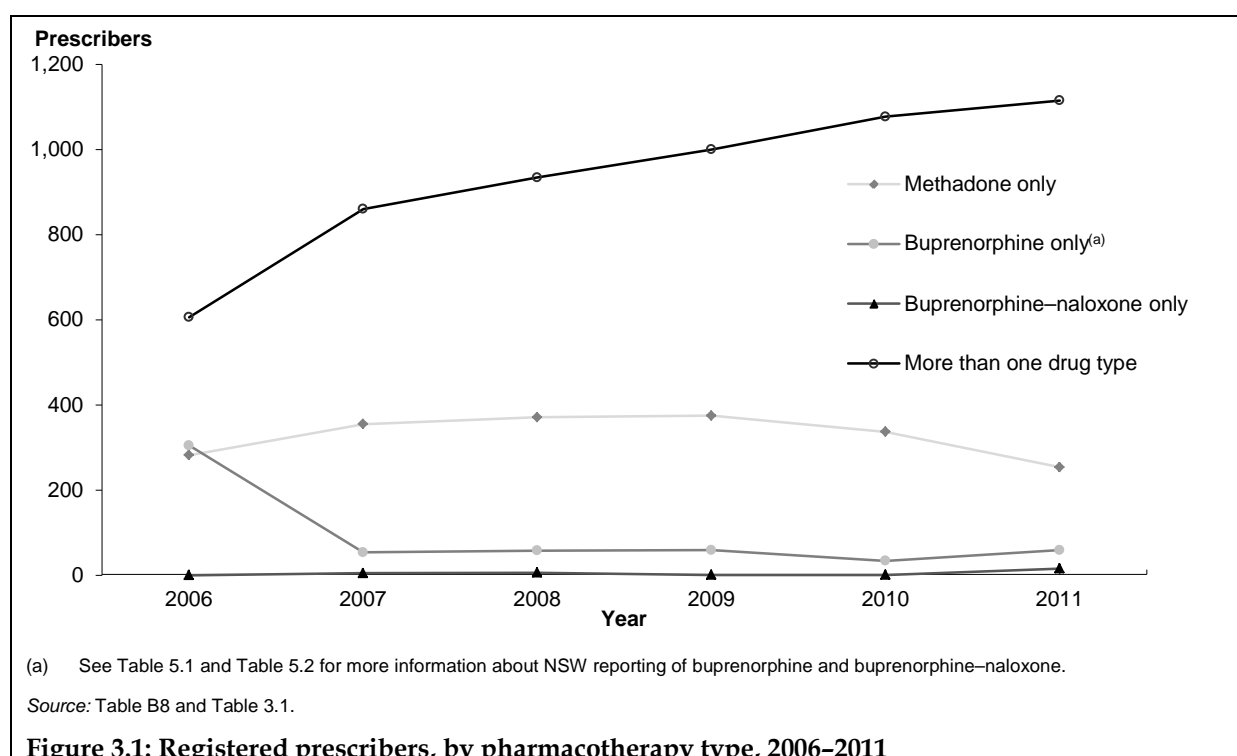
Number of prescribers

Each state and territory has regulations about who may prescribe different pharmacotherapy drugs, with not all prescribers being authorised or registered to prescribe methadone, buprenorphine or buprenorphine-naloxone. The data in this report generally relate to all registered prescribers, except for those in New South Wales and South Australia where they report on registered active prescribers only (Box 1.3).

In 2011, there were 1,444 prescribers nationally authorised to prescribe pharmacotherapy drugs. Of these:

- 77% (1,115) were registered to prescribe more than one drug type
- 17% (254) were registered to prescribe methadone only
- 4% (59) were registered to prescribe buprenorphine only
- 1% (16) were registered to prescribe buprenorphine-naloxone only (Figure 3.1).

The proportion of prescribers authorised to prescribe more than one pharmacotherapy type continues to grow, increasing from 51% (606 prescribers) in 2006 when this information was first captured (Figure 3.1). This reflects a policy of encouraging prescribers to register to prescribe multiple different types of pharmacotherapy.



New South Wales had the highest proportion of prescribers (39%) followed by Victoria (34%). As was observed in 2010, Western Australia had the third-highest proportion of prescribers (8%) despite having a smaller population than Queensland.

All prescribers in New South Wales, Western Australia, Queensland, Tasmania, the Australian Capital Territory and the Northern Territory were registered to prescribe more than one drug type. In Victoria, South Australia and Tasmania, some prescribers could only prescribe one drug type.

Of the 16 prescribers providing buprenorphine–naloxone only, most (13) were in South Australia, an increase from one in 2012. Despite this increase, the number of clients receiving pharmacotherapy in South Australia remained relatively stable between 2010 (3,210 clients) and 2011 (3,183).

In April 2011, South Australia implemented, through policy change, a new opioid substitution program, the Suboxone® Opioid Substitution Program (*Suboxone® Opioid Substitution Program [SOSP] Guidelines – An Information Handout for Medical Practitioners [SA]* (SA Health 2011)). Under this program, any medical practitioner may be authorised to prescribe buprenorphine–naloxone for up to five patients for the treatment of opioid dependence before having to undergo formal training or accreditation. This may, in part, explain the increase in South Australian prescribers.

The number of methadone-only prescribers in Victoria fell from 122 in 2010 to 30 in 2011. The number of prescribers for each drug type in all other states remained relatively stable between 2010 and 2011.

Table 3.1: Registered prescribers^(a), by pharmacotherapy type, and state and territory, 2011

Pharmacotherapy type	NSW ^{(b)(c)}	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total	Australia (per cent)
Methadone only	214	30	—	—	—	10	—	—	254	17.6
Buprenorphine only ^(c)	58	—	—	—	—	1	—	—	59	4.1
Buprenorphine–naloxone only	n.a.	—	—	—	13	3	—	—	16	1.1
More than one drug type	285	460	105	116	72	21	47	9	1,115	77.2
Total (number)	557	490	105	116	85	35	47	9	1,444	100.0
Total (per cent)	38.6	33.9	7.3	8.0	5.9	2.4	3.3	0.6	100.0	. .

(a) The state and territories may have different guidelines and policies regarding training to prescribe opioid pharmacotherapy types. See Table 5.3 for more information.

(b) See Table 5.1 and Table 5.2 for more information about NSW and South Australian reporting of registered prescribers.

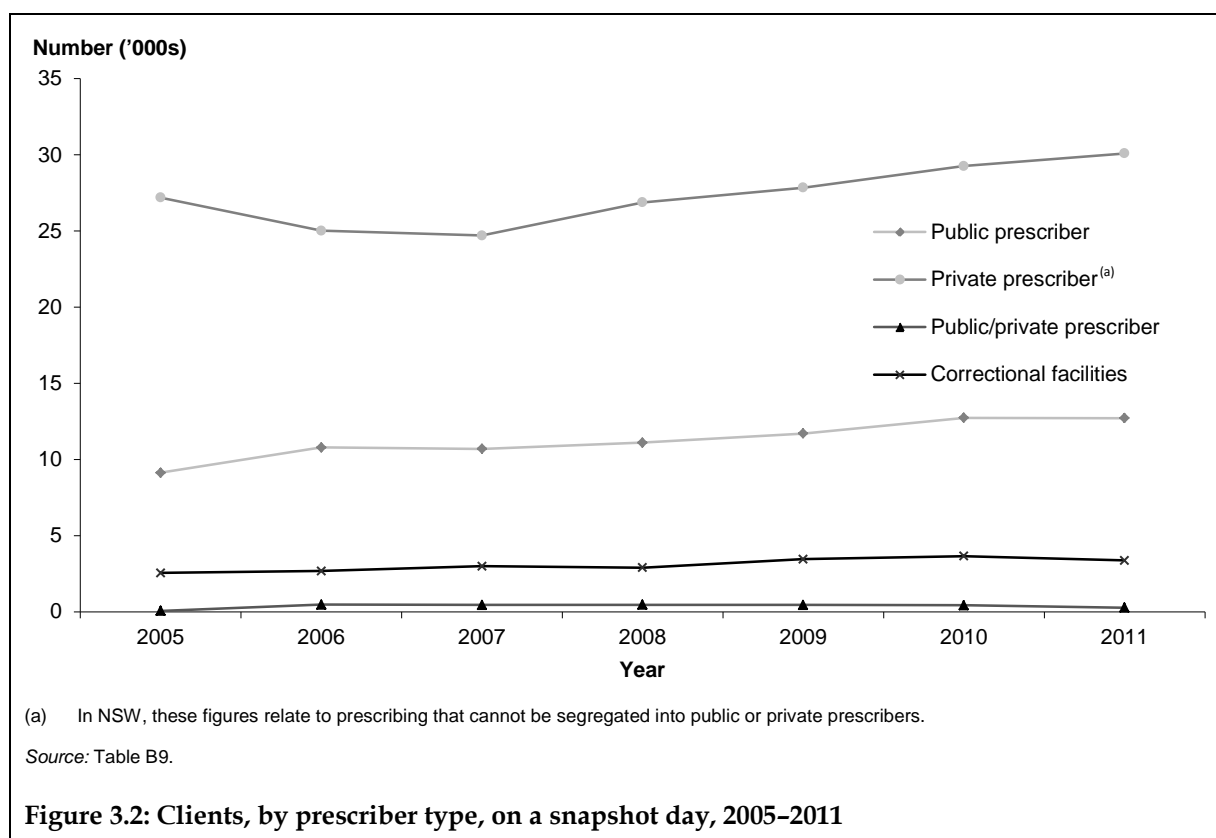
(c) See Table 5.1 and Table 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.

