Trends in pharmaceutical opioid-related harm in Victoria, 2008/09 to 2017/18

**FACT SHEET**

The following has been extracted from the Victorian Injury Surveillance Unit’s (VISU) latest issue of Hazard (#86) prepared in collaboration with the Monash Addiction Research Centre (MARC). VISU is based at the Monash University Accident Research Centre (MUARC).

**Pharmaceutical opioids** are mainly used to treat pain. They can also produce euphoria, dependence, and in the case of overdose, fatal respiratory suppression.

**Pharmaceutical opioid-related harm** is profiled in terms of hospital admissions and emergency department presentations for pharmaceutical opioid-related poisoning.

**In the most recent 3 years (2015/16-2017/18):**

**Emergency department presentations**
- 2,618 ED presentations
- 59% female
- 56% admitted to hospital
- Most commonly recorded opioid types were codeine, oxycodone and tramadol
- 60% coded as occurring at home

**Hospital admissions**
- 3,946 hospital admissions
- 62% female
- 77% were coded as involving “other opioids” such as codeine and morphine
- 48% coded as occurring at home

**KEY FINDINGS**

- Opioid ED presentations increased by an annual average rate of 3.1% during the 10-year period (2008/09-2017/18)
- The Opioid ED presentation trend is most pronounced in young females, but the rate increase is steepest in men aged 45-54 years (average annual increase of 8%)
- Intentional self-harm ED presentations were highest among females aged 15-19 years (71%)
- Intentional self-harm hospital admissions were highest among 15-19 year olds for both females (87%) and males (71%)
- Approximately two-thirds of ED presentations & hospital admissions were to patients residing in the Melbourne metropolitan area
- Population-based rates of ED presentations & hospital admissions were higher in Victorian inner regional areas than metropolitan areas
- Hospital treatment costs (direct & indirect) for pharmaceutical opioid-related admissions totalled $16.35 million
- Females aged 45-54 years accounted for the largest proportion of opioid-related admissions costs $2.24 million

**Recommendations**

- **Pharmaceutical opioid-related harms**: (1) Increasing availability of opioid “reversal” drug, naloxone, may help to reduce fatalities.
- **Pharmaceutical opioid-related harms**: (2) Implementation of place-based approaches to self-harm prevention that targets identified risk groups such as young women and middle-aged men.
- **Pharmaceutical opioid-related harms**: (3) Data linkage studies to examine patient pathways between GPs, mental health services, ambulances & EDs.
- **Injury coding**: Additional data collection through ED (VEMD) free-text field may lead to improved identification of motivations for self-harm injury incidents; data should include, where possible, source of the opioids (doctor-prescribed, illicit); improved ICD-10-AM coding.
- **Injury surveillance (opioid-related)**: Opioid-specific monitoring is particularly relevant to monitoring the impact of the changed availability of codeine, and the potential effect of this on the uptake of other opioid types; improved coding may also help monitor changes associated with the implementation of prescription monitoring and other policy changes intended to reduce opioid-related harm.

**Source:** [http://www.monash.edu/muarc/research/research-areas/home-and-community/visu/hazard](http://www.monash.edu/muarc/research/research-areas/home-and-community/visu/hazard) (Edition 86)