

Trends in heroin and other opioid-related harms in Australia, 2003-2020

NICOLA MAN¹, JANE AKHURST¹, AGATA CHRZANOWSKA¹, RACHEL SUTHERLAND¹, & AMY PEACOCK^{1,2}

¹National Drug and Alcohol Research Centre, UNSW Sydney, Sydney, Australia, ²School of Psychology, University of Tasmania, Hobart, Australia

Presenter's email: Amy.Peacock@unsw.edu.au

Introduction: There are increasing rates of opioid-related harms in many high-income countries. The aim of this study was to provide an update of the situation in Australia by a) describing trends in opioid-related harms from 2003-2020, and b) disaggregating the involvement of heroin versus other opioids.

Method: We analysed rates of opioid-related hospitalisations from the National Hospital Morbidity Database; drug-induced deaths involving opioids from the Cause of Death Data Collection, and treatment episodes where opioids were nominated as a drug of concern from the Alcohol and Other Drug Treatment Services National Minimum Data Set. Rates were disaggregated for heroin versus other opioids (e.g., morphine, oxycodone). Data were analysed using autoregressive time series models in a Bayesian framework.

Results: The rate of opioid-related hospitalisations increased from 2002/03 until 2017/18, after which it decreased. This trend was reflected when studying the rate of hospitalisations for other opioids; in contrast, the rate of hospitalisations involving heroin continued to increase. Rate of drug-induced deaths other opioids increased from 2003 until 2017, then declined (noting estimates for 2017-2020 are preliminary and subject to revision). By contrast, the rate of drug-induced deaths involving heroin continued to increase. While the rate of treatment episodes with heroin as a drug of concern declined over the period, the rate for other opioids increased until 2013/14 and thereafter declined.

Discussions and Conclusions: There are preliminary indications that opioid-related hospitalisations and deaths may have stabilised in the past few years. This trend appears to be driven by other opioids, with rates of hospitalisations and deaths involving heroin continuing to increase.

Implications for Practice or Policy: Australia is among the top countries globally for availability and coverage of evidence-based interventions to reduce drug-related harm. These findings suggest ongoing investment in maximising access is critical.

Disclosure of Interest Statement: AP has received untied educational funding from Seqirus and Mundipharma for study of opioid medications. RS has received untied educational funding from Seqirus for study of opioid medications. Funding was for work unrelated to this project and has now ceased. All other authors have no conflicts of interest to declare. The Drug Trends program is funded by the Australian Government Department of Health under the Drug and Alcohol Program. AP is supported by an NHMRC Fellowship (#1174630). We acknowledge the contribution of Lauren Moran and Nathan Bonamy of the Australian Bureau of Statistics for their assistance with the COD data. We would also like to acknowledge the Australian Institute of Health and Welfare for data from the NHMD and AODTS NMDS.