

# **ANALGESIA REQUIREMENTS IN INTRAVENOUS AND RECREATIONAL DRUG USERS UNDERGOING EARLY MEDICAL ABORTION**

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## **Background:**

Despite evidence that substance use is a predictive factor of unplanned pregnancy, there is a paucity of research exploring the experience of current or previous drug-users undergoing early medical abortion (EMA).

Drug users have several risk factors for an altered pain experience during EMA. Hyperalgesia has been associated with various stages of opiate addiction and withdrawal. Chronic opioid exposure is linked to nociceptive sensitisation with shorter pain tolerance times being reported even after months of abstinence. Additionally, pain is a multi-modal experience with significant interplay of psychosocial factors. Drug users may have less access to robust psychosocial support systems, including a fixed abode or non-pharmaceutical analgesia strategies.

## **Methods:**

A retrospective audit of EMA clients from 2021-2023 (n=60) was conducted at an inner-city sexual health clinic in Sydney, Australia. Data was collated on substance use in the 5 years prior to EMA as well as clients' self-reported pain experience and analgesia requirements. Sub-group analysis was performed for substances used and demographic factors including homelessness and First Nations descent.

## **Results:**

A history of substance use in the past 5 years was positively correlated with increased analgesia requirements during EMA. Previous or current intravenous opioid use appeared to be strongly predictive of the need for further pain relief. Additional social factors such as nil fixed abode or First Nations descent may also predict increased analgesia requirements.

## **Conclusion:**

This study, although limited by relatively small patient numbers, demonstrates a plausible association between substance use and increased analgesia requirements during EMA. Findings support the need for further, larger studies exploring the pain experience of drug-users undergoing EMA.

## **Disclosure of Interest Statement:**

The authors report no conflicts of interest.