Prescriber type

Of the 46,446 clients authorised to receive pharmacotherapy treatment on the snapshot day in June 2011:

- 65% (30,098) received treatment from a private prescriber
- 27% (12,711) received treatment from a public prescriber
- 7% (3,362) received treatment from a prescriber in a correctional facility (Figure 3.2).

These proportions have remained relatively stable since 2005 (Table B9).



Private prescribers were the most common for all three pharmacotherapy types: methadone (63%), buprenorphine (58%) and buprenorphine–naloxone (76%) (Figure 3.3). Prescribers in correctional facilities disproportionately prescribed methadone (89%). Public prescribers were more likely to prescribe buprenorphine than buprenorphine–naloxone, in contrast to private prescribers (Table B9).

The number of each prescriber type among the states and territories has remained relatively stable over time. New South Wales had the highest number of public prescribers (126) and prescribers working at correctional facilities (18). Victoria had the highest number of private prescribers (490) as 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, 2011

Prescriber type	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Australia
Public prescriber	126	—	26	23	12	9	4	5	205
Private prescriber	374	490	71	78	67	24	36	3	1,143
Public/private prescriber ^(c)	25	—	3	—	—	—	2	—	30
Correctional facilities	18	—	5	11	6	2	5	1	48
Correctional/private ^(c)	10	—	—	4	—	—	—	—	14
Correctional/public ^(c)	2	—	—	—	—	—	—	—	2
Correctional/public/private ^(c)	2	—	—	—	—	—	—	—	2
Total	557	490	105	116	85	35	47	9	1,444

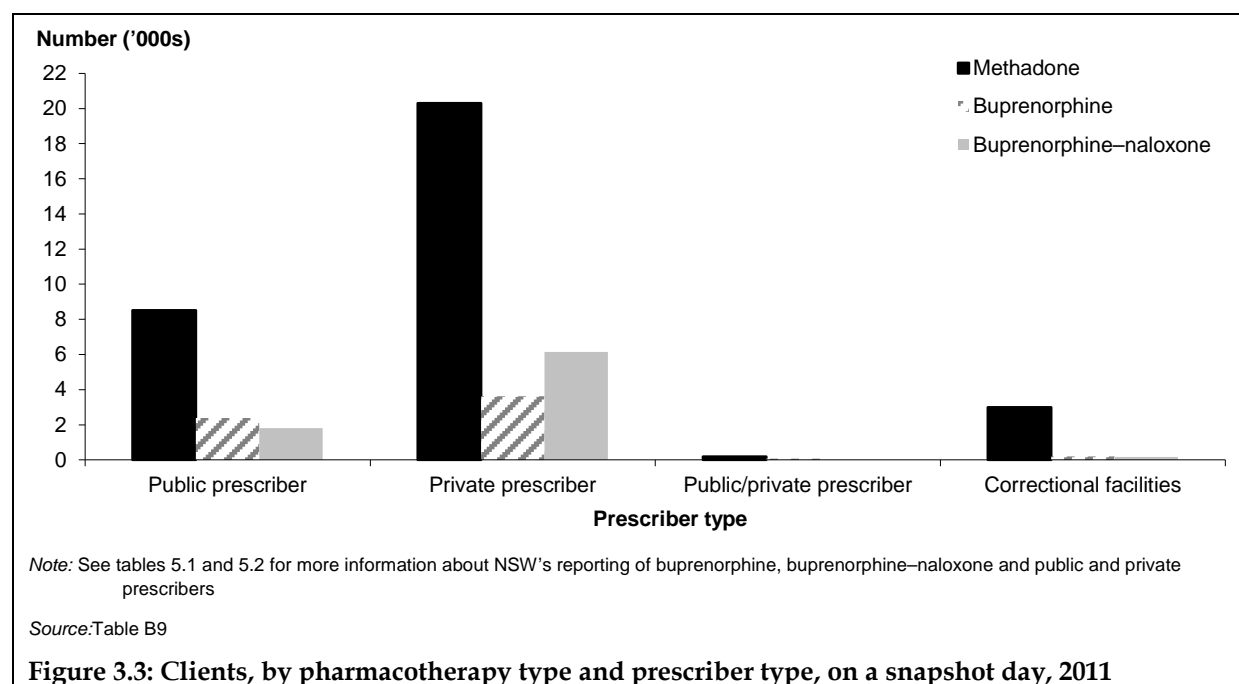
(a) See Table 5.1 and Table 5.2 for more information about NSW and South Australian reporting of registered prescribers.

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

(c) See Table 5.1 and Table 5.2 for more information about NSW reporting of public and private prescribers.

Number of clients by prescriber type

The majority of clients in most states and territories received their pharmacotherapy treatment through private prescribers (Figure 3.3). The exceptions were Queensland, the Australian Capital Territory and the Northern Territory, where clients were more likely to receive their pharmacotherapy treatment through public prescribers (Table 3.3). Victoria had no public prescribers.



In New South Wales the number of clients who received pharmacotherapy from a public/private prescriber (see Tables 5.1 and 5.2 for an explanation of New South Wales' reporting of public/private prescribers) between 2010 and 2011 decreased by 153 clients. The number of clients who received pharmacotherapy in a correctional facility also decreased by 242 clients between 2010 and 2011. In all other jurisdictions the number of clients receiving pharmacotherapy by prescriber type remained relatively stable between 2010 and 2011.

Table 3.3: Clients, by pharmacotherapy type, prescriber type, and state and territory, on a snapshot day, 2011

Prescriber type	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Methadone									
Public prescriber	4,401	—	2,097	825	687	116	365	23	8,514
Private prescriber	8,416	8,246	879	1,169	1,069	298	225	8 ^(b)	20,310
Public/private prescriber ^(c)	197	—	—	—	—	—	—	—	197
Correctional facility	1,645	787	17	275	203	5	69	—	3,001
Total	14,659	9,033	2,993	2,269	1,959	419	659	31	32,022
Buprenorphine^(a)									
Public prescriber	1,685	—	449	60	132	25	28	12	2,391
Private prescriber	2,222	652	417	76	219 ^(b)	31 ^(b)	17	7	3,641
Public/private prescriber ^(c)	78	—	—	—	—	—	—	—	78
Correctional facility	187	—	12	—	—	—	—	—	199
Total	4,172	652	878	136	351	56	45	19	6,309
Buprenorphine–naloxone^(a)									
Public prescriber	n.a.	—	909	310	352	80	90	65	1,806
Private prescriber	n.a.	4,003	911	646	458	90 ^(b)	31	8 ^(b)	6,147
Public/private prescriber ^(c)	n.a.	—	—	—	—	—	—	—	—
Correctional facility	n.a.	67	11	21	63	—	—	—	162
Total	n.a.	4,070	1,831	977	873	170	121	73	8,115
Total (all pharmacotherapy drugs)									
Public prescriber	6,086	—	3,455	1,195	1,171	221	483	100	12,711
Private prescriber	10,638	12,901	2,207	1,891	1,746 ^(b)	419 ^(b)	273	23 ^(b)	30,098
Public/private prescriber ^(c)	275	—	—	—	—	—	—	—	275
Correctional facility	1,832	854	40	296	266 ^(b)	5 ^(b)	69	— ^(b)	3,362
Total	18,831	13,755	5,702	3,382	3,183	645	825	123	46,446
Total (per cent of all pharmacotherapy drugs)									
Public prescriber	32.3	—	60.6	35.3	36.8	34.3	58.5	81.3	27.4
Private prescriber	56.5	93.8	38.7	55.9	54.8	64.7	33.1	17.1	64.8
Public/private prescriber ^(c)	1.5	—	—	—	—	—	—	—	0.6
Correctional facility	9.7	6.2	0.7	8.8	8.4	1.1	8.4	1.6	7.2
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) See Table 5.1 and Table 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.

(b) For South Australia, Tasmania 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).

