

# Trends in prescription opioid dispensing among people with a history of opioid dependence: A retrospective study in New South Wales, Australia

Ms Chrianna Bharat<sup>1\*</sup>, Dr Sebastiano Barbieri<sup>2</sup>, A/Prof Timothy Dobbins<sup>3</sup>, A/Prof Sarah Larney<sup>4</sup>, Dr Natasa Gisev<sup>1</sup>, Prof Adrian Dunlop<sup>5,6</sup>, Prof Michael Farrell<sup>1</sup>, & Prof Louisa Degenhardt<sup>1</sup>  
 See bottom center for affiliations  
 \*Corresponding author  
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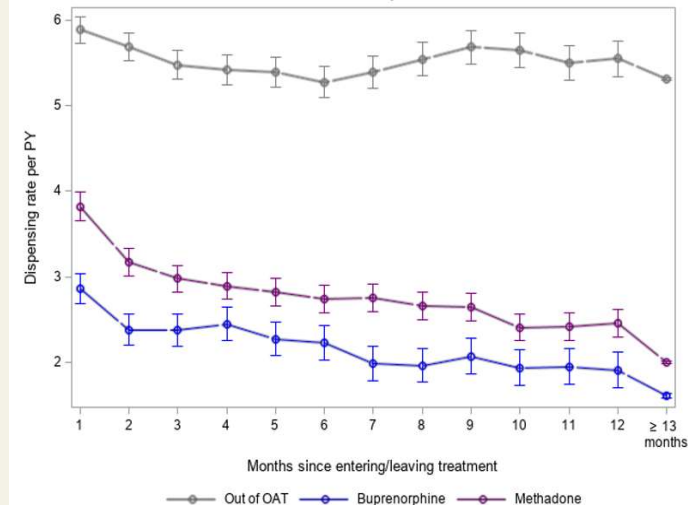
## RESULTS

- At cohort entry, 53.7% were aged <40 years, 36.4% were female and 43.7% were enrolled in OAT
  - Dispensing rates for codeine decreased over time; oxycodone rates increased steadily but decreased following the introduction of tamper resistant formulations (in April 2014; **Fig 1**)
- Opioid dispensing rates were:
- Higher during periods out of OAT compared to in OAT  
*Adj. IR : Out of OAT, 6.3 [6.1-6.5]; In OAT, 2.7 [2.6-2.8]*
  - Similar between OAT medications  
*Adj. IR: Buprenorphine, 2.4 [2.3-2.6]; Methadone, 2.6 [2.5-2.8]*
  - Monotonically decreasing during time in OAT and highest in the first month out of OAT (**Fig 2**)

## CONCLUSIONS & IMPACT

- Dispensing rates of prescription opioids are shown to be dynamic across time and treatment variables
- Dispensing rates likely to be impacted by the clinical profile of people retained (and not-retained) in OAT long-term
- Improved knowledge of the patterns of prescription opioid use in this population may support improved clinical knowledge and prescribing guidance

Figure 2. Opioid dispensing rates during time within OAT and following cessation of OAT



Rates of opioid dispensing were lower in opioid agonist treatment compared to out of treatment, and decreased with time since entry.

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## AFFILIATIONS

- National Drug and Alcohol Research Centre, UNSW Sydney, Sydney, Australia
  - Centre for Big Data Research in Health, UNSW Sydney, Sydney, Australia
  - School of Population Health, UNSW Sydney, Sydney, Australia
  - Université de Montréal and Centre de Recherche du CHUM, Montreal, Canada
  - Drug and Alcohol Clinical Services, Hunter New England Local Health District, Newcastle, NSW
  - University of Newcastle, Newcastle, NSW
- EMAIL: [c.bharat@student.unsw.edu.au](mailto:c.bharat@student.unsw.edu.au).

## BACKGROUND

- Managing pain in people with a history of opioid dependence can pose substantial challenges, especially when concurrently receiving opioid agonist treatment

- There is a lack of knowledge around the rate and characteristics of opioid prescribing in this population

## AIM

This study examined the trends in prescription opioid analgesic dispensings among a cohort of people with a documented history of opioid dependence.

## METHODS

**Sample:** 28,891 people adult residents in NSW who had a documented history of opioid dependence when initiating a new prescribed opioid treatment episode between (1/2003 - 12/2018)

**Outcome:** Number of opioid analgesic dispensings

## Analysis:

- Negative binomial generalised estimating equations estimated adjusted incidence rates (IR) and rate ratios for opioid dispensings per person-year (PY)
- All models adjusted for calendar year, age, sex, history of cancer, and comorbidity indicators

Figure 1. Opioid-specific dispensing rates per person-year by calendar year for the top 5 most commonly dispensed opioids

