Disclaimer: This work has been produced as part of a student project. Findings are preliminary and should not be referenced as academic literature.

OPIOID DEPENDENCY RISK: RETROSPECTIVE ANALYSIS OF PRIMARY SENSE DATA FROM THE GOLD COAST

Collaboration between Bond University and GCPHN
Honors Research Project, 2023

Background

Long-term opioid use is associated with dependence, hospitalisation, and overdose risk. Understanding who is at risk of transitioning to long-term opioid use is critical to support safer prescribing and early intervention. There is no consensus definition of long-term opioid use; this study tested multiple prescribing-based definitions that varied by duration, frequency, and quantity of opioid use, and classified patients meeting one or more of these patterns as long-term users.

Aims

- Identify primary care opioid prescribing patterns
- Identify prevalence of long-term opioid use
- Identify factors associated with long-term opioid use

Methods

Design: Retrospective observational analysis

Data source: Primary Sense 2018-2021

Setting: >150 Gold Coast general practices

Key Results

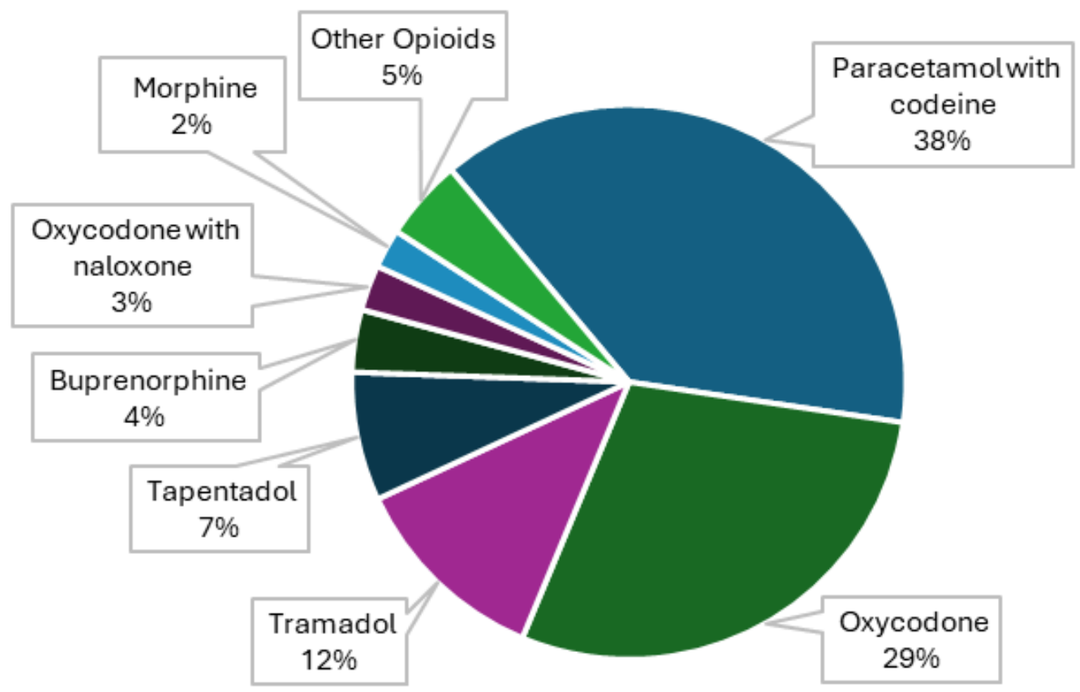
Opioid prescribing

- Relatively stable prescribing patterns between 2018 and 2021
- Most common among 45-54 age group
- More female patients (consistent with higher GP attendance among females)
- Paracetamol with codeine and oxycodone were most frequently prescribed types of opioids

Significant risk factors for long-term opioid use

- Lower socioeconomic status
- Smoking
- Alcohol use
- Co-prescribing, particularly:
  - Opioid analgesics
  - Gabapentinoids
  - Benzodiazepines
  - Antidepressants & antipsychotics

Categories of opioid prescription in general practice (Gold Coast, 2018-2021)



Prevalence of long-term opioid use

- 15,069 patients identified as long-term opioid users
- 1.4% of all general practice patients
  - -comparable to international estimates (Norway & UK)

Conclusions

A measurable proportion of primary care patients progress to long-term opioid use, with increased risk related to patient demographic characteristics, lifestyle and health behaviours, and polypharmacy. Routinely collected data can be leveraged to identify patients at increased risk and support safer, more targeted prescribing.

The use of Primary Sense data in this project aligns with permitted secondary purposes, as defined in the Data Sharing Agreement between general practices and GCPHN. All data governance requirements were followed.