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.

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Acknowledgements

- POINT study participants
- Dr Gabrielle Campbell (University of the Sunshine Coast), Dr Natasa Gisev & Prof Louisa Degenhardt (NDARC, UNSW Sydney)
- POINT investigator group

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Disclosures

- NHMRC study funding
- NHMRC Postgraduate Scholarship, NDARC HDR Scholarship

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Background

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

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2. Chou. *Ann Intern Med* 2015; 162
3. Noble. *Cochrane Database Syst Rev* 2010;
4. Gisev. *Curr Addict Rep* 2018; 5
5. Gomes. *JAMA Netw Open* 2018;
6. Roxburgh. *Drug Alcohol Dep* 2017; 179

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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

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The concern

- People with CNCP may be adversely affected by changes[1,3]
- Involuntary tapering and abrupt cessation have been reported internationally[4-6]
- Tapering may be associated with adverse outcomes[7-9]

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3. Benintendi. *Drug Alcohol Dep* 2021; 222
4. Fenton. *JAMA Netw Open* 2019; 2
5. Neprash. *J Gen Intern Med* 2021; 36
6. Hallvik. *Pharmacoepidemiol Drug Saf* 2021; 30
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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

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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

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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

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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)

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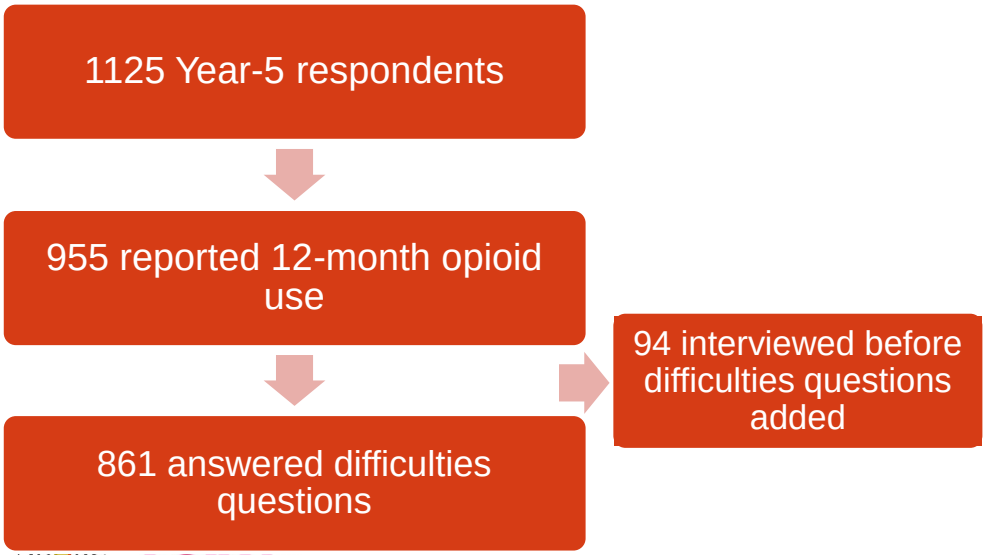
Results



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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%)

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Results

Participants reporting ≥1 prescriber access-related difficulty	21%
Trouble obtaining medications as you didn't have access to your regular doctor	17%
Dealt with a new doctor/locum, and were refused medication prescribed by a previous doctor	8%
Trouble obtaining medication as you do not have a regular doctor in your area	5%

Factors associated with reporting a prescriber access-related difficulty	Adjusted odds ratio (95% CI)
Age, years	0.94 (0.93-0.96)
ICD-10 pharmaceutical opioid dependence in past 12-months	2.25 (1.33-3.80)

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Results

Participants reporting ≥1 aspect of involuntary tapering or cessation	9%
Doctor decided to reduce opioid dose when you did not want to	8%
Doctor decided to stop opioid medication and you did not want to	3%

Factors associated with reporting involuntary opioid tapering or cessation	Adjusted odds ratio (95% CI)
Lifetime ICD-10 substance use disorder	2.15 (1.15-3.90)
Opioid dose, as OME mg/day	
0-50	1
51-89	1.01 (0.41-2.30)
90-199	1.94 (1.05-3.65)
≥200	2.41 (1.18-4.88)

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Results

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

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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

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1. Painaustralia (2020) Survey Report - Impact of 2020 opioid reforms on people living with chronic pain.

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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'

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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

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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.

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