

# **General Practitioner experiences diagnosing and managing prescription Opioid Use Disorder in patients prescribed opioids for chronic pain in NSW, Australia 2021-2023**

Dr Hester Wilson

BMed(Hons) FRACGP FACHAM



## Acknowledgements

Ben Harris Roxas  
Nicholas Lintzeris  
Mark F Harris  
and the University of NSW

# Chronic pain, opioids, prescription Opioid Use Disorder (pOUD) and GPs

---

- Chronic pain is common – 20% increasing with age
- long-term opioids are often prescribed
- increasing harms, including pOUD
- Need to consider risk of management and change in management, including Opioid Dependence Treatment (ODT)
- Only 7% of GPs prescribe ODT
- Cited as no time, no support, no skill, stigma
- This research sought to understand how GPs' experience of diagnosing and managing pOUD in patients' prescribed opioids for chronic pain and how this may have changed over time



# Method

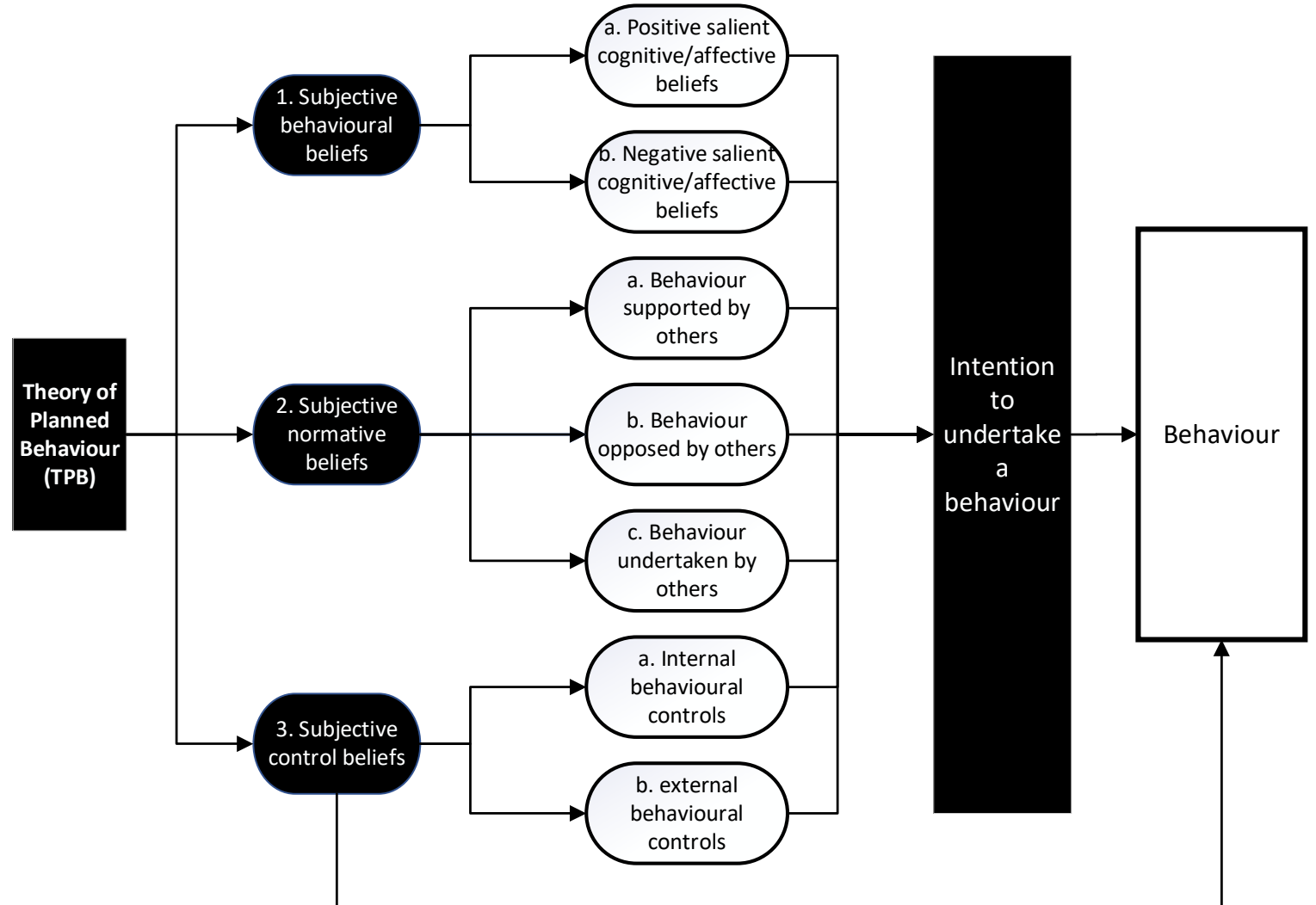
---

- qualitative longitudinal study
- GPs working in community settings in NSW
- Using a case study to guide conversation in two semi-structured interviews in 2021 and 2023
- Theory of Planned Behaviour (TPB)
- and
- Policy changes