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

Clients per prescriber

In 2011, 1,444 prescribers were registered nationally to provide treatment to an average of 32 clients per prescriber (unchanged since 2010).

Figure 3.4 illustrates the client per prescriber ratio between 2005, the first year data were available, and 2011. There have been large increases in the ratio in Queensland and Tasmania (an increase of 19 clients for Queensland and 11 for Tasmania) over this period. Other jurisdictions, such as Western Australia and the Australian Capital Territory, had decreases (11 for Western Australia and 10 for the Australian Capital Territory). As a result, the national ratio remained stable over this period (32 in 2005 and 2011).

Between 2010 and 2011, the ratio of clients per prescriber in Victoria increased from 23 to 28 because of a decrease in Victorian prescriber numbers. In April 2011, a change in South Australian policy altered the criteria for registering as an opioid substitution therapy prescriber (see Table 5.1). There was an increase in the number of prescribers in South Australia between June 2010 and 2011 that reduced the client to prescriber ratio from 42 to 37. The ratio of clients to prescribers remained relatively constant in all other jurisdictions.

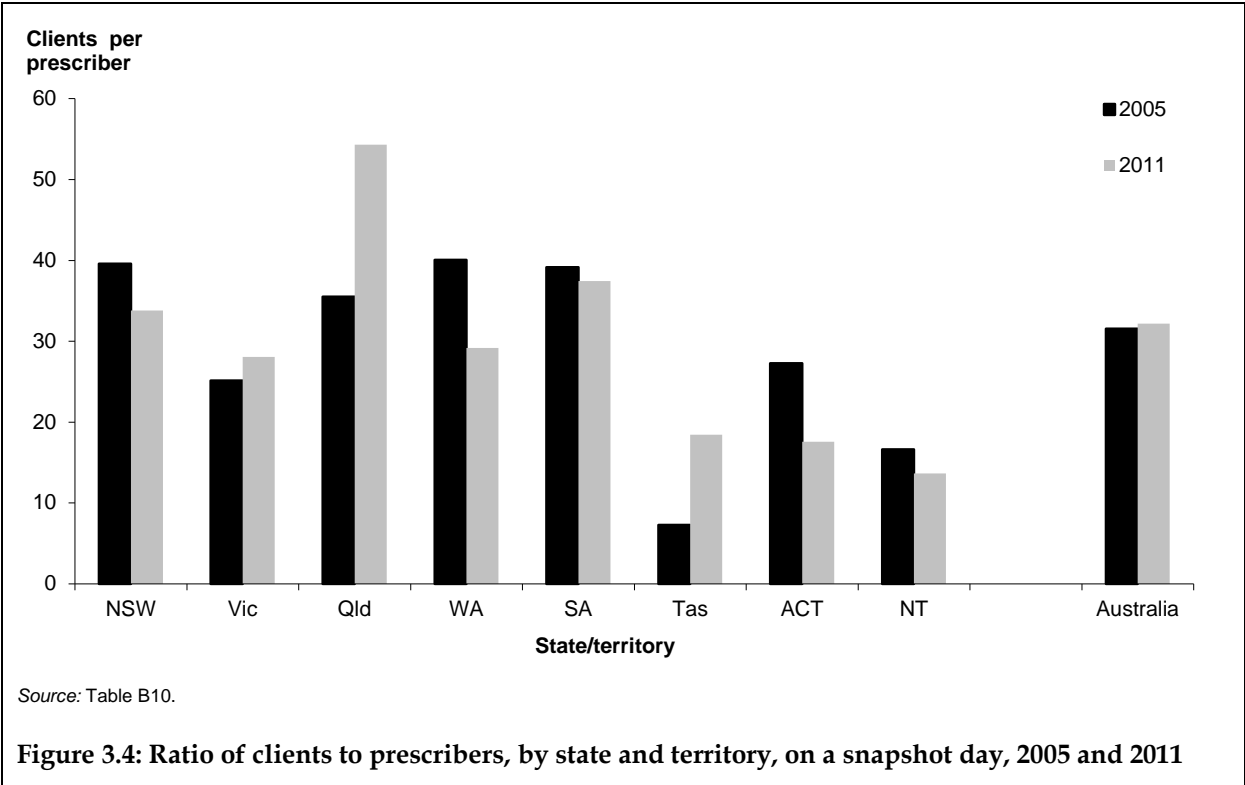
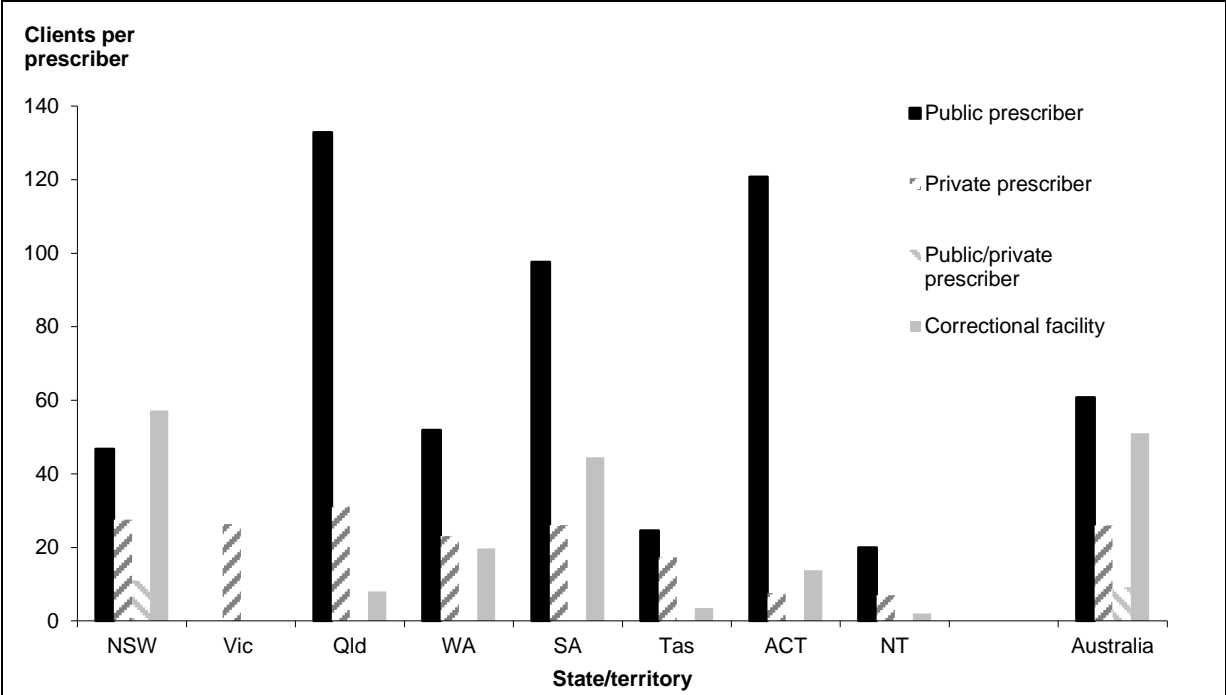


Figure 3.4: Ratio of clients to prescribers, by state and territory, on a snapshot day, 2005 and 2011

Public prescribers had the highest average client per prescriber ratio (61 clients to every public prescriber), followed by prescribers in correctional facilities (51). Private prescribers had a considerably lower ratio of 26.

The ratio of clients per private prescriber remained relatively stable over time for all jurisdictions, and was highest in Queensland at 31. This stability was also observed for the ratio of clients per correctional facility prescribers, with the highest ratio in New South Wales (57).



