Self-reported difficulties accessing pharmaceutical opioid prescriptions among Australians with chronic non-cancer pain

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I’d like to start by acknowledging the Traditional Owners of the land on which I live and work. I am on unceded Bidjigal land and I extend my respects to Elders past, present, and emerging.
Acknowledgements

• POINT study participants

• Dr Gabrielle Campbell (University of the Sunshine Coast), Dr Natasa Gisev & Prof Louisa Degenhardt (NDARC, UNSW Sydney)

• POINT investigator group

Disclosures

• NHMRC study funding

• NHMRC Postgraduate Scholarship, NDARC HDR Scholarship
Background

- Chronic non-cancer pain (CNCP) affects one in five adults\textsuperscript{1}
- The use of opioid medicines for CNCP is contentious\textsuperscript{2,3}
- Opioids are associated with serious adverse events\textsuperscript{4-6}
- Fatalities attributed to pharmaceutical opioids have been rising\textsuperscript{5,6}

\textsuperscript{1} Blyth. Pain 2001; 89
\textsuperscript{2} Chou. Ann Intern Med 2015; 162
\textsuperscript{3} Noble. Cochrane Database Syst Rev 2010;
\textsuperscript{4} Gisev. Curr Addict Rep 2018; 5
\textsuperscript{5} Gomes. JAMA Netw Open 2018;
\textsuperscript{6} Roxburgh. Drug Alcohol Dep 2017; 179

Background

- Strategies to reduce prescribing include:
  - Restricted Pharmaceutical Benefits Scheme (PBS) prescribing indications
  - Restricted PBS prescribing quantities
  - Codeine restricted to prescription only
  - Prescribers required to obtain approval for long-term treatment
  - Real-time prescription drug monitoring
  - Chief Medical Officer writing to the top 20\% of prescribers to encourage reduced prescribing
The concern

• People with CNCP may be adversely affected by changes\textsuperscript{1,3}

• Involuntary tapering and abrupt cessation have been reported internationally\textsuperscript{4-6}

• Tapering may be associated with adverse outcomes\textsuperscript{7-9}

Aims

• To describe difficulties obtaining opioid prescriptions among people prescribed opioids long-term for CNCP

• To explore associations between these difficulties and participant and treatment characteristics

1. Al Achkar. BMJ Open 2017; 7
3. Benintendi. Drug Alcohol Dep 2021; 222
4. Fenton. JAMA Netw Open 2019; 2
7. Agnoli. JAMA 2021; 326
Methods

- Pain and Opioids IN Treatment (POINT) study
- Large longitudinal cohort study
- 1514 Australians prescribed restricted (Schedule 8) opioids for >6 weeks for CNCP
- Participants were followed for 5 years

Methods

- At Year 5 (2018), questions were added about difficulties
- Participants reporting opioid use in the previous 12-months were asked these questions
- Two analysis groups:
  - Prescriber-access related difficulties
  - Involuntary tapering or cessation
Methods

- Covariates included:
  - Age
  - Gender
  - Area socioeconomic status (SEIFA)
  - Past 7-day average daily opioid dose (OME mg, from medicine diary)
  - Lifetime substance use disorder (ICD-10, from WHO CIDI)
  - Past year pharmaceutical opioid dependence (ICD-10, from WHO CIDI)
  - Past 3-month extra-medical opioid use (ORBIT)

Results

1125 Year-5 respondents

955 reported 12-month opioid use

861 answered difficulties questions

94 interviewed before difficulties questions added
Results, n=861

- At baseline:
  - Mean age 56 years ± 13
  - 43% male
  - Median opioid use 5 years (IQR 2-11)
- At Year-5:
  - 97 (11%) met criteria for pharmaceutical opioid dependence
  - 64 (7%) met criteria for extra-medical opioid use
- At least one difficulty was reported by 285 participants (31%)
- More than one difficulty was reported by 128 participants (15%)

Results

<table>
<thead>
<tr>
<th>Participants reporting ≥1 prescriber access-related difficulty</th>
<th>21%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trouble obtaining medications as you didn’t have access to your regular doctor</td>
<td>17%</td>
</tr>
<tr>
<td>Deal with a new doctor/locum, and were refused medication prescribed by a previous doctor</td>
<td>8%</td>
</tr>
<tr>
<td>Trouble obtaining medication as you do not have a regular doctor in your area</td>
<td>5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factors associated with reporting a prescriber access-related difficulty</th>
<th>Adjusted odds ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years</td>
<td>0.94 (0.93-0.96)</td>
</tr>
<tr>
<td>ICD-10 pharmaceutical opioid dependence in past 12-months</td>
<td>2.25 (1.33-3.80)</td>
</tr>
</tbody>
</table>
## Results

### Participants reporting ≥1 aspect of involuntary tapering or cessation

<table>
<thead>
<tr>
<th>Event</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor decided to reduce opioid dose when you did not want to</td>
<td>8%</td>
</tr>
<tr>
<td>Doctor decided to stop opioid medication and you did not want to</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Factors associated with reporting involuntary opioid tapering or cessation

<table>
<thead>
<tr>
<th>Factor</th>
<th>Adjusted odds ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime ICD-10 substance use disorder</td>
<td>2.15 (1.15-3.90)</td>
</tr>
<tr>
<td>Opioid dose, as OME mg/day</td>
<td></td>
</tr>
<tr>
<td>0-50</td>
<td>1</td>
</tr>
<tr>
<td>51-89</td>
<td>1.01 (0.41-2.30)</td>
</tr>
<tr>
<td>90-199</td>
<td>1.94 (1.05-3.65)</td>
</tr>
<tr>
<td>≥200</td>
<td>2.41 (1.18-4.88)</td>
</tr>
</tbody>
</table>

### Results

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffered or were sick because you could not get your medication while travelling</td>
<td>8%</td>
</tr>
<tr>
<td>Had difficulties getting further medication because it was lost or stolen</td>
<td>4%</td>
</tr>
<tr>
<td>Went to an emergency department and were refused medication</td>
<td>2%</td>
</tr>
<tr>
<td>You were not prescribed or were under-prescribed medication due to a history of drug use</td>
<td>1%</td>
</tr>
<tr>
<td>Have you had any other difficulties obtaining your medication?</td>
<td>7%</td>
</tr>
</tbody>
</table>
Discussion

• Nearly one in three participants reported at least one difficulty
• In 2020, 65% of Painaustralia survey respondents reported being significantly impacted by opioid policies.¹
• These findings highlight the importance of engaging with ‘end users’ in policy development and impact evaluation.
• Some difficulties may have been related to doctors responding to high-risk prescribing

Limitations

• This was a cross-sectional study
• Data is missing for 94 participants
• Findings are based on participant self-report
• Findings present ‘one side of the picture’

Further directions

• Research is required to explore difficulties with other facets of medication management
• Difficulties experienced by people not already on established opioid therapy require examination
• Qualitative research is required to understand the impact of difficulties
• Ongoing evaluation is required of existing and future government interventions to reduce prescribing

Conclusion

• One-third of participants using opioids for CNCP reported experiencing difficulties obtaining ongoing prescriptions
• Risks of opioid-related harms must be balanced against clinical need, and the risk of adverse outcomes associated with tapering
• Policy-makers must consider both the intentional and unintentional policy impacts on people living with CNCP.