# Non-medical use of pharmaceutical opioids with other illicit substance in Australia

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### **Introduction and Aims:**

The use of prescription opioids has increased in high-income countries in recent years. We examined the change in prevalence of non-medical use of opioids in Australia and their couse with other illicit substances.

#### **Design and Methods:**

We analysed data from the 2016 (n=23,448) and 2019 (most recent; n=22,015) Australian National Drug Strategy Household Survey (NDSHS). Participants self-reported their past year use of opioids, and concurrent use of cannabis, amphetamines/methamphetamine, ecstasy, methadone, ketamine, cocaine and injectable drugs. Correlates examined included age, gender, marital status, education level, language background, area of residence, employment status, socio-economic status for area, psychological distress, general health, alcohol drinking risk level, and smoking status.

#### Results

The overall prevalence of past year non-medical pharmaceutical opioid use decreased from 3.56% (95%CI=[3.27-3.87]) in 2016 to 2.65% [2.40-2.92] in 2019. The decrease was found in those who exclusively use pharmaceutical opioids (2.37%-1.58%), but not in those who use both pharmaceutical opioids and other substances (1.18%-1.07%). There was a significant reduction in codeine use, but no increases in other opioids. Pharmaceutical opioid use was associated with being male, not partnered, high risk alcohol drinking. Those who only used pharmaceutical opioids were older.

### **Discussions and Conclusions:**

The prevalence of pharmaceutical opioids used decreased from 2016-2019 among those who used it exclusively, but not among those who used it with other illicit substances. People who used pharmaceutical opioids as well as other illicit drugs were younger, and also had higher levels of risky alcohol and cigarette use.

# Implications for Practice or Policy:

Regulations of opioid prescriptions may have successfully mitigated the opioid epidemic in Australia among those who exclusively used them. Among the group who used multiple substances, the use of opioids might reflect opportunistic access. Policy that specifically targets opioid prescribing might have less impact on this group.

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