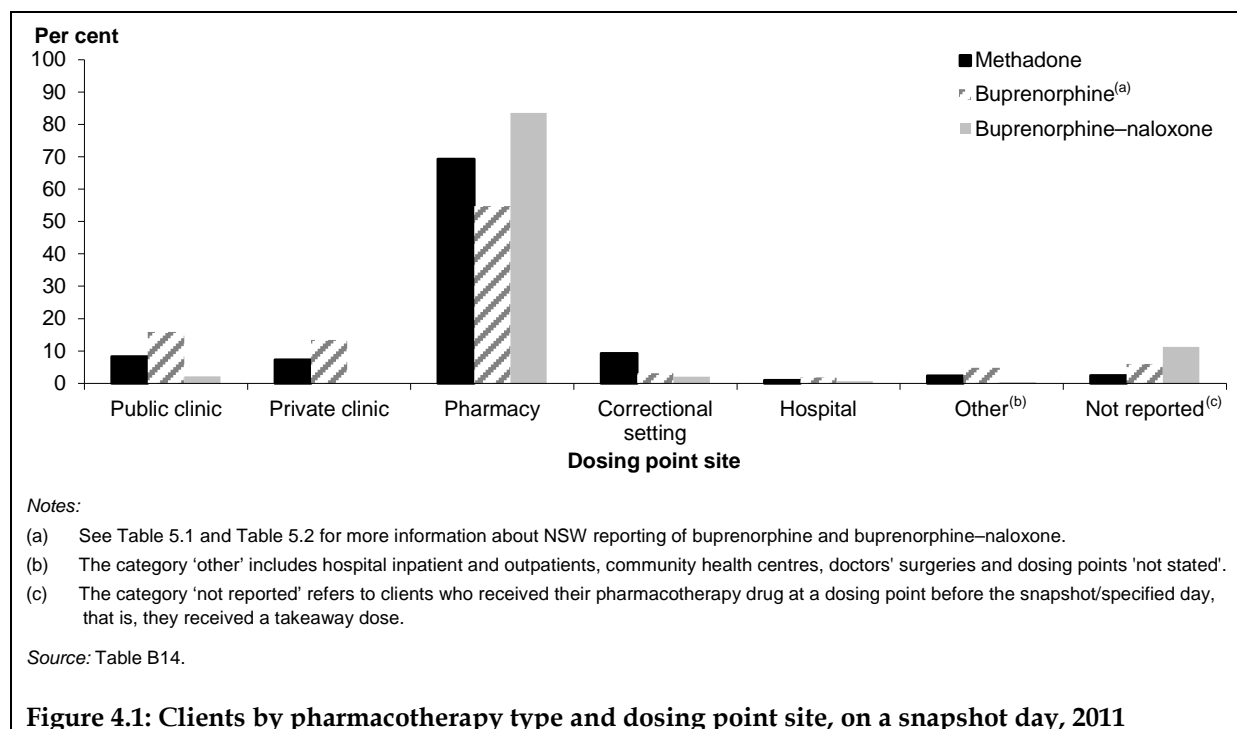
Source: Table B12.

Figure 3.5: Ratio of clients to prescribers, by prescriber type, and state and territory, 2011

4 Dosing point sites

Number of dosing point sites

A pharmacotherapy dosing point site is 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 2010–2011, there were 2,264 pharmacotherapy dosing point sites in Australia, an increase of 64 from 2009–10.



When looking at pharmacotherapy type, a larger proportion of clients who received buprenorphine–naloxone were dosed at a pharmacy (84%) than those receiving methadone (69%) or buprenorphine only (55%) (Figure 4.1, Table B14).

The proportion of clients receiving buprenorphine–naloxone at pharmacies had decreased over time (from 94% in 2006 to 84% in 2011). This is primarily due to increases in the 'other' and 'not stated' categories. Similarly, the proportion of clients accessing buprenorphine from pharmacies declined from 74% in 2006 to 55% in 2011. However, the proportion of clients accessing methadone from pharmacies remained relatively stable during the same period (around two in three) (Table B13). Table 4.2 provides a further breakdown of clients by pharmacotherapy type, dosing points, and state and territory.

Some fluctuation of dosing point sites in a number of state and territories were observed between 2009–10 and 2010–11. The most notable change was an increase of 69 in Victoria, due to an increase in pharmacy dosing points. Smaller, but still notable increases were observed in New South Wales (17) and Western Australia (16). A decrease of 44 was observed in Queensland (Table 4.1; for a time series see Table B13).

The majority of national dosing point sites were in pharmacies (88%). This was true for all states and territories, with the proportion ranging from 82% in Queensland to 97% in Western Australia. Hospitals represented 8% of sites.

Table 4.1: Dosing point sites, by state and territory, 2010–11

Dosing point sites	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (per cent)
Public clinic	37	—	11	1	2	1	1	3	56	2.5
Private clinic	17	—	—	—	—	—	—	—	17	0.8
Pharmacy	618	478	357	249	190	52	30	7	1,981	87.5
Correctional facility	2	11	4	2	8	1	1	1	30	1.3
Hospital	73	29	57	6	3	1	—	—	169	7.5
Other ^(b)	2	3	6	—	—	—	—	—	11	0.4
Total (number)	749	521	435	258	203	55	32	11	2,264	100.0
Total (per cent)	33.1	23.0	19.2	11.4	9.0	2.4	1.4	0.5	100.0	..

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

Table 4.2: Clients, by pharmacotherapy type, dosing point site, and state and territory, on a snapshot day, 2011

Dosing point site	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Methadone									
Public clinic	2,395	—	60	19	40	12	141	4 ^(b)	2,671
Private clinic	2,334	—	—	—	—	—	—	—	2,334
Pharmacy	7,417	8,191	2,130	1,972	1,605	407	449	27	22,198
Correctional facility	1,644	787	12	275	182	—	69	—	2,969
Hospital	196	—	116	3	11	—	—	—	326
Other ^(c)	673	55	16	—	—	—	—	—	744
Not reported ^(d)	—	—	659	—	121	—	—	—	780
Total	14,659	9,033	2,993	2,269	1,959	419	659	31	32,022
Buprenorphine									
Public clinic	968	—	11	—	—	6	13	—	998
Private clinic	847	—	—	—	—	—	—	—	847
Pharmacy	1,762	652 ^(e)	501	136 ^(f)	314 ^(f)	50 ^(g)	32	19 ^(f)	3,466
Correctional facility	195	—	4	—	—	—	—	—	199
Hospital	97	—	14	—	4	—	—	—	115
Other ^(c)	303	—	3	—	—	—	—	—	306
Not reported ^(d)	—	—	345	—	33	—	—	—	378
Total	4,172	652	878	136	351	56	45	19	6,309
Buprenorphine–naloxone									
Public clinic	n.a.	—	39	10	34	44	31	15	173
Private clinic	n.a.	—	—	—	—	—	—	—	—
Pharmacy	n.a.	3,985	904	943	683	118	90	58 ^(g)	6,781
Correctional facility	n.a.	67	8	21	66	4	—	—	166
Hospital	n.a.	11	36	3	—	4	—	—	54
Other ^(c)	n.a.	7	23	—	—	—	—	—	30
Not reported ^(d)	n.a.	—	821	—	90	—	—	—	911
Total	n.a.	4,070	1,831	977	873	170	121	73	8,115
Total (all pharmacotherapy drugs)									
Public clinic	3,363	—	110	31	76	62	185	20	3,847
Private clinic	3,181	—	—	—	—	—	—	—	3,181
Pharmacy	9,179	12,826	3,535	3,049	2,600	574	571	103 ^(g)	32,437
Correctional facility	1,839	854	24	296	248	5	69	—	3,335
Hospital	293	13	166	6	15	4	—	—	497
Other ^(c)	976	62	42	—	—	—	—	—	1,080
Not reported ^(d)	—	—	1825	—	244	—	—	—	2,069
Total (number)	18,831	13,755	5,702	3,382	3,183	645	825	123	46,446

(continued)

Table 4.2 (continued): Clients, by pharmacotherapy type, dosing point site, and state and territory, on a snapshot day, 2011

Dosing point site	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Total (per cent of all pharmacotherapy drugs)									
Public clinic	17.9	—	1.9	0.9	2.4	9.6	22.4	16.3	8.3
Private clinic	16.9	—	—	—	—	—	—	—	6.8
Pharmacy	48.7	93.2	62	90.2	81.7	89	69.2	83.7	69.8
Correctional facility	9.8	6.2	0.4	8.8	7.8	0.8	8.4	—	7.2
Hospital	1.6	0.1	2.9	0.2	0.5	0.6	—	—	1.1
Other ^(c)	5.2	0.5	0.7	—	—	—	—	—	2.3
Not reported ^(d)	—	—	32	—	7.7	—	—	—	4.5
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

- (a) See Table 5.1 and Table 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.
- (b) Refers to the number of clients receiving treatment from a public clinic or a correctional facility dosing site. The number of clients by correctional facility is small (<3).
- (c) The category 'Other' includes hospital inpatient and outpatients, community health centres, doctors' surgeries and dosing points 'Not stated'.
- (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) Refers to the number of clients receiving treatment from a pharmacy or hospital dosing site. The number of clients receiving treatment from a hospital dosing point is small (<3).
- (f) Refers to the number of clients receiving treatment from a pharmacy or public clinic dosing site. The number of clients by public clinic is small (<3).
- (g) Refers to the number of clients receiving treatment from a correctional facility or a pharmacy dosing site. The number of clients by correctional facility is small (<3).

Clients per dosing point

Nationally, the ratio of clients per dosing point site rose between 2006 and 2010 from 18.7 to 20.9. In 2011 this ratio fell slightly to 20.5 (Figure 4.3).

New South Wales, Victoria, Western Australia, South Australia, 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:

- 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.

Tasmania and Queensland had a small increase in the number of clients per dosing point site, mostly due to an increase in clients and a reduction in sites (Figure 4.3).

