

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

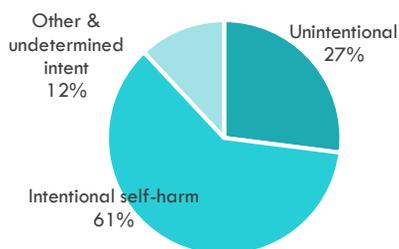
- 2,618 ED presentations
- 59% female
- 56% admitted to hospital
- Most commonly recorded opioid types were codeine, oxycodone and tramadol
- 60% coded as occurring at home

Hospital admissions

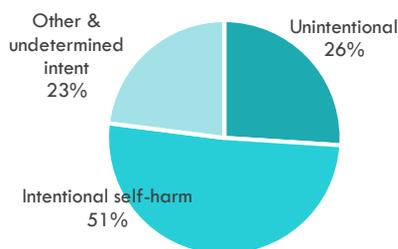
- 3,946 hospital admissions
- 62% female
- 77% were coded as involving "other opioids" such as codeine and morphine
- 48% coded as occurring at home



Hospital admissions by intent



ED presentations by intent



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**

VISU would like to acknowledge the support of the Victorian Government Department of Health & Human Services (DHHS) and the Victorian Agency for Health Information (VAHI), data custodians of the VEMD & VAED datasets.

- **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.