# 3. People dispensed weak opioid medicines one or more times in a year, rate per 1,000

Te Tāhū Hauora
Health Quality & Safety Commission

Source: /measure/3-people-dispensed-weak-opioid-medicines-one-or-more-times-year-rate-1000

## Description

This measure details the rate of people dispensed a weak opioid per 1,000 population. The Institute for Healthcare Improvement classes opioids as one of four groups of medicines (along with anticoagulants, insulin and sedatives) that can cause harm to patients, even when used as intended. As with strong opioids, continuous use of a weak opioid for six weeks or more raises questions on appropriateness of use.

## Rationale

The IHI classifies opioids as one of four groups of medicines (along with anticoagulants, insulin and sedatives) that can cause harm to patients, even when used as intended. As with strong opioids, continuous use of a weak opioid for six weeks or more raises questions on appropriateness of use.

## Measure set

Opioids domain

## Health areas and conditions

Medications

## Numerator

PHO-enrolled population who were dispensed a weak opiate during the calendar year

## Numerator detail

Medications: 1229 Tramadol; 1332 Codeine phosphate; 2427 Dihydrocodeine tartrate; 3906 Tramadol hydrochloride

## Denominator

PHO-enrolled population during the calendar year

**Denominator exclusions**

Paracetamol with codeine was excluded on the basis that this contains a much lower dose of codeine.

**Data sources**
Pharmaceutical Collection (PHARMS)
Primary Health Organisation (PHO) Enrolment Collection

**Disaggregation**

District analysis: By year (2019 –2023), age group (0–24, 25–64; 65–79 and 80 and over), gender (female, male), ethnic group (M?ori, Pacific peoples, Asian and European/Other) and Health New Zealand district of domicile.

PHO analysis: By year (2023), age group, gender, ethnic group, Primary Health Organisation (PHO) most recently enrolled with (for the relevant year), PHO group (small, medium, medium-large and large).

**Notes**

People who were excluded from the analysis were:

- individuals with missing demographics– that is, those with no recorded value for one or more of the National Health Index (NHI) fields used to derive the demographic variables of interest (age, gender, ethnicity and district of domicile). For instance, a person with no recorded ethnicity in 2023 is excluded from all indicators for that calendar year. This approach ensures a consistent denominator throughout the analyses.
- those who weren’t enrolled in a PHO in the calendar year.

Data is not presented where the number of people in the numerator was less than 10. This is to preserve confidentiality.

Age group is assigned using 30 June of each calendar year as the cutoff point. For example, a person turning 65 years old on 30 June 2023 will be assigned to the 65–79 years age group for 2023, while a person turning 65 on 1 July 2023 will be assigned the 25–64 group for the same year..

Unlike other atlases, the Opioid Atlas includes individuals who died during the calendar year in all indicators. This is because opioid use is higher among older adults and those in the final stages of life, due to chronic conditions, pain management, and palliative care needs. Including them ensures a complete and accurate picture of opioid exposure.

*See technical document for details*

**Responsible organisation(s)**
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**Measure methodology last updated**
November 2025

**Reference period**
2019-2023