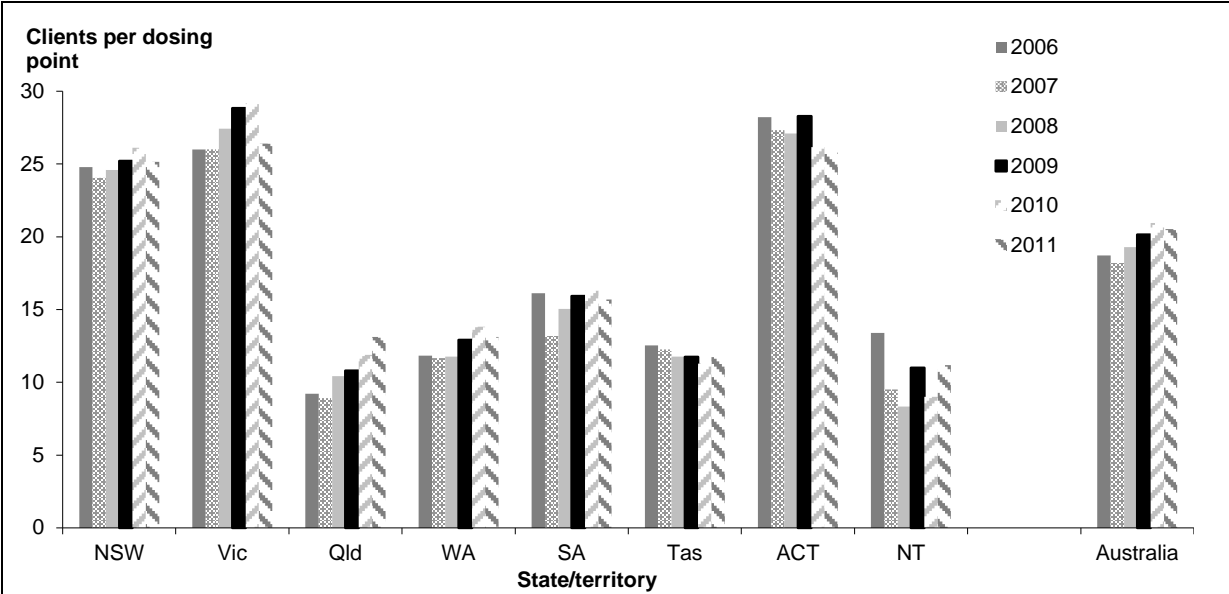


Figure 4.2: Ratio of clients to dosing point sites, by state and territory, on a snapshot day, 2006-2011

5 The opioid pharmacotherapy system in Australia

The states and territories administer the pharmacotherapy system for opioid dependence, and each has different policies and guidelines. Specific information pertaining to each jurisdiction is in Table 5.1, Table 5.2 and Table 5.3.

Prescribers

Each state and territory has rules about how prescribers are authorised to prescribe methadone, buprenorphine and buprenorphine–naloxone. 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 medical practitioner with accredited training (ACT Health 2009; NSW Health 2006). Accredited training is a requirement for all medical practitioners who start a client on pharmacotherapy for opioid dependence (DoHA 2007).

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.

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 5.3).

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).

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 5.3). Where takeaway dosing is allowed, it is

preferred that clients on buprenorphine are given the combination buprenorphine–naloxone product (DoHA 2007).

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 PBS for the Opiate Dependence Treatment Program, the drugs are provided free to dosing points. Clients may be charged a dispensing fee when receiving medication. This cost may limit people’s access to opioid pharmacotherapy (Ritter & Chalmers 2009). In most cases, dosing at public clinics is free, at least for a limited time (see Table 5.3).

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 discrepancies when comparing one state or territory with another. Differing administrative features adopted by each state and territory are outlined in Table 5.1 and methodological features are in Table 5.2. Relevant state and territory differences are also highlighted in the footnotes under the relevant tables.

Table 5.1: 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 record the authorisation of doctors to prescribe as part of the NSW Opioid Treatment Program. The PHDAS also records client admissions to, and exits from, treatment, as well as details of approved prescribers and dosing points. For these reasons, the PHDAS is characterised by continual fluctuations and data extracted at different times for the same period may not be the same. However, while delays in reporting entries to the program, exits from the program, and changes in the status of dosing points cause short-term fluctuations in the database, these flatten out over the course of a full year. Client data are reported in NSW as at 30 June.
Victoria	Data are collected from two sources: 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 receive government funding, services are independent bodies and are not managed directly by government. Client data are reported in Victoria on a snapshot day.
Queensland	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. Client data are reported in Queensland on a snapshot day.

(continued)

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

State/territory	Administrative features
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' and 'Request for additional methadone/buprenorphine takeaway', which are entered into a central database system at the Drugs of Dependence Unit, Public Health and Clinical Systems, Department for Health and Ageing (SA). Information from dispensed prescriptions is also collected electronically from pharmacists monthly by the Drugs of Dependence Unit.</p> <p>From 2011, data has been collected via a survey twice a year completed by pharmacists and reported on a snapshot day. Other data is drawn from the Drugs of Dependence Unit's Drugs of Misuse Surveillance System and are about those clients registered for treatment on the snapshot day (but who may not actually receive treatment on that day).</p> <p>From the 4th of April 2011, the Drugs of Dependence Unit introduced new policies, with such changes permitting any medical practitioner to be authorised to prescribe buprenorphine for up to five patients for the treatment of opioid drug dependence. This program is known as the Suboxone® Opioid Substitution Program (SOSP). Authorities granted by the Drugs of Dependence Unit are still required to be held before starting treatment with buprenorphine, and the usual program rules for all pharmacotherapy programs remain in force. From September 2011, buprenorphine film is the only drug option authorised for this program. A prescriber can treat up to a maximum of five patients with buprenorphine before having to undertake accreditation by Drug and Alcohol Services South Australia (DASSA) and formal approval by the Drugs of Dependence Unit to be an accredited prescriber via the Opioid Dependence Substitution Program (ODSP). A prescriber cannot provide treatment with buprenorphine alone or methadone liquid without first being accredited.</p>
Tasmania	<p>Data are collected monthly from pharmacists participating in the Tasmanian Opioid Pharmacotherapy Program, and entered into the Drug and Alcohol Pharmacy Information System (DAPIS). This central database is managed through the Pharmaceutical Services Branch, and is a 'live' database, from which a snapshot for any day can be taken. Data from DAPIS is made available for management-style reporting from an intranet based dashboard system.</p> <p>Client data are reported in Tasmania on a snapshot day.</p>
Australian Capital Territory	<p>Client participation data are collected from Alcohol and Drug Services 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 ACT 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 5.2: Methodological differences of the NOPSAD collection in each state and territory

State/territory	Methodological notes
New South Wales	<p>In NSW, clients prescribed buprenorphine–naloxone are counted under ‘buprenorphine’.</p> <p>Similarly, NSW 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. Those who are not accredited/approved prescribers may prescribe up to five ‘stable’ patients; that is, you may transfer a patient to them, but they cannot induct a person on to treatment at this time.</p> <p>In NSW approved and accredited prescribers can prescribe both methadone and buprenorphine (including buprenorphine–naloxone). The numbers provided in tables 3.1 and 3.2 for NSW represent the type of drugs prescribed by active prescribers on 30 June rather than the number of prescribers approved to prescribe each drug type.</p> <p>In NSW, data on dosing point sites relate to sites that were dosing at least one client as at 30 June 2011.</p>
Victoria	<p>The numbers of registered prescribers in Victoria have been revised and are different from data reported previously. The number 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 registered to prescribe methadone 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 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 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 2011. Before 2005, Western Australia reported clients over 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 2011 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 client 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 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	Data relating to the Indigenous status of clients are not reported.

Table 5.3: Policies and guidelines for opioid pharmacotherapy in each state and territory, 2011

State/territory	Policies and guidelines for opioid pharmacotherapy
New South Wales	<ul style="list-style-type: none"> NSW Opioid Treatment Program Clinical Guidelines 2006 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 C-POP Patients in a Hospital Setting
South Australia	<ul style="list-style-type: none"> Current Policies in South Australia relating to drug treatment programs Information for medical practitioners acting as a locum for an accredited community ODSP prescriber Guidelines for action to be taken in response to serious breaches of the drug treatment programs – ODSP and SOSp Policy for non-supervised dosing of methadone and buprenorphine in drug treatment programs Policy for split doses methadone in the ODSP Policy relating to the use of buprenorphine in the ODSP Protocol for drug treatment program transfer to South Australia Protocol for drug treatment program transfer interstate/territory Validity of a South Australia prescription for the ODSP in another state/territory Validity of an interstate prescription for the ODSP in South Australia SOSP Guidelines – an information handout for medical practitioners in SA Information for a prescriber acting in the absence of the Authority holder (paediatrician) accredited to treat Neonatal Abstinence Syndrome (NAS) All tables include ODSP and SOSp clients and prescribers.
Tasmania	<ul style="list-style-type: none"> Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards.
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

Appendix A: Data quality statement

National Opioid Pharmacotherapy Statistics Annual Data collection 2011

Summary of key data quality issues

- Each state and territory uses a slightly different method to collect data about the pharmacotherapy used to treat those with opioid dependence. These are driven by differences between the states and territories in relation to legislation, information technology systems and resources. The differences may result in discrepancies when comparing one state or territory with another. Differing administrative features adopted by each state and territory are in Table 5.1 and methodological features are in Table 5.2. Relevant state and territory differences are also highlighted in the footnotes under the relevant tables.
- New South Wales is unable to differentiate between clients prescribed buprenorphine and buprenorphine–naloxone. Clients prescribed buprenorphine–naloxone are counted under buprenorphine.
- Victoria, Western Australia, Tasmania and the Northern Territory do not provide data relation to the Indigenous status of clients.

Description

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

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 (Table 5.1 and Table 5.2).

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

Institutional environment

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

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

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

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

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

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

Timeliness

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

Accessibility

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

Interpretability

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

Relevance

The NOPSAD collection is essential in monitoring treatment for opioid dependence nationally. It is one of a number of data sources that provide a picture of alcohol and other drug treatment services in Australia. Data from the collection can also be considered with information from other sources; for instance, the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) and the National Drug Strategy Household Survey, 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.

Accuracy

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

Due to variations between states and territories in data collection methods and some NOPSAD elements, discrepancies noted in Table 5.1 and Table 5.2 should be kept in mind when interpreting these data.

Coherence

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

Appendix B: Additional tables

Table B1: Population rates for clients receiving pharmacotherapy, by state and territory, on a snapshot day in 2011 (number of clients per 1,000 population)

Jurisdiction	Clients	Population	Clients per 1,000 population
NSW	18,831	7,303,690	2.6
Vic	13,755	5,624,090	2.4
Qld	5,702	4,580,725	1.2
WA	3,382	2,346,410	1.4
SA	3,183	1,657,001	1.9
Tas	645	510,560	1.3
ACT	825	365,421	2.3
NT	123	230,172	0.5
Australia	46,446	22,620,554	2.1

Source: ABS Australian Demographic Statistics, June 2011

Table B2: Clients receiving pharmacotherapy, by state and territory, on a snapshot day, 1998–2011

	NSW	Vic	Qld	WA ^(a)	SA ^(a)	Tas	ACT	NT	Australia	Clients per 1,000 population, Australia
1998	12,107	5,334	3,011	1,654	1,839	306	406	—	24,657	1.3
1999	12,500	6,700	3,341	2,449	1,985	370	559	2	27,906	1.5
2000	13,594	7,647	3,588	2,140	2,198	423	615	32	30,237	1.6
2001	15,069	7,743	3,745	2,307	2,522	464	641	25	32,516	1.7
2002	15,471	7,700	3,896	3,602	2,417	513	590	21	34,210	1.7
2003	16,165	8,685	4,289	4,079	2,486	498	686	98	36,986	1.9
2004	15,719	10,003	4,470	4,437	2,706	576	748	82	38,741	1.9
2005	16,469	10,753	4,440	2,883	2,857	588	764	183	38,937	1.9
2006	16,355	10,736	4,637	2,888	2,823	602	790	134	38,965	1.9
2007	16,348	11,051	4,309	2,822	2,834	600	765	114	38,843	1.8
2008	17,168	11,821	4,899	2,908	3,052	588	786	125	41,347	1.9
2009	17,868	12,576	5,116	3,187	3,151	634	792	121	43,445	2.0
2010	19,114	13,185	5,688	3,342	3,210	620	811	108	46,078	2.1
2011	18,831	13,755	5,702	3,382	3,183	645	825	123	46,446	2.1

(a) See Table 5.1 and Table 5.2 for more information about Western Australia and South Australia.

Table B3: Clients, by pharmacotherapy type, and state and territory, on a snapshot day, 2011

Pharmacotherapy type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Number									
Methadone	14,659	9,033	2,993	2,269	1,959	419	659	31	32,022
Buprenorphine ^(a)	4,172	652	878	136	351	56	45	19	6,309
Buprenorphine–naloxone	n.a.	4,070	1,831	977	873	170	121	73	8,115
Total	18,831	13,755	5,702	3,382	3,183	645	825	123	46,446
Per cent									
Methadone	77.8	65.7	52.5	67.1	61.5	65.0	79.9	25.2	68.9
Buprenorphine ^(a)	22.2	4.7	15.4	4.0	11.0	8.7	5.5	15.4	13.6
Buprenorphine–naloxone	n.a.	29.6	32.1	28.9	27.4	26.4	14.7	59.3	17.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	40.5	29.6	12.3	7.3	6.9	1.4	1.8	0.3	100.0

(a) See and tables 5.1 and 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.

Table B4: Clients, by pharmacotherapy type, and state and territory, on a snapshot day, 2006–2010 (per cent)

Pharmacotherapy type	NSW	Vic	Qld	WA ^(a)	SA	Tas	ACT	NT	Australia
2010									
Methadone	78.7	64.3	53.7	67.9	60.6	69.7	77.9	31.5	68.9
Buprenorphine ^(b)	21.3	6.2	14.0	3.8	13.4	8.2	7.4	13.9	13.7
Buprenorphine–naloxone	n.a.	29.5	32.3	28.3	26.0	22.1	14.7	54.6	16.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	41.5	28.6	12.3	7.3	7.0	1.3	1.8	0.2	100.0
2009									
Methadone	80.7	62.5	55.0	68.2	62.0	74.4	78.9	38.8	70.1
Buprenorphine ^(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
Per cent of all clients	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
Per cent of all clients	41.5	28.6	11.8	7.0	7.4	1.4	1.9	0.3	100.0

(continued)

Table B4 (continued): Clients, by pharmacotherapy type, and state and territory, on a snapshot day, 2006–2010 (per cent)

Pharmacotherapy type	NSW	Vic	Qld	WA ^(a)	SA	Tas	ACT	NT	Australia
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 ^(b)	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
Per cent of all clients	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 ^(b)	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
Per cent of all clients	42.3	27.8	12.0	7.5	6.5	1.6	2.0	0.3	100.0

(a) See Table 5.1 and Table 5.2 for more information about Western Australia.

(b) See Table 5.1 and Table 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.

Table B5: Clients, by sex and pharmacotherapy type, on a snapshot day, 2006–2011

Sex	Methadone	Buprenorphine ^(a)	Buprenorphine–naloxone ^(a)	Total
2011 (number)				
Males	20,599	4,164	5,085	30,148
Females	11,330	2,141	2,994	16,165
Not stated	93	4	36	133
Total	32,022	6,309	8,115	46,446
2011 (per cent)				
Males	64.3	66.0	62.6	64.9
Females	35.4	33.9	36.9	34.8
Not stated	0.3	0.1	0.4	0.3
Total	100.0	100.0	100.0	100.0
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

(continued)

Table B5 (continued): Clients, by sex and pharmacotherapy type, on a snapshot day, 2006–2011, per cent

Sex	Methadone	Buprenorphine^(a)	Buprenorphine–naloxone^(a)	Total
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 Table 5.1 and 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.

Table B6: Clients, by age group in years^(a) and pharmacotherapy type, on a snapshot day, 2006–2011 (per cent)

Age group	Methodone	Buprenorphine ^(b)	Buprenorphine–naloxone ^(b)	All pharmacotherapy types
2011				
29 or under	14.0	17.4	18.0	15.1
30–39	38.3	41.1	44.4	39.7
40–49	30.0	27.6	26.3	29.0
50–59	16.2	12.3	10.0	14.6
60 and over	1.6	1.3	1.0	1.4
Not stated	0.0	0.3	0.2	0.1
Total	100.0	100.0	100.0	100.0
Median age	39	37	36	38
2010				
29 or under	16.9	19.8	21.8	18.1
30–39	38.3	42.0	44.4	39.8
40–49	29.2	26.6	23.9	27.9
50–59	14.6	10.7	9.0	13.1
60 and over	1.1	0.9	0.7	1.0
Not stated	0.0	0.0	0.1	0.01
Total	100.0	100.0	100.0	100.0
2009				
29 or under	16.6	21.7	20.3	17.9
30–39	38.6	41.8	44.5	40.0
40–49	30.1	26.0	25.5	28.8
50–59	13.9	9.7	8.9	12.5
60 and over	0.9	0.7	0.7	0.8
Total	100.0	100.0	100.0	100.0
2008				
29 or under	21.2	27.7	28.7	23.3
30–39	36.9	40.1	42.5	38.2
40–49	29.3	23.5	21.9	27.3
50–59	12.0	8.1	6.4	10.6
60 and over	0.6	0.5	0.5	0.5
Total	100.0	99.9	100.0	99.9

(continued)

Table B6 (continued): Clients, by age group in years^(a) and pharmacotherapy type, on a snapshot day, 2006–2011 (per cent)

Age group	Methadone	Buprenorphine^(b)	Buprenorphine–naloxone^(b)	All pharmacotherapy types
2007				
29 or under	20.8	27.5	25.3	22.5
30–39	37.4	40.4	44.3	38.6
40–49	30.1	24.0	22.6	28.3
50–59	11.2	7.6	7.2	10.1
60 and over	0.5	0.5	0.6	0.5
Total	100.0	100.0	100.0	100.0
2006				
29 or under	25.5	35.1	36.6	28.4
30–39	36.2	38.4	40.3	36.9
40–49	29.3	21.1	18.8	26.9
50–59	8.7	5.1	4.2	7.6
60 and over	0.3	0.3	0.2	0.3
Total	100.0	100.0	100.1	100.1

(a) See Table 5.1 and Table 5.2 for more information about the Northern Territory reporting of age

(b) See Table 5.1 and Table 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.