# Theory of Planned Behaviour

---





# First round of interviews in 2021

---

- n=24
- 63% women
- 34% CALD
- 58% established GPs
- 54% in practice 3- 10 years
- 54% training in pain
- 13% accredited ODT
- 58% Metro
- 7 had ever prescribed, 5 now.

Wilson et al. *BMC Primary Care* (2024) 25:236  
<https://doi.org/10.1186/s12875-024-02474-6>

BMC Primary Care

## RESEARCH

## Open Access



# Diagnosing and managing prescription opioid use disorder in patients prescribed opioids for chronic pain in Australian general practice settings: a qualitative study using the theory of Planned Behaviour

HHK Wilson<sup>1,2,5\*</sup>, B. Harris Roxas<sup>2</sup>, N. Lintzeris<sup>1,3,4,5</sup> and MF Harris<sup>5</sup>

# Results 2021

---

- Overall - Holistic care and Covid
- **Subjective behavioural beliefs (Attitudes)**
  - Being a good doctor
  - Hard, difficult, guilty, avoidant, regret, complicity, angry at pharma, fear
- **Subjective behavioural beliefs (Social norms)**
  - No role models
  - Pts don't want it
  - Staff don't want it
  - Colleagues happy for participants to do so they don't have to
- **Subjective behavioural controls**
  - Internal – lack of knowledge, skills
  - External – lack of remuneration, support

*'I find these patients really, really difficult. With what I feel is a reasonable amount of experience and knowledge about how to treat...I still feel uncomfortable...'*

*'I'm scared that if I open up that door that it will be never ending.'*

*'...they're long hard consults...not paid, as well as what you deserve to be remunerated for...how much effort you're putting in*

# By 2023

- Lower levels of opioid prescribing
- Impact of Covid
- burnout
- Change in role
- *'I'd been...not completely happy with general practice and trying to work out where I wanted to go with it. And was looking into...types of different portfolio careers and how to...not burnout...'*

Work setting for participants n=24*	Year	
	2021	2023
Medicare billing GP practice	22	15
portfolio GP work	7	19
Only Medicare billing GP practice	17	5
Only portfolio GP setting	2	9
Type of portfolio GP position*		
Clinical	2021	2023
a. State salaried position	3	10
b. Private/bulk Medicare billing	nil	5
c. Private non-Medicare billing	nil	1
d. ACCHO	1	2
Non clinical	2021	2023
a. Salaried teaching/research position	3	5
b. salaried other	nil	1



# Results 2023 – what changed

- Overall - Holistic care, Covid and burnout, leaving GP
- **Subjective behavioural beliefs (Attitudes)**
  - Good experience of changing opioid use
  - Hard, difficult,
  - Less avoidant
- **Subjective behavioural beliefs (Social norms)**
  - Role models in work setting
  - Pts concerned about risk
  - Staff don't want it
  - Colleagues happy for participants to do so they don't have to
  - Professional responsibility
- **Subjective behavioural controls**
  - Internal – increased knowledge, skills
  - External –support, safescript

*'I've gotten to know patients on ODT and their histories, and, I've just found it a very rewarding area of medicine to practice.'*

*'...most people sort of accept it (pOUD)...there's been a lot out, advertising in the media.'*

*'General practice, it's a one man show. It's you and the patient. There's no one here holding your hand...you're not paid by the hour. You don't get paid for long consults well...it's out of the goodness of your heart...if financially (you're) taking a hit'.*

# ODT prescribing

- In 2021 – 5 were prescribing
- In 2023- 7 were prescribing (2 had stopped and 4 had started)
- Why change?
  - Change in role
  - *‘it’s not that hard’*
  - External support
  - Others in practice doing it
  - Locum support

# Summary

Using theory

Change over time

Impact of external issues (Covid, Safescript)

The complex behaviour – outcomes – not everyone needs ODT

Positive experience

Patients open to conversations

Support

Questions?

*Thank you*