Table B7: Clients, by age group^(a) in years, pharmacotherapy type, and state and territory, on a snapshot day, 2011

Age group	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT ^(b)	Total	Australia (per cent)
Metadone										
29 or under	1,879	1,624	289	278	217	42	136	4	4,469	14.0
30-39	5,049	4,097	1,069	957	641	196	238	10	12,257	38.3
40-49	4,688	2,364	901	642	689	132	185	10	9,611	30.0
50 and over	3,043	948	731	392	412	49	100	7	5,682	17.7
Not stated	—	—	3	—	—	—	—	—	3	<0.1
Total	14,659	9,033	2,993	2,269	1,959	419	659	31	32,022	100.0
Median age	40	36	41	38	41	38	38	40	39	..
Buprenorphine^(b)										
29 or under	762	121	125	29	34	18	6	4	1,099	17.4
30-39	1,647	285	426	73	118	22	16	6	2,593	41.1
40-49	1,181	172	202	26	125	13	17	5	1,741	27.6
50 and over	582	74	107	8	74	3	6	4	858	13.6
Not stated	—	—	18	—	—	—	—	—	18	0.3
Total	4,172	652	878	136	351	56	45	19	6,309	100.0
Median age	37	36	37	33	41	34	40	41	37	..
Buprenorphine–naloxone^(b)										
29 or under	n.a.	751	314	141	187	40	18	12	1,463	18.0
30-39	n.a.	1,824	820	436	351	76	61	33	3,601	44.4
40-49	n.a.	1,067	445	271	259	45	29	18	2,134	26.3
50 and over	n.a.	428	233	129	76	9	13	9	897	11.1
Not stated	n.a.	—	19	—	—	—	—	1	20	0.2
Total	n.a.	4,070	1831	977	873	170	121	73	8,115	100.0
Median age	n.a.	36	37	37	37	34	35	36	36	..
Total (all pharmacotherapy drugs)										
29 or under	2,641	2,496	728	448	438	100	160	20	7,031	15.1
30-39	6,696	6,206	2,315	1,466	1,110	294	315	49	18,451	39.7
40-49	5,869	3,603	1,548	939	1,073	190	231	33	13,486	29.0
50 and over	3,625	1,450	1,071	529	562	61	119	20	7,437	16.0
Not stated	—	—	40	—	—	—	—	1	41	0.1
Total	18,831	13,755	5,702	3,382	3,183	645	825	123	46,446	100.0
Median age	40	36	39	38	40	37	37	37	38	..

(a) See Table 5.1 and Table 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.

(b) See Table 5.1 and Table 5.2 for more information about the Northern Territory.

Table B8: Registered prescribers^(a), by pharmacotherapy type, and state and territory, 2005–2010

Pharmacotherapy type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Australia (per cent)
2010										
Methadone only	214	122	1	—	—	—	—	—	337	23.3
Buprenorphine only ^(b)	34	—	—	—	—	—	—	—	34	2.3
Buprenorphine–naloxone only ^(b)	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	..
Total (per cent)	35.5	39.1	7.2	7.5	5.3	2.1	2.7	0.7	100.0	100.0
2009										
Methadone only	228	122	4	—	—	12	9	—	375	26.1
Buprenorphine only ^(b)	58	—	1	—	—	—	—	—	59	4.1
Buprenorphine–naloxone only ^(b)	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	..
Total (per cent)	36.8	37.8	8.4	6.4	5.1	2.4	2.5	0.6	100.0	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 ^(b)	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 ^(b)	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	..
Total (per cent)	35.5	37.0	7.8	6.8	5.8	4.1	2.0	1.1	100.0	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 ^(b)	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	..
Total (per cent)	34.4	36.5	11.2	5.7	5.4	4.0	2.1	0.6	100.0	100.0

(continued)

Table B8 (continued): Registered prescribers^(a), by pharmacotherapy type, and state and territory, 2005–2010

Pharmacotherapy type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Australia (per cent)
2005										
Methadone only	123	112	10	15	—	42	13	—	315	25.5
Buprenorphine only ^(b)	—	—	1	1	—	—	—	—	2	0.2
Methadone and buprenorphine ^(b)	293	316	114	56	73	39	15	11	917	74.3
Total (number)	416	428	125	72	73	81	28	11	1,234	..
Total (per cent)	33.7	34.7	10.1	5.8	5.9	6.6	2.3	0.9	100.0	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 Table 5.1 and Table 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.

(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 B9: Clients, by pharmacotherapy type and prescriber type, on a snapshot day, 2005–2011

Prescriber type	Metadone	Buprenorphine ^(a)	Buprenorphine–naloxone ^(a)	All drug types
2011 (number)				
Public	8,514	2,391	1,806	12,711
Private	20,310 ^(b)	3,641 ^(b)	6,147 ^(b)	30,098 ^(b)
Public/private ^(c)	197	78	—	275
Correctional facilities	3,001 ^(b)	199 ^(b)	162 ^(b)	3,362
Total	32,022	6,309	8,115	46,446
2011 (per cent)				
Public	26.6	37.9	22.3	27.4
Private	63.4	57.7	75.7	64.8
Public/private ^(c)	0.6	1.2	—	0.6
Correctional facilities	9.4	3.2	2.0	7.2
Total	100.0	100.0	100.0	100.0
2010 (per cent)				
Public	27.1	37.0	22.2	27.6
Private	61.7	58.4	75.2	63.5
Public/private ^(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	27.2	33.9	20.1	26.9
Private	61.7	60.6	77.3	64.1
Public/private ^(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	27.3	31.7	20.4	26.9
Private	62.8	63.6	76.1	65.0
Public/private ^(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 B9 (continued): Clients, by pharmacotherapy type and prescriber type, on a snapshot day, 2011

Prescriber type	Methadone	Buprenorphine ^(a)	Buprenorphine–naloxone ^(a)	All drug types
2006 (per cent)				
Public	28.3	30.1	8.2	27.7
Private	61.9	65.2	91.3	64.2
Public/private ^(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	23.3	20.9	n.a.	23.5
Private	68.7	75.9	n.a.	69.8
Public/private ^(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 Table 5.1 and Table 5.2 for more information about NSW 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 NSW, these figures relate to prescribing that cannot be divided into public or private prescribers.

Table B10: Clients, by prescriber^(a) type, on a snapshot day, 2005–2011

Prescriber type	2005	2006	2007	2008	2009	2010	2011
Public	9,133	10,794	10,695	11,106	11,705	12,735	12,711
Private	27,192	25,018	24,700	26,878	27,838	29,268 ^(b)	30,098
Public/private ^(c)	58	473	453	464	448	428	275
Correctional facilities	2,554	2,680	2,995	2,899	3,454	3,647 ^(b)	3,362
Total	38,937	38,965	38,843	41,347	43,445	46,078	46,446

(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 (<6).

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

Table B11: Clients, prescribers and dosing point sites, by state and territory, 2005–2011

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
2011									
Number									
Clients	18,831	13,755	5,702	3,382	3,183	645	825	123	46,446
Prescribers	557	490	105	116	85	35	47	9	1,444
Dosing points	749	521	435	258	203	55	32	11	2,264
Ratio									
Clients per prescriber	33.8	28.1	54.3	29.2	37.4	18.4	17.6	13.7	32.2
Clients per dosing point	25.1	26.4	13.1	13.1	15.7	11.7	25.8	11.2	20.5
2010									
Number									
Clients	19,114	13,185	5,688	3,342	3,210	620	811	108	46,078
Prescribers	514	566	105	108	77	30	39	10	1,449
Dosing points	732	452	479	242	197	55	31	12	2,200
Ratio									
Clients per prescriber	37.2	23.3	54.2	30.9	41.7	20.7	20.8	10.8	31.8
Clients per dosing point	26.1	29.2	11.9	13.8	16.3	11.3	26.2	9.0	20.9
2009									
Number									
Clients	17,868	12,576	5,116	3,187	3,151	634	792	121	43,445
Prescribers	528	542	121	92	73	35	36	8	1,435
Dosing points	709	436	474	247	198	54	28	11	2,157
Ratio									
Clients per prescriber	33.8	23.2	42.3	34.6	43.2	18.1	22.0	15.1	30.3
Clients per dosing point	25.2	28.8	10.8	12.9	15.9	11.7	28.3	11.0	20.1
2008									
Number									
Clients	17,168	11,821	4,899	2,908	3,052	588	786	125	41,347
Prescribers	495	505	111	83	74	52	36	13	1,369
Dosing points	698	431	470	247	203	50	29	15	2,143
Ratio									
Clients per prescriber	34.7	23.4	44.1	35.0	41.2	11.3	21.8	9.6	30.2
Clients per dosing point	24.6	27.4	10.4	11.8	15.0	11.8	27.1	8.3	19.3
2007									
Number									
Clients	16,348	11,051	4,309	2,822	2,834	600	765	114	38,843
Prescribers	452	472	99	86	74	52	25	14	1,274
Dosing points	680	425	484	242	215	49	28	12	2,135

(continued)

Table B11 (continued): Clients, prescribers and dosing point sites, by state and territory, 2005–2011

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Ratio								
Clients per prescriber	36.2	23.4	43.5	32.8	38.3	11.5	30.6	8.1	30.5
Clients per dosing point	24.0	26.0	8.9	11.7	13.2	12.2	27.3	9.5	18.2
	2006								
	Number								
Clients	16,355	10,736	4,637	2,888	2,823	602	790	134	38,965
Prescribers	410	436	134	68	65	48	25	7	1,193
Dosing points	660	413	503	244	175	48	28	10	2,081
	Ratio								
Clients per prescriber	39.9	24.6	34.6	42.5	43.4	12.5	31.6	19.1	32.7
Clients per dosing point	24.8	26.0	9.2	11.8	16.1	12.5	28.2	13.4	18.7
	2005								
	Number								
Clients	16,469	10,753	4,440	2,883	2,857	588	764	183	38,937
Prescribers	416	428	125	72	73	81	28	11	1,234
	Ratio								
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 Table 3.1, Table 4.1, Table B1, Table B8 and Table B13.

Table B12: Ratio^(a) of clients to prescriber, by prescriber type, and state and territory, 2011

Prescriber type	NSW ^{(b)(c)}	Vic	Qld	WA ^(b)	SA ^(c)	Tas	ACT	NT	Australia
Public	46.8	—	132.9	52.0	97.6	24.6	120.8	20.0	60.8
Private	27.6	26.3	31.1	23.1	26.0	17.4	7.6	7.0	26.0
Public/private	11.0	—	— ^(e)	—	—	—	— ^(e)	—	9.2 [€]
Correctional facilities	57.3	—	8.0	19.7	44.5	3.5	13.8	2.0	51.0
Total	32.9	28.1^(d)	54.3	28.2	37.4	18.4	17.6	13.7	31.7

(a) This ratio was calculated using the formula: number of clients by all pharmacotherapy types, prescriber type and state/territory (Table 3.4) divided by registered prescribers by prescriber type and state/territory (Table 3.3)

(b) NSW 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 NSW for 14 prescribers and in Western Australia for 4 prescribers.

(c) See Table 5.1 and Table 5.2 for more information about NSW and South Australia.

(d) In Victoria clients receive pharmacotherapy from private and correctional prescribers. Only the number of private prescribers is reported in this collection. This ratio is calculated using number of clients prescribed by that prescriber type and the number of prescribers in that category. The total is calculated using the total number of clients divided by the total number of prescribers.

(e) The number of clients that receive treatment from a public/private prescriber in Queensland and the ACT are not reported in this collection.

Table B13: Dosing point sites, by state and territory, 2005–06 to 2009–10

Dosing point type	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (per cent)
2009–2010										
Public clinic	37	—	10	1	2	1	1	3	55	2.5
Private clinic	12	3	—	—	—	—	—	—	15	0.7
Pharmacy	601	421	355	234	184	53	29	7	1,884	85.6
Correctional facility	1	10	11	2	8	1	1	2	36	1.6
Other ^(b)	81	18	103	5	3	—	—	—	210	9.5
Total (number)	732	452	479	242	197	55	31	12	2,200	100.0
Total (per cent)	33.3	20.5	21.8	11.0	9.0	2.5	1.4	0.5	100.0	..
2008–2009										
Public clinic	37	—	10	1	2	1	1	2	54	2.5
Private clinic	12	3	—	—	—	—	—	—	15	0.7
Pharmacy	572	407	354	235	185	52	26	7	1,838	85.2
Correctional facility	1	10	12	2	9	1	1	2	38	1.8
Other ^(b)	87	16	98	9	2	—	—	—	212	9.8
Total (number)	709	436	474	247	198	54	28	11	2,157	100.0
Total (per cent)	32.9	20.2	22.0	11.5	9.2	2.5	1.3	0.5	100.0	..
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)	31.9	19.9	22.7	11.3	10.1	2.3	1.3	0.6	100.0	..

(continued)

Table B13 (continued): Dosing point sites, by state and territory, 2005–06 to 2009–10

Dosing point type	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (per cent)
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 Table 5.1 and Table 5.2 for more information about NSW.

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

Table B14: Clients, by pharmacotherapy type and dosing point site, on a snapshot day, 2006–2011

Dosing point type	Methadone	Buprenorphine ^(a)	Buprenorphine– naloxone ^(a)	All drug types
2011 (number)				
Public clinic	2,671 ^(e)	998 ^(b)	173	3,847
Private clinic	2,334	847	—	3,181
Pharmacy	22,198	3,466 ^(b)	6,781 ^(b)	32,437 ^(b)
Correctional setting	2,969 ^(b)	199	166 ^(b)	3,335 ^(b)
Hospital	326	115 ^(b)	54	497
Other ^(c)	744	306	30	1,080
Not reported ^(d)	780	378	911	2,069
Total	32,022	6,309	8,115	46,446
2011 (per cent)				
Public clinic	8.3	15.9	2.1	8.3
Private clinic	7.3	13.4	—	6.8
Pharmacy	69.3	54.8	83.5	69.8
Correctional setting	9.3	3.2	2.1	7.2
Hospital	1.0	1.9	0.7	1.1
Other ^(c)	2.3	4.9	0.4	2.3
Not reported ^(d)	2.4	6.0	11.2	4.5
Total	100.0	100.0	100.0	100.0
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

(continued)

Table B14 (continued): Clients, by pharmacotherapy type and dosing point site, on a snapshot day, 2006–2011.

Dosing point type	Methadone	Buprenorphine ^(a)	Buprenorphine–naloxone ^(a)	All drug types
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
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 (per cent)^(d)				
Public clinic	12.9	12.7	1.5	12.3
Private clinic	9.3	8.5	1.8	8.7
Pharmacy	67.4	73.9	94.5	70.4
Correctional facility	8.5	3.5	2.2	7.0
Other ^(c)	1.9	1.5	—	1.7
Total^(e)	100.0	100.0	100.0	100.0

(a) See Table 5.1 and Table 5.2 for more information about NSW reporting of buprenorphine and buprenorphine–naloxone.

(b) To ensure that small cells are suppressed, some data were moved between public clinic, pharmacy, correctional facility and hospital. This number was small (<3).

(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 C: 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 is in the *National Opioid Pharmacotherapy Statistical Annual Data (NOPSAD) 2011 collection: data guide*, which is available on the AIHW website: <www.aihw.gov.au/publication-detail/?id=6442468366>.

Related data collections

As in previous years, a subset of the data presented in this report will be in the forthcoming *2010–11 Annual report for the Alcohol and Other Drug Treatment Services National Minimum Data Set*, due for release in late 2012.

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

- **Alcohol and Other Drug Treatment Services National Minimum Data Set**
Australian Institute of Health and Welfare
<www.aihw.gov.au/alcohol-and-other-drugs/>
- **Alcohol and Other Drug Treatment Services National Minimum Data Set data cubes**
<www.aihw.gov.au/alcohol-and-other-drug-treatment-services-data-cubes/>
- **National Drug Strategy Household Survey**
Australian Institute of Health and Welfare
<www.aihw.gov.au/national-drugs-strategy-household-surveys/>
- **Pharmaceutical Benefits Scheme**
<www.health.gov.au/internet/main/publishing.nsf/Content/pbs-stats-pbexp-jun